EXECUTIVE COMMITTEE MEETING
Board of Governors

June 28, 2021 • 2:00 PM
L.A. Care Health Plan
1055 W. 7th Street, Los Angeles, CA 90017
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=m7cc01b95898572d7e8dead468807607d

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065
Access code: 146 441 5118 Password: lacare

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 June 28, 2021 will be provided 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 agenda item is called by the meeting Chair. If you wish to submit public comment on a specific agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. Please take note that if your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

Please note that there could be a delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views concerning items on the Agenda. The Board appreciates hearing the input as it considers the business on the Agenda.

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
2. Public Comment (please see instructions above)
3. Approve May 24, 2021 Meeting Minutes p.5
EXECUTIVE COMMITTEE MEETING AGENDA
June 28, 2021
Page 2 of 3

4. Chair’s Report

5. Chief Executive Officer Report

COMMITTEE ITEMS


Chair
Cherie Compartore
Senior Director, Government Affairs

7. Revised 2021 Board and Committee Meeting Schedule (EXE 100) p.56

Chief Executive Officer
John Baackes
Chief Executive Officer

8. Approve California Association of Food Banks Grant (EXE 101) p.57

Chief Executive Officer
Roland Palencia
Director, Community Benefits

9. Approve MLK Community Healthcare Grant (EXE 102) p.61

Chief Executive Officer
Roland Palencia

10. Approve Revisions to Human Resources Policies

• HR 112 (Leave of Absence) (EXE A) p.64
• HR 114 (Paid Time Off) (EXE B) p.121
• HR 220 (Telecommuting) (EXE C) p.137

Chair
Terry Brown
Chief Human Resources Officer

11. Approve the list of items that will be considered on a Consent Agenda for July 29, 2021

Chair
Linda Merkens
Senior Manager, Board Services

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

Chair

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: June 2023

Chair

14. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act:
Maine Community Health Options v. United States (U.S. Supreme Court Case No. 20-1162).
L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of
Appeals for the Federal Circuit Case No. 20-2254).

Chair

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  
Section 54957.6 of the Ralph M. Brown Act  
Agency Designated Representative: John Baackes  
Unrepresented Employee: All L.A. Care Employees

17. CONFERENCE WITH LABOR NEGOTIATOR  
Section 54957.6 of the Ralph M. Brown Act  
Agency Designated Representative: Hector De La Torre  
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

ADJOURN

Chair

There is no Executive Committee meeting in July 2021
The next Executive Committee is scheduled on Monday, August 23, 2021 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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| CALL TO ORDER | Hector De La Torre, Chairperson, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:04 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.  
• 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 will hear your comments and we also have to finish the business on our Agenda today.  
• 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.  
• 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.  
• The Chairperson will invite public comment before the Committee starts to discuss the item. 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. | |

MEMBERS

Hector De La Torre, Chairperson
Al Ballesteros, Vice Chairperson
Robert H. Curry, Treasurer
Layla Gonzalez, Secretary
Stephanie Booth, MD
Hilda Perez

MANAGEMENT/STAFF

John Baackes, Chief Executive Officer
Terry Brown, Chief Human Resources Officer
Linda Greenfeld, Chief Product Officer
Augustavia J. Haydel, Esq., General Counsel
Tom MacDougall, Chief Information & Technology Officer
Marie Montgomery, Chief Financial Officer
Francisco Oaxaca, Chief of Communications & Community Relations
Noah Paley, Chief of Staff
Acacia Reed, Chief Operating Officer
Richard Seidman, MD, MPH, Chief Medical Officer
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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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<td>PUBLIC COMMENTS</td>
<td>There were no public comments.</td>
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<td>APPROVE MEETING MINUTES</td>
<td>The minutes of the April 26, 2021 meeting were approved as submitted.</td>
<td>Approved unanimously by roll call. 6 AYES</td>
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<td>CHAIRPERSON’S REPORT</td>
<td>Chairperson De La Torre noted that last week, California’s Governor submitted his 2021-22 budget proposal to the Legislature. There is a lot of money in the budget proposals, most of it is one-time funding. Health care is not a one-time obligation, it did not surprise him that there was not more funding for health care, as most investments for health care are ongoing. He knows there is a concern about what is lacking in the budget proposal for health related funding. This could change as the Legislature submits input over the next three weeks. Despite the fact there is between $35 and $70 billion additional dollars being proposed for this year’s budget, he does not expect any new money to go toward health care. The other wild card are events in Washington, D.C. and a potential for additional federal funding that would be ongoing investments in Medi-Cal or Medicare. We will wait to see what that looks like when the final package is actually moving through the U.S. House of Representatives to the Senate. Federal funding requires Senate approval, and it is tough to get legislation through the Senate, so that funding may not be promising. He advised caution with news about funding at both the Sacramento and the Washington, D.C. levels, as L.A. Care may not see any of it. We should not be surprised by that as the priority in Sacramento is for one-time dollars, and the priority in Washington, D.C. is to get legislation approved by the U.S. Senate, even if not through a bi-partisan vote, which will be difficult.</td>
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| CHIEF EXECUTIVE OFFICER REPORT | John Baackes, Chief Executive Officer, reported:  
L.A. Care continues with good financial performance compared to the 3+9 forecast in January. Part of the issue is that last year financial results were poor due to the pandemic. The budget was developed in late 2020 amid an economic recession and... | |
before the vaccines were distributed, and the financial projections were grim. There was a good start to the fiscal year and the financial projection improved in the 3+9 forecast. Since then the financial performance has exceeded the forecast. Operating income is positive by $118 million, and $156 million favorable to the forecast.

- Behind that positive performance are two financial initiatives that started early in the pandemic: 1) a restructuring for efficiency internally, to use resources as efficiently as possible and 2) continue with the changes that begun in 2016 with the matrix structure, to eliminate silos and build in more accountability to the organization. It has taken time, and it is working. When the pandemic began, staff took the opportunity to review, eliminate duplication and consolidate. The result is an administrative budget that is $12 million favorable to the forecast.

- The other big initiative was in Health Services, in a two-part approach:
  1) To look at contractual arrangements with hospitals, and recognize opportunity to move from fee for service (FFS) to capitation, which many of the hospitals prefer. Many contracts have been completed and many more are in the pipeline.
  2) L.A. Care looked at utilization management (UM) to find ways to make sure members were getting the care they needed and resources are used appropriately.

- These efforts are ongoing, and contribute to the positive financial performance results across the organization. This also makes L.A. Care stronger and ready for the new programs starting in January 2022. As has been discussed, there will be the biggest changes in Medicaid since the Affordable Care Act was implemented in January 2014. New benefits will be added, such as Enhanced Care Management, In Lieu of Services, and Population Health Management, among others. L.A. Care is preparing for the changes that are coming, and there will be a lot of work over the summer to make those new programs successful. Reports will be provided at future meetings on the work being done and how the new programs will affect L.A. Care’s members.

- Mr. Baackes reported that surprisingly, on May 4, California Department of Managed Health Care (DMHC) announced a settlement with Employee Health Systems (EHS), and vacated the cease and desist order. In November 2017, L.A. Care notified EHS that it would terminate its contract effective January 31, 2018, based on whistleblower complaints that had surfaced a month earlier. In December 2017, the DMHC issued a cease and desist order requiring that all nine health plans that were doing business with EHS terminate their contracts. EHS sued the DMHC, and the settlement was recently announced. L.A. Care does not have details about the
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<td>settlement, which may have included an undisclosed financial payment to EHS. This raises questions for L.A. Care about its former relationship with EHS, and what may come from the settlement with DMHC. This was a major item when it happened and has continued to be an issue for L.A. Care and other health plans. Chairperson De La Torre noted that, because litigation was involved for other entities, Board Members are cautioned not to discuss this at this time, and asked Mr. Baackes to describe what this announcement might mean for L.A. Care. Mr. Baackes responded that the cease and desist order with EHS is vacated and EHS may resume activities. Board Members should know that because L.A. Care voluntarily terminated the contract with EHS for reasons both with and without cause, the removal of the cease and desist order does not mean L.A. Care must contract again with EHS. If EHS requests a contract, a response could be that, in keeping with its policy to strengthen the directly contracted provider network, L.A. Care is not contracting with independent physician associations (IPAs) unless it would provide access to providers that are not currently available in the L.A. Care network. When the EHS contract was terminated, most of the providers continued to participate in L.A. Care’s network through other IPAs with which L.A. Care was doing business, and some providers contracted directly with L.A. Care. It is not likely that L.A. Care would do business with EHS again.</td>
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| Government Affairs Update | Cherie Compartore, Senior Director, Government Affairs, reported that California’s Governor released the May Revise to the state budget, which included:  
• Expanding Medi-Cal full-scope coverage to the undocumented 60+ years of age (currently coverage includes undocumented up to age 26)  
• Restores Medi-Cal optional benefits indefinitely  
• Provides 12 months’ postpartum benefit  
• Permanent extension of audio only telehealth services at reduced rates  
• Permanent proposition 56 tobacco tax payments  
• Revert state subsidy funding for Covered CA to the General Fund and gather public input on spending the savings by the state  
• Funding for health information exchanges (HIE)  
• American Rescue Plan Act funding for broadband access |
**AGENDA ITEM/PRESENTER** | **MOTIONS / MAJOR DISCUSSIONS** | **ACTION TAKEN**
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| | There are many one-time funding proposals which the Governor and the Legislature will work on as the budget is negotiated in the next few weeks. A budget is expected to be passed by June 15, with budget trailer bills to be worked on, which will likely take until September, 2021. | |
| L.A. Care Cafeteria Plan Amendment | Terry Brown, *Chief Human Resources Officer*, summarized a motion to update the Cafeteria Plan for L.A. Care employees, to align the plan with the Consolidated Appropriations Act which was passed at the end of 2020.

L.A. Care maintains the L.A. Care Health Plan Cafeteria Plan (the “Plan”) for the benefit of its eligible employees. The Plan was previously restated effective June 1, 2017.

The proposed amendment would amend the Plan to clarify the extension of the Health Flexible Savings Account (FSA) claims submission deadline for 2019 medical expenses in accordance with subsequent Department of Labor guidance, and extend the Health FSA claims submission deadline for 2020 in accordance with that guidance.

**Motion EXE A.0521**

*To approve the amendment to the L.A. Care Health Plan Cafeteria Plan, as submitted.*

Approved unanimously by roll call. 6 AYES

| Human Resources Policy HR-221 (Transfer and Promotion) | Mr. Brown reviewed a motion to revise HR-221, Transfer and Promotions Policy. The revisions clarify that the CEO has the ability to define processes and exercise discretion on promotions and transfers. He responded to questions from Member Booth, explaining that individuals may have one or both a title change or a salary change. Member Booth noted that the stated authority of the CEO seems overly broad. Mr. Brown indicated that the statement is to recognize that other human resource policies delegate the authority to the CEO and the statement is intended to clarify that this policy does not override other delegations of authority.

Augustavia Haydel, *General Counsel*, added that there are also provisions for both Compliance Officer and the Chief Financial Officer to report directly to the Board of Governors. Ms. Haydel noted that the Board can take action to de-delegate the CEO’s authority if necessary. Mr. Brown stated that L.A. Care’s Chief Officers could also raise any issues with the Board of Governors. | |
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<td>Motion EXE B.0521</td>
<td>Approve Human Resources Policy &amp; Procedure HR-221 (Transfers and Promotions) providing discretion to the Chief Executive Officer (including his respective designees) to determine Transfers, Promotions and Demotions, as submitted.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Curry, De La Torre and Gonzalez) Ms. Perez experienced a brief technical problem and was not able to vote.</td>
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| Approve the Consent Agenda for June 3, 2021 Board of Governors meeting | Approve the list of items that will be considered on a Consent Agenda for June 3, 2021 Board of Governors Meeting.  
- Minutes of May 6, 2021 Board of Governors Meeting  
- Imagenet, LLC Contract Amendment  
- L.A. Care Health Plan Joint Powers Authority Authorized Signatories all Bank & Investment Accounts  
- 2021 Internal Audit Services Work Plan  
- Revised Legal Services Policy LS-005 (Fair Hearing for Competency Decision) | Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez) |
| PUBLIC COMMENTS | There were no public comments for the closed session items. | |
| 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 2:41 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: May 2023  
CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act  
Two Potential Cases |
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<td>Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:</td>
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<td>One Potential case</td>
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<td>RECONVENE IN OPEN SESSION</td>
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<td>The meeting reconvened in open session at 3:20 p.m.</td>
<td>No reportable actions were taken during the closed session.</td>
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<td>ADJOURNMENT</td>
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<td>The meeting adjourned at 3:20 p.m.</td>
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Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:
Hector De La Torre, *Chair*
Date: ________________________
Legislative Matrix - Post House of Origin Deadline
The following is a list of the priority legislation currently tracked by Government Affairs that has been introduced during the 2021 Legislative Session and is of interest to L.A. Care. These top priority bills, if passed, could have an impact on L.A. Care. The bills that did not pass out of their original house can not move forward this year and are now a two year bill. These bills have been dropped off the matrix for clarity.

If there are any questions, please contact Cherie Compartore, Senior Director of Government Affairs at ccompartore@lacare.org or 916.216.7963. Please note, Government Affairs also has a list of all the bills that may not impact L.A. Care, but do have the possibility to be amended in the future to do so. Some of the bills included are spot bills, legislative place holders, in code sections that could have a policy impact on L.A. Care. If you would like a copy of this list please contact Cherie Compartore.

Bills by Issue

2021 Legislation (55)
Medi-Cal: eligibility.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, and extends eligibility for full scope Medi-Cal benefits to individuals who are under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. Existing law requires an individual eligible for Medi-Cal under these provisions to enroll in a Medi-Cal managed care health plan. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, as specified, are to be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits. Effective January 1, 2022, this bill would instead extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the above-specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health c... (click bill link to see more).

Primary Sponsors
Joaquin Arambula, Rob Bonta, David Chiu, Mike Gipson, Lorena Gonzalez, Eloise Reyes, Miguel Santiago
Title
Communications: broadband services: California Advanced Services Fund.

Description
AB 14, as amended, Aguiar-Curry. Communications: broadband services: California Advanced Services Fund. (1) Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state's public school system. This bill would authorize local educational agencies to report to the department their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department's internet website. (2) Existing law establishes the Governor's Office of Business and Economic Development, known as “GO-Biz,” within the Governor's office to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth. This bill would require the office to coordinate with other relevant state and local agencies and national organizations to explore ways to facilitate streamlining of local land use approvals and construction permit processes for projects related to broadband infrastructure deployment and connectivity. (3) Existing law prohibits a city, county service area, community services district, public utility district, or municipal utility district that is authorized to provide broadband internet access service, as defined, in the state from blocking lawful content, applications, services, or nonharmful devices, impairing or degrading lawful internet traffic on the basis of internet content, application, or service or use of a nonharmful device, or engaging in paid prioritization, except as specified. This bill would additionally prohibit a local educational agency, as defined, tribal government, or electrical cooperative that is otherwise authorized to engage in the provision of broadband internet access service in the state from taking those actions. (4) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission, in approving CASF infrastructure projects, to give preference to projects in areas where only dial-up internet service is available or where no internet service... (click bill link to see more).

Primary Sponsors
Title
Telehealth.

Description
AB 32, as amended, Aguiar-Curry. Telehealth. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Existing law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Existing law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer... (click bill link to see more).

Primary Sponsors
Robert Rivas, Aguiar-Curry

Organizational Notes
Last edited by Joanne Campbell at Mar 12, 2021, 10:12 PM
Support: California Association of Public Hospitals and Health Systems (CAPH) (Sponsor) California Health+ Advocates/California Primary Care Association (CPCA) (Sponsor) California Medical Association (CMA) (Sponsor) Essential Access Health (EAH) (Sponsor) Planned Parenthood Affiliates of California (PPAC) (Sponsor)
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<tr>
<td>AB 71</td>
<td>In Assembly</td>
<td>Support</td>
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**Title**
Homelessness funding: Bring California Home Act.

