

What is L.A. Care Health Plan?

L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is a public entity and community-accountable health plan serving residents of Los Angeles County through a variety of programs including L.A. Care Covered, Medi-Cal, L.A. Care Medicare Plus (HMO D-SNP) and PASC-SEIU Homecare Workers Health Care Plan. L.A. Care is a leader in developing new programs through innovative partnerships designed to provide health coverage to vulnerable populations and to support the safety net. With more than 2 million members, L.A. Care is the nation’s largest publicly operated health plan.

What are Community Engagement Groups (CEG)?

Since 1999, L.A. Care Health Plan has partnered with volunteer community members in our service regions to ensure the voices of those we serve are involved in the design of the L.A. Care’s Managed Care program in Los Angeles County. We host different types of community engagement groups, and are currently accepting volunteer applications for the following categories:

Focus Groups

- Special population groups organized on an as-needed and limited basis to offer feedback regarding specific topics.

Community Roundtables

- Ongoing group spaces for community members representing each service region to come together and engage in conversations regarding targeted health related topics.

Regional Community Advisory Committees (RCAC)

- Community spaces in each service region where LA Care shares updates and receives information regarding local health issues.

How can you make a difference in your community?

The CEG are made up of L.A. Care members, representatives of community-based organizations, health advocates, and health care providers. During meetings, CEG members have an opportunity to provide L.A. Care staff with invaluable insight on how L.A. Care Health Plan can best meet the needs of L.A. Care members throughout Los Angeles County.

Ready to make a difference? Please complete the attached application.



L.A. Care Community Engagement Groups Application

DATE:

NOTE: If you are a member of one of L.A. Care's Plan Partners (Blue Shield, Anthem Blue Cross, or Kaiser Permanente) you do not qualify to be a member of L.A. Care's Community Engagement Groups. Please contact your assigned health plan for consumer engagement opportunities.

CONTACT INFORMATION		
FIRST NAME: <input type="text"/>	HOME PHONE #: <input type="text"/>	
LAST NAME: <input type="text"/>	CELL PHONE #: <input type="text"/>	
ADDRESS: <input type="text"/>	EMAIL ADDRESS: <input type="text"/>	
CITY: <input type="text"/>	EMERGENCY CONTACT: NAME: <input type="text"/>	
ZIP CODE: <input type="text"/>		PHONE #: <input type="text"/>
		EMAIL ADDRESS: <input type="text"/>

What is the best way to reach you? (mark all that apply)

Phone call
 Email
 Text

What is the best time to contact you during the week?

AM
 PM

PERSONAL INFORMATION		
<input type="checkbox"/> I am a member of L.A. Care Health Plan	Date of Birth (DOB):	<input type="text"/>
	L.A. Care ID#:	<input type="text"/>
<input type="checkbox"/> I am a Parent, Legal Guardian, or Conservator of an L.A. Care Health Plan Member		
If you are the Parent or Legal Guardian, please provide the name(s) of persons/children under L.A. Care Health Plan:		
NAME:	DOB: / /	MEMBER ID#:
NAME:	DOB: / /	MEMBER ID#:



L.A. Care Community Engagement Groups Application

For All of L.A.

Please check the Health Plan you or your dependent belong to under L.A. Care Health Plan:

<input type="checkbox"/>	Medi-Cal: L.A. Care Health Plan	<input type="checkbox"/>	L.A. Care Medicare Plus (HMO D-SNP)
<input type="checkbox"/>	L.A. Care Covered (LAC)	<input type="checkbox"/>	L.A. Care Covered Direct (LACCD)
<input type="checkbox"/>	PASC-SEIU Plan		

Primary Language: English Spanish Chinese Armenian Arabic Farsi
 Khmer Russian Korean Tagalog Vietnamese

Not listed:

Language you Read: Speak:

Do you need interpretation services? YES NO

Do you need close captioning (CC) services? YES NO

Do you need American Sign Language services? YES NO

Do you have a disability and require additional accommodation(s)? YES NO

If yes, please explain:

Do you have a personal computer, laptop, tablet, or smartphone to participate in virtual meetings?
YES NO

ABOUT YOUR EXPERIENCE

A. Tell us about your experience (community, volunteer or work) that will be beneficial in your role as a Community Engagement Group member?

For All of L.A.

COMMUNITY ENGAGEMENT GROUP INTEREST AREA

Please indicate which group(s) you are interested in participating (✓all that apply)

- | | |
|---|---|
| <p><input type="checkbox"/> Focus Groups: Special population groups organized on an as-needed and limited basis to offer feedback regarding specific topics</p> <p><input type="checkbox"/> Community Roundtable(s): (✓)all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocacy: Identifies and advocates for health issues/policies that impact L.A. Care member communities. Works to influence decision makers through connection and education. <input type="checkbox"/> Health Equity Council: Offers feedback on L.A. Care programs and services pertaining to health equity and reducing disparities. <input type="checkbox"/> Health Access: Helps identify access needs and barriers from a consumer’s perspective. <input type="checkbox"/> Health Education & Outreach: Assist L.A. Care by suggesting topics, promoting and supporting L.A. Care education and outreach initiatives. Also, offering consumer input on LA Care educational and marketing materials. | <p><input type="checkbox"/> Regional Community Advisory Committees (RCAC): Help L.A. Care understand health care issues that impact the people who live in your area</p> |
|---|---|

OPTIONAL SECTION

L.A. Care Health Plan wants to ensure the Community Engagement Groups represent the cultural, ethnic, and linguistic diversity of L.A. County. We use this information to assess our effectiveness in recruiting a diverse pool of candidates. Please provide the following information:

(All information collected will remain confidential)

What is your age?

Which of the following best describes you (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Multiracial or Biracial |
| <input type="checkbox"/> Not listed here Please describe: _____ | |

What is your gender identity? Woman Man Self-Identify

Do you identify as transgender? YES NO Prefer not to disclose

Please indicate your sexual orientation category: Heterosexual/Straight LGBTQ+

Sexual Orientation (self-identify): Prefer not to disclose

L.A. Care engages special feedback groups to learn more about the needs and care of our members experiencing chronic conditions, and various lived experiences. If you are living with one (or more) of the listed conditions, or lived experiences and want to share your voice. Please let us know all that apply:

Health Conditions:

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Use Disorder (SUD) |
| <input type="checkbox"/> Heart Diseases | |

Lived Experiences:

- | | |
|--|--|
| <input type="checkbox"/> Currently experiencing homelessness | <input type="checkbox"/> Current or former foster youth |
| <input type="checkbox"/> Formerly Incarcerated (jail, prison or juvenile detention center) | <input type="checkbox"/> Veteran (served in U.S. Armed Forces) |
| <input type="checkbox"/> Senior (65+ years old) | |

Please note: All meetings will be conducted virtually until further notice.

If you have any questions, please email coeadvisory@lacare.org

Thank you for submitting your application for L.A. Care's Community Engagement Groups.