

# BOARD OF GOVERNORS

## Technical Advisory Committee

### Meeting Minutes – April 29, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



#### Members

Richard Seidman, MD, MPH, *Chairperson*  
 John Baackes, CEO  
 Elaine Batchlor, MD, MPH  
 Paul Chung, MD, MS  
 Muntu Davis, MD, MPH\*  
 Hector Flores, MD  
 Rishi Manchanda, MD, MPH

Santiago Munoz

Elan Shultz\*  
 Stephanie Taylor, PhD

#### Management

Wendy Shiffer, *Senior Director, Strategic Planning*  
 Katrina Parrish, *Chief Quality and Information Executive, Health Services*  
 Grace Crofton, *Advisor Quality Performance Informatics*  
 Alison Klurfield, *Director, Safety Net Programs and Partnerships, Safety Net Initiatives*

\* *Absent* \*\*\**Present (Does not count towards Quorum)*

**California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:08 p.m. without a quorum.	
<b>APPROVAL OF MEETING AGENDA</b>	The committee reached a quorum at 2:20 p.m.  The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 7 AYES (Batchlor, Chung, Flores, Munoz, Seidman, Shultz, Taylor)
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVAL OF MEETING MINUTES</b>	The January 27, 2021 meeting minutes were approved as submitted	Approved Unanimously. 7 AYES (Batchlor, Chung, Flores, Munoz, Seidman, Shultz, Taylor)

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CHIEF EXECUTIVE OFFICER UPDATE</b></p> <p>John Baackes</p>	<p><i>(Member John Baackes, Member Rishi Manchanda, MD, joined the meeting.)</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, thanked members for attending, and gave the following update to the committee.</p> <p>L.A. Care is doing well during the COVID-19 pandemic and everything that has happened within the past 15 months. Last year, the State took back 1.5% of L.A. Care’s operating budget for an 18-month period. The organization began its new fiscal year on October 1 thinking it would have a financial deficit. Instead of receiving a rate decrease it received a rate increase. L.A. Care reviewed structure to identify any redundancy. The second thing L.A. Care did was to work diligently on converting hospital contracts to dual risk or shared risk contracts so they are capitated. This gives L.A. Care a more reliable program. L.A. Care’s financial position is ahead of forecast. He noted that L.A. Care’s member population has been affected by the pandemic more than any other cohort. About 40% of enrollees are Latino, and they were getting infected, hospitalized and dying at a higher rate than white residents in L.A. County, which led to a spike in utilization. The organization knows that many of its members held part time jobs and many got laid off because of the pandemic. This led to an increase in CAL Fresh applications and Medi-Cal applications. It indicates that they had health care coverage, and needed money for food. L.A. Care will be more aggressive in coordinating safety net services in combination with care and services planning. The equity council that L.A. Care developed will be working on addressing that, and the Enhanced Care Management, In Lieu of Services and Population Health Management programs will help. There will be a change in CAL AIM coming on January 1, 2022. The plan came out of a difficult year in good shape and is about 3,000 members short of reaching 2.4 million members. Every fourth person in the County is a member of L.A. Care. The cloud on the horizon is the transition to benefits programs, Enhanced Care Management, In Lieu of Services and Population Health Management.</p>	
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p> <p>Richard Seidman, <i>MD, MPH</i></p>	<p>Member Richard Seidman, <i>MD, MPH, Chief Medical Officer</i>, gave the following updates:</p> <p>L.A. County is seeing a decrease in positive cases of COVID 19, hospitalizations, and deaths. In its Blue Print for a Safer Economy, the State announced that L.A. County has met the criteria for the yellow tier for the first time. It must be sustained for at least two weeks before moving into the yellow tier for further reopening. The picture is starting to look better nationally as well as other states enjoy improved statistics. The global picture it is a different story. There are six million new cases per week globally.</p>	