**Description**
AB 71, as amended, Luz Rivas. Homelessness funding: Bring California Home Act. (1) The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global intangible low-taxed income for that taxable year, as provided. This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global intangible low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any regulation, standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act. The Corporation Tax Law, when the income of a taxpayer subject to tax under that law is derived from or attributable to sources both within and without the state, generally requires that the tax be measured by the net income derived from or attributable to sources within this state, as provided. Notwithstanding this requirement, the Corporation Tax Law authorizes a qualified taxpayer, as defined, to elect to determine its income derived from or attributable to sources within this state pursuant to a water's-edge election, as provided. For taxable years beginning on or after January 1, 2003, existing law requires that a water's-edge election be made on an original, timely filed return for the year of the election, as provided, and provides for the continued effect or termination of that election. This bill, beginning January 1, 2022, would require that a taxpayer that makes a water's-edge election under these provisions take into account 50% of the global intangible low-taxed income and 40% of the repatriation income of its affiliated corporations, as those terms are defined. The bill would allow a taxpayer, for calendar year 2022 only, the opportunity to revoke a water's-edge election if the taxpayer includes global intangible low-taxed income pursuant to these provisions. The bill would prohibit the total of all business credits, as defined, and all credits allowed under specified provisions of the Corporation Tax Law, with specified exceptions, from reducing the additional tax liability added by this bill's provisions by more than $5,000,000, as provided. The bill would exempt any regulation, standard... (click bill link to see more).

**Primary Sponsors**
Luz Rivas, Richard Bloom, David Chiu, Buffy Wicks, Ash Kalra

**Organizational Notes**
Last edited by Joanne Campbell at Apr 8, 2021, 4:15 PM
Support: L.A. Care, United Way of Greater Los Angeles, HOPICS, CSH, Housing California, All Home, Los Angeles Homeless Service Authority, Brilliant Corners, NPH, Steinburg Institute, The City and County of San Francisco, City of Los Angeles, County of Los Angeles, ECS, National Alliance...
Title
Substance use disorder treatment services.

Description
AB 77, as amended, Petrie-Norris. Substance use disorder treatment services. Existing law requires the State Department of Health Care Services to license and regulate alcoholism or drug abuse recovery or treatment facilities serving adults. Existing law authorizes the department to certify qualified alcoholism or drug abuse recovery or treatment programs, as prescribed. Under existing law, the department regulates the quality of these programs, taking into consideration the significance of community-based programs to alcohol and other drug abuse recovery and the need to encourage opportunities for low-income and special needs populations to receive alcohol and other drug abuse recovery or treatment services. This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the department, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license. The bill would require a substance use disorder program licensed pursuant to these provisions to adopt written policies and procedures, as specified. The bill would require a person or entity applying for a license to submit, among other things, a licensure fee to the department. The bill would require various quality parameters of licensed substance use disorder treatment programs, including, among others, that patients admitted for treatment meet specified medical necessity criteria. The bill would require the department to conduct a site visit if a program is alleged to be in violation of those quality parameters and to provide written notice to the program, as specified. The bill would authorize a licensed substance use disorder treatment program to treat persons 12 to 17 years of age, inclusive, provided certain additional requirements are met, including that assessments include documentation of the person’s unique abilities and strengths in the patient treatment plan. The bill would require certain minimum requirements for substance use disorder program administrators and staff who provide services pursuant to these provisions and would grant the department sole authority to establish qualifications that exceed those requirements. The bill would require the department to conduct onsite visits to ensure compliance...

Primary Sponsors
Cottie Petrie-Norris, Henry Stern
Title
Pandemic response practices.

Description
AB 93, as amended, Eduardo Garcia. Pandemic response practices. Existing law establishes the California Health and Human Services Agency, under the direction of the Secretary of California Health and Human Services, which includes, among other departments, the State Department of Public Health and the State Department of Health Care Services. Existing law establishes various programs for the prevention and control of communicable diseases, including programs that provide for the testing for, notifications of exposure to, and tracking by the state of, communicable diseases. This bill would require the Legislative Analyst's Office to conduct a comprehensive review and analysis of issues related to the state's response to the COVID-19 pandemic, including, among others, whether local public health departments were sufficiently staffed and funded to handle specified pandemic-related responsibilities, and what specific measures of accountability the state applied to monitor and confirm that local public health departments were following state directives related to any dedicated COVID-19 funds allocated to counties. The bill would require the office to report to the Joint Legislative Audit Committee and the health committees of the Legislature by June 30, 2022. The bill would require the state to include community health centers as a part of its organizational pandemic response structure, and would require community health centers, including federally qualified health centers, to serve as points of contact at the local and regional level, in the same manner as local health departments. The bill would require the state to establish a supply chain of medical supplies and equipment necessary to address the level of need established by the COVID-19 pandemic. The bill would authorize the state to provide economic incentives to help relocate manufacturers of medical supplies, as required to address a pandemic or public health crisis. The bill would require the State Department of Public Health and the State Department of Health Care Services to develop a statewide, comprehensive plan to provide an outreach and education campaign for implementation during a viral pandemic or health care emergency. The bill would require the campaign to focus on those communities in each county with the highest rates of health disparities. The bill would require the education and outreach campaign materials to be culturally sensitive to populations that experienced a high rate of health disparities that contributed to greater susceptibility to COVID-19. The bill would establish initial priority tiers of priority populations for rapid testing and vaccination during a pandemic. Tier I would include health care workers and first responders and Tier II... (click bill link to see more).

Primary Sponsors
Eduardo Garcia, Robert Rivas
Title
Medi-Cal benefits: rapid Whole Genome Sequencing.

Description
AB 114, as amended, Maienschein. Medi-Cal benefits: rapid Whole Genome Sequencing. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The Budget Act of 2018 appropriates $2,000,000 for the Whole Genome Sequencing Pilot Project, and requires the department to provide a grant to a state nonprofit organization for the execution of a one-time pilot project to investigate the potential clinical and programmatic value of utilizing clinical Whole Genome Sequencing in the Medi-Cal program. This bill would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the department to implement this provision by various means without taking regulatory action.

Primary Sponsors
Brian Maienschein

Title

Description
AB 128, Ting. Budget Act of 2021. This bill would make appropriations for the support of state government for the 2021-22 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting
Title
Emergency food assistance.

Description
AB 221, as amended, Santiago. Emergency food assistance. Existing law establishes and requires the State Department of Social Services to administer the CalFood Program to provide food and funding to food banks whose primary function is to facilitate the distribution of food to low-income households, as specified. This bill would require the department to provide a food assistance benefit to low-income California residents, regardless of immigration status, by contracting with nonprofit entities, as defined, to issue the food assistance benefit in the form of prepaid cards. The bill would require the department to procure the prepaid cards to administer the food assistance benefit and to ensure the availability of those prepaid cards to nonprofit entities, as specified. The bill would require participating nonprofit entities to maintain specified records. The bill would require the department and nonprofit entities to distribute all of the food assistance benefits by July 1, 2023. The bill would authorize the department to implement, interpret, or make specific those provisions without taking regulatory action. The bill would make those provisions operative upon appropriation. The bill would require the department, in consultation with a workgroup, to author a report to provide recommendations and solutions for a permanent food assistance program for low-income California residents experiencing food insecurity, to complete that report by January 1, 2023, and to submit a copy of that report to the Legislature, as specified. This bill would repeal its provisions on January 1, 2025. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Miguel Santiago, David Chiu, Mike Gipson, Robert Rivas, Susan Rubio
Title
Local government: open and public meetings.

Description
AB 339, as amended, Lee. Local government: open and public meetings. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. Under existing law, a member of the legislative body who attends a meeting where action is taken in violation of this provision, with the intent to deprive the public of information that the member knows the public is entitled to, is guilty of a crime. This bill would, until December 31, 2023, require all open and public meetings of a city council or a county board of supervisors that governs a jurisdiction containing least 250,000 people to include an opportunity for members of the public to attend via a telephonic option or an internet-based service option. The bill would require all open and public meetings to include an in-person public comment opportunity, except in specified circumstances during a declared state or local emergency. The bill would require all meetings to provide the public with an opportunity to comment on proposed legislation in person and remotely via a telephonic or an internet-based service option, as provided. By imposing new duties on local governments and expanding the application of a crime with respect to meetings, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for specified reasons. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose. This bill would make legislative findings to that effect.

Primary Sponsors
Alex Lee, Cristina Garcia
Title
Health care coverage: step therapy.

Description
AB 347, as amended, Arambula. Health care coverage: step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, and authorizes a health care service plan to utilize step therapy consistent with Knox-Keene. Under existing law, if a health care service plan, health insurer, or contracted physician group fails to respond to a completed prior authorization request from a prescribing provider within a specified timeframe, the prior authorization request is deemed to have been granted. This bill would clarify that a health care service plan that provides coverage for prescription drugs may require step therapy, as defined, if there is more than one drug that is appropriate for the treatment of a medical condition. The bill would require a health care service plan or health insurer to expeditiously grant a step therapy exception if the health care provider submits justification and supporting clinical documentation, if needed, that specified criteria are met. The bill would authorize an enrollee or insured or their designee, guardian, primary care physician, or health care provider to file an appeal of a prior authorization or the denial of a step therapy exception request, and would require a health care service plan or health insurer to designate a clinical peer to review those appeals. The bill would require a prior authorization request or step therapy exception request to be deemed to have been granted if a health care service plan, health insurer, or contracted physician group fails to send an approval or denial within a specified timeframe. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Joaquin Arambula

Organizational Notes
Last edited by Cherie Compartore at Mar 29, 2021, 3:38 PM
Oppose Unless Amended: CAHP
Open meetings: local agencies: teleconferences.

Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public.

The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void.

Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances, and authorizes a specified legislative body or an official designated to proclaim a local emergency. Existing law allows a local health officer to declare a local public health emergency, which, after 7 days, must be ratified by the county board of supervisors, or city council, as applicable, in order to remain in place.

Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill would authorize a local agency to use... (click bill link to see more).

Primary Sponsors
Robert Rivas
Title
Medi-Cal services: persons experiencing homelessness.

Description
AB 369, as amended, Kamlager. Medi-Cal services: persons experiencing homelessness. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to provide presumptive Medi-Cal eligibility to pregnant women and children. Existing law authorizes a qualified hospital to make presumptive eligibility determinations if it complies with specified requirements. Existing law authorizes the department, on a regional pilot project basis, to issue an identification card to a person who is eligible for Medi-Cal program benefits, but does not possess a valid California driver’s license or identification card issued by the Department of Motor Vehicles. Existing law requires the department, in consultation with the board governing the California Health Benefit Exchange, to develop a single paper, electronic, and telephone application for insurance affordability programs, including Medi-Cal. This bill would require the department to implement a program of presumptive eligibility for persons experiencing homelessness, under which a person would receive full-scope Medi-Cal benefits without a share of cost. The bill would require the department to authorize an enrolled Medi-Cal provider to issue a temporary Medi-Cal benefits identification card to a person experiencing homelessness, and would prohibit the department from requiring a person experiencing homelessness to present a valid California driver’s license or identification card issued by the Department of Motor Vehicles to receive Medi-Cal services if the provider verifies the person’s eligibility. This bill would authorize an enrolled Medi-Cal provider to make a presumptive eligibility determination for a person experiencing homelessness. The bill would require the department to reimburse an enrolled Medi-Cal provider who bills the Medi-Cal program for Medi-Cal services provided off the premises to a person experiencing homelessness, as specified. The bill would require a Medi-Cal managed care plan to allow a beneficiary to seek those services and to reimburse a provider for providing those services, but would authorize a Medi-Cal managed care plan to establish reasonable requirements governing network participation. The bill would require a Medi-Cal managed care plan to reimburse a participating Medi-Cal provider providing covered services, without requiring the provider to obtain prior approval, as specified. The bill would authorize an enrolled Medi-Cal provider to refer a Medi-Cal beneficiary who is experiencing homelessness...

Primary Sponsors
Sydney Kamlager
Title
Whole Child Model program.

Description
AB 382, as amended, Kamlager. Whole Child Model program.
Under existing law, the State Department of Health Care Services administers various health programs, including the California Children's Services (CCS) program, which is a statewide program providing medically necessary services required by physically handicapped children whose parents are unable to pay for those services, and the Medi-Cal program, under which qualified low-income individuals receive health care services under specified health care delivery systems, such as managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to establish a Whole Child Model (WCM) program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide CCS services to Medi-Cal eligible CCS children and youth. Existing law requires the department to establish a statewide WCM program stakeholder advisory group that includes specified persons, such as CCS case managers and labor organizations, to consult with that advisory group on the implementation of the WCM, and to consider the advisory group’s recommendations on prescribed matters. Existing law terminates the advisory group on December 31, 2021. This bill would remove labor organizations from the stakeholder advisory group, and would instead include recognized exclusive representatives of CCS county providers. The bill would instead terminate the advisory group on December 31, 2023.

Primary Sponsors
Sydney Kamlager, Richard Pan
Title
Optometry: scope of practice.

Description
AB 407, as amended, Salas. Optometry: scope of practice. Existing law, the Optometry Practice Act, establishes the California State Board of Optometry in the Department of Consumer Affairs for the licensure and regulation of the practice of optometry. Existing law provides that the practice of optometry includes various functions relating to the visual system and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and doing certain things, including, but not limited to, the examination of the human eye or eyes. Existing law further authorizes an optometrist who is certified to use therapeutic pharmaceutical agents, as specified, to diagnose and treat certain conditions including, among others, hypotrichosis and blepharitis. This bill additionally would authorize an optometrist who is certified to use therapeutic pharmaceutical agents to diagnose and treat acquired blepharoptosis, ametropia, and presbyopia through medical treatment.

Primary Sponsors
Rudy Salas, Evan Low
Medi-Cal: eligibility.

Existing law, the Medi-Cal Act, provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Existing law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. Existing federal law authorizes a state to establish a non-MAGI standard for determining the eligibility of specified individuals, and existing law imposes the use of a resources test for establishing Medi-Cal eligibility for prescribed populations. This bill would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the department to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets. Because counties are required to make Medi-Cal eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. With respect to the prohibition on resources, the bill would make various conforming and technical changes to the Medi-Cal Act. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Wendy Carrillo

Organizational Notes
Last edited by Joanne Campbell at Apr 8, 2021, 4:17 PM
Support - L.A. Care, LHPC
Title
Health insurance.

Description
AB 493, as introduced, Wood. Health insurance. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, nonsubstantive changes to that provision. Existing law prohibits a nongrandfathered health benefit plan for individual coverage from imposing a preexisting condition provision or waived condition provision upon a person, and makes this provision inoperative if prescribed federal law on minimum essential coverage is repealed or amended. This bill would delete the conditional operation of that provision. Among other things, PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for coverage, and prohibits discriminatory premium rates, as specified. PPACA also requires applicable individuals to maintain minimum essential coverage, and imposes a shared responsibility penalty on an applicable individual who does not maintain minimum essential coverage. This provision is referred to as the individual mandate. Existing law requires a carrier to fairly and affirmatively offer, market, and sell all of the carrier’s health benefit plans that are sold to, offered through, or sponsored by, small employers or associations that include small employers for plan years on or after January 1, 2014, to all small employers in each geographic region in which the carrier makes coverage available or provides benefits. Existing law provides that the premium rate for a small employer health benefit plan issued, amended, or renewed on or after January 1, 2014, shall vary with respect to the particular coverage involved only by age, geographic region, and whether the contract covers an individual or family, as specified. Under existing law, these provisions would become inoperative 12 months after the repeal of the federal coverage guarantee and premium rate regulation provisions, as prescribed. This bill would delete the conditional operation of the above-described provisions based on the continued operation of the federal coverage guarantee and premium rate r... (click bill link to see more).

