EXECUTIVE COMMITTEE MEETING
Board of Governors

October 26, 2020 • 2:00 PM
L.A. Care Health Plan
1055 W. 7th Street, Los Angeles, CA 90017
AGENDA
Executive Committee Meeting
Board of Governors
Monday, October 26, 2020, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, 10th Floor, Los Angeles

California Governor issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To join and LISTEN ONLY via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=meca67d702905ff70347d09e0f7679541

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065
Access code: 146 293 5102

Members of the Executive Committee or staff may also participate in this meeting via teleconference. The public may listen to the Executive Committee’s meeting by teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 2:00 pm on September 28, 2020 will be provided in writing to the members of the Board of Governors that serve on the Executive Committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (“ADA”) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

WELCOME
Hector De La Torre, Chair

1. Approve today’s meeting Agenda
Chair
2. Public Comment (please see instructions above)
Chair
3. Approve September 28, 2020 Meeting Minutes
Chair

4. Chair’s Report

5. Chief Executive Officer Report
   • 4th Quarter Strategic Vision report FY 2019-20
   p.18
   John Baackes
   Chief Executive Officer

COMMITTEE ITEMS

6. Government Affairs Update
   Cherie Compartore
   Senior Director, Government Affairs
7. Ratify Amendment 31 to DHCS Agreement 04-36069 (EXE 100) [p.31] Augustavia J. Haydel, Esq.
   General Counsel

8. Community Health Investment Fund (CHIF) Priorities FY 2020-21 (EXE 101) [p.34]
   John Baackes
   Roland Palencia
   Director, Community Benefits

9. Elevating the Safety Net: Community Health Workers and Health Careers Internship programs (EXE 102) [p.38]
   Cynthia Carmona
   Senior Director, Safety Net Initiatives

10. Nomination for Charitable Organizations for donated Board Stipends
    Augustavia J. Haydel, Esq.

11. Approve the list of items that will be considered on a Consent Agenda for November 5, 2020 Board of Governors Meeting
    Chair
    • Minutes of September 3, 2020 Board of Governors Retreat and Business Meeting
    • Ratify Amendment 31 to Department of Health Care Services Agreement 04-36069
    • Annual Review of Accounting & Finance Services Policies
      o AFS-002 (Capital Assets)
      o AFS-004 (Non-Travel and Other Related Expenses)
      o AFS-008 (Annual Investments)
      o AFS-025 (Tangible Net Equity)
      o AFS-027 (Travel Expenses)
      o AFS-029 (Annual Budgets and Board of Governors Oversight)
    • Cognizant, HCL, and Infosys Contract Amendments for IT Staff Augmentation
    • CenturyLink/Lumen Technologies Contract
    • Healthx Contract Amendment

ADJOURN TO CLOSED SESSION (Est. time: 30 mins.)

Chair

12. CONTRACT RATES
    Pursuant to Welfare and Institutions Code Section 14087.38(m)
    • Plan Partner Rates
    • Provider Rates
    • DHCS Rates

13. REPORT INVOLVING TRADE SECRET
    Pursuant to Welfare and Institutions Code Section 14087.38(n)
    Discussion Concerning New Service, Program, Business Plan
    Estimated date of public disclosure: October 2022

14. CONFERENCE WITH REAL PROPERTY NEGOTIATORS
    Pursuant to Section 54956.8 of the Ralph M. Brown Act
    Property: 2864 W. Imperial Highway, Inglewood, CA
    Agency Negotiator: John Baackes
    Negotiating Parties: Upside Crenshaw Holding, LLC, c/o Newmark Merrill Companies
    Negotiator: Darren Bovard
    Under Negotiation: Price and Terms of Payment
15. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
   Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act
   Three Potential Cases

16. CONFERENCE WITH LABOR NEGOTIATOR
   Pursuant to Section 54957.6 of the Ralph M. Brown Act
   Agency Designated Representative: John Baackes
   Unrepresented Employee: All L.A. Care Employees

17. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
   Section 54957 of the Ralph M. Brown Act
   Title: Chief Executive Officer

RECONVENE IN OPEN SESSION

ADJOURN

The next Executive Committee is scheduled on Monday, November 16, 2020 at 2:00 p.m.

Public comments will be read for three minutes or less.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can listen to the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Government Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH MONDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT www.lacare.org.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available at www.lacare.org.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.
California Governor issued Executive Order No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

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<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
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<td>CALL TO ORDER</td>
<td>Hector De La Torre, Chairperson, called the meetings to order for the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee at 2:11 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</td>
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<td>• For those who provided public comment for this meeting by voice message or in writing: we are really glad that you provided input today. The Committee wants to hear your comments and we also have to finish the business on our Agenda today.</td>
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<td>• If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.</td>
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<td>• Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.</td>
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<td>• Chairperson De La Torre will invite public comment period before each item is discussed, not after. The public comment will be read before the Committee starts to discuss the item.</td>
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<td>• If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda.</td>
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<td>APPROVE MEETING AGENDA</td>
<td>The Agenda for today’s meeting was approved.</td>
<td>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</td>
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**PUBLIC COMMENTS**

Text received, September 12, 2020 at 5:02 a.m., from Anonymous
Public comment, executive committee meeting Sept 28-2020, documented agenda demand that Dept of Managed care corrective action regarding Synermed be discussed, corrective action regarding Synermed clearly mandates enrollees who were affected by Synermed be contacted in reference to the harm they suffered, I do not believe any of them have been contacted. LA Care has a stake in not notifying victims. Don’t lie again that you only contracted with EHS, EHS was confirmed by Dept of managed care to be a bogus company operated by Synermed, so for years you contracted with a company didn’t have any employees operated by Synermed, likely giving “EHS” millions in funding and they in turn blocked the care of likely 1,000s of LA Care enrollees, all while you ignored their pleas for help, you ignored our pleas, so I know you’re capable of that! Stop using your board to help hide these facts, stop lying to your own board and the public! I can prove everything I’m stating, you can’t! Your board members are on hook but aren’t being told everything that was done to enrollees, especially special needs ones because of your negligence!

Text received September 9, 2020 at 11:41a.m., from Anonymous
Public comment, what is LA Care doing to make sure another MSO doesn’t unjustly enrich themselves on the backs of our most vulnerable. I believe they are enriching themselves as I type, I see multiple complaints stating delay and denial of care and services, what has changed since your negligence regarding EHS who was actually Synermed operating EHS, that was verified by The DMHC!

Text September 27, 2020 at 8:58pm, from Anonymous
Public comment, Ms Haydel, I just read your comment my concern has already been discussed (but not to my satisfaction). I have not seen any answer addressing why LA Care is not following up with Synermed affected enrollees.
enrollees, the answers I have heard is denial there was a contract, stating no longer have a contract, I specifically asked why LA Care is not adhering to the DMHC corrective action you signed that stated LA Care is to “identify and follow up with affected enrollees”. I know of affected people who have not been followed up with, I know of dead people because of those jokers, WHO has LA Care followed up with regarding Synermeds aka EHS’s atrocities against enrollees, NO ONE has notified us? I believe the name EHS has been an excuse that EHS wasn’t Synermed when DMHC determined EHS was run by Synermed, I will ask about it all I want, other people are disgusted by this also, that they begged for help and you people ignored them for years!