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	<p>L.A. Care has identified 130,000 cases, about half of what the actual case load is. It is difficult know the exact number. There have been about 21,000 hospitalizations and over 4,000 deaths, which equals about 20% of the county's death count.</p> <p>Immunizations  There are benefits to being vaccinated. About 500,000 members have been immunized for COVID 19. Out of 2.4 million members, 1.8 million are eligible to be vaccinated. We have verified that 30% have been partially vaccinated. L.A. Care will continue to advocate for people to get vaccinated. About 70% of people in L.A. County who are 65 years or older are partially vaccinated. L.A. Care is about 15% below the County average. Dually-eligible members are 75% fully vaccinated. Statewide, women are getting vaccinated more than men. Asian members are getting vaccinated at higher rates than other ethnic groups. There is more work to be done to get African American members vaccinated. The west side of L.A. is doing much better than the rest of the County.</p> <p>The Transition of Care team was alerted about a homelessness member that has a high usage of emergency room services. He suffers from diabetes, end stage renal disease, hypertension, and is on dialysis. When the team became aware of this member they were able to make a referral to the Housing for Healthy CA Program. The member is now in recuperative care. The member has been set up with an apartment, received a grant to get it furnished, and is receiving services that are needed. He hopes for more success stories like this in the future.</p> <p>Member Hector Flores, MD, thanked Member Seidman for sharing the success story. He noted that it was a team effort. He asked how engaged are the providers in the hospitals? Member Seidman responded that he is unsure how the providers are engaged. Alison Klurfield, Director, Safety Net Programs and Partnerships, Safety Net Initiatives, stated that the member's case was severe enough to take into the program. She noted that hospital partners are usually very involved in this process. The primary care physician is one of the core interventions, and it's easier to succeed when housing is available for members.</p> <p><i>(Member Elaine Batchlor, MD, MPH joined the meeting at 2:25pm)</i></p> <p>Member Hector Flores stated that capitation is a great way to align billing with incentives. He asked about the profile of a hospital that is willing to accept capitation,</p>	

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	as there are hospitals which resist capitation. Member Baackes responded that it seems to work best for community hospitals.	
<p><b>CAL AIM UPDATE</b></p> <p>Cynthia Carmona</p> <p>Mary Zavala</p> <p>Alison Klurfield</p>	<p><i>(Member Baackes left the meeting)</i></p> <p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, and Mary Zavala, <i>Director, Health Home Programs, Health Homes, Non-Medical</i>, Alison Klurfield, <i>Director, Safety Net Programs and Partnerships, Safety Net Initiatives</i>, gave an update on Cal AIM <i>(a copy of the presentations can be obtained from Board Services.)</i></p> <p>Enhanced Care Management (ECM) &amp; In-Lieu-Of Services (ILOS) Opportunity &amp; Challenge</p> <ul style="list-style-type: none"> <li>• ECM &amp; ILOS will advance and expand case management &amp; non-traditional services for our members. <ul style="list-style-type: none"> <li>- L.A. Care is expected to lead the way in L.A. County, with L.A. Department of Health Services, other county agencies, plan partners and even our competitor Health Net, looking to us to set the tone.</li> <li>- The operational lift will be heavy, timing is aggressive, and financing is uncertain.</li> <li>- Eight months to “go-live”, w/maintenance of existing Whole Person Care (WPC)/Health Homes Program (HHP) provider networks.</li> <li>- 2022 to 2026 to expand and improve model.</li> </ul> </li> <li>• Leads for ECM and ILOS are: <ul style="list-style-type: none"> <li>- ECM: Mary Zavala, Director of Health Homes Program</li> <li>- ILOS: Alison Klurfeld, Director of Programs &amp; Partnerships</li> </ul> </li> </ul> <p>HHP</p> <p>Designed to provide in-person, community-based care management and wraparound services to eligible Medi-Cal members with multiple chronic conditions.</p> <ol style="list-style-type: none"> <li>1. Comprehensive Care Management</li> <li>2. Care Coordination</li> <li>3. Health Promotion</li> <li>4. Comprehensive Transitional Care</li> <li>5. Member and Family Supports</li> <li>6. Referrals to Community and Social Services</li> </ol>	

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	<p>WPC – L.A. Overview</p> <ul style="list-style-type: none"> <li>• A 5-year (2016-2020) pilot program designed to improve access and quality of care for the Medi-Cal population.</li> <li>• Mission – Build an integrated health system that delivers seamless, coordinated services to the most marginalized L.A. County residents.</li> <li>• Goal: Coordination – Increase coordination and appropriate access to care for the most marginalized Medi-Cal beneficiaries.</li> <li>• Goal: Collaboration – Increase integration and collaboration among county agencies, health plans, providers, and other entities that serve high-risk, high-utilizing beneficiaries over the long term.</li> <li>• Goal: Data Integration – Improve data collection and sharing amongst local entities to support ongoing case management, monitoring, and strategic program improvements in a sustainable fashion.</li> </ul> <p>ECM and ILOS Key Details</p> <ul style="list-style-type: none"> <li>• ECM would be a new statewide health plan benefit replacing WPC &amp; HHP.</li> <li>• ECM &amp; ILOS funding to plans likely not tied to individual enrollments; expected to be incorporated into overall capitation rate.</li> <li>• ECM is very similar to Health Homes, but will include additional populations &amp; exclude housing navigation / tenancy support (ILOS).</li> <li>• Department of Health Care Services (DHCS) will offer a menu of potential “in lieu-of” services that are optional for plans. ILOS would be considered in the medical cost basis for future rates and may become future Medi-Cal benefits.</li> <li>• DHCS expects plans to place services in the community, coordinate with County partners, and will mandate that plans subcontract with WPC &amp; HHP providers and County behavioral health agencies to ensure continuity.</li> </ul> <p>ECM: 7 Required Target Populations</p> <ul style="list-style-type: none"> <li>•</li> <li>• January 1, 2022: Individuals experiencing homelessness, chronic homelessness or at risk of becoming homeless</li> <li>• January 1, 2022: Individuals transitioning from incarceration</li> <li>• January 1, 2022: High utilizers with frequent hospital or emergency room visits/admissions</li> </ul>	