Primary Sponsors
Jim Wood
Title
Program of All-Inclusive Care for the Elderly.

Description
AB 523, as amended, Nazarian. Program of All-Inclusive Care for the Elderly. Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center, as defined, in part, as a facility that includes a primary care clinic, so that they may continue living in the community. Federal law authorizes states to implement the PACE program as a Medicaid state option. Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program), to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, and authorizes the State Department of Health Care Services to implement the PACE program by various means, including letters, or other similar instructions, without taking regulatory action. Under this authority, the department implemented various guidance on the PACE program in response to the state of emergency caused by the 2019 novel coronavirus (COVID-19), including authorizing a PACE organization to deliver prescribed services, including medically necessary services through telehealth. Existing law authorizes the department to enter into contracts with various entities to implement the PACE program and fully implement the single state agency responsibilities assumed by the department pursuant to those contracts, as specified. This bill would generally require the department to make permanent the specified PACE program flexibilities instituted, on or before January 1, 2021, in response to the state of emergency caused by COVID-19 by means of all-facility letters or other similar instructions taken without regulatory action, with prescribed modifications, such as instead limiting a PACE organization's use of telehealth to specified services, including conducting assessments for eligibility for enrollment in the PACE program, subject to the federal waiver process. The bill would require the department to work with the federal Centers for Medicare and Medicaid Services to determine how to extend PACE program flexibilities approved during the COVID-19 emergency.

Primary Sponsors
Adrin Nazarian
Program of All-Inclusive Care for the Elderly.

AB 540, as amended, Petrie-Norris. Program of All-Inclusive Care for the Elderly. Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center, defined, in part, as a facility that includes a primary care clinic, so that they may continue living in the community. Federal law authorizes states to implement the PACE program as a Medicaid state option. Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state’s Medi-Cal State Plan, as specified. Existing law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a Medi-Cal beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program. The bill would require, in areas where a PACE plan is available, that the PACE plan be presented as a Medi-Cal managed care plan enrollment option in the same manner as other Medi-Cal managed care plan options. In areas of the state where a presentation on Medi-Cal managed care plan enrollment options is unavailable, the bill would require the department or its contracted vendor to provide outreach and enrollment materials on PACE. The bill would require the department to establish a system to identify Medi-Cal beneficiaries who appear to be eligible for PACE based on age, residence, and prior use of services, and, with respect to that system, would require the department to conduct specified outreach and referrals.

Primary Sponsors
Cottie Petrie-Norris
School-based health programs.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law also provides that specified services provided by LEAs are covered Medi-Cal benefits and are reimbursable on a fee-for-service basis under the LEA Medi-Cal billing option. Existing law requires the department to engage in specified activities relating to the LEA Medi-Cal billing option, such as amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services and examining methodologies for increasing school participation in the LEA Medi-Cal billing option. Existing law requires that these activities be funded and staffed by proportionately reducing federal Medicaid payments allocable to LEAs for the provision of benefits funded by federal Medicaid program payments under the LEA Medi-Cal billing option in an amount not to exceed $1,500,000 annually. This bill would require the State Department of Education to, no later than July 1, 2022, establish an Office of School-Based Health Programs for the purpose of administering current health-related programs under the purview of the State Department of Education and advising it on issues related to the delivery of school-based Medi-Cal services in the state. The bill would require the office to, among other things, provide technical assistance, outreach, and informational materials to LEAs on allowable services and on the submission of claims. The bill would authorize the office to form advisory groups, as specified, and, to the extent necessary, would require the State Department of Health Care Services to make available to the office any information on other school-based dental, health, and mental health programs, and school-based health centers, that may receive Medi-Cal funding. The bill would require the office to be supported through an interagency agreement with the State Department of Health Care Services, and would authorize the office to receive additional funds from grants and other sources. The bill would increase the annual funding limit for the activities of the State D... (click bill link to see more).

Primary Sponsors
Marc Berman, Patrick O’Donnell, James Ramos
Title
Medi-Cal: monthly maintenance amount: personal and incidental needs.

Description
AB 848, as introduced, Calderon. Medi-Cal: monthly maintenance amount: personal and incidental needs. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Existing law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. Existing law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from $35 to $80, and would require the department to annually adjust that amount by the same percentage as the Consumer Price Index.

Primary Sponsors
Lisa Calderon
Title
Medi-Cal: specialty mental health services: foster youth.

Description
AB 1051, as amended, Bennett. Medi-Cal: specialty mental health services: foster youth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Existing law requires the department to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified. The bill would prohibit the presumptive transfer of foster youth placed in a group home, community treatment facility, or a STRTP unless an exception is invoked, as requested by one of specified individuals or entities pursuant to certain criteria. The bill would make the county probation agency or the child welfare services agency responsible for determining whether invoking the exception is appropriate. Upon the approval of an exception by the county probation agency or the child welfare services agency, the bill would require presumptive transfer to immediately occur, and would require the mental health plan in the county in which the foster youth resides to assume responsibility for the authorization and provision of specialty mental health services and payments for those services. The bill would impose various notification requirements on the county placing agency and county mental health plans, and would require documentation of the invoked exception to be included in the foster youth’s case plan. The bill would authorize a requester who disagrees with the county agency’s determination to request judicial review, as specified. The bill would impose procedural requirements for mental health assessments of the affected foster y... (click bill link to see more).

Primary Sponsors
Steve Bennett
Title
Pharmacy practice: vaccines: independent initiation and administration.

Description
AB 1064, as amended, Fong. Pharmacy practice: vaccines: independent initiation and administration. Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensing and regulation of pharmacists. A violation of the Pharmacy Law is a crime. Existing law authorizes a pharmacist to administer immunizations pursuant to a protocol with the prescriber. Existing law provides additional authority for the pharmacist to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration, or vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention for persons 3 years of age and older. This bill would recast this provision to instead authorize a pharmacist to independently initiate and administer any vaccine approved or authorized by the United States Food and Drug Administration for persons 3 years of age and older.

Primary Sponsors
Vince Fong
AB 1132, as amended, Wood. Medi-Cal. (1) Existing law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process, and would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program. No sooner than January 1, 2023, the bill would require the department to develop and implement a mandatory process for county jails and county juvenile facilities to coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for inmates, as specified, and would authorize the sharing of prescribed data with and among counties and other specified entities, as determined necessary by the department.

(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health and substance use disorder services, either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law provides for the federal Medicare program, which is a public health insurance program for persons who are 65 years of age or older and specified persons with disabilities who are under 65 years of age. Under existing law, a demonstration project known as the Coordinated Care Initiative (CCI) enables beneficiaries who are dually eligible for the Medi-Cal program and the Medicare Program to receive a continuum of services that maximizes access to, and coordination of, benefits between these programs. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program (GPP), the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing... (click bill link to see more).

Primary Sponsors
Jim Wood
Medi-Cal eligibility.

Description
AB 1214, as amended, Waldron. Medi-Cal eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, which ends on the date they are no longer an inmate of a public institution or one year from the date they become an inmate of a public institution, whichever is sooner. Existing law generally requires a county to redetermine a Medi-Cal beneficiary’s eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary’s circumstances that may affect their eligibility for Medi-Cal benefits. This bill would make an individual who is incarcerated in a state prison or county jail eligible for the Medi-Cal program for 30 days before the date they are released from that correctional facility if they otherwise meet Medi-Cal eligibility criteria but for their commitment in a correctional facility. The bill would require the department to send an annual report to the Legislature on the implementation of these provisions, would authorize the department to implement these provisions by various means, including provider bulletins, and, by January 1, 2026, would require the department to promulgate regulations. The bill would require the department to seek federal approvals, including amendments to the state plan, necessary to implement these provisions, and would condition the implementation of these provisions on the department obtaining necessary federal approvals, and to the extent that federal matching funds are obtained. Because counties are required to make Medi-Cal eligibility determinations, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Marie Waldron
Title
Perinatal services: maternal mental health.

Description
AB 1357, as amended, Cervantes. Perinatal services: maternal mental health. Existing law provides for the implementation by the State Department of Public Health of a statewide, comprehensive community-based perinatal services program and requires the department to enter into contracts, grants, or agreements with health care providers to deliver those services in a coordinated effort, as specified, in medically underserved areas or areas with demonstrated need. This bill would require the department, for purposes of that program, to develop and maintain on its internet website a referral network of community-based mental health providers and support services addressing postpartum depression, prenatal, delivery, and postpartum care, neonatal and infant care services, and support groups, to improve access to postpartum depression screening, referral, treatment, and support services in medically underserved areas and areas with demonstrated need.

Primary Sponsors
Sabrina Cervantes
Office of Racial Equity.

Existing law establishes an Office of Health Equity in the State Department of Public Health for purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to health equity and protecting vulnerable communities. Existing law requires the office to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. Existing law requires the office to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity.

Existing law establishes the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States to, among other things, identify, compile, and synthesize the relevant corpus of evidentiary documentation of the institution of slavery that existed within the United States and the colonies. Existing law requires the task force to submit a written report of its findings and recommendations to the Legislature.

This bill, until January 1, 2029, would establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office, in consultation with state agencies, departments, and public stakeholders, as appropriate, to develop a statewide Racial Equity Framework that includes a strategic plan with policy and inclusive practice recommendations, guidelines, goals, and benchmarks to reduce racial inequities, promote racial equity, and address individual, institutional, and structural racism. The bill would also require the office, in consultation with state agencies and departments, to establish methodologies, a system of measurement, and data needs for assessing how state statutes, regulations, and practices co...

Primary Sponsors
Richard Pan, Joaquin Arambula, David Chiu

Organizational Notes
Last edited by Joanne Campbell at Apr 8, 2021, 4:14 PM
Support - L.A. Care
Title
Rural Broadband and Digital Infrastructure Video Competition Reform Act of 2021.

Description
SB 28, as amended, Caballero. Rural Broadband and Digital Infrastructure Video Competition Reform Act of 2021. (1) Existing law establishes in state government the Department of Technology and makes it responsible for approval and oversight of information technology projects. Existing law requires the Director of General Services to compile and maintain an inventory of state-owned real property that may be available for lease to providers of wireless telecommunications services for location of wireless telecommunications facilities. This bill, the Rural Broadband and Digital Infrastructure Video Competition Reform Act of 2021, would similarly require the Department of Technology, in collaboration with other state agencies, to compile an inventory of state-owned resources, as defined, that may be available for use in the deployment of broadband networks in rural, unserved, and underserved communities, except as specified. The bill would require the department to collaborate on the development of a standardized agreement to enable those state-owned resources to be leased or licensed for that purpose. The bill would require the department to post the inventory and agreement on the department's internet website, update them as necessary, and provide technical assistance related to them to state departments and agencies. (2) Existing federal law authorizes a governmental entity empowered by state or local law to grant a franchise (franchising authority) to provide cable service and prohibits providing cable service without a franchise. Federal law requires that a franchising authority ensure that access to cable service is not denied to any group or potential residential cable subscribers because of the income of the residents or the local area in which the group resides. Existing federal law prohibits a state or local government from subjecting a cable operator to regulation as a common carrier or utility by reason of providing any cable service, places limits on a state's authority to regulate the rates of cable operators, and prohibits a franchising authority from establishing requirements for video programming or other information services to be supplied by a cable operator. Existing law, the Digital Infrastructure and Video Competition Act of 2006, establishes a procedure for the issuance of state franchises for the provision of video service, defined to include cable service and open-video systems, administered by the Public Utilities Commission. The act provides that the holder of a state franchise is not a public utility as a result of providing video service and does not provide the commission with authority to regulate the rates, terms, and conditions of video service except as explicitly set forth in the act. The ... (click bill link to see more).

Primary Sponsors
Anna Caballero
Title
Health care workforce development: California Medicine Scholars Program.

Description
SB 40, as amended, Hurtado. Health care workforce development: California Medicine Scholars Program. Existing law establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program, the California Registered Nurse Education Program, and the Steven M. Thompson Medical School Scholarship Program. This bill, contingent upon an appropriation by the Legislature, as specified, would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified. The bill would require the pilot program to consist of 4 Regional Hubs of Health Care Opportunity (RHHO) to achieve its objectives, and would require each RHHO to include, at a minimum, 3 community colleges, one public or nonprofit, as defined, 4-year undergraduate institution, one public or nonprofit, as defined, medical school, and 3 local community organizations. The bill would require the managing agency to appoint an objective selection committee, with specified membership, to evaluate prospective RHHO applications and select the RHHOs to participate in the pilot program. The bill would require each selected RHHO to enter into memoranda of understanding between the partnering entities setting forth participation requirements, and to perform other specified duties, including establishing an advisory board to oversee and guide the programmatic direction of the RHHO. The bill would require the selection process to be completed by June 30, 2022. The bill would require each RHHO to recruit and select 50 California Medicine Scholars each calendar year from 2023 to 2026, inclusive, in accordance with specified criteria, and to provide, by December 31, 2023, and by that date of each year thereafter, up to and including 2026, a status report on the implementation of the pilot program to the managing agency and the office, including data and information collected by each RHHO during the applicable program year. The ... (click bill link to see more).

Primary Sponsors
Melissa Hurtado
Medi-Cal: eligibility.

Description
SB 56, as amended, Durazo. Medi-Cal: eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, and extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination, and requires the department to maximize federal financial participation for purposes of implementing the requirements. To the extent that federal financial participation is unavailable, existing law requires the department to implement those provisions using state funds appropriated for that purpose. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements, and would require that state-only funds be used for those benefits if federal financial participation ... (click bill link to see more).

Primary Sponsors
Maria Durazo, Joaquin Arambula

Organizational Notes
Last edited by Joanne Campbell at Apr 8, 2021, 4:18 PM
Support: L.A. Care, LHPC, CAHP
Title
Controlled substances: overdose prevention program.

Description
SB 57, as amended, Wiener. Controlled substances: overdose prevention program. Existing law makes it a crime to possess specified controlled substances or paraphernalia. Existing law makes it a crime to use or be under the influence of specified controlled substances. Existing law additionally makes it a crime to visit or be in any room where specified controlled substances are being unlawfully used with knowledge that the activity is occurring, or to open or maintain a place for the purpose of giving away or using specified controlled substances. Existing law makes it a crime for a person to rent, lease, or make available for use any building or room for the purpose of storing or distributing any controlled substance. Existing law authorizes forfeiture of property used for specified crimes involving controlled substances. Existing law regulates specified medical practitioners under the Medical Practice Act and requires the Medical Board of California and the Osteopathic Medical Board of California to enforce those provisions. This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law. The bill would require the City and County of San Francisco, the County of Los Angeles, and the City of Oakland, prior to authorizing an overdose prevention program in its jurisdiction, to provide local law enforcement officials, local public health officials, and the public with an opportunity to comment in a public meeting. The bill would require an entity operating a program to provide an annual report to the city or the city and county, as specified. The bill would exempt a person from, among other things, civil liability, professional discipline, or existing criminal sanctions, solely for good faith actions, conduct, or omissions in compliance with an overdose prevention program authorized by the city or the city and county. The bill would clarify that the Medical Board of California or the Osteopathic Medical Board of California is authorized to take disciplinary action against a licensee related to the operation of an overdose prevention program that violates the Medical Practice Act. This bill would make legislative findings and declarations as to the necessity... (click bill link to see more).

Primary Sponsors
Scott Wiener, David Chiu, Laura Friedman, Kamlager
Maternal care and services.