Email received September 28, 2020, 11:28 a.m., from Maria Vazquez
I cannot believe that Synermed is not taking any responsibility for their fraud. They hurt people and denied many health care without them knowing their rights and appeals. I have the contracts that Synermed and EHS and LA Care is denying they had. I was the one that provided the DOJ and State of California the contracts. I hope someone is held accountable for the death of many and the healthcare that were denied.

Text received September 28, 2020, 1:34 p.m. from Anonymous
I cannot believe that Synermed is not taking any responsibility for their fraud. They hurt people and denied many health care without them knowing their rights and appeals. I have the contracts that Synermed and EHS and LA Care is denying they had. I was the one that provided the DOJ and State of California the contracts. I hope someone is held accountable for the death of many and the healthcare that were denied. Synermed had a contest to dump high risk patients. The winner got a cash prize of 500 dollars.
time just a few weeks ago. There is a lot of uncertainty with L.A. Care’s financial situation. John Baackes, Chief Executive Officer, and L.A. Care staff are planning and thinking ahead. But this is going to be a very uncertain time for the next couple of months, at least. He thinks it is important to understand that, be patient and work our way through this. This is probably the most challenging time ever for L.A. Care. We need to accept and understand this, but continue to work our way through it as has been done for over 20 years. This needs to be out in the open and talked about.

Any kind of luck we will make our way through this and be back where we were before the chaos started.

CHIEF EXECUTIVE OFFICER REPORT

Mr. Baackes reported that since there will not be an October Board of Governors’ meeting, Mr. Baackes will send a written CEO Report.

There is a case that will come before the SCOTUS challenging the constitutionality of the Affordable Care Act (ACA). This is a momentous case, even before Justice Ruth Bader Ginsburg’s death. With the potential nomination of Judge Amy Coney Barrett, who has a documented history of opposition to ACA, it would seem that the case that will be argued the week after the Presidential Election is even more ominous for L.A. Care’s future. Mr. Baackes reviewed how this developed:

- The Federal budget adopted in 2017 eliminated a tax through the individual mandate, which stopped a source of revenue to support premium subsidies for enrollees in the ACA programs. That action was interpreted by Attorneys General (AGs) in several states, who were Republicans, that without the individual mandate there is no penalty for not enrolling in health care, and the entire law should be thrown out. They took the case to federal court in Texas, where there was a sympathetic judge and he ruled in their favor. The ACA was declared unconstitutional. Originally the Trump Administration defended the law, but along the way they decided to abandon the case. Democratic AGs across the country, led by Xavier Becerra in California, took up the defense and appealed the decision to the Circuit Court of Appeal in New Orleans, Louisiana. That court, which is a three-judge panel, sent the case back to the lower court for reconsideration. Recognizing the case could go back and forth leaving the future of the ACA up in the air, the Democratic AGs petitioned the SCOTUS to consider the case, which was likely to ultimately end up at the SCOTUS anyway. The SCOTUS agreed to hear arguments in the case after the Presidential Election. There will likely not be a decision until June 2021. For L.A. Care, about
### AGENDA ITEM/PRESENTER

800,000 members are enrolled because of the ACA. About 700,000 are enrolled because the income limit for Medicaid eligibility was raised from 100% to 138% of the federal poverty level. L.A. Care’s participation in Cal MediConnect, which is a demonstration program authorized by the ACA adds 18,000, and L.A. Care’s participation in L.A. Care Covered includes 82,000 members.

If the ACA is declared unconstitutional, no action will be taken immediately. The distressing thing, that will keep L.A. Care in limbo for years, is that in the 10 years since the ACA was passed, those opposed to the ACA have not proposed an alternative. So it is the unknown, and now the potential appointment of a judge who has a track record of opposing the ACA, that makes this case very concerning.

- There is the potential that this could all go away if a Democrat is elected president and if the majority of the U.S. Senate also goes to Democrats, all they have to do is reinstate a tax penalty in the ACA. They could make it $1, and make the entire case moot. He offered that as something to think about, and he noted that registering to vote is very important. L.A. Care will continue to monitor the situation closely, and to seek other options that may develop. This is what is at stake, and of grave concern to L.A. Care’s members.

- Mr. Baackes also reported that at the Finance & Budget Committee meeting earlier today, Marie Montgomery, Chief Financial Officer, reported a much better than forecast result in the August financial reports, with a net operating gain for the month. This also had a positive effect on L.A. Care’s year to date results. He cautioned Board Members that many risks discussed with the Board during its consideration of the Operating Budget remain in the immediate future. Some risks have been favorably resolved for L.A. Care. Remaining risks include rate development for January, 2021. It is now the end of September and L.A. Care has not been notified of the 2021 rates. It seems that is heavily dependent on another stimulus bill being approved by the U.S. Congress. The bill has been mired in a deadlock for a couple of months.