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	<ul style="list-style-type: none"> <li>• January 1, 2022 (July 1, 2022 for Children): Individuals at risk for institutionalization with Serious Mental Illness, children with serious emotional disturbance or Substance Use Disorders, with co-occurring chronic health conditions</li> <li>• July 1, 2022: Individuals at risk for institutionalization, eligible for long-term care</li> <li>• July 1, 2022: Nursing facility residents who want to transition to the community</li> <li>• July 1, 2022: Children or youth with complex physical, behavioral, developmental and oral health needs, and their families</li> </ul> <p>Required Services Under ECM</p> <ul style="list-style-type: none"> <li>• Comprehensive Assessment and Care Management Plan</li> <li>• Enhanced Coordination of Care</li> <li>• Comprehensive Transitional Care</li> <li>• Health Promotion</li> <li>• Integration with Individual and Social Supports</li> <li>• Referrals to Community and Social Services</li> </ul> <p>Purpose and Administration of ILOS</p> <ul style="list-style-type: none"> <li>• Medi-Cal managed care plans will integrate in lieu of services into their population health management plans – often in combination with the new enhanced care management benefit.</li> <li>• In lieu of services would be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care.</li> <li>• For example, in lieu of services might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays and emergency department use.</li> </ul> <p>Preview: Draft ILOS Recommendations</p> <p>January 2022</p> <ul style="list-style-type: none"> <li>• Housing Navigation</li> <li>• Tenancy Support Services</li> <li>• Recuperative Care (Medical Respite)</li> <li>• Medically Tailored Meals</li> <li>• Sobering Centers</li> </ul>	

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	<p>July 2022</p> <ul style="list-style-type: none"> <li>• Move-In Assistance</li> <li>• Short-Term Post-Hospitalization Housing</li> <li>• Personal Care Assistance</li> <li>• Respite (for Caregivers)</li> <li>• Environmental Accessibility Adaptations</li> </ul> <p>January 2023</p> <ul style="list-style-type: none"> <li>• Asthma Remediation</li> </ul> <p>TBD Based on Forthcoming DHCS Policy Guidance</p> <ul style="list-style-type: none"> <li>• Nursing Facility Transition/Diversion to Assisted Living</li> <li>• Nursing Facility Transition/Diversion to a Home</li> </ul> <p>Not Recommended</p> <ul style="list-style-type: none"> <li>• Day Habilitation</li> </ul> <p>Providing Access and Transforming Health (PATH) (\$1B) (DHCS is pursuing federal funding in the CalAIM 1115 waiver to support delivery system reform through an initiative known as “Providing Access and Transforming Health (PATH) Supports.”)</p> <ul style="list-style-type: none"> <li>• PATH expenditure authority will be subject to CMS approval and the availability of non-federal funding. This is an ambitious ask to CMS.</li> <li>• PATH will have multiple purposes including payments for supports, infrastructure, interventions and services to complement the array of care that will be authorized in the consolidated 1915(b) waiver delivery system.</li> <li>• A major component of PATH will be providing capacity building, infrastructure, and IT systems supports to help WPC providers and CBOs transform WPC services to community-based ECM and ILOS.</li> </ul> <p>Member Rishi Manchanda, MD, shared the following link via chat at 3:29 PM  <a href="https://www.commonwealthfund.org/sites/default/files/2019-07/ROI-EVIDENCE-REVIEW-FINAL-VERSION.pdf">https://www.commonwealthfund.org/sites/default/files/2019-07/ROI-EVIDENCE-REVIEW-FINAL-VERSION.pdf</a></p>	

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ADJOURNMENT	The meeting was adjourned at 3:56 p.m.	

Respectfully submitted by:  
 Malou Balones, *Board Specialist III, Board Services*  
 Victor Rodriguez, *Board Specialist II, Board Services*  
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: \_\_\_\_\_

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 Richard Seidman, MD  
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Richard Seidman, MD, MPH, *Chairperson*

8/24/2021 | 1:03 PM PDT

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 Date Signed

**APPROVED**