Description
SB 65, as amended, Skinner. Maternal care and services. (1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing, and requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure of midwives by the Medical Board of California. Existing law, the Song-Brown Health Care Workforce Training Act, provides for specified training programs for certain health care workers, including family physicians, registered nurses, nurse practitioners, and physician assistants. Existing law establishes a state medical contract program with accredited medical schools, hospitals, and other programs and institutions to increase the number of students and residents receiving quality education and training in specified primary care specialties and maximize the delivery of primary care and family physician services to underserved areas of the state. This bill would enact the Midwifery Workforce Training Act, under which the Office of Statewide Health Planning and Development would contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife, as specified. The bill would require the office to contract only with programs that include, or intend to include, a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and that are organized to prepare program graduates for service in those neighborhoods and communities. (2) Existing law requires the State Department of Public Health to track data on pregnancy-related deaths, including specified health conditions, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium, and requires this data to be published at least once every 3 years. Existing law also requires the department to develop a plan to identify causes of infant mortality and morbidity in California and to study recommendations on the reduction of infant mortality and morbidity in California. This bill would establish the California Pregnancy-Associated Review Committee, and would require the committee to, among other things, identify and review all pregnancy-related deaths and severe maternal morbidity. The bill would require... (click bill link to see more).

Primary Sponsors
Nancy Skinner

Organizational Notes
Last edited by Joanne Campbell at Apr 16, 2021, 5:08 PM
Support: Black Women for Wellness Action Project (co-sponsor) California Nurse Midwife Association (co-sponsor) March of Dimes (co-sponsor) NARAL Pro-Choice California (co-sponsor) National Health Law Program (co-sponsor) Western Center on Law and Poverty (co-sponsor)
COVID-19 relief: tenancy; federal rental assistance.

SB 91, Committee on Budget and Fiscal Review. COVID-19 relief: tenancy; federal rental assistance. (1) Existing law prohibits a landlord from interrupting or terminating utility service furnished to a tenant with the intent to terminate the occupancy of the tenant, and imposes specified penalties on a landlord who violates that prohibition. Existing law, until February 1, 2021, imposes additional damages in an amount of at least $1,000, but not more than $2,500, on a landlord that violates that prohibition, if the tenant has provided a declaration of COVID-19 financial distress, as specified. This bill would extend the imposition of those additional damages from February 1, 2021, to July 1, 2021. (2) Existing law, the Consumer Credit Reporting Agencies Act, provides for the regulation of consumer credit reporting agencies that collect credit-related information on consumers and report this information to subscribers and of persons who furnish that information to consumer credit reporting agencies, as provided. This bill would prohibit a housing provider, tenant screening company, or other entity that evaluates tenants on behalf of a housing provider from using an alleged COVID-19 rental debt, as defined, as a negative factor for the purpose of evaluating a prospective housing application or as the basis for refusing to rent a dwelling unit to an otherwise qualified prospective tenant. (3) Existing law regulates the activities of a person or entity that has bought charged-off consumer debt, as defined, for collection purposes and the circumstances pursuant to which the person may bring suit. This bill, until July 1, 2021, would prohibit a person from selling or assigning unpaid COVID-19 rental debt, as defined, for the time period between March 1, 2020, and June 30, 2021. The bill would also prohibit a person from selling or assigning unpaid COVID-19 rental debt, as defined, for that same time period of any person who would have qualified for rental assistance funding, provided pursuant to specified federal law, where the person's household income is at or below 80% of the area median income for the 2020 calendar year. (4) Existing law, until February 1, 2021, prohibits a landlord from bringing an action for unlawful detainer based on a cause of action other than nonpayment of COVID-19 rental debt, as defined, for the purpose of retaliating against the lessee because the lessee has COVID-19 rental debt. This bill would extend this prohibition from February 1, 2021, to July 1, 2021. This bill would also prohibit a landlord, with respect to a tenant who has COVID-19 rental debt, as defined, and has submitted a specified declaration, from (A) charging or attempting to collect fees assessed for the late payment of COVID-19 rental de...

Primary Sponsors
Senate Committee on Budget and Fiscal Review
Title
State Healthy Food Access Policy.

Description
SB 108, as amended, Hurtado. State Healthy Food Access Policy. Existing law establishes various food assistance programs, including, among others, the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, formerly the Food Stamp Program, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare that it is the established policy of the state that every human being has the right to access sufficient affordable and healthy food. The bill would require all relevant state agencies, including the State Department of Social Services, the Department of Food and Agriculture, and the State Department of Public Health, to consider this state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and grant criteria are pertinent to the distribution of food and nutrition assistance. The bill would also require, by January 1, 2023, the State Department of Social Services, in consultation with the Department of Food and Agriculture and the Department of Conservation, to submit a report to the Legislature relating to food access and recommendations to increase the availability of sufficient affordable and healthy food.

Primary Sponsors
Melissa Hurtado
Title
Substance use disorder services: contingency management services.

Description
SB 110, as amended, Wiener. Substance use disorder services: contingency management services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services, including substance use disorder services that are delivered through the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. To the extent funds are made available in the annual Budget Act, this bill would expand substance use disorder services to include contingency management services, as specified, subject to utilization controls, and would require contingency management services to be provided as one of the evidence-based practices within covered substance use disorder services. The bill would require the department to issue guidance and training to providers on their use of contingency management services for Medi-Cal beneficiaries who access substance use disorder services under any Medi-Cal delivery system, including the Drug Medi-Cal Treatment Program and the Drug Medi-Cal organized delivery system. The bill would provide that contingency management services are not a rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration. The bill would authorize the department to implement these provisions by various means, including provider bulletin, without taking regulatory action, and would condition the implementation of these provisions to the extent permitted by federal law, the availability of federal financial participation, and the department securing federal approval.

Primary Sponsors
Scott Wiener, David Chiu
Title
Health care coverage: timely access to care.

Description
SB 221, as amended, Wiener. Health care coverage: timely access to care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. Existing regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Existing regulations also authorize appointments for preventive care services and periodic followup care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Health Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able... (click bill link to see more).

Primary Sponsors
Scott Wiener

Organizational Notes
Last edited by Joanne Campbell at Mar 12, 2021, 9:55 PM  
CAHP - Oppose
Title
Health care provider reimbursements.

Description
SB 242, as amended, Newman. Health care provider reimbursements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment. This bill would require a health care service plan or health insurer to contract with its health care providers to reimburse, at a reasonable rate, their business expenses that are medically necessary to comply with a public health order to render treatment to patients, to protect health care workers, and to prevent the spread of diseases causing public health emergencies. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Josh Newman

Organizational Notes
Last edited by Cherie Compartore at Mar 10, 2021, 9:40 PM
Oppose: CAHP, LHPC

Last edited by Joanne Campbell at Feb 23, 2021, 11:55 PM
CAHP: Opposed
Title
Health care coverage: abortion services: cost sharing.

Description
SB 245, as amended, Gonzalez. Health care coverage: abortion services: cost sharing. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines “abortion” as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. Existing law also establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services through, among other things, managed care plans licensed under the act that contract with the State Department of Health Care Services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires group and individual health care service plan contracts and disability insurance policies to cover contraceptives, without cost sharing, as specified. This bill would prohibit a health care service plan or an individual or group policy of disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2022, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. The bill would prohibit a health care service plan and a health insurer from imposing utilization management or utilization review on the coverage for abortion services. The bill would require that for a health care service plan or health insurance policy that is a high deductible health plan, the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year. The bill would not require an individual or group health care service plan contract or disability insurance policy to cover an experimental or investigational treatment. The bill's requirements would also apply to Medi-Cal managed care plans, providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statut... (click bill link to see more).

Primary Sponsors
Lena Gonzalez, Connie Leyva, Kamlager

Organizational Notes
Last edited by Joanne Campbell at Apr 5, 2021, 5:26 PM
CAHP - Oppose
Title
Health care coverage.

Description
SB 250, as amended, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to establish criteria or guidelines that meet specified requirements to be used to determine whether or not to authorize, modify, or deny health care services. This bill would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified. This bill would require a health care service plan contract or health insurance contract issued, amended, or renewed on or after January 1, 2022, to reimburse a contracting individual health professional, as defined, the in-network cost-sharing amount for services provided to an enrollee or insured at a contracting health facility, as defined. The bill would also require a plan or insurer and its delegated entities, on or before January 1, 2023, and annually thereafter, to report, among other things, its average number of denied prospective utilization review requests, as specified. The bill would require, on and after January 1, 2023, a plan or insurer to examine an individual health professional's record of prospective utilization review requests during the preceding 12 months and grant the individual health professional "deemed approved" status for 2 years, meaning an exemption from the prospective utilization review process, if specified criteria are met. The bill would authorize a plan or insurer to request an audit of an individual health professional's records after the initial 2 years of an individual health professional's deemed approved status and every 2 years thereafter, and would specify the audit criteria by which an individual health professional would keep or lose that status. The bill would authorize the commissioner to adopt regulations to implement these provisions, as specified. Because a willful... (click bill link to see more).

Primary Sponsors
Richard Pan

Organizational Notes
Last edited by Joanne Campbell at Mar 5, 2021, 4:57 PM
CAHP - Oppose
Title
California Advancing and Innovating Medi-Cal.

Description
SB 256, as amended, Pan. California Advancing and Innovating Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems, including fee-for-service and managed care. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a Medi-Cal managed care plan. Existing law imposes various requirements on Medi-Cal managed care plan contractors, and requires the department to pay capitations rates to health plans participating in the Medi-Cal managed care program using actuarial methods. Existing law authorizes the department to establish, and requires the department to utilize, health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts, and requires those developed rates to include identified information, such as health-plan-specific encounter and claims data. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program, the Whole Person Care pilot program, and the Dental Transformation Initiative, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. Existing federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and... (click bill link to see more).

Primary Sponsors
Richard Pan
Title
Medi-Cal: California Community Transitions program.

Description
SB 281, as amended, Dodd. Medi-Cal: California Community Transitions program. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Bill Dodd
Medi-Cal specialty mental health services.

SB 293, as amended, Limón. Medi-Cal specialty mental health services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including mental health plans that provide specialty mental health services. Existing law requires the department to ensure that Medi-Cal managed care contracts include a process for screening, referral, and coordination with mental health plans of specialty mental health services, to convene a steering committee to provide advice on the transition and continuing development of the Medi-Cal mental health managed care systems, and to ensure that the mental health plans comply with various standards, including maintaining a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the mental health plans. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California. The bill would authorize the department to develop and maintain a list of department-approved nonstandard forms, and would require the department to conduct, on or before July 1, 2023, regional trainings for county mental health plan personnel and their provider networks on proper completion of the standard forms. The bill would require each county mental health plan contractor to distribute the training material and standard forms to their provider networks, and to commence, by July 1, 2023, exclusively using the standard forms, unless they use department-approved nonstandard forms.

Primary Sponsors
Monique Limon, Adam Gray, Anthony Portantino
Sexually transmitted disease: testing.

SB 306, as amended, Pan. Sexually transmitted disease: testing.

(1) Existing law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. This bill would name the above practice "expedited partner therapy." The bill would require a health care provider to include "expedited partner therapy" or "EPT" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual's name if the prescription includes "expedited partner therapy" or "EPT." The bill would specify that a health care provider is not liable in a medical malpractice action or professional disciplinary action, and that a pharmacist is not liable in a civil, criminal, or administrative action, if the health care provider's use of expedited partner therapy is in compliance with the law, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity.

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for reproductive and sexual health care services. This bill would require health care service plans and insurers to provide coverage for home test kits for sexually transmitted diseases, as defined, and the laboratory costs for processing those kits, that are deemed medically necessary or appropriate and ordered directly by a health care provider or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs. By expanding the definition of a crime, this bill would impose a state-mandated local program.

(3) Existing law requires every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman, or attending the woman at the time of delivery, to obtain or cause to be obtained a blood specimen of the woman to test for syphilis at the time... (click bill link to see more).

Primary Sponsors
Richard Pan, Scott Wiener

Organizational Notes
Last edited by Cherie Compartore at Apr 1, 2021, 10:28 PM
Oppose: CAHP
Title
Medi-Cal: federally qualified health centers and rural health clinics.

Description
SB 316, as introduced, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also include a licensed acupuncturist within those health professionals covered under the definition of a “visit.” The bill would require the department, by July 1, 2022, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

Primary Sponsors
Susan Eggman, Mike McGuire, Aguiar-Curry

Organizational Notes
Last edited by Joanne Campbell at Apr 8, 2021, 4:17 PM
Support: L.A. Care, CAHP, LHPC
Board of Governors
MOTION SUMMARY

Date: June 28, 2021  Motion No. EXE 100.0721

Committee: Executive  Chairperson: Hector De La Torre

Issue: Approval of revised 2021 schedule of meetings for the Board of Governors and Committees.

Background: The schedule is revised to show that the September 16, 2021 Compliance & Quality Committee regular meeting will be rescheduled to September 23, 2021.

Member Impact: Public input is welcome at all Board and Committee meetings.

Budget Impact: None.

Motion: To approve the revised 2021 Board of Governors and Committees meeting schedule as submitted.
Date: June 28, 2021

Motion No. EXE 101.0721

Committee: Executive

Chairperson: Hector De La Torre

**Issue:** This motion seeks approval to award up to $1,231,650 to the California Association of Food Banks (CAFB) to fund and support up to 12 nonprofits to provide CalFresh outreach and enrollment assistance to low-income families in Los Angeles County, including L.A. Care members.

**Background:** On November 5, 2020, as part of the general organizational and Community Health Investment Fund (CHIF) budgets, the L.A. Care Board of Governors (BOG) approved an allocation of $10 million for fiscal year 2020-21. Given COVID-19 and its economic effects, a recommendation was approved to release CHIF funds in two phases. The first phase included multi-year commitments that included $4 million to Brilliant Corners to house up to 300 individuals and families experiencing homelessness as well as other small grants.

The BOG also delegated authority for the Chief Executive Officer (CEO) to assess the financial situation in the second quarter of FY 2020-21 to determine the release of some or all of the remaining CHIF funds. As L.A. Care’s financial situation improved, the CEO notified the BOG a few months ago that the second tier of CHIF funds will be available. This request is part of the second phase of CHIF funds. It also exceeds the individual grant threshold of $250,000 as approved by the BOG at its November 5, 2021 meeting (EXE 101.1120).

The proposed funds will support the fifth Community Wellness Initiative program to be administered by the California Association of Food Banks (CAFB). CAFB will fund, support, and provide technical assistance to up to 12 nonprofits to perform CalFresh outreach and enrollment assistance to approximately 6,200 eligible families that account for an estimated 18,000 individuals that face food insecurity in Los Angeles County. Food insecurity is a social determinant of health that disproportionally impacts low-income and people of color communities, especially as we emerge from the compounding effects of the COVID-19 pandemic.

The Community Wellness Initiative grants began in fiscal year 2015-16. To date, four cycles of this initiative have assisted 16,427 families to secure CalFresh benefits, equivalent to over 50,000 individuals being served. Although in prior years, Community Benefits staff has directly administered this program; for this cycle, staff recommends a cost effective sub-granting approach through CAFB to leverage the many benefits that this organization will offer the selected grantees. This includes enrollment and retention trainings, technical assistance, connect grantees to larger food security networks, and ability to engage up to eight additional initiative applicants.

**Member Impact:** CalFresh eligible L.A. Care members throughout Los Angeles County will be able to enroll in this food security program and gain access to other food resources. As a secondary benefit, CalFresh benefits will also infuse federal funds into local economies where L.A. Care members and other low-income individuals reside.