- L.A. Care learned this morning through a trade association that there appears to be an emerging deal that would provide a fourth stimulus bill of $2.4 trillion. This is less than the $3 trillion that would have been provided through the HEROES Act passed by Congress back in late June. This is a lot more than the Republicans offered in their so-called “skinny” stimulus bill. So the passage of a bill, in whatever amount devoted to aiding states and their Medicaid programs, will greatly impact the rates that L.A. Care will be paid beginning in January 2021.
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<td>• L.A. Care Health Plan is operating smoothly despite the headwinds affecting the financial future, and the threat to the ACA, on which so much of the enrollment has been built.</td>
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<td>• Mr. Baackes commended the staff which has remained energetic and forward-looking. Staff is working to make the plan as responsive as possible to the needs of all of the members.</td>
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<td>Member Curry asked whether Mr. Baackes will begin running possible scenarios if the SCOTUS is leaning toward disbandment of the ACA that will affect the 800,000 members in the health plan. The financial impact is a consideration, but the main concern is to maintain health care coverage for those 800,000 L.A. Care members.</td>
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<td>Mr. Baackes noted that it would be idle speculation without any information about a replacement program. Without a replacement program, these members would be uninsured. The question may become about how to restore the safety net of care that existed prior to the ACA and provided some services as a last resort for the uninsured. Those uninsured would not have managed care, they would have whatever services that could be made available, with funding through taxes on health care entities. There would be no continuity of care, no care management and no primary care physician of record. That system was not good for patients or providers. Health plans would need to develop a legislative contingency plan for health coverage if the ACA ends.</td>
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<td>Member Curry noted his concern that if the system unfortunately defaults to the Medicaid program of 10 years ago, and realizing that the premise of the ACA was that there are going to be so few people that remain uninsured, that the program has been cut voraciously year after year, so there simply would be no funding for replacement of ACA.</td>
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<td>Mr. Baackes indicated that results of the election will guide the need for planning to encourage legislators to propose suitable health care coverage programs that would recreate the safety net systems so people can access care in the absence of a comprehensive plan for managed care coverage.</td>
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<td>Member Booth stated that they don’t pay a lot for health care insurance but L.A. Care Covered members pay a small premium. She asked if California will continue to fund Covered California.</td>
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<td>Mr. Baackes responded that it would need a lot of money. Prior to last January, when they raised the income limit for premium subsidies, all of the subsidies for Covered California were federally funded. Given the current recession and all the items that Chairperson De La Torre mentioned earlier, the resources would not seem to be available for funding the program. Covered California provides a health care program for people who have income above the threshold for Medi-Cal, which is 138% of the federal poverty level. If the ACA ends, California might be able to find funding, but it seems almost impossible given the current State financial challenges. Mr. Baackes displayed his shirt with the phrase, “Just Wear the Damn Mask”.</td>
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<td>Government Affairs Update</td>
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<td>Cherie Compartore, Senior Director, Government Affairs, reported:</td>
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<td>• Governor Newsom has until September 30 to act on legislation sent to him.</td>
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<td>• Last Friday the Governor signed several mental health bills, including for mental health parity, that will require health plans to cover substance use disorders and addiction in accordance with medical necessity. Other sets of standards apply to peer addiction services and mental health, and with expansion of Laura’s Law. There is a bill that deals with funding changes to Prop 63, the Mental Health Services Act.</td>
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<td>• The Governor vetoed a bill for Federally Qualified Health Centers, which L.A. Care supported, that would have prohibited the requirement for face to face contact between a health care provider and Medi-Cal enrollee. The Governor has stated he vetoed the bill because the issue will be considered with broader telehealth policy legislation proposed for the next session.</td>
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<td>• L.A. Care submitted a public comment letter to U.S. Housing and Urban Development Department in opposition to a proposed rule that would have continued to increase homelessness and put at further risk thousands of transgender and non-binary individuals experiencing homelessness. If passed, the rule would shut them out of any temporary housing and shelters if they identify with a gender different from what they were assigned to at birth.</td>
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<td>• The House passed a continuing budget resolution and the Senate is back in session and is expected to consider a continuing budget resolution through December 12. The President is expected to sign this legislation to avoid a government shutdown.</td>
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<td>Member Booth asked about the Mental Health Services act. Ms. Compartore responded that funding for this Act can be used only for new and not for existing programs, and it</td>
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<td><strong>Facilities Services Policy &amp; Procedure FS-010 Injury and Illness Prevention Program (IIPP)</strong></td>
<td>was opened up a bit more to allow funding for co-occurring mental health and substance abuse disorder programs.</td>
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<td>Terry Brown, <em>Chief Human Resources Officer</em>, summarized a motion on the revisions to the IIPP policy and procedure to include a response to a pandemic. Additional legislation was passed and may require additional updates. He noted that he received comments from Member Booth and those will be incorporated in the policy. Staff will also provide her with the documents she requested. Member Booth, in reference to section 4.2, asked if employees are exposed at home, are those required to be reported. Mr. Brown responded that it is now required reporting, since home is now considered to be a workplace. Member Booth amended the motion to include “staff may include any necessary non-substantive changes.” <strong>Motion EXE A.0920</strong>  To approve the Facilities Services Policy &amp; Procedure FS-010, as presented, and staff may include any necessary non-substantive changes.</td>
<td>Approved unanimously by roll call. 6 AYES</td>
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<td><strong>Approve the Consent Agenda for November 5, 2020 Board of Governors meeting</strong></td>
<td>● Minutes of September 3, 2020 Board of Governors retreat and meeting</td>
<td>Approved unanimously by roll call. 6 AYES</td>
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<td><strong>PUBLIC COMMENTS</strong></td>
<td>Text received September 28, at 1:48 pm from Anonymous  <em>Public comment: why isn’t LA Care identifying and following up with Synermed affected enrollees per the DMHC mandate, I spoke to DMHC lawyers about this today, that a DMHC corrective action is being ignored by LA Care!</em></td>
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<td>Text received September 28, at 2:21 pm, from Anonymous  <em>Public comment, I believe you kept Synermed people working with enrollees knowing full well these people have no business making decisions or treating patients again. I hope the Feds shut you down!</em></td>
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<td>Text received September 28, at 2:23 pm, from Anonymous</td>
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| My above public comment is about Mr. DeLaTorres hardtymes speech, hardtymes is seeing ones kid in a 9 day coma that could've been prevented, hope you get a taste of your own garbage!  
Someone else I know commented you don’t read all your comment | | |

**ADJOURN TO CLOSED SESSION**

Augustavia J. Haydel, Esq., General Counsel, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:49 p.m.

**CONTRACT RATES**
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
- Provider Rates
- DHCS Rates

**REPORT INVOLVING TRADE SECRET**
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning New Service, Program, Business Plan
Estimated date of public disclosure: September 2022

The following item was not discussed:
- CONFERENCE WITH LABOR NEGOTIATOR
  Pursuant to Section 54957.6 of the Ralph M. Brown Act
  Agency Designated Representative: John Baackes
  Unrepresented Employee: All L.A. Care Employees – not needed

- CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
  Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act
  Three Potential Cases

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
Section 54957 of the Ralph M. Brown Act
Title: Chief Executive Officer

**RECONVENE IN OPEN SESSION**
The meeting reconvened in open session at 3:28 pm. No reportable actions were taken during the closed session.

**ADJOURNMENT**
The meeting adjourned at 3:29 p.m.
The following written Public Comment was not read during the meeting due to timing:

September 28, 2020 at 9:10pm Anonymous

Public comment, (see photo of DMHC action). It says to contact affected enrollees, I don’t believe LA Care has done this so you are in breach of a state corrective action!
This enforcement (see photo) signed by LA Care attorney’s clearly states who LA Care was dealing with for years while likely thousands of enrollees tried to alert your “advocates” there was a serious issue going on and you people ignored the problem! People are dead because of your negligence handing money over to those scammers who in turn blocked people’s care, including the care of special needs people and they or their guardians are not being told as ordered in the state corrective action!

I believe LA Care is still using abusive, corrupt people to oversee people’s “care”!

Text received September 28, 2020 at 9:15am Anonymous

Public comment, if LA Care never had a contract with Synermed, why does your own board minutes (you forgot to take down) state Achieva Med was taking over for Synermed, I find it odd Achievamed is misspelled!
Why doesn’t this say Achievamed (oddly misspelled “Achieva Med”) was “taking over for EHS”, this tells me LA Care likely knew Synermed and EHS were /are the SAME PEOPLE! It says taking over for Synermed, how do you explain that?

LA Care stinks to high heaven!

Text received September 28, 2020 at 10:14am Anonymous

Public comment: It’s suggested your legal and medical people read this, there are strict rules about clarity at a board meeting and trying to confuse a consumer who makes a (accurate) public comment. Once again, I don’t believe LA Care has “identified and followed up with” people harmed by Synermed as mandated in the DMHC corrective action, I have every right to ask since my autistic adult
daughter was harmed and no one has educated me about the harm, I only know because I’m a damned good investigator! I WILL get people jailed over the harm to Vanessa or other people I keep locating, watch me!

Text received September 28, 2020 at 1:29pm Anonymous
Public comment, the other public commenter asked me to make sure her comment is read, it also said Synermed people got $500 bonuses for intimidating enrollees and getting them to disenroll which is exactly what they did to our autistic adult daughter!
October 26, 2020

TO: Board of Governors

FROM : John Baackes, CEO


This report summarizes the progress made on the activities outlined in Vision 2021, L.A. Care’s Strategic Plan. This is the fourth quarterly report for the 2019-20 fiscal year, which represents the second year of our three-year plan. Some activities have been impacted by the continuing COVID-19 pandemic and their status updates in the Progress Report reflect that fact. However, teams at L.A. Care are actively adjusting their goals, as appropriate, to account for our new reality and all teams continue to make progress. L.A. Care remains adaptable and responsive during this challenging time.

L.A. Care’s notable fourth quarter activities include:

- Hosted a second COVID-19 Disparities Leadership Summit with a focus on COVID-19 disparities and the Black/African American population.

- Implemented the Equity Council Steering Committee and three sub-councils focused on member, provider and vendor, and employee constituencies.

- The Care Management team participated in a four-week training program on how to best assess and address member and caregiver needs as they relate to members with cognitive decline.

