



2025 APPLICATION FOR ELECTION AS A CANDIDATE FOR L.A. CARE BOARD OF GOVERNORS

The Board of Governors for L.A. Care is comprised of thirteen people representing stakeholders who have an interest in the Los Angeles County health care community.

Each Board Member holds a stakeholder seat defined by California Welfare and Institutions Code Sections 14087.3-14087.48, and 14087.96-14087.9725, and other applicable law, which we call the “enabling legislation.” Each Board Member is nominated by the nominating entity defined in the enabling legislation and in the L.A. Care Bylaws, and is appointed by the Los Angeles County Board of Supervisors. The Board of Governors of L.A. Care strives to reflect the diversity of its members, providers and other stakeholders.

This application is for individuals interested in being elected as the nominee for either the Consumer or Consumer Advocate seat representing L.A. Care consumers on L.A. Care’s Board of Governors. This application information will be distributed to L.A. Care’s Regional Community Advisory Committees (RCAC) members in preparation for an election to be held in summer, 2025.

Your candidate information will be included in the materials prepared for L.A. Care’s RCAC members. Completed applications must be postmarked 60 days prior to election date, emailed or delivered to L.A. Care by 3:00 PM on Friday, April 18, 2025, addressed to:

**Board Services
L.A. Care Health Plan
1200 W. Seventh Street, 4th Floor
Los Angeles, CA 90017
Email: boardservices@lacare.org**

ECAC CONSUMER AND CONSUMER ADVOCATE 2025 NOMINATION AND ELECTION PROCESS

What is a Consumer Representative?

- A member of L.A. Care Health Plan; OR
- A parent, guardian or conservator of a member of L.A. Care Health Plan.

What is a Consumer Advocate?

- A person, who, while employed by a community based organization or agency, represents the best interests of and brings forward the issues and concerns of the population served by L.A. Care; OR
- A volunteer of a community-based organization or agency who is recommended by that entity as its representative to L.A. Care and who represents the best interests of and brings forward the issues and concerns of the populations served by L.A. Care.
- If you have a contract with L.A. Care Health Plan or its Plan Partners to offer health care services to L.A. Care members, you are a Provider and you are not eligible to apply as a consumer advocate.
- If you are still unsure of your category, contact Board Services (email to boardservices@lacare.org).

Board Seat Applicant

- If interested in the Consumer Representative and Consumer Advocate Representative Board Seat, please complete an application and submit it to LA Care Health Plan. The application will include information about the applicant's background and qualifications for the position.
- Every candidate (consumer and consumer advocate) must be nominated by a consumer member of L.A. Care. Candidates who are enrolled with L.A. Care for health care services can self-nominate.
- Candidates for the advocate seat must include with their application a letter of recommendation from a community-based organization serving the same communities as L.A. Care.
- The background and qualifications for all candidates will be packaged, translated into the appropriate languages, and distributed to RCAC members.
- The application deadline will be at least 60 days prior to the first scheduled date for submitting ballots.
- The eligibility of each candidate will be verified, including eligibility check through the Office of Inspector General and General Services Administration, as required by law.
- Advocates who wish to be candidates for the consumer advocate seat must be actively involved with RCAC activities.
- Each candidate will submit information at the time of submission of a complete application so L.A. Care's Human Resource Department can conduct a background check and Board Services can complete required eligibility checks.
- Candidates will receive copies of L.A. Care's Code of Conduct.
- A list of qualified candidates will be given to the consumer members of the RCACs and ECAC. Consumers will vote for one of the candidates on the list for each seat. A consumer must verify RCAC Membership when submitting a completed ballot in order to vote.
- Candidates may speak about their candidacy at one meeting of each RCAC. Candidates will be invited to speak briefly to the RCAC consumer members about their background, qualifications and interest in the position. This will be done at each RCAC meeting or in special election meeting(s). Arrangements must be made with CO&E staff at least 15 days prior to the meeting at which the candidate intends to address the RCAC members.
- The name of the elected candidate will be brought to the Board of Supervisors for approval.
- If the elected candidate withdraws or is unable to serve, an election will be held to determine another candidate.

Who can Vote?

You can vote if you are a **RCAC consumer** member of L.A. Care Health Plan, approved by the Board of Governors at its meeting immediately prior to the first scheduled date for submitting ballots for this election.

Verified RCAC Members can submit a ballot RCAC members must confirm eligibility when submitting a ballot. Only L.A. Care consumer members who are part of a RCAC and were approved as a RCAC member by the Board of Governors prior to the election can vote in this election.