**Budget Impact:** On November 5, 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. Grants below the $250,000 threshold were to be approved by the CEO through September 30, 2021. This California Association of Food Banks request exceeds that threshold and requires BOG approval.
**Board of Governors**

**MOTION SUMMARY**

**Motion:** To award up to $1,231,650 to the California Association of Food Banks to fund and support up to 12 Los Angeles County nonprofits to provide CalFresh outreach and enrollment assistance to low-income individuals, including L.A. Care members.
June 21, 2021

TO:          Board of Governors, L.A. Care Health Plan
FROM:       Wendy Schiffer, Senior Director, Strategic Planning
                      Roland Palencia, Director, Community Benefit Program
SUBJECT: Approval to award up to $1,231,650 to the California Association of Food Banks (CAFB) to fund and support up to 12 nonprofits providing CalFresh outreach and enrollment assistance in Los Angeles County.

Introduction and Program Description
L.A. Care’s Community Benefits department seeks approval to award up to $1,231,650 to the California Association of Food Banks (CAFB) for L.A. Care’s fifth Community Wellness Initiative program to provide funding, support, and technical assistance to up to 12 nonprofits. The selected nonprofit organizations will provide CalFresh outreach and enrollment assistance to approximately 6,200 eligible families that account for an estimated 18,000 individuals facing food insecurity in Los Angeles County.

This will be the fifth round of the Community Wellness Initiative grants that began in fiscal year 2015-16. To date Community Wellness programs have assisted 16,427 families to secure CalFresh benefits, equivalent to over 50,000 individuals being served. Although in prior years, Community Benefits staff has directly administered this program, for this cycle, staff is recommending a sub-granting approach through CAFB to leverage the many benefits that this organization offers. As part of administering the grants with the nonprofits, CAFB will offer training and technical assistance and will connect our grantees to larger food security networks. Less than 3% will be used to cover the managing of up to 12 grants by CAFB, with the full $1.2 million directly distributed to the selected grantees.

CAFB is well respected and embedded in food security work. It currently implements statewide CalFresh outreach program through its contract with the California Department of Social Services (CDSS). CAFB currently partners with 50 food security nonprofit organizations throughout the state, including ten in Los Angeles County. CAFB will manage Community Health Investment Fund (CHIF) request for applications (RFA), partner with Community Benefits staff in the selection process, provide technical assistance, offer training to awardees, help monitor the selected grantees, and follow Community Benefits’ reporting guidelines. This partnership significantly enhances the Community Wellness V Initiative’s investment and increases the likelihood that eligible low-income Angelenos will enroll and be retained in CalFresh and be referred to a network of food security options if needed.

CAFB will also leverage its large network of CalFresh outreach providers and food banks to help awardees hone their outreach methods and enrollment strategies. Additionally, CAFB will extend invitations to awardees to meetings with the Los Angeles Department of Public Social Services (LAC DPSS) and other partners, update awardees of CalFresh policy changes or of new developments, like the current Disaster CalFresh program for natural disaster victims.

Issue Background
Food insecurity is defined as a lack of consistent access to enough food for an active healthy life due to lack of money and other resources. The Los Angeles Regional Food Bank, a CAFB member, estimates that 1 in 4 people are food insecure in Los Angeles County, making it home to the largest population of food insecure people in the nation. A study by USC’s Dornsife Public Exchange found that food insecurity increased during the COVID-19 pandemic, overwhelmingly impacting women, low-income families, the unemployed, and Latinos in Los Angeles County. Food insecurity has a detrimental impact on health outcomes, as those who are food insecure tend to eat cheaper, calorie-dense foods with little nutritional value, which can contribute to weight gain and to an increased susceptibility to one or more chronic illnesses, including Type 2 Diabetes.

The Supplemental Nutrition Assistance Program (SNAP), CalFresh in California, is the nation’s nutrition safety net. The program issues monthly electronic benefits to be used for purchasing food. While more than one million Los Angeles County residents participate in CalFresh monthly, which is only 66% of those who qualify, it is estimated that more than 500,000 additional residents are eligible for benefits but not enrolled. Barriers to enrollment include a lack of information about the benefits and eligibility requirements, stigma associated with public assistance, and concern that participation might undermine a relative’s immigration status, among other considerations. CalFresh outreach investments are win-win projects that help people understand, apply for, and retain CalFresh benefits, while infusing much needed federal funds in low-income communities, helping to advance much needed local economic development.

**Organizational Background**

The California Association of Food Banks (CAFB) was founded in 1995 with a mission to end hunger in California and a vision for a well-nourished and hunger-free state where all people have enough food to lead a healthy life. CAFB works alongside member food banks across the State to ensure that they have the tools and resources to feed California’s communities. CAFB also works to change the systems that create hunger in the first place. CAFB is committed to an equitable food system in California that:

a. provides food to those who need it through its network of member food banks,  
b. amplifies access to CalFresh food stamp program,  
c. builds bridges from fields to food banks by supporting California’s agricultural system, and  
d. improves the social safety net by working for effective public policy.

**Project Deliverables**

By the end of the eighteen-month grant period, CAFB will meet the following objectives:

1. In partnership with L.A. Care Community Benefits’ staff, select up to 12 qualified nonprofits.  
2. Execute contracts with the selected nonprofits for grant awards up to $100,000 each.  
3. The 12 grantees will assist at least 6,200 families with food security, including 4,500 families and individuals to apply for CalFresh, 1,000 to maintain their CalFresh through Semi-Annual Report submissions, and 750 to reenroll in CalFresh before benefits expire.  
4. Report results to L.A. Care Community Benefits Program staff on CAFB and grant awardees.

**Alignment with L.A. Care Strategic Goals**

This project aligns with L.A. Care’s commitment to support and reach out to under-resourced populations and to improve health outcomes for racially diverse low-income populations in Los Angeles County, including its members. It also addresses social determinants of health that result in inequities, including food insecurity. Additionally, it supports low-income families and people of color communities disproportionately impacted by the COVID-19 pandemic.

**Evaluation and Program Monitoring**

Community Benefits staff will request a progress report every six months through the end of the grant term.
Date: June 28, 2021

Motion No. EXE 102.0721

Committee: Executive
Chairperson: Hector De La Torre

Issue: This motion seeks approval to award up to $500,000 to MLK Community Healthcare (MLKCH) to expand the capacity of its Post Discharge Clinic to serve patients with COVID-19 related Post-ICU Syndrome (PICS) and those commonly known as “long haulers.” This project will also expand the scope of the clinic by adding pulmonary rehabilitation care.

Background: On November 5, 2020, as part of the general organizational and Community Health Investment Fund (CHIF) budgets, the L.A. Care Board of Governors (BOG) approved an allocation of $10 million for fiscal year 2020-21. Given COVID-19 and its economic effects, a recommendation was approved to release CHIF funds in two phases. The first phase included multi-year commitments that included $4 million to Brilliant Corners to house up to 300 individuals and families experiencing homelessness as well as other small grants.

The BOG also delegated authority for the Chief Executive Officer (CEO) to assess the financial situation in the second quarter of FY 2020-21 to determine the release of some or all of the remaining CHIF funds. As L.A. Care’s financial situation improved, the CEO notified the Board a few months ago that the second tier of CHIF funds will be available. This request is part of the second phase of CHIF funds. It also exceeds the individual grant threshold of $250,000 as approved by the BOG at its November 5, 2021 meeting (EXE 101.1120).

The proposed funds will expand MLKHC’s existing COVID-19 Post-Discharge Clinic to provide chronic disease/specialty care medical services to up to an additional 738 post-ICU and non-ICU discharged individuals for a total of 900, including those with multiple underlying chronic medical conditions and sociodemographic comorbidities exacerbated by COVID-19. The MLKCH care team will also provide food, housing, income, employment services, transportation, and low-cost or pro bono legal services through internal resources or network referrals.

CHIF funds will partially support the following positions: Physical Medicine and Rehabilitation M.D., Internal Medicine M.D., Medical Social Worker, Respiratory Care Practitioner, Physical Therapist, and an Occupational therapist.

Member Impact: L.A. Care members in the greater South Los Angeles area will have access to comprehensive COVID-19 Post-ICU and non-ICU discharge follow-up care that will include pulmonary rehabilitation services. This will substantially reduce traveling great distances for this type of treatment.

Budget Impact: On November 5, 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. Grants below the $250,000 threshold are to be approved by the CEO through September 30, 2021. This MLKCH request exceeds that threshold and requires BOG approval.

Motion: To award up to $500,000 to MLK Community Healthcare (MLKCH) to expand its Post Discharge Clinic and provide treatment to up to 738 additional COVID-19-related Post-ICU Syndrome and non-ICU patients, commonly known as long haulers.
June 21, 2021

TO: Board of Governors, L.A. Care Health Plan

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

SUBJECT: Approval to award up to $500,000 to MLK Community Healthcare to expand the capacity of its Post-Discharge Clinic to serve post-ICU COVID-19 patients, as well as non-ICU COVID-19 “long haulers.”

Introduction and Project Description

L.A. Care’s Community Benefits Department seeks approval to award up to $500,000 to MLK Community Healthcare (MLKCH) to increase the capacity of its Post-Discharge Clinic (PDC), which will serve at least 738 new patients and serve a total of 900 post-ICU COVID-19 patients, as well as COVID-19 long haulers who may not have been treated in an ICU setting. The expanded PDC will also add pulmonary rehabilitation services, and expand nursing, case management, social work, mental health, and critical care medicine services.

MLKCH will expand its existing COVID-19 PDC to provide chronic disease/specialty care medical services to an increased number of post-ICU discharged individuals with multiple underlying chronic medical conditions and sociodemographic comorbidities exacerbated by COVID-19. In a May 4, 2021, Health Affairs COVID-19 blog, Elaine Batchlor, MD, MLKCH’s CEO, noted that 82% of their COVID-19 inpatients suffered a comorbidity, most commonly diabetes or cardiovascular disease, and 56% had two or more comorbidities. This exacerbated a number of risk factors for Post-ICU Syndrome (PICS) patients which lengthened days of stay and ventilator use. These social and medical factors have resulted in an increased incidence of PICS patients and the need for long-term engagement with a multidisciplinary team to mitigate medical symptoms, and increase access to social services that address social determinants of health to improve overall health and restore independence. The care team is currently able to provide food, housing, income, employment services, transportation, and legal services through internal resources, network referrals, or low-cost or pro bono legal services, as needed. These services will also be provided to the expected increased number of patients funded by this program.

MLKCH’s PDC team will also address the needs of COVID long-haulers who are not post-ICU discharged, but who experience lingering health problems beyond COVID-19’s typical two-week recovery period. The most common lasting symptoms of COVID are fatigue, shortness of breath, cough, joint pain and chest pain. Other issues include cognitive problems, difficulty concentrating, depression, muscle pain, headache, rapid heartbeat, and intermittent fever.

L.A. Care funds will partially support the following positions: Physical Medicine and Rehabilitation M.D., Internal Medicine M.D., Medical Social Worker, Respiratory Care Practitioner, Physical Therapist, and an Occupational therapist.

L.A. Care’s investment will also allow MLKCH to provide pulmonary rehabilitation services and to enhance a system to track patient results. This project will also allow the MLKCH PDC to expand intake referrals from safety net clinics, in addition to internal referrals for COVID-19 survivors.
exhibiting long-term symptoms. After this initial funding, the program is expected to be sustainable through the procurement of various revenue sources, including public and private funds.

**Issue Background**
Per a demographic profile of South Los Angeles by the City Planning Department, in 2017 over 60% of South Los Angeles residents were Hispanic, and 30% were African American. These populations present with high rates of comorbidities, placing them at higher than average risk for COVID-related complications and death. MLKCH serves a high poverty region of Los Angeles County that is home to a population disproportionally impacted by COVID-19 caused and perpetuated by historic and current racial inequities.

Although COVID-19 can cause ongoing respiratory complications and lasting lung damage, MLKCH’s current offerings in its PDC lack pulmonary rehabilitation services. Furthermore, these services are also lacking in the South Los Angeles area as a whole. Of the 14 sites within 25 miles of MLKCH that offer cardiac or pulmonary rehab, the closest is nearly 15 miles away, with an average distance of 19.6 miles. Creating quality and accessible service systems is critical to help alleviate long-standing systemic inequities in this South Los Angeles community.

**Organizational Background**
MLKCH is an integrated nonprofit safety net healthcare system, providing a full continuum of care for the community of South Los Angeles. It is anchored by the Martin Luther King, Jr. Community Hospital, which opened in 2015, and the MLK Community Medical Group (MLKCMG), launched in 2016. MLKCH’s mission is to provide compassionate, collaborative, quality care, and to improve the health of the South Los Angeles community. The system’s 131-bed hospital offers emergency, general medicine and medicine subspecialties, surgery, maternity, radiology, and ancillary services. The MLKCMG operates three outpatient sites and includes dozens of specialists. Of the hospital’s more than 2,000 staff members and care providers, 88% are people of color and more than 50% are local.

**Project Deliverables**
By the end of 24 months MLK Community Healthcare will meet the following objectives:
1. Expand the scope of the MLKCH Post-Discharge Clinic by adding pulmonary rehabilitation care.
2. Enroll at least 738 new patients and serve a total of 900 patients in the Post-Discharge Clinic, with emphasis on those in need of pulmonary rehabilitation, conduct an assessment of each admitted patient, and develop an individualized treatment plan for each admitted patient.
3. Approximately 450 post-ICU discharge COVID-19 patients will demonstrate improvements in cognitive function, dyspnea, functional status, and overall quality of life when compared to baseline of measurements at the end of ICU stay.
4. Approximately 450 COVID-19 long-haul patients, regardless of ICU stay, will show demonstrated improvement in pulmonary function.

**Alignment with L.A. Care Strategic Goals**
This initiative aligns with L.A. Care’s commitment to support and reach out to under-resourced populations and to those who serve them to improve health outcomes for the racially diverse low-income populations in Los Angeles County. It also aligns with building the safety net infrastructure to address the challenges brought about by the COVID-19 pandemic crisis, including the long term complications for people who were infected with COVID-19 and its long-term ramifications.

**Evaluation and Program Monitoring**
Community Benefits staff will request one progress report every six months throughout the term of the 24-month grant.
**Date:** June 28, 2021

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Motion No.** EXE A.0621

**Issue:** Approve revisions to Human Resources Policy & Procedure HR-112 (Leave of Absence). Revisions address changes to State and Federal laws, and statutes and regulations related to Leave of Absence.

**Background:** L.A. Care Health Plan provides leave benefits to eligible employees for use as part of balancing work, family, and medical needs. Such benefits can help employees meet their personal and family health care needs, while also fulfilling work responsibilities.

The primary leave of absence law in the State is the California Family Rights Act (CFRA). It is similar to the Family Medical Leave Act (FMLA). In addition, there are other laws pertaining to leave of absence in California that collectively provide job protection while employees take some time away from work to recover from their serious health condition, or to care for a loved one who has a medical problem or disability. HR-112 covers each of these laws at length to help employees identify which one applies to their situation and all provisions associated with the leave. This policy guides employees through the process of requesting leave of absence, which includes the following steps:

1. Determining the applicable laws.
2. Reviewing organizational policies, procedures and practices.
3. LOAs and requirement documentation, including timelines.
4. Actions to take as the situation progresses.

In addition to revisions to address legal changes, this policy adds Section 4.16.7 as a new benefit for new parents. L.A. Care will be providing up to 80 hours of paid leave to either parent upon the birth or adoption of a child.