- Continued to focus on our multi-year, multi-faceted systems improvement projects (for customer service, financial management, provider data management, care management, and encounter management).


## 1 High Performing Enterprise

A high functioning health plan with clear lines of accountability, processes, and people that drive efficiency and excellence.

### Goal 1.1
**Achieve operational excellence through improved plan functionality.**

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Status</th>
<th>Update</th>
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<tbody>
<tr>
<td>Enhance the systems, tools, and processes to improve customer service through the Voice of the Customer (VOICE) initiative.</td>
<td></td>
<td>The Online Provider Directory (OLPD) was successfully deployed for internal and external use on July 17th. The tool received resounding approval from many L.A. Care users and constituents. The OLPD has significantly improved the presentation of our L.A. Care provider network and highlights the relationship between providers and PPGs. On September 24th, the VOICE team deployed the Claims Interactive Voice Response (IVR), which is officially live and in use by our provider network. The Claims IVR provides another self-service option for both participating and non-participating providers who are seeking claims status and payment information. The Claims IVR was a major accomplishment for L.A. Care and the VOICE team as it provides ease of accessibility to information for our provider community. As we enter the new fiscal year, VOICE is now focused on developing a member data lake that will centralize member data inclusive of eligibility and demographic data as well as personalized data such as contact preferences, cultural and linguistic data, and information on authorized representatives. This will support personalized interactions between our members and L.A. Care staff, yield more efficient and directed communication between the plan and its membership, and create an overall outstanding member experience.</td>
</tr>
<tr>
<td>Improve business functions related to financial management with the Enterprise Resource Platform (ERP).</td>
<td></td>
<td>Phase 1: All teams have been working on User Acceptance Testing (UAT), which began on August 31st, and is expected to end on September 30th, as release one of go-live activities starts on October 1st. A significant part of UAT includes reconciliation activities between systems, to ensure the data quality is clean prior to go-live. Teams are also working on finalizing the last bank integration test files and coupons, iColor templates for member correspondences, and deploying the member payment application with CalHEERs connections. We are collaborating with our IVR vendor on call flow diagrams, phrase lists, and voice talent.</td>
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<tr>
<td>Key Activities</td>
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<tr>
<td>Modernize provider data management through continued operations of the Total Provider Management (TPM) initiative.</td>
<td>Yellow</td>
<td>Phase 2: Functional spec development for Phase 2 is currently behind schedule, but we are expected to finalize majority of the work to be completed by the end of September. Planning for testing activities for Phase 2 are still on track. The TPM Program plan was approved in July. The final release to automate PPG updates was also implemented in July. The transition to operations (affecting the automated updates) has currently been put on hold. However, the TPM team continues to partner with providers to improve the quality of their TPM Standardized Provider File (SPF) files. All but one of the PPGs are now submitting monthly test files, as well as one of three Plan Partners and all four Specialty Health Plans. In mid-September updated business priorities resulted in a temporary reallocation of TPM resources to other projects. Provider Network Management (PNM) and TPM business leaders are now partnering on a new integrated provider data strategy that will include IHA Symphony Provider Directory Utility. The strategy is an input to the re-planning for the TPM initiative. TPM will be submitting a program-level change request to leadership upon completion of the re-planning.</td>
</tr>
<tr>
<td>Replace the Care Management Platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management System (SyntraNet).</td>
<td>Green</td>
<td>Launch of the Syntranet system has been postponed to FY21 Q2. Sprint demonstrations have continued to illustrate functionality of specific tasks in the UM module. Care Catalyst meets at least weekly with key stakeholders to validate, follow up, and verify needed data and information to support progression of the build. Internal matrices are being developed by L.A. Care product lines to better inform the system for improved accuracy and efficiency. “Sandbox” session for end users has been requested of Thrasys. Scheduling of such remains pending.</td>
</tr>
<tr>
<td>Implement strategies to improve encounters and risk adjustment processes.</td>
<td>Green</td>
<td>The Edifecs upgrade in currently being implemented in production and on schedule.</td>
</tr>
</tbody>
</table>
## Goal 1.2
Maximize the growth potential of our product lines.

<table>
<thead>
<tr>
<th>Key Activities</th>
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<tbody>
<tr>
<td>Implement a product governance process to ensure enterprise-wide alignment for products, programs, and service offerings across all lines of business.</td>
<td>Green</td>
<td>Ideas that have product implications continue to get vetted through the Product Governance process to ensure that ideas recommended for implementation reflect the needs of products and membership. The Product Governance committee considered Cologuard (colorectal cancer screening test) and Video Remote Interpreting at its last meeting. Product leadership also led cross-functional teams to ensure a consistent approach to cross-cutting issues across all products.</td>
</tr>
<tr>
<td>Create a tailored approach to member retention, based on unique needs of the product.</td>
<td>Green</td>
<td>Development is ongoing to further map member touchpoints across business units to each Line of Business. A cross-functional team has created a framework to outline L.A. Care Covered (LACC) touchpoints and is now applying this process to Medi-Cal and Cal Medi-Connect (CMC). In addition, a workgroup has started a comprehensive analysis of the member on-boarding experience. Each group will finalize analysis and recommendations for review with the Product Governance team.</td>
</tr>
</tbody>
</table>
| Leverage our ability to offer member choice and provide value-added programs for all product lines. | Green  | In addition to continuing to offer Minute Clinic and telehealth for our members, we are considering other value-added programs for members. Two of these programs are:  
  - **Cologuard**: an alternative method for colorectal cancer screening, which requires less preparation than colonoscopies. We will pilot the promotion of Cologuard among Direct Network providers, for average-risk members who are behind on their colorectal screening. The goal is to increase screening rates among members.  
  - **Video Remote Interpreting (VRI)**: uses videoconferencing to provide interpretation, available on demand in 30-40 languages including American Sign Language (ASL). VRI is more nimble and less expensive than face-to-face interpreting, but is more personal than telephonic. VRI will be piloted in conjunction with our Plan Partners (Anthem and Promise) at mutual high-volume clinics as a supplement to face-to-face and telephonic options. |
| Analyze the feasibility of D-SNP options and begin designing a product to serve our dually eligible Medi-Cal and Medicare population. | Green  | Continued discussions with CMS on the transition of CMC members to D-SNP to talk through process and potential issues. Current contract requires six-month freeze on new enrollment in the latter half of CY 2022. Talking through options to minimize enrollment freeze. D-SNP development efforts continue internally. |
2 High Quality Network

A network that aligns reimbursement with member risk and provider performance to support high quality, cost efficient care.

Goal 2.1
Maintain a robust provider network that supports access to high-quality, cost efficient care.