RCAC Chair Participation

- While presiding over a RCAC meeting (or as a member of ECAC), RCAC Chairs cannot express support for candidates. A RCAC Chair can fully participate in the election and express support for a candidate as an individual RCAC member, outside of the ECAC and RCAC meetings
- RCAC chairs cannot give out lists, contact information or phone numbers of RCAC members for use by candidates.

How to Vote

- All RCAC members will be invited to an election convention. ONLY consumer members of the RCACs are eligible to vote. Advocates and Providers are not eligible to vote.
- RCAC and ECAC consumer members may be provided with transportation to the election event for consumer advisory committee members.
- Before you vote, we will ask you a few questions. We will ask you for your name, some form of picture identification (a driver's license, California I.D., or work I.D.) or your address.
- L.A. Care staff will verify your RCAC Membership in order to vote.
- You cannot vote by mail unless staff approves an exception and verifies RCAC membership prior to submitting your ballot.
- Each ballot will include the candidates for the Member seat and for the Member Advocate seat. You will vote for both Board seats at the same time. Please vote for one candidate on the ballot for Member seat and one candidate for the Member Advocate.
- You can submit one ballot marked for the candidate of your choice for each position.
- No one can vote for you except a guardian who is legally authorized to act for you.
- Each ballot will have your name and RCAC number.
- A process for electronic voting may be used.

How Votes will be Counted

- The candidate with more than half the votes of members present and voting wins. (This means the candidate must get 50% of the valid* votes plus 1 additional vote.)
- You will vote again if no one wins the first time.
- Five people will count the votes. They are –
 - L.A. Care Legal Counsel
 - Two L.A. Care employees
 - Two RCAC advocate members who do not vote (observers)..

***Ballots that are not marked at all, or have more than one candidate marked, or are not SIGNED WILL not be counted as a valid vote and will be thrown out.**

If you need to Vote Again

You will vote a second time if a candidate does not win by a majority vote (50% + 1 of the valid votes).

- The two candidates with the most votes will be in the re-vote.
- You will get a new ballot with the scheduled dates for submitting the completed ballot at a Community Resource Center.
- If no one wins after four votes, we will call a “draw”. A draw means that no one wins.
- If after four times no candidate has received 50% + 1 votes, the RCAC members can decide by consensus to continue trying to elect a member for another time, or such other process as may be agreed upon by the consumer members.

**APPLICATION FOR L.A. CARE HEALTH PLAN
BOARD OF GOVERNORS**

Must be submitted by 3:00 P.M. on April 18, 2025

Addressed to: Board Services

L.A. Care Health Plan

1200 W. Seventh Street, 4th Floor

Los Angeles, CA 90017

Email boardservices@lacare.org

Name: _____

Last Name

First Name

Initial

Please fill out all of this application, and **type or print clearly**. You may attach additional pages. All information will be made available to L.A. Care members and to the public. On the last page of this application, you will be asked to provide some personal information that will not be provided to the public.

All consumer and advocate candidates must be nominated by L.A. Care Member

An L.A. Care Member must nominate you as a candidate for either the consumer or advocate seat.

We will contact the member to confirm the nomination. Please provide the name and telephone number of the L.A. Care Member who is nominating you so we can confirm the nomination.

If you are currently an L.A. Care member (see chart on prior page) you can nominate yourself.

Name of L.A. Care member who is nominating the applicant (Write your name if you are an L.A. Care members and you want to nominate yourself)

Telephone number for person nominating the applicant

You may apply for one position. Please check only ONE box below for the position you are applying for:

Member OR Member Advocate (see additional requirements below)

For Advocate applicants ONLY:

1. **Advocate applicants** must be actively involved with a Regional Community Advisory Committee (RCAC). We will confirm your involvement.

RCAC # _____

2. Submit a written recommendation from a community based organization that serves the same communities as L.A. Care, signed by leadership of the organization.

(Application continued on next page)

Important: Attach Your Candidate Statement

On a separate piece of paper or in an email, write a description of your qualifications in about 200 words. Your candidate statement will be printed in the election information that is distributed to RCAC members who will vote in the election. Your statement may be edited if it is too long, because we need to include all the candidate statements in the election materials and have all the materials translated. You can attach a brief biography, resume or CV that describes your experience and other qualifications, but we will not distribute your entire biography, resume or CV.

Answer the following questions about your qualifications in your candidate statement:

1. What are your characteristics, skills and experiences that will help you represent the interests of L.A. Care members?
2. Include a statement about each of the following:
 - a) Your knowledge and experience with areas that concern L.A. Care members, such as managed health care, community health, or public assistance programs in Los Angeles County.
 - b) Your understanding of the health care needs and concerns of L.A. Care members.
 - c) Any other information you wish to share concerning L.A. Care or health care in Los Angeles County.
3. Describe your commitment to serving the needs of L.A. Care members.
4. What do you hope to contribute to the Board and your community if elected to serve on the Board of Governors?