**Member Impact:** None

**Budget Impact:** Minimal.

**Motion:** To approve the Human Resources Policy & Procedure HR-112 (Leave of Absence), as presented.
<table>
<thead>
<tr>
<th><strong>LEAVE OF ABSENCE</strong></th>
<th><strong>HR-112</strong></th>
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<tbody>
<tr>
<td><strong>DEPARTMENT</strong></td>
<td>HUMAN RESOURCES</td>
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<tr>
<td></td>
<td>Supersedes Policy Number(s): 6113</td>
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### Dates

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<tr>
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<th><strong>Next Annual Review Date</strong></th>
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### Lines of Business

- Cal MediConnect
- L.A. Care Covered
- L.A. Care Covered Direct
- MCLA
- PASC-SEIU Plan
- Internal Operations

### Delegated Entities / External Applicability

- PP – Mandated
- PP – Non-Mandated
- PPGs/IPA
- Hospitals
- Specialty Health Plans
- Directly Contracted Providers
- Ancillaries
- Other External Entities

### Accountability Matrix

Enter department here | Enter policy §§ here

### Attachments

- Enter all attachments here (e.g., desktop procedures/job aids, templates, reports, letters)

### Electronically Approved By The Following

<table>
<thead>
<tr>
<th><strong>OFFICER</strong></th>
<th><strong>DIRECTOR</strong></th>
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<tbody>
<tr>
<td><strong>NAME</strong></td>
<td><strong>Terry Brown</strong></td>
</tr>
<tr>
<td><strong>DEPARTMENT</strong></td>
<td><strong>Human Resources</strong></td>
</tr>
<tr>
<td><strong>TITLE</strong></td>
<td><strong>Chief Human Resources Officer</strong></td>
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**LEAVE OF ABSENCE**

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**AUTHORITIES**

- HR-501, “Executive Committee of the Board: HR Roles and Responsibilities”
- California Welfare & Institutions Code §14087.9605
- L.A. Care By-laws, §10.1 Purchasing, Hiring, Personnel etc.
- Family and Medical Leave Act (FMLA)
- California Family Rights Act (CFRA)
- National Defense Authorization Act
- Paid Family Leave (PFL)
- Americans with Disabilities Act (ADA)
- Title VII
- California Fair Employment and Housing Act (FEHA)
- California Labor Code
- California Government Code
- Uniformed Services Employment and Reemployment Rights Act (USERRA).

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**REFERENCES**

- Enter all references, including policies and procedures, here.

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**HISTORY**

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<tr>
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<th>DESCRIPTION OF REVISIONS</th>
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<tr>
<td>June 28, 2021</td>
<td>Revised: New format, changes to law and to add Paternal Leave</td>
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1. **OVERVIEW:**

1.1 To establish guidelines governing Leaves of Absence (LOAs) and to ensure that all LOAs are addressed and administered in a fair, compliant and equitable manner to all eligible employees, and in accordance with all relevant and applicable State and Federal laws, and statutes and regulations.

1.2 The purpose of this policy is to establish guidelines governing leaves of absence. The policy is also designed to ensure that leaves of absence are granted in a fair and equitable manner to all eligible employees.

2. **DEFINITIONS:**

2. Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

2.1 **Covered Service Member** - a current member of the Armed Forces, including a member of the National Guard or Reserves, who is receiving medical treatment, recuperation, or therapy, or is in outpatient status, or is on the temporary disability retired list for a serious injury or illness.

2.2 **Disability** – means, with respect to an individual:
   2.2.1 A person who has a mental or physical impairment limiting one or more of his or her major life activities; or
   2.2.2 A person with a record or history of such impairment; or
   2.2.3 A person regarded or treated as having such an impairment.

2.3 **Discrimination** – an act with an adverse effect on job opportunities due to protected category status. The adverse act materially effects the terms or conditions of employment and may include, but is not limited to, such actions as termination, constructive discharge, demotion, transfer or unfavorable assignments, reduction in pay, failure to interview or hire, or denial of advancement or promotion.

2.4 **Essential functions of a job** – the results desired to be achieved in performing the duties of the position.

2.5 **Equivalent Position** – The term “equivalent position” generally means a position with equivalent hours, benefits, compensation, shift, status, authority and responsibility.

2.6 **Interactive Process** – Communication and good-faith exploration of possible reasonable accommodation for an employee with a disability. L.A. Care conducts an individualized assessment of the essential job functions of the position and the specific physical or mental limitations of the individual that are directly related to

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the need for reasonable accommodation. Both sides communicate directly and exchange essential information. L.A. Care shall consider the preference of the employee to be accommodated, but has the right to implement an accommodation that is effective and reasonable in allowing the employee to perform the Essential functions of the job, if one is available.

2.7 Leave of Absence (LOA) - is an excused period of time, whether paid (receiving Paid Time Off), or unpaid, when an employee is away from the job for a reason: 1) mandated by Federal, State or local law and/or; 2) otherwise provided for under L.A. Care Health Plan’s (L.A. Care) leave provisions approved by the supervisor in coordination with the HR LOA Partner.

2.8 Reasonable Accommodation – is defined as:

2.8.1 modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or

2.8.2 modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or

2.8.3 modifications or adjustments that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by others within similar positions.

2.8.4 Reasonable Accommodation would include but may not be limited to:

2.8.4.1 Making facilities accessible to disabled individuals;

2.8.4.2 Job restructuring;

2.8.4.3 Providing part-time work or modified work schedules;

2.8.4.4 Adjusting or modifying training materials, examinations or policies;

2.8.4.5 Acquiring or modifying equipment;

2.8.4.6 Providing qualified readers or interpreters; and

2.8.4.7 Reassignment to a vacant position.

2.9 Retaliation – An adverse employment action against an employee or applicant because they engaged in protected activity or served as a witness in an investigation wherein there was an allegation of wrongful or unlawful conduct.

2.10 Undue hardship – an action requiring significant difficulty or expense, when considered in light of the following factors:

2.10.1 The nature and cost of the accommodation needed; or

2.10.2 The overall financial resources of L.A. Care; or

2.10.3 The type of operation; or
2.10.4 The impact of the accommodation on other employees.

2.1 Leave of Absence (LOA) - is a specific period of time, whether paid (receiving Paid Time Off), or unpaid, when an employee is away from the job for a valid reason approved by the supervisor or mandated by Federal or State law.

2.2 Workweek - a workweek is defined as the number of normally scheduled workdays of an employee. For a full-time employee, a workweek is considered five (5) workdays.

3. POLICY:

3.1 It is L.A. Care’s policy to address and administer LOAs (continuous or intermittent) to all eligible employees on a non-discriminatory basis in accordance with applicable laws. LOAs will be considered in cases of pregnancy disability, medical, family care, occupational injury or illness, military leave, domestic violence, victims of felony crime, organ donation, bone marrow donation and/or other cases where leave is required by applicable law or compelling personal reasons. Each type of LOA may have specific eligibility requirements either determined by applicable Federal and State law, or by L.A. Care.

3.2 It is L.A. Care’s policy to grant leaves of absence to all eligible employees on a non-discriminatory basis. Leaves of absence will be considered in cases of pregnancy disability, medical, family care, occupational injury or illness, military leave, or other cases where leave is required by law or compelling personal reasons.

3.2 In accordance with and subject to applicable laws, L.A. Care will also provide a reasonable accommodation as required under applicable laws, in the form of LOA, for any known physical or mental disability or other eligible reasons of a qualified individual, provided the requested accommodation does not create an undue hardship for L.A. Care and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the individual. L.A. Care will engage in a timely, good faith, Interactive process with any employee regarding potential reasonable accommodation(s), whether they be in the form of a leave, modified duty or alternative work in accordance with and subject to applicable laws.

3.3 Unum’s Leave Management Center will administer L.A. Care’s LOA Program. This includes, but is not limited to, the following Federal, State and L.A. Care leaves:

3.3 The HR LOA Partner in coordination with Unum’s Leave Management Center will administer L.A. Care’s LOA Program. This includes, but is not limited to, the following Federal, State and L.A. Care leaves:
3.2.1  FMLA – Family Medical Leave Act
3.2.2  FMLA – Military/Exigency
3.2.3  CFRA – California Family Rights Act
3.3.1  PDL – Pregnancy Disability Leave
3.3.2  Paid Parental Leave
3.3.3  Medical (non-occupational)
3.3.4  Medical (occupational illness/injury*)
3.3.5  Time Off for School Visits
3.3.6  Time Off to Appear in Court (Violent Crime Victim)
3.3.7  Military Leave
3.3.8  Personal

3.2.10 All employees who are or will be absent from work for an LOA set forth under this policy for five working days or more (three working days under FMLA/CFRA) or for a period of frequent or intermittent absence due to any of the above leave instances are required to notify the HR LOA Partner.

3.5 LOA will be granted on the assumption that the employee will be available to return to regular employment, with or without accommodation, when conditions necessitating the leave permit. An employee will be considered to have voluntarily separated employment subject to applicable legal restrictions if:

3.5.1 An employee fails to submit requested documentation to substantiate their request for leave to the extent permitted by law; or,

3.5.2 An employee accepts other employment that violates the Conflict of Interest: External Employment policy (HR-204) or conflicts with the restriction imposed by the medical certification; or,
3.5.3 An employee fails to return to work on the next regularly scheduled work day following a medical release to work notice and fails to communicate the need for extended leave; after the Leave Manager proactively communicates with employee and/or

3.5.4 Unless otherwise required by law, when an LOA exceeds the medically supported, approved period of time.

3.6 Employees may not perform work for another employer while on an official LOA from L.A. Care. This restriction is limited to work that violates a work restriction or that would otherwise conflict with employee’s employment with L.A. Care if employee was not on LOA.

3.7 If an employee is out for an extended period during their employment introductory period (the first six months for non-management, the first one year for management), their introductory period may be extended by the exact number of calendar days that they were out.

3.8 Most types of LOAs are typically unpaid leaves with the exception of paid bone marrow and organ donation leaves, as well as leaves related to COVID-19 Pandemic, as also noted in L.A. Care’s Paid Time Off Policy (HR-114). All employees (with the exception of Pregnancy Leave) are required to use at minimum 16 hours of accrued, unused PTO per pay period, and the provision of any worker’s compensation insurance or government sponsored benefits.

3.9 An employee may request FMLA/CFRA leave for childbirth and care for a newborn, and adoption or placement of a child for foster care. The leave must be concluded within one year of the birth, placement for adoption or foster care. In cases where both parents are employed by L.A. Care and each employee wishes to take family and medical leave for the employee’s newborn or child placed with the employee for adoption or foster care, each employee’s leave may not exceed 12 workweeks in a rolling 12 month period. Such LOA must be taken in at least two week increments, except on two occasions where shorter intervals are permitted as provided under the law, otherwise approval from management in conjunction with HR Business Support Services Sr. Director is required.

3.10 L.A. Care prohibits retaliation against persons who take part in protected activities including, but not limited to:

3.10.1 Exercising their rights under this LOA policy.

3.10.2 Asking for Reasonable accommodation based on Disability and/or medical condition
3.11 A supervisor or manager shall not interfere with, restrain, or deny the exercise of, or the attempt to exercise, any LOA right under this policy.

4. PROCEDURES:

3.34.1 All employees who are or will be absent for five or more than 5 working days (three working days under FMLA/CFRA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

4.1.1 Notify his/her manager/supervisor, and

3.34.1.2 Contact the HR LOA Partner to initiate an LOA request, and

3.34.1.3 Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document.

4.2 To request an LOA, an employee shall contact the HR LOA Partner with 30 days advance notice of the need to take FMLA/CFRA LOA, if the need for leave is foreseeable, or provide notice as soon as practicable in the case of unforeseeable leave and in compliance with the employee’s designated department’s normal call-in procedures.

4.3 A supervisor or manager may also refer an employee directly to the HR LOA Partner, or forward the employee’s request to the HR LOA Partner.

4.4 A one-on-one intake meeting or telephone consultation will take place with the HR LOA Partner to review eligibility and provide the employee with the appropriate documentation.

4.5 The HR LOA Partner, in conjunction, with Unum’s Leave Management Center will be the administrator for L.A. Care’s LOA Program. This includes, but is not limited to, the following Federal, State and L.A. Care Leaves as noted in the policy.

4.6 Medical certification supporting the need for LOA due to a serious health condition affecting the employee or an immediate family member is due within 15 calendar days of L.A. Care’s request to provide the certification (additional time may be permitted in some circumstances). Subject to applicable laws, if an employee fails to do so, L.A. Care may delay the commencement of the employee’s leave.
withdraw any designation of FMLA/CFRA LOA or deny the leave, in which case the employee’s LOA would be treated in accordance with L.A. Care’s standard LOA policies outlined below.

4.7 Eligible employees must use all accrued unused PTO which may be coordinated with state disability benefits, during a medical LOA. Only in the case of leave granted for pregnancy-related disability may the employee choose to use PTO during the leave, but is not required to do so.

4.8 Accrual of PTO will cease once the employee exhausts all PTO and goes unpaid from L.A. Care while on an approved LOA. Employees will not accrue seniority once all protected leave under FMLA/CFRA/CA PDL is exhausted. Service dates will be adjusted based on unprotected length of time of the LOA.

4.9 Employees must provide periodic reports as deemed appropriate by L.A. Care during the LOA regarding the employee’s status and intent to return to work without any basis for Discrimination against the employee.

4.10 Before the employee returns to work from an approved medical LOA, a medical release to work certification is required if the LOA was due to the employee’s own serious health condition. L.A. Care will require this certification to address whether the employee can perform the Essential functions of the employee’s position, with or without reasonable accommodation. Documentation must be provided to the HR LOA Partner certifying that the employee is cleared to return to work with or without restrictions and/or reasonable accommodations required by law. If the healthcare provider releases the employee to return to work before the date of the original planned return date, the employee must notify the HR LOA Partner of the release to work within three calendar days of the healthcare provider’s release.

4.11 L.A. Care may require a Fitness-for-Duty certification to specifically address the employee’s ability to perform the essential functions of the job, with or without reasonable accommodation, to which they are returning when the LOA is based on a disability or medical condition of the employee. In these instances, L.A. Care will provide the healthcare provider with a list of essential job functions for reference.

4.12 Failure to comply with the foregoing requirements, or taking or extending an LOA without notice or authorization may result in delay or denial of LOA. Should your leave be denied, corrective action, up to and including termination, may take place unless otherwise required by applicable laws.
4.13 Failure to return from an approved LOA or an approved extension of a LOA, as scheduled, shall be considered a voluntary termination, unless otherwise required by applicable laws.

4.14 When an LOA exceeds the maximum approved period of time, the employee shall be subject to termination, but may be considered for rehire or reinstatement.

3.4 4.15 Each type of LOA may have specific eligibility requirements either determined by Federal law, State law, Local Law or L.A. Care’s LOA policy. Each type of leave of absence may have specific eligibility requirements either determined by Federal or State law or by the company.

3.5 Leaves of Absence will be granted on the assumption that the employee will be available to return to regular employment when conditions necessitating the leave permit. If an employee fails to submit requested documentation to substantiate their request for leave, accepts other employment, fails to return to work on the next regularly scheduled work day following the expiration of his/her approved leave or, unless otherwise required by law, when a leave of absence exceeds the maximum approved period of time, the employee will be considered to have terminated his/her employment voluntarily subject to applicable legal restrictions.

3.6 If an employee is out for an extended period during the first six (6) months of his/her employment, his/her introductory period will be extended by the exact number of calendar days that he/she was out. Future merit and annual organizational incentive may be prorated for periods of unpaid leave. During a leave of absence, an employee may not be eligible for monthly production incentives, if applicable.

3.7 Employees may not perform work for another employer while on an official Leave of Absence from L.A. Care.

3.8 All types of Leave of Absence are typically unpaid leaves, with the exception of using accrued, unused Paid Time Off (PTO), and the provision of any worker’s compensation insurance or government sponsored benefits.

Failure to return from an approved Leave of Absence or an approved extension of a Leave of Absence, as scheduled, shall be considered a voluntary termination.