<table>
<thead>
<tr>
<th>Key Activities</th>
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</thead>
<tbody>
<tr>
<td>Engage in a provider network strategy that meets distinct business and</td>
<td></td>
<td>Focus remains on supporting our network of contracted physicians as they continue to care for our members during the COVID-19 pandemic and those impacted by the California Wildfires.</td>
</tr>
<tr>
<td>competitive needs of all products and ensures that members receive high-</td>
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<td></td>
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<tr>
<td>value care.</td>
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<td></td>
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<tr>
<td>Optimize oversight of delegated functions.</td>
<td></td>
<td>Delegation Oversight has published the first Delegated Entity Manual on the provider section of the L.A. Care website. This manual is aimed at providing guidance to PPGs on their performance requirements for each healthcare and administrative service it performs on behalf of the plan. The manual will be updated annually with the first update scheduled for January 1, 2021. The update will incorporate PPG feedback and NCQA updates.</td>
</tr>
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Goal 2.2
Build foundational capabilities to support expansion of the L.A. Care Direct Network.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Strategically develop, expand, and address gaps in the Direct Network to</td>
<td></td>
<td>L.A. Care continues to make enhancements to support the longevity of the Direct Network and increase contracting efforts across Los Angeles County to cover more members.</td>
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<tr>
<td>meet all member needs.</td>
<td></td>
<td></td>
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<tr>
<td>Improve the operations of all L.A. Care functions necessary to support and</td>
<td></td>
<td>The Direct Network Steering Committee continues to address all internal business operations (Health Services, Finance, Operations) to support the ongoing expansion of the Direct Network.</td>
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<tr>
<td>scale up the Direct Network.</td>
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**Goal 2.3**
Providers receive the individualized information and resources they need to provide high-quality care with low administrative burden.

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<th>Key Activities</th>
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<tbody>
<tr>
<td>Provide practices with actionable data, education, and resources to support ongoing efforts to improve quality and NCQA status.</td>
<td>Green – On target, no issues</td>
<td>Supporting performance reports such as our HEDIS and UM provider opportunity reports and gaps in care lists were distributed a further two times to our provider network. CG-CAHPS reports were created and distributed for individual physicians for the very first time, which was a key goal in helping to impact member experience. QI Webinars continued, covering a number of important quality improvement topics such as HEDIS, Member Experience, Access to Care, Encounters and others. Webinar participation included providers from all levels of our network. There were regular meetings between L.A. Care Quality Improvement staff and IPAs to discuss opportunities for improvement and IPA-specific project improvement plans in lower performing areas. In addition, QI staff scheduled and met with individual physicians and clinics to train on data submission, coding requirements, member experience, incentive opportunities and more.</td>
</tr>
</tbody>
</table>

This quarter L.A. Care’s Provider Continuing Education (PCE) Program offered several one-hour webinars with one CME/CE credit per webinar to L.A. Care providers, other physicians and healthcare professionals, and L.A. Care staff. Webinar topics included trauma informed care, EPSDT, and managing depression in primary care. This quarter’s webinars had an average of 165 attendees. On average, L.A. Care providers made up 39% of the total audience.

<table>
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<tbody>
<tr>
<td>Celebrate top providers and improved performance.</td>
<td>Green – On target, no issues</td>
<td>This year we will be celebrating top performing providers as well as showing gratitude to all providers. In order to do this, L.A. Care Leadership, Quality, Marketing, and Communications teams have come together and developed two Gratitude Tracks. The first track is the “All Provider Thank You.” All L.A. Care providers will receive a Thank You card in the mail and Direct Network providers will receive a window cling in addition to the Thank You card. The Thank You cards will direct providers to a dedicated Thank You landing page developed by the Communications department. The second track will be the “Provider Week” track and will consist of an entire week of celebrating our winning providers via the aforementioned landing page with dedicated social media, web, and other content.</td>
</tr>
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</table>

**Color Indicator Legend**
- Green – On target, no issues
- Yellow – Some issues, probable risks, concerns
- Blue – Complete
- Red – Major issues, high risk
### Key Activities

<table>
<thead>
<tr>
<th>Offer access to loan repayment and recruitment assistance for new physicians (Elevating the Safety Net).</th>
</tr>
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<tbody>
<tr>
<td>Support practice transformation and use of electronic resources such as Electronic Health Records (EHRs), Health Information Technology (HIE), and virtual care.</td>
</tr>
</tbody>
</table>

### Status

<table>
<thead>
<tr>
<th>The Physician Loan Repayment Program (PLRP), a part of the Elevating the Safety Net Initiative, has currently awarded 69 providers and the Executive committee approved another $6 million grant for Uncommon Good in Q4 to continue awarding funds to additional providers through the new fiscal year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another component of the Elevating the Safety Net Initiative, the Physician Recruitment Program (PRP), continues to grow, with 144 grants awarded and 101 providers hired through the end of Q4. The Cycle 8 application period will open in November.</td>
</tr>
</tbody>
</table>

### Update

- L.A. Care successfully completed the California Technical Assistance Program (CTAP), helping providers achieve 7,900 milestones, which earned $9.7M. Program closeout is through December.
- As a CMS Network of Quality Improvement and Innovation Contractor (NQIIC) L.A. Care will bid on upcoming projects which are a good fit.
- L.A. Care and First 5 LA will be entering a partnership to help practices improve child development with screenings and community resources.
- eManagement is implemented with 94 providers serving 75,000 MCLA members.
- Transform L.A. works remotely with 8 practices representing 61 providers, 2,200 DN members, and 22,000 L.A. Care members.
- HIT is working with Health Services to develop a virtual care strategy for L.A. Care.
- Aledade is contracting with L.A. Care for transformation support to some of their ACO practices.
- LANES is contracting with L.A. Care HIT to support CalHOP (California Health Information Exchange Onboarding Program) enrollment and HIE milestone achievement in the Direct Network.
3 Member-Centric Care

Member-centric services and care, tailored to the needs of our varied populations.

Goal 3.1
Understand our member needs so we can better manage their care and plan for the future.

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<tr>
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<tbody>
<tr>
<td>Use all available data sources, including the Optum Impact Symmetry Suite (Member360), to assess and improve the population health of our membership.</td>
<td><img src="https://www.example.com/green.png" alt="Green" /></td>
<td>We continue to socialize the use of the Optum Impact Symmetry Suite across the Health Services department. We also completed a project with Optum to do an in-depth analysis of our member experience results. They presented their final report in September. The main finding was that individuals with less acute disease states, including healthy individuals, are less likely to be satisfied with the care they receive. We are just getting started on the annual Population Health Assessment (NCQA), and Population Needs Assessment (DHCS). We are looking into some alternative sources for social determinants data. In past years we have used a combination of data from the Symmetry Suite and the Area Deprivation Index.</td>
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<tr>
<td>Incorporate assessment of social needs into the day-to-day work of staff who interact directly with members.</td>
<td><img src="https://www.example.com/green.png" alt="Green" /></td>
<td>Social Needs/Community Link Use of Community Link continued to expand during Q4. Training was expanded to include all member-facing teams, nine Community-Based Care Management Entities (CB-CMEs), and the L.A. Care promontoras. The top three searches and requests for assistance were in the areas of food insecurity, housing, and COVID-19 resources. Care Management The assessment of social needs is a central component of care management assessment. Once members are assessed the Care Manager (CM) sets an individualized care plan in motion to coordinate care and mobilize resources to address all of the members’ needs, including social needs. The Community Health Workers (CHWs) continue to play a key role for the most vulnerable members involved in Care Management – while we are still not conducting in person interventions due to the ongoing pandemic, CHWs have resumed member accompaniment for telehealth visits where they help the members prepare for their medical appointments and attend per member’s request, as needed.</td>
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</tbody>
</table>
### Key Activities | Status | Update
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As part of the Care Management team’s ongoing efforts to enhance the knowledge and skillset of our CMs and CHWs, the team received a four week training program on how to best assess and address member and caregiver needs as they relate to members with cognitive decline. |  |  
Replace the Care Management platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management system (SyntraNet). | Green | Launch of the Syntranet system has been postponed to FY21 Q2. Sprint demonstrations have continued to illustrate functionality of specific tasks in the UM module. Care Catalyst meets at least weekly with key stakeholders to validate, follow up, and verify needed data and information to support progression of the build. Internal matrices are being developed by L.A. Care product lines to better inform the system for improved accuracy and efficiency. “Sandbox” session for end users has been requested of Thrasys. Scheduling of such remains pending.  