**Thank you for your interest in serving on L.A. Care’s Board of Governors.
Please read and sign the following pages.**

Consent and Certification

I have reviewed the qualifications and responsibilities of the position of Board Member on the L.A. Care Board of Governors on page 2 of this Application. **If selected to serve on the board, I am able to perform all duties, serve for the term of this position and adhere to L.A. Care’s By-laws, Code of Conduct and other applicable policies, rules and requirements, as well as applicable provisions of federal and state law.**

I certify that I either reside, work, or provide services in the geographic area served by L.A. Care (California Welfare and Institutions Code 14087.962).

I understand that my application must be fully completed and signed below in order to be considered. I certify that the information in this application is true and correct. I understand that any misrepresentation, falsification, or material omission of information may result in disqualification from candidacy, or, if selected, possible termination or removal from the Board of Governors

I accept that the election results are final.

I authorize L.A. Care Health Plan to contact other entities, including other governmental agencies including the Office of the Inspector General, General Services Administration and/or other persons or entities to confirm the information I have provided. I consent to these contacts and accept the verification process. I understand that information on this application will be distributed to the voters and will be available to the public.

Signature

Date

Completed applications must be emailed or postmarked by or received at L.A. Care via email, or delivered 60 days prior to the election date, to be included in the materials to be translated and provided to L.A. Care RCAC members in preparation for the election event. Completed applications will be accepted until the application deadline of 3:00 P.M. on Friday, April 18, 2025.

Submit completed applications to:

Board Services
L.A. Care Health Plan
1200 West Seventh Street, 4th Floor
Los Angeles, CA 90017
boardservices@lacare.org

AUTHORITY FOR BACKGROUND CHECK

I certify that the information in this application is true and correct and authorize Local Initiative Health Authority for Los Angeles County, operating and doing business as L.A. Care Health Plan, or its designated representative, to have any of these statements checked and verified. I further authorize my current and/or former employers to provide L.A. Care Health Plan or designated representative any and all information concerning my previous employment and any other pertinent information. Further, I release all parties and persons from any and all liability for any damage that may result from furnishing such information to L.A. Care Health Plan or L.A. Care Health Plan's use or disclosure of such information by L.A. Care Health Plan or any of its agents, employees or representatives.

I understand that any misrepresentation, falsification or material omission of information may result in my failure to be nominated for L.A. Care Health Plan's Board of Governors. In consideration of acceptance of my nomination, I agree to conform to the rules and standards of L.A. Care Health Plan that may be amended by L.A. Care Health Plan from time to time in its discretion. Accordingly, either I or L.A. Care Health Plan can terminate my membership on the Board of Governors at will, at any time, with or without cause or advance notice.

I understand that my nomination as member of the Board of Governors of L.A. Care Health Plan may be conditioned on satisfactory completion of a background investigation.

Signature

Date

ACKNOWLEDGMENT OF CONFLICT OF INTEREST INFORMATION

I acknowledge that I have been advised that Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) has informed me of various Conflict of Interest laws, regulations, and L.A. Care policies, and has provided me with the Conflict of Interest Disclosure Questionnaire applicable to members of the Board of Governors.

This means among other things, that I will not influence or attempt to influence and disqualify myself from participation in any matters and will not make decisions in which I have a disqualifying conflict of interest. If I have any questions regarding the propriety of my involvement, participation or decision-making in such matters, I will consult with L.A. Care's General Counsel prior to being involved with the matter at issue.

Signature

Date

Confidential Personal Information

The information on this page will not be provided to the public.

L.A. Care needs this information to contact you and to conduct a background check. Candidates are required to reside, be employed, or provide services within Los Angeles County.

Your Name: _____

Please check only ONE box below for the position you are applying for:

Member OR Member Advocate (complete section in box below)

Home Address _____

City/Zip Code: _____

Consumer Advocate Candidates ONLY

Employer/Sponsoring Organization: _____

Employer/Sponsoring Organization Address: _____

Your Job Title (if applicable): _____

What year were you born? _____

What time of day is the best time to reach you? _____

Cell: _____

Daytime: _____

Evening: _____

E-MAIL: _____

Please indicate below the assistance you need to participate in the candidacy activities:

Interpreter (please indicate language required) _____

Transportation (indicate requirement) _____

Other (specify requirement) _____