3.9 4.16 -

FAMILY MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT (FMLA/CFRA)
1. Family Medical Leave/California Family Rights Act (FMLA/CFRA)

1.4.16.1 Eligibility and Length of Leave of Absence:

In order to qualify for family and medical leave (FMLA) and/or the California Family Rights Act (“CFRA”) an employee: (1) must have worked for L.A. Care for 12-months in the preceding seven years (the 12 months need not have been consecutive); and an employee will be considered to have been employed for an entire workweek even if the employee was on the payroll for only part of a workweek or if the employee is on leave during the workweek), and (2) worked 1,250 hours during the twelve (12) month period immediately preceding the start of FMLA leave (for service members, or employees returning from military obligation time must be determined by calculating the hours of service they would have performed, but for the period of military service. Pre-service work schedules may be used to calculate employees’ hours), and (3) must work within a 75 mile radius of 50 or more employees of the organization. An eligible employee may request up to twelve (12) workweeks of unpaid leave in a twelve (12) month period for the reasons specified below. The twelve (12) month period used to calculate the twelve (12) workweek limitation will be a “rolling” twelve (12) month period measured backwards from the date the employee begins any LOA leave. Any paid and unpaid portions of the LOA shall be added together, whether or not they are taken consecutively. Paid or unpaid time off on a previous LOA will not count as hours worked and will not be included in determining the 1,250 hour requirement for future FMLA/CFRA eligibility.

4.16.2 CFRA leave generally runs concurrently with FMLA except in cases of pregnancy disability LOA leave, certain leaves to care for registered domestic partners, and when otherwise required by law. An employee who is granted a family and medical leave of absence must use any accrued, unused PTO during the period of the leave. If the employee is granted an FMLA leave for her pregnancy-related disability, the employee may choose to use PTO during the leave, but is not required to do so. For purposes of this policy’s twelve (12) workweek limitation, any paid and unpaid portions of the leave of absence shall be added together, whether or not they are taken consecutively.

4.16.3 FMLA requires L.A. Care and Unum Leave Management to consider prior service which occurred within the previous seven (7) years from the date of the request for leave of absence to calculate the requesting employee’s length of service. Exceptions to considering beyond the seven (7) years include leave requests attributable to fulfillment of National Guard or Reserve military service obligations.
4.16.4 Eligible employees may take FMLA/CFRA LOA in a single block of time, intermittently (in separate blocks of time), or by a reduced normal work schedule when medically necessary for the serious health condition of the employee or immediate family member, or in the case of a Covered Service Member, their injury or illness. Eligible employees may also take intermittent or reduced-scheduled LOA for military qualifying exigencies. Intermittent LOA is generally not permitted for birth of a child, to care for a newly-born child, or for placement of a child for adoption or foster care; such LOA must be taken in at least two week increments, otherwise approval from management in conjunction with HR is required. Employees who require intermittent or reduced-schedule LOA must try to schedule their LOA so that it will not unduly disrupt L.A. Care’s operations. Intermittent LOA is permitted at the same intervals as provided in the L.A. Care’s PTO policy.

4.16.5 For the birth, adoption or foster care of a child, L.A. Care and the employee must mutually agree to the schedule before the employee may take the intermittent LOA or work a reduced hour schedule and the leave must occur within one year of the birth or placement for adoption or foster care.

4.16.6 Family and Medical Leave is available for the following reasons:

4.16.6.1 Birth, Adoption and Placement of a Child – including the child of a domestic partner

4.16.6.2 Serious Health Condition - Absence due to a medical condition that renders the employee unable to perform the Essential functions of his or her job, or to care for a parent, spouse, registered domestic partner, child (of any age), child of domestic partner, sibling, grandparent or grandchild with a serious health condition

4.16.6.3 Hospital Care - Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

4.16.6.4 Temporary Incapacity plus Treatment - Treatment of two or more times by a healthcare provider, by a nurse or physician’s assistant under direct supervision of a healthcare provider.

4.16.6.5 Chronic Conditions Requiring Treatment - A chronic condition requires periodic visits for treatment by a healthcare provider, that continues over an extended period of time (including recurring episodes of a single underlying condition); and may cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
4.16.6.6 **Multiple Treatments (Non-Chronic Conditions)** - Any period of absence to receive multiple treatments (including any period of recovery) by a healthcare provider.

4.16.6.7 **Severity and Length of Serious Health Condition** - A serious health condition where the employee is unable to perform the Essential functions of his or her job due to the need to obtain medical treatment and/or diagnosis.

4.16.6.8 **Substance Abuse** - FMLA may be taken only for the treatment of substance abuse by a healthcare provider or by a provider of health care services on referral by a healthcare provider. Absence due to an employee’s substance abuse rather than for treatment does not qualify for FMLA.

4.16.7 **Parental Paid Leave**: L.A. Care will provide 80 hours of paid leave, in a form of a PTO (which is equivalent to 100% of their salary) to employees who have worked 1,250 hours within the last 12 months and is available to either parent upon the birth or adoption of a child. This paid leave should be used within 90 days of the event. This is a stand-alone benefit and is in addition to the Paid Family Leave Benefit. However, if L.A. Care deems a sufficient business need impairs the ability of the employee to use the benefit within the 90-day period, special exceptions may be made at L.A. Care’s discretion. This benefit addresses pay only and does not extend the time provision of FMLA, CFRA or PDL as outlined previously.

4.16.8 **Qualifying Exigency Leave**: Employees with a spouse, domestic partner, parent, child, or next-of-kin who has been notified of an impending call or order to active military duty or who is already on active duty in the Armed Forces, may take a FMLA Leave up to 12 workweeks when they experience a “qualifying exigency”, which includes 1) short-notice of deployment, 2) military events or activities, 3) child care and school activities, 4) financial and legal arrangements, 5) counseling, 6) rest and recuperation, 7) post-deployment activities and 8) additional activities that arise out of active duty, provided that L.A. Care and the employee agree, including agreement of timing and duration of the leave.

4.16.8.1 Each time an employee requests Qualifying Exigency Leave, the amount of available time will be measured as a rolling 12-month period measured backward from the date any prior LOA was used under this policy. The maximum amount of “Qualifying Exigency Leave” an employee may utilize to bond with a military member on short-term, temporary rest and recuperation during deployment is 15 days.

4.16.8.2 Although Qualifying Exigency Leave may be combined with leave for other FMLA-qualifying reasons, under no circumstances may the combined total exceed 12 weeks in any 12-month period (with the exception of Military
Caregiver Leave as set forth above). The employee must meet all other eligibility standards as set forth within the FMLA policy.

4.16.8.3 Qualifying Exigency Leave does not extend to an employee whose family member is an active member of the Regular Armed Forces; the family member must be a member of the National Guard, Military Reserve, or a retired member of the Regular Armed Forces or Reserves to qualify for this type of leave.

4.16.8.4 An employee seeking Qualifying Exigency Leave may be required to submit appropriate supporting documentation in the form of a copy of the covered military member’s active duty orders or other military documentation indicating the appropriate military status and the dates of active duty status, along with a statement setting forth the nature and details of the specific exigency, the amount of leave needed and the employee’s relationship to the military member, within 15 days. Qualifying Exigency Leave will be governed by, and handled in accordance with, the FMLA and applicable regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

4.16.8.5 Employees with a spouse or domestic partner who is a service member and who has been deployed may take up to 10 calendar days of unpaid time off each time the employee’s service member spouse is home on leave.

4.16.9 Military Caregiver Leave: Eligible employees who are the spouse, domestic partner, parent, child, or next of kin of a service member who incurred a serious injury or illness while on active duty in the Armed Forces may take, per injury, up to twenty 26 workweeks of leave in a 12 month period (combined with all FMLA Leaves in that period). To qualify for Military Caregiver Leave, the debilitated service member must either be undergoing treatment or therapy, receiving outpatient care, or be on the temporary disability retired list (but not be permanently disabled), and must be a member of the Armed Forces, National Guard, or Reserves. Employees will be required to use any and all accrued, unused PTO during this leave. For this type of leave, the 12-month period will be measured as a rolling 12-month period measured forward from the initial date of this or other previous leave request. FMLA already taken for other FMLA circumstances will be deducted from the total of 26 workweeks available.

4.16.9.1 Eligible employees may be entitled to take an additional 26 workweek period of leave in subsequent 12 month periods to care for different covered service members or to care for the same service member with a subsequent injury or illness.

4.16.9.2 If both spouses work for L.A. Care and each wishes to take leave for the care of a covered injured service member, the couple may only take a combined total of 26 workweeks.
4.16.10 Intermittent/Reduced Work Schedule: When medically necessary, an employee may take FMLA on an intermittent or reduced work schedule basis. L.A. Care requires an employee seeking an FMLA intermittent leave for any medical purpose to submit medical documentation.

4.16.11 If an employee requests such intermittent leave or reduced work schedule, L.A. Care may transfer the employee to an alternate position for which the employee is qualified and which better accommodates the employee’s intermittent or reduced work schedule, subject to any applicable legal requirements.

4.16.12 If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with L.A. Care before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

4.16.13 When possible, the employee must schedule foreseeable, planned medical treatments so as to minimize disruption of their work schedule or assignments.

4.16.14 Employees may take Injured Service Member Leave intermittently for up to 12 months from LOA start date.

4.16.15 Certification/Recertification by Healthcare Provider: Under certain circumstances, L.A. Care may require the employee obtain a second opinion, from a healthcare provider designated by L.A. Care at L.A. Care’s expense. If the first and second healthcare provider opinion differs, L.A. Care may require, at its own expense, the employee obtain the opinion of a third healthcare provider who is jointly selected by L.A. Care and the employee. The decision of the third healthcare provider will be final and binding for that leave request.

4.16.16 L.A. Care may deny a leave request to an employee who refuses to release relevant medical records to the healthcare provider designated to provide a second or third opinion. L.A. Care may require employees to provide re-certification from their healthcare provider on a regular basis during their leave.

4.16.16.1 The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

4.16.16.2 L.A. Care or Unum Leave Management may directly contact the employee’s health care provider for verification or clarification purposes using a healthcare professional, an HR professional, or HR LOA Partner. L.A. Care will not use the employee’s direct supervisor for this contact.
4.16.16.3 Prior to L.A. Care or Unum Leave Management contacting the employee’s healthcare provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, L.A. Care or Unum Leave Management will obtain the employee’s permission for clarification of individually identifiable health information.

4.16.16.4 L.A. Care or Unum Leave Management may request employees to provide re-certification for the serious health condition of the employee or the employee’s family member no more frequently than every 30 calendar days, and only when circumstances have changed significantly or if the employee receives information casting doubt on the reason given for the absence. L.A. Care or Unum Leave Management may request for re-certification in less than 30 calendar days if the employee seeks an extension of his or her leave.

4.16.16.5 In all cases, L.A. Care or Unum Leave Management may request recertification for the serious health condition of the employee or the employee’s family member every six months in connection with an FMLA absence.

4.16.16.6 L.A. Care or Unum Leave Management may provide the employee’s health care provider with the employee’s attendance records and ask whether need for leave is consistent with the employee’s serious health condition.

Certification of Qualifying Exigency for Military Family Leave: L.A. Care and Unum Leave Management requires certification of the qualifying exigency for Military Family Leave. The employee must respond to such a request within 15 calendar days of the request or provide a reasonable explanation of the delay. Failure to provide certification may result in a denial of continuation of leave.

4.16.17

4.16.3.1

4.16.3.2 1.2 Family and Medical Leave is available for the following reasons:

4.16.3.3

4.16.3.4 A. Birth, Adoption and Placement of a Child

4.16.3.5

4.16.3.6 An employee may request family and medical leave for childbirth and care for a newborn, adoption or placement of a child for foster care. The leave must be concluded within one year of the birth or placement for adoption or foster care. In cases where both parents are employed by L.A. Care, and each wishes to take family and medical leave for the employee’s newborn or child placed with the employee for adoption or foster care, the combined leave may not exceed twelve (12) workweeks in a rolling twelve (12) month period.

4.16.3.7
4.16.3.8—— B. Serious Health Condition

4.16.3.9——

4.16.3.10—— An employee may request family and medical leave because of a serious health condition, (i.e. hospital care, absence plus treatment, pregnancy/prenatal care, chronic conditions requiring treatment, long-term conditions requiring supervision, or multiple treatments for non-chronic conditions as these terms are defined below), that renders the employee unable to perform the essential functions of his or her job. An employee may also take family and medical leave to care for a parent, spouse, registered domestic partner or child with a serious health condition. A serious health condition requires the eligible individual to be under the care of a physician.

4.16.3.11——

4.16.3.12—— C. Hospital Care

4.16.3.13——

4.16.3.14—— Inpatient care (i.e. an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

4.16.3.15——

4.16.3.16—— D. Temporary Incapacity plus Treatment

4.16.3.17——

4.16.3.18—— A period of incapacity for more than three (3) consecutive calendar days (including any subsequent treatment relating to the same condition), that also involves:

4.16.3.19——

4.16.3.20—— Treatment of two or more times by a healthcare provider, by a nurse or physician’s assistant under direct supervision of a healthcare provider, or

4.16.3.21——

4.16.3.22—— Treatment by a provider of healthcare services (e.g. physical therapist) under orders of, or on referral by, a healthcare provider. Please note—treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examination, eye examinations or dental examination.

4.16.3.23——

4.16.3.24—— Treatment by a healthcare provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a healthcare provider. A regimen of continuing treatment includes, for example, a course of prescription medication such as an antibiotic or therapy requiring special equipment to resolve or alleviate the health—condition. A regimen of treatment does not include the taking of over-the-counter medications, (e.g. aspirin, antihistamines, or salves), bed-rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a healthcare provider.

4.16.3.25——
4.16.3.26  —— E. Chronic Conditions Requiring Treatment

4.16.3.27

4.16.3.28 A chronic condition requires periodic visits for treatment by a healthcare provider, or by a nurse or physician’s assistant under the direct supervision of a healthcare provider that continues over an extended period of time (including recurring episodes of a single underlying condition); and may cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

4.16.3.29

4.16.3.30  —— F. Permanent/Long-Term Conditions Requiring Supervision

4.16.3.31

4.16.3.32 A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider. Examples include Alzheimer’s, a severe stroke or the terminal stages of a disease.

4.16.3.33

4.16.3.34  —— G. Multiple Treatments (Non-Chronic Conditions)

4.16.3.35

4.16.3.36 Any period of absence to receive multiple treatments (including any period of recovery) by a healthcare provider or by a provider of healthcare services under orders of, or on referral by a healthcare provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

4.16.3.37

4.16.3.38  —— H. Severity and Length of Serious Health Condition

4.16.3.39

4.16.3.40 A serious health condition depends on the severity and length of the condition. An employee need not show an actual physical incapability to work to be covered under the

4.16.3.41 FMLA, it will suffice if the employee is unable to perform the essential functions of his or her job due to the need to obtain medical treatment and/or diagnosis.

4.16.3.42

4.16.3.43  —— I. Substance Abuse

4.16.3.44

4.16.3.45 Substance abuse may qualify as a serious health condition in some cases. However, family and medical leave may be taken only for treatment for substance abuse by a healthcare provider or by a provider of health care services
on referral by a healthcare provider. Absence due to an employee’s substance abuse rather than for treatment does not qualify for family and medical leave.

4.16.3.46

J. Qualifying Exigency Leave

Employees with a spouse, parent, or child who has been notified of an impending call or order to active military duty or who is already on active duty in the Armed Forces, may take a FMLA leave up to twelve (12) workweeks when they experience a “qualifying exigency”, which includes 1) short-notice of deployment, 2) military events or activities, 3) child care and school activities, 4) financial and legal arrangements, 5) counseling, 6) rest and recuperation, 7) post-deployment activities and 8) additional activities that arise out of active duty, provided that L.A. Care and the employee agree, including agreement of timing and duration of the leave.