#### Goal 3.2
Address members’ unmet health and social needs by making care accessible in the right way, at the right place, at the right time.

| Key Activities | Status | Update |
--- | --- | ---
Utilize alternative approaches to expand access to care, including full implementation of Minute Clinic and telehealth opportunities. | Green | Minute Clinic has reported 1,683 visits across all lines of business from October 2019 - September 2020. Minute Clinic has also begun to offer telehealth in addition to their 17 locations in Southern California. To date, no Minute Clinic telehealth visits have occurred.  
Year-to-Date (January-August 2020) Teladoc has provided 8,426 virtual visits to our L.A. Care members, including 3,875 visits during FY Q4 alone. |

Expand care management at Community Resource Centers/Family Resource Centers. | Yellow | The CHWs continue to play a key role for the most vulnerable members involved in Care Management – while we are still not conducting in person interventions due to the ongoing pandemic, CHWs have resumed member accompaniment for telehealth visits where they help the members prepare for their medical appointments and attend per member’s request, as needed.  
As Community Resource Centers reopen, the Care Management team is committed to partner with the Community Resource Center leadership to ensure a safe transition of Care Management team members to the community.  

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**Color Indicator Legend**
- Green – On target, no issues
- Red – Major issues, high risk
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- Blue – Complete
### Key Activities
Implement initiatives that promote health equity in order to improve health disparities based on findings from the population health assessment and other data analytics.

### Status
- **Green – On target, no issues**

### Update
As stated in L.A. Care’s Board-approved Statement of Principles on Social Justice and Systemic Racism, L.A. Care implemented the Equity Council Steering Committee and three sub-councils focused on member, provider, and vendor, and employee constituencies. These efforts build upon those of the Health Equity Task Force that began this fiscal year. Councils are developing metrics to evaluate areas in which they can improve equity. L.A. Care is building a new partnership with the Los Angeles County Human Relations Commission, which is also stated as an activity in our Statement of Principles. A second COVID-19 Disparities Leadership Summit was held on September 10th with partners from Los Angeles County Public Health and Department of Health Care Services, The California Endowment, and Blue Shield Promise.

Due to the ongoing pandemic, the State put the Medicaid disparity Performance Improvement Project (PIP) on hold. However, L.A. Care has continued with IVR calls for members with Asthma in SPA 6. The IVR calls are scheduled to launch in October to increase controller use through asthma medication resources, online educational tools, and live transfers to schedule appointments. The LACC quality improvement project targeting members with diabetes, specifically Black/African American (BAA) and American Indian/Alaskan Native (AIAN) populations is set to have its second round of provider outreach in October. Providers will be notified of high risk members and resources available to members. Members received a mailer in July describing the services available via telehealth along with an incentive for signing up for classes.
4 Health Leader

Recognized leader in improving health for low income and vulnerable communities.

Goal 4.1

Be a local, state, and national leader to advance health and social services for low income and vulnerable communities.

<table>
<thead>
<tr>
<th>Key Activities</th>
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<tbody>
<tr>
<td>Advocate for policies that improve access to care and quality of life for low income communities.</td>
<td></td>
<td>There is still no COVID-related stimulus package from Congress and future progress is unclear. At the end of July, L.A. Care sent another letter asking Congress to continue to work on a COVID-19 relief stimulus package.</td>
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<td></td>
<td></td>
<td>In September, CMS announced that they were withdrawing the Medicaid Fiscal Accountability Rule (MFAR) proposal, which L.A. Care had opposed through advocacy efforts.</td>
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<td></td>
<td></td>
<td>In August, L.A. Care led a group of health plans and other organizations in drafting and sending a letter to Congressional Leadership requesting that they extend the deadline for the Health Information Technology for Clinical and Economic Health (HITECH) Act. L.A. Care requested an extension of two years for eligible Medicaid providers to access funding via HITECH programs from September 30, 2021 to September 30, 2023. The request was not for new funding, but for more time to utilize funds already allocated to safety net providers for technology investments that are needed now more than ever. Without further intervention, safety net organizations will continue to face severe financial pressures and have to rely on processes to share patient data that compromise patient safety and inhibit access to care.</td>
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<td></td>
<td></td>
<td>In September, L.A. Care submitted a public comment letter on the proposed CMS rule, “Making Admission or Placement Determinations Based on Sex in Facilities Under Community Planning and Development Housing Programs.” L.A. Care Health Plan strongly opposes this proposed rule change from the U.S. Department of Housing and Urban Development (HUD), as it has the potential to exacerbate the homelessness crisis and put thousands of transgender, gender non-conforming, and gender non-binary individuals experiencing homelessness at further risk. By mandating that HUD-funded providers serve clients on the basis of gender identity, the current Equal Access Rule is</td>
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Critical in ensuring the safety of the lesbian, gay, bisexual, transgender, queer, and more (LGBTQ+) clients who have historically been shut out of adequate safe housing and shelter. Nationwide, these groups face disproportionate rates of unsheltered homelessness.

In August L.A. Care released its 2019 Annual Report, titled “A Successful Public Option.” The report, which will be an important tool in conversations with elected officials and other stakeholders about health reform, demonstrates how L.A. Care can be a national model of a working public option.

L.A. Care continues to advocate the value of a public option in the healthcare system, and state and federal activities related to a public option continue to be monitored.

L.A. Care continued to monitor DHCS activity related to CalAIM, which has been delayed due to the COVID-19 pandemic, as well as the state’s efforts to receive an extension of its current 1115 waiver and 1915b Special Mental Health Waiver.

L.A. Care’s representative on the CalAIM Foster Care Model of Care Workgroup, the only CalAIM Workgroup still currently meeting, continued to participate in workgroup meetings and activities this quarter.

Elevating the Safety Net Initiatives (ESN)

• Residency Support Program (RSP) – The Executive committee approved a second round of RSP grants to four previous awardees (AltaMed, CDU, UCLA and Adventist Health White Memorial). The total investment is $4.5 million and the funds will be disbursed in Fall 2021.

• Medical School Scholarships – We currently have 24 scholars. We will continue to review with executive leadership and the ESN Committee our future plans for maintaining or expanding the program.

• Physician Recruitment Program (PRP) – We continue to grow PRP with 144 grants awarded and 101 providers hired through the end of Q4. The Cycle 8 application period will open in November.
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<tr>
<td>• Physician Loan Repayment Program (PLRP) – We currently have 69 providers</td>
<td></td>
<td>awarded and the Executive committee approved another $6 million grant for Uncommon Good in Q4 to continue awarding funds to additional providers through the new fiscal year.</td>
</tr>
<tr>
<td>• Elevating Community Health – The first and second cohorts of the CHW training program are participating in continuing education (CE) sessions, the third of six CE sessions were completed in Q4. The California Long-Term Care Education Center (CLTCEC) IHSS+ Provider Integration Training Program had 3,100 graduates through the end of Q4.</td>
<td></td>
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<tr>
<td>• National Medical Fellowship (NMF) – The Summer 2020 cohort completed</td>
<td></td>
<td>successfully in Q4.</td>
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<tr>
<td>Expand the number, size, and scope of our Community Resource Centers to a</td>
<td>Green</td>
<td>L.A. Care construction has been completed at the Metro L.A. site. Pre-construction work continues on Wilmington, Norwalk, and El Monte sites. Tenant meetings continue for South L.A. location. Potential new sites for Inglewood CRC identified. CRC reopening began with Lynwood and Pomona and remaining sites will reopen by Q1 FY 20-21.</td>
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<tr>
<td>total of 14 sites across 11 Regional Community Advisory Committee regions in</td>
<td></td>
<td>partnership with Blue Shield of California Promise Health Plan.</td>
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<td>Fully implement L.A. Care as a Health Homes program CB-CME through care</td>
<td>Blue</td>
<td>L.A. Care’s Health Homes Program (HHP) celebrated its first anniversary this quarter and an additional CB-CME joined the L.A. Care Health Homes network, bringing the total number of CB-CMEs to 34. CB-CMEs have continued their work providing HHP services throughout the COVID-19 pandemic. HHP’s Year Two learning opportunities will focus on CB-CME skill building in the areas of assessment and care plan development, as well as supporting members around transitions of care.</td>
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<tr>
<td>management based at Community Resource Centers/Family Resource Centers and</td>
<td></td>
<td>continue to expand the Community Based Care Management Entity (CB-CME) network.</td>
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Board of Governors
MOTION SUMMARY

Date: October 26, 2020  

Motion No. EXE 100-1120

Committee:  
Chairperson: Hector De La Torre

Issue: Request to ratify execution of Amendment 31, by L.A. Care Chief Executive Officer, John Baackes, to L.A. Care’s Medi-Cal Contract (Contract No. 04-36069) with the California Department of Health Care Services (DHCS).

☐ New Contract  ☒ Amendment  ☐ Sole Source  ☐ RFP/RFQ was conducted

Background: L.A. Care received Amendment No. 31 from DHCS on October 9, 2020 with a request that it be reviewed, signed, and returned to DHCS by October 23, 2020. Amendment No. 31 modifies the contract term by extending the effective date through December 31, 2021.

Member Impact: There is no member impact.

Budget Impact: There is no impact to 2019-20 budget.

Motion: To ratify execution of Amendment No. 31, by L.A. Care Chief Executive Officer, John Baackes, to Contract 04-36069, between L.A. Care Health Plan and the California Department of Health Care Services.
1. This Agreement is entered into between the State Agency and Contractor named below:
   State Agency's Name  
   Department of Health Care Services  
   (Also known as DHCS, CDHS, DHS or the State)

   Contractor's Name  
   L.A. Care Health Plan  
   (Also referred to as Contractor)

2. The term of this Agreement is:  
   April 1, 2005 through December 31, 2021  

3. The maximum amount of this Budget Act Line Items Agreement after this amendment is:  
   4260-601-0912 and 4260-601-0555

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

   I. Amendment effective date: December 31, 2020 or until approved by DGS (if DGS approval is required).

   II. Purpose of amendment: It extends the contract term to December 31, 2021. DHCS is obtaining a continuation of the services identified in the original agreement.

   III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., Strike).

   IV. Paragraph 2 (term) on the face of the original STD 213 is amended to read: April 1, 2005 through December 31, 2020. All references to the former contract term of April 1, 2005 through December 31, 2020 in any exhibit incorporated into this agreement are hereinafter deemed to read April 1, 2005 through December 31, 2021.

   (Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

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**CONTRACTOR**

<table>
<thead>
<tr>
<th>Contractor’s Name (If other than an individual, state whether a corporation, partnership, etc.)</th>
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<tbody>
<tr>
<td>L.A. Care Health Plan</td>
<td></td>
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<tr>
<td>By (Authorized Signature)</td>
<td>Date Signed (Do not type)</td>
</tr>
<tr>
<td>John Baackes, Chief Executive Officer</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>1055 West 7th Street, 10th Floor Los Angeles, CA 90017</td>
</tr>
</tbody>
</table>

**STATE OF CALIFORNIA**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Department of Health Care Services</th>
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<tbody>
<tr>
<td>By (Authorized Signature)</td>
<td>Date Signed (Do not type)</td>
</tr>
<tr>
<td>Michelle Retke, Chief Managed Care Operations Division</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>1501 Capitol Avenue, MS 4415, P.O. Box 997413 Sacramento, CA 95899-7413</td>
</tr>
</tbody>
</table>

**CALIFORNIA Department of General Services Use Only**

| Exempt per: W&I Code Section 14087.55(c) |  |
V. Exhibit E, Attachment 2, PROGRAM TERMS AND CONDITIONS, is amended to read:

11. Term

A. The Contract will become effective April 1, 2005, and will continue in full force and effect through December 31, 2021 subject to the provisions of Exhibit B, Provision 1. Budget Contingency Clause, the Centers for Medicare and Medicaid Services waiver approval, and Exhibit D(F), Provision 3. Federal Contract Funds.

VI. All rights, duties, obligations and liabilities of the parties hereto otherwise remain unchanged.
Date: October 26, 2020

Motion No. EXE 101.1120

Committee: Executive

Chairperson: Hector De La Torre

Issue: This motion outlines the Community Health Investment Fund (CHIF) approach and priorities for FY 2020-21. In light of the economic effects of the COVID-19 pandemic, staff recommends a phased approach in which we proceed with ongoing, multi-year grant commitments and consider whether to continue with additional grants later in the fiscal year when the financial situation is clearer.

Funding will align with the following CHIF priorities:

1. Support the health care safety net to address the COVID-19 pandemic and racial inequities
2. Address social determinants of health that result in inequities, including housing and food insecurity
3. Empower and invest in organizations that address systemic racism

Background: On September 3, 2020, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of $10 million for fiscal year 2020-21. However, given COVID-19 and its economic effects, we are recommending the prudent approach of considering CHIF grants in two phases.

The first phase will include ongoing multi-year commitments. This includes $4 million in funding to Brilliant Corners, which funds housing for up to 300 individuals and families experiencing homelessness, the majority being L.A. Care members. This first phase also includes a few other small grants, not to exceed a total of $100,000.

All remaining funding will be considered in the second phase of grants. This funding will remain on hold for now, and the Chief Executive Officer (CEO) will assess the financial situation in the second quarter of FY 2020-21 to determine whether to release some or all of the remaining CHIF funds. We are requesting authority for the CEO to approve these grants should the financial situation warrant the investment, and we will keep the Board informed.

All grant approvals will include discussions with the Senior Director of Strategic Planning and CEO. Staff will solicit applications, convene a review committee composed of internal staff and community experts, administratively select the grantees, and annually report active grants to the Board. Upon approval, a grant agreement will be delivered to the grantee outlining responsibilities and accountability to perform according to agreed objectives.

Member Impact: CHIF funds will help to support safety net providers and social service agencies to increase access to care, improve quality of care, and address social determinants and minimize racial inequities for marginalized populations in Los Angeles County, including L.A. Care members, within the context of the COVID-19 pandemic.

Budget Impact: On September 3, 2020, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of $10 million for FY 2020-21.
Motion: To approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2020-21 allocation of up to $10 million as follows:

(1) Fund the last installment of $4.0 million, out of a $20 million five-year commitment, for Brilliant Corners, in partnership with the Los Angeles County Department of Health Services’ Flexible Housing Subsidy Pool fund, to provide housing for up to 300 homeless individuals including L.A. Care members. These funds support the goals of the Whole Person Care initiative under the California Medi-Cal waiver.

(2) Fund small grants of up to a total of $100,000 in the first phase of CHIF released funds, including supporting organizations such as the Southern California Grantmakers.

(3) Support the following three CHIF priorities for up to $6.0 million: fund the health care safety net to address the COVID-19 pandemic and racial inequities, address social determinants of health that result in inequities, including housing and food insecurity, and empower and invest in organizations that address systemic racism. Delegate authority to the CEO to assess the financial situation and approve up to $6.0 million of CHIF funding as appropriate.

(4) Extend the delegated authority of the CEO to approve grants that will exceed the current $150,000 limit per grant as approved at the May 2020 Board of Governors’ meeting (BOG 100.0520) through September 30, 2021. This authority will allow L.A. Care to potentially make larger grants in response to COVID-19 related needs. All other policies and approvals related to grant making investments will remain in place.
October 19, 2020

TO: Executive Committee

FROM: Wendy Schiffer, Senior Director, Strategic Planning
       Roland Palencia, Director, Community Benefit Programs

SUBJECT: Community Benefits, CHIF Program Priorities for FY 2020-21

In 2000, L.A. Care Health Plan’s Board of Governors established the Community Health Investment Fund (CHIF) program to improve health care access and quality of care for underserved populations and to support the safety net that serves them. To date, CHIF funding has supported 775 projects with an investment of over $97.0 million, benefitting community-based clinics, social service organizations, and the Los Angeles County public health system.

Due to L.A. Care’s current financial situation, Community Benefits staff, in consultation with the Chief Executive Officer (CEO), plans to release CHIF funds in two phases, with the second phase to remain on hold for now. The attached motion requests Board authority to:

- Approve phase one, which includes the prior multi-year annual financial commitment of $4 million to Brilliant Corner’s program to house up to 300 individuals. As of August 2020, 264 clients have been housed, with a cumulative 322 clients housed. Of those housed, over 77% are L.A. Care members. Phase one also includes a few other grants not to exceed the total amount of $100,000.

- Delegate authority to the CEO to determine whether to release the second phase of grants later in the fiscal year when the financial situation becomes clearer.

**CHIF Priorities for FY 2020-21**

All funded projects will aim to have the following features: organizational or systemic change, financial and programmatic sustainability, and long-term impact to support the safety net to thrive in the evolving healthcare reform environment. About 70% of funds seek to address social determinant issues such as housing, poverty, food insecurity, and racial inequities.

To best support L.A. Care’s strategic vision, Community Benefits staff has developed three overarching CHIF priorities:

1. *Support the health care safety net to address the COVID-19 pandemic and racial inequities.*
   
   This CHIF priority will support projects that address the infrastructure needs of safety net providers in the context of the COVID-19 pandemic while addressing the resulting exacerbated health racial inequities.
2. **Address social determinants of health that result in inequities, including housing and food insecurity.**
   This priority focuses on social determinants of health designed to address issues of housing for those experiencing homelessness, poverty, access to food, and eviction prevention that precipitates homelessness and substandard housing conditions. This could also include collaborating with sectors that promote a comprehensive approach to community wellness and health.

3. **Empower and invest in organizations that address systemic racism.**
   This CHIF priority will support organizations that are deeply rooted and are led by communities of color. These leaders and organizations have direct experience with the many overlapping issues affecting their communities, including the ensuing ravages of the COVID-19 pandemic. This priority also seeks to build the capacity of these organizations that are extremely resourceful but underfunded and under resourced by philanthropy.

To select these priorities, Community Benefits staff has solicited input from L.A. Care management throughout the organization and consulted with a number of grantees as well as philanthropic partners that invest in the safety net. Within each priority area, CHIF funds will be distributed through a combination of initiatives that will require a request for applications (RFA) process and community-initiated proposals by individual organizations (ad hocs) that do not fit into any of the initiatives but align with priority areas.

**Approval Process**
We are requesting that the Board of Governors extend the delegated authority of the CEO to approve grants that will exceed the current $150,000 limit per grant as approved at the May 2020 Board of Governors’ meeting (BOG 100.0520). This authority will allow L.A. Care to potentially make larger grants in response to COVID-19 related needs. All other policies and approvals related to grant making investments will remain in place.

Consistent with policy 602, staff will submit monthly reports on CHIF grants approved in the previous month. This will be in addition to the annual Community Health Investment Fund Summary, usually submitted in April of every year, for the previous fiscal year that highlights grant accomplishments, areas of impact, media coverage, and media and community-wide acknowledgements.
Board of Governors
MOTION SUMMARY

Date: October 26, 2020

Motion No. EXE 102.1120

Committee: Executive

Chairperson: Hector De La Torre

Issue: Continue authorization of expenditures under the Elevating the Safety Net (ESN) for Community Health Worker (CHW) training program and establish a new ESN Health Careers Internship program.

Background: On September 3, 2020 the Executive Committee approved motion EXE 102.0920 to continue supporting the Residency Support Program (RSP), granting funding to four institutions to add 9 new slots and 1.8 FTE new core faculty for an investment up to $4,500,000. The Executive Committee also granted Uncommon Good another $6 million to continue administering loan repayment assistance to providers through the new fiscal year.

Health Careers Internship Program
L.A. Care staff recommends development of programs across the health careers pipeline by supporting college students and encouraging careers in the health care safety net. Staff recommends achieving this by launching ESN’s Health Careers Internship program in partnership with Health Career Connection (HCC). HCC has provided internships and stipends to students from under-represented or disadvantaged backgrounds pursuing health careers for the last 30 years. During this time, HCC has partnered with organizations like the Hospital Association of Southern California (HASC) and the Community Clinic Association of Los Angeles County (CCALAC).

The current proposal supports placement of 20 Summer interns at various community clinic sites through a partnership with CCALAC. The proposal also places 10-14 Health Equity Scholar interns at HCC or L.A. Care headquarters to work a virtual capstone project on community health equity. Workshop topics include, but are not limited to Health Equity and Managed Care, Social & Racial Factors in Health, Member & Provider Services, Health IT, State/County Safety Net Access, Policy, Professions & Sector Association Diversity, Equity and Inclusion Practice, as well as Community Benefits.

Program costs include a stipend of $4,200 per student, professional development activities, career development assistance, and graduate/professional school application technical assistance. The total investment for 90-100 students over three years is $768,000.

The review committee recommends funding the proposal as it supports students pursuing health careers. The proposal also aligns with our ESN guiding principle of increasing health access by expanding the pool of providers willing to serve the safety net.

Elevating Community Health – Community Health Worker (CHW) Training – Cohort 3
The review committee also proposes to support an additional cohort of the CHW training program. The training is being facilitated by Loma Linda University – San Manual Gateway College and 47 CHW’s have successfully completed the program to date over two cohorts. With another $400,000 investment, 20 additional CHW and non-clinical paraprofessional would be supported through the
Board of Governors

MOTION SUMMARY

training program. L.A. Care staff is also exploring engaging Loma Linda University for an extended evaluation of the program.

**Member Impact:** This initiative aligns with L.A. Care’s organizational goal 2.2: develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

**Budget Impact:** L.A. Care will appropriate retained earnings, an element of the fund balance, to set aside as Board Designated to fund the workforce development initiative presented above.

**Motion:**

1. Authorize an expenditure of up to $800,000 to establish the ESN Health Careers Internship program.
2. Approve and authorize expenditure of up to $400,000 for Cohort 3 and evaluation of Elevating Community Health (ECH) training program for Community Health Workers (CHW).