4.16.3.48

Each time an employee requests this type of leave, the amount of available time will be measured as a rolling 12 month period measured backward from the date any prior leave was used under this policy.

4.16.3.49

Qualifying exigency leave does not extend to an employee whose family member is an active member of the Regular Armed Forces; the family member must be a member of the National Guard, Military Reserve, or a retired member of the Regular Armed Forces or Reserves to qualify for this type of leave.

4.16.3.50

Employees with a spouse who is a service member and who has been deployed may take up to ten (10) calendar days of unpaid time off each time the employee’s service member spouse is home on leave.

4.16.3.51

K. Military Caregiver Leave

Eligible employees who are the spouse, parent, child, or next of kin of a service member who incurred a serious injury or illness while on active duty in the Armed Forces may take, per injury, up to twenty six (26) workweeks of leave in a twelve (12) month period (combined with all FMLA leaves in that period). To qualify for Military Caregiver Leave, the debilitated service member must either be undergoing treatment or therapy, receiving outpatient care, or be on the temporary disability retired list (but not be permanently disabled), and must be a member of the Armed Forces, National Guard, or Reserves. Employees will be required to use any and all accrued, unused PTO during this leave. For this type of leave, the 12-month period will be measured as a rolling 12 month period measured forward from the initial date of this or other previous leave request.
FMLA leave already taken for other FMLA circumstances will be deducted from the total of twenty six (26) workweeks available.

4.16.3.58

4.16.3.59 Eligible employees may be entitled to take an additional 26-week period of leave in subsequent 12-month periods to care for different covered service members or to care for the same service member with a subsequent injury or illness.

4.16.3.60

4.16.3.61 If both spouses work for L.A. Care and each wishes to take leave for the care of a covered injured service member, the couple may only take a combined total of twenty six (26) workweeks.

4.16.3.62

**Intermittent/Reduced Work Schedule**

- When medically necessary, an employee may take family and medical leave on an intermittent or reduced work schedule basis. If an employee requests such intermittent leave or reduced work schedule, L.A. Care may transfer the employee to an alternate position for which the employee is qualified and which better accommodates the employee’s intermittent or reduced work schedule, subject to any applicable legal requirements.

For the birth, adoption or foster care of a child, L.A. Care and the employee must mutually agree to the schedule before the employee may take the intermittent leave of absence or work a reduced hour schedule and the leave must occur within one year of the birth or placement for adoption or foster care.

- If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with L.A. Care before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

- Employees may take Injured Service Member leave intermittently but must use it up within twelve (12) months from when the leave started.

1.3 Procedure for Requesting FMLA

All employees who are or will be absent for more than 5 working days (3 working days under FMLA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and

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Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document.

Certification/Recertification by Healthcare Provider

L.A. Care requires an employee seeking a family and medical leave including intermittent leave for any medical purpose to submit medical documentation.

Before the employee returns to work from a leave necessitated by the employee’s serious health condition, to ensure the employee is fit for duty (Form No.LOA.F2) with or without reasonable accommodations required by law. If the healthcare provider releases the employee to return to work before the date of the original planned return date, the employee must notify his/her supervisor of the release to work within three (3) calendar days of the healthcare provider’s release.

Under certain circumstances, L.A. Care may require that the employee obtain a second opinion, from a healthcare provider designated by L.A. Care and at L.A. Care’s expense. If the first and second healthcare provider opinion differs, L.A. Care may require, at its expense, that the employee obtain the opinion of a third healthcare provider who is jointly selected by L.A. Care and the employee. The decision of the third healthcare provider will be final and binding for that leave request.

L.A. Care or Unum Leave Management may deny leave to an employee who refuses to release relevant medical records to the healthcare provider designated to provide a second or third opinion. L.A. Care or Unum Leave Management may require employees to provide re-certification from their healthcare provider on a regular basis during family and medical leave.

The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

L.A. Care or Unum Leave Management may directly contact the employee’s health care provider for verification or clarification purposes using a healthcare professional, an HR professional, leave administrator or management
LEAVE OF ABSENCE

official. L.A. Care or Unum Leave Management will not use the employee’s direct supervisor for this contact.

Prior to L.A. Care or Unum Leave Management contacting the employee’s healthcare provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, L.A. Care or Unum Leave Management will obtain the employee’s permission for clarification of individually identifiable health information.

L.A. Care or Unum Leave Management may request employees to provide re-certification for the serious health condition of the employee or the employee’s family member no more frequently than every thirty (30) calendar days and only when circumstances have changed significantly or if the employee receives information casting doubt on the reason given for the absence. L.A. Care or Unum Leave Management may request for re-certification in less than thirty (30) calendar days if the employee seeks an extension of his or her leave.

In all cases, L.A. Care or Unum Leave Management may request recertification for the serious health condition of the employee or the employee’s family member every six months in connection with an FMLA absence.

L.A. Care or Unum Leave Management may provide the employee’s health care provider with the employee’s attendance records and ask whether need for leave is consistent with the employee’s serious health condition.

Certification of Qualifying Exigency for Military Family Leave

L.A. Care and Unum Leave Management require certification of the qualifying exigency for military family leave. The employee must respond to such a request within fifteen (15) calendar days of the request or provide a reasonable explanation of the delay. Failure to provide certification may result in a denial of continuation of leave.

1.4 Requesting a Family and Medical Leave of Absence

All employees who are or will be absent for more than 5 working days (3 working days under FMLA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document.

When possible, the employee must schedule foreseeable, planned medical treatments so as to minimize disruption of his/her work schedule or assignments.

### 1.5

Continuation of Benefits While on a Family and Medical Leave

**4.16.18:** Eligible employees are entitled to maintain their existing coverage under the medical, dental and vision plans for the period of leave, up to a maximum of twelve (12) workweeks at the same cost to them as when they were actively employed. The employee pays the active employee costs for a total of twelve (12) workweeks. At the beginning of the next month, the employee must make direct payment of each program’s full cost in order to maintain coverage for himself or herself and his or her dependents. Failure to make payment will result in the cancellation of the insurance coverage, in accordance with the provisions of the law.

**4.16.19**

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved Family and Medical Leave. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payments by contacting the benefits department at L.A. Care.

Accrual of Paid Time Off (PTO) will cease once the employee stops receiving payments for PTO.

### 1.6 Intent to Return to Work from FMLA Leave

On a basis that does not discriminate against employees on FMLA leave, L.A. Care may require an employee on FMLA leave to report periodically on the employee’s health status and intent to return to work.

### 1.7 Fitness-for-Duty
L.A. Care may require the fitness for duty certification form (Form No. LOA.F2) to specifically address the employee’s ability to perform the essential functions of the job to which they are returning. In these instances, L.A. Care or Unum Leave Management will provide the healthcare provider with a list of essential job functions for reference.

### 1.84.16.20. Reinstatement and Seniority

Except where the law authorizes a different result, employees are entitled to reinstatement in the same or equivalent position held prior to the leave of absence. However, employees have no greater rights to a job than if they had been continuously employed during the leave. The term “equivalent position” generally means a position with equivalent hours, benefits, compensation, shift, status, authority and responsibility.

### 4.16.21

Employees will retain their employee status during the period of family and medical leave FMLA. Once an employee returns from leave, the employee will be credited with all seniority and service accrued before the leave of absence commenced. However, the employee will not accrue seniority during a leave, will resume all seniority and service benefits.

An employee will be advised at the time of a request for, or commencement of, FMLA as soon thereafter as is practical that they qualify as a key employee and that reinstatement may be denied if L.A. Care decides that substantial and grievous economic injury to its operations would occur if the employee were to remain eligible for reinstatement.

### 1.9 Key Employee

Certain “key employees” may be denied reinstatement if necessary to prevent substantial and grievous economic injury to L.A. Care operations. A key employee is a salaried employee who is eligible for FMLA, and is among the highest paid 10% of all salaried employees of L.A. Care, and who reside within seventy-five (75) miles of the primary work site at the time leave is requested.

An employee will be advised at the time of a request for, or commencement of, family and medical leave as soon thereafter as is practical that he/she qualifies as a key employee and that reinstatement may be denied if L.A. Care decides that substantial and grievous economic injury to its operations would occur if the employee were to remain eligible for reinstatement.
2. **PAID FAMILY LEAVE (PFL)**

4.17 Paid Family Leave is not an LOA; it is a wage replacement benefit. Paid Family Leave is temporary disability insurance paid through the State to employees who suffer wage loss when they take time off work to care for a seriously ill parent, child, spouse, or registered domestic partner or to bond with and care for a new child. Employees are able to apply at the local Employment Development Department office, or by accessing forms on-line. Benefits are limited to six (6) eight weeks within a twelve (12) month period.

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**PREGNANCY DISABILITY LEAVE (PDL)**

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**PREGNANCY LEAVE**

4.18.3.1 **Eligibility and Length of Leave**

4.18.1: An employee who has a medical disability attributable to her pregnancy, childbirth or related medical conditions is eligible for California PDL (CA PDL) Pregnancy Leave from the date of hire. Employees who are affected by pregnancy or a related medical condition are also eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if such a transfer is medically advisable. An eligible employee would be eligible for up to 17 and 1/3 weeks to four (4) calendar months (or eighty-eight (88) work days for a full-time employee) of Pregnancy Leave based on current law. An employee would be eligible to apply for an additional twelve (12) calendar weeks under the FMLA and/or CFRA to take care of a newborn, whether through birth, adoption or guardianship, provided the employee has 12 calendar months of service and has worked 1,250 hours in the year preceding the commencement of the bonding Leave request.

The pregnancy disability leave does not need to be taken in one continuous period of time, but can be taken intermittently on an as-needed basis. Time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth would be covered by the employee’s pregnancy disability.
leaveCA PDL. All disability leave attributable to a single pregnancy will be aggregated in calculating the 17 and 1/3 weeks four (4) calendar months provided under California’s Pregnancy Disability LeaveCA PDL. Family Medical Leave Act runs concurrently with Pregnancy LeaveCA PDL.

An employee may use any accrued, unused PTO which may be coordinated with state disability benefits.

3.2 Requesting a Pregnancy Leave

All employees who are or will be absent for more than 5 working days (3 working days under FMLA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document.

4.18.2 An employee requesting Pregnancy Disability Leave will be required to submit medical documentation to Unum Leave Management describing (1) the date on which the employee became disabled due to pregnancy, or the date of the medical advisability for employee to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, (2) probable duration of the period or periods of disability or the period or periods for the advisability of the transfer, and (3) an explanatory statement that, due to disability, the employee is either unable to work at all or is unable to perform one or more of the essential functions of her job without undue risk to herself, the successful completion of her pregnancy or to other persons, or a statement that, due to her pregnancy, the transfer is medically advisable.

Requesting a Pregnancy Disability Leave: An employee requesting PDL will be required to submit medical documentation to the HR LOA Partner and Unum Leave Management describing (1) the date on which the employee became disabled due to pregnancy, or the date of the medical advisability for employee to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, (2) probable duration of the period or periods of disability or the period or periods for the
advisability of the transfer, and (3) an explanatory statement that, due to disability, the employee is either unable to work at all or is unable to perform one or more of the Essential functions of her job without undue risk to herself, the successful completion of her pregnancy or to other persons, or a statement that, due to her pregnancy, the transfer is medically advisable.

4.18.3 3.3

Continuation of Benefits

Medical, dental and vision benefits will continue for the duration of Pregnancy LeavePDL, up to the maximum period of four (4) months 17 and 1/3 weeks (88 work days), as allowed by California’s Pregnancy Disability LeavePDL. The employee is responsible for the biweekly portion of the premium for this period, through compensation for work performed, the use of accrued, unused PTO or through personal check or money order. Should Pregnancy LeaveCA PDL exhaust or otherwise conclude and no additional protected leave is available under CFRA baby bonding, the employee’s medical, dental and vision benefits will continue until the end of the month in which payment was received. At the beginning of the next month, the employee must make direct payment of the entire benefit premium to continue these coverages. The employee must make arrangements for payments by contacting the Human Resources Benefits department at L.A. Care. At the beginning of the next month, the employee must make direct payment of their benefit premium to continue these coverages through COBRA. COBRA payment includes the full premium plus a 2% administrative fee.

4.18.4

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved pregnancy disability leave. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payment of such premiums.

4.18.5 Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved PDL. Premiums for any voluntary benefits such as Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved LOA and the employee must make arrangements for payments by contacting the Human Resources Benefits department at L.A. Care.
4.18.6 Reinstatement and Seniority: Except where the law authorizes a different result, an employee is entitled to return from PDL to the same or Equivalent position with equivalent benefits, pay and other terms and conditions of employment, and without loss of job seniority or any other status or benefit.

4.18.7 A release to return to work by a healthcare provider is required before the employee can return to work, except when returning from baby bonding.

4.18.8 Employees will retain their employment status during the period of a FMLA/CFRA. Once an employee returns from an LOA, the employee will resume all seniority and service benefits. Employees will not accrue seniority once all protected leave under FMLA/CFRA/CA PDL is exhausted; except for calculating seniority for layoff, recall, promotion, job assignment, or seniority-related benefits.

4.18.9 L.A. Care will make reasonable accommodation and provide reasonable time for employees who wish to express breast milk at work. When such arrangements are made during the employee’s normal rest period, the time will be paid. If special arrangements are made to provide a nonexempt employee extra time beyond or in addition to her normal rest period, the time may be unpaid. L.A. Care provides a Comfort Zone which is a private place to express breast milk (in locations permitted under California law) and in close proximity to most employee work stations. See L.A. Care Policy HR-236, Lactation Accommodation for additional information.

4.19 MEDICAL LEAVE OF ABSENCE

4.19.1 Eligibility of Medical Leave: Employees who are not eligible for LOA under the FMLA/CFRA, because they have not worked at least 1,250 hours in the 12 months of employment before the start of service of the leave, may be entitled to a reasonable accommodation in the form of a medical leave, provided that such accommodation neither provides an undue hardship nor creates a safety risk for the employee or colleagues. These medical leaves may be necessitated by an industrial injury or for a non-work related illness/injury. An employee who suffers a work-related injury, regardless of severity, must contact the HR LOA Partner. Subject to any limitations permitted by law (e.g. a request for an indefinite leave).

4.19.2 Continuation of Benefits: Medical, dental and vision benefits will be continued until the end of the month in which the employee is being compensated for work performed or through the employee’s use of accrued, unused PTO, or on job-protected leave. The first date of the next month,
the employee’s benefits will be suspended, and the employee may elect to continue these coverages through COBRA. Although the employee’s employment may not be terminated, the employee may receive COBRA notice depending on the reduction of hours and the circumstances surrounding the employee’s LOA. Paid Time Off will cease to accrue once the employee stops receiving payment for PTO.

4.19.3 Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved medical LOA. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved LOA and the employee must make arrangements for payment of such premiums.

4.19.4 Reinstatement and Seniority: The employee should understand that they may or may not be reinstated to the same position upon return from a Medical LOA unless otherwise required by law. L.A. Care shall interact with the employee, upon release, to determine any vacant position that the employee is qualified and able to do.

4.19.5 The Employee will retain their employment status during the period of an approved medical leave. Once the employee returns from an LOA, the employee will resume all seniority and service benefits. However, the employee will not accrue seniority during an LOA not covered by Federal and State laws.

4.20 PERSONAL LEAVE OF ABSENCE

4.20.1 Eligibility and Length of Personal Leave of Absence: Personal LOA may be granted for employees who have completed 90 calendar days of continuous employment for compelling personal reasons not contemplated or made possible under other time-off or LOA programs. The duration of a Personal LOA is limited to thirty (30) calendar days in any 12 month period. All accrued, unused PTO will be paid out for the duration of the leave.

4.20.2 Approval for a Personal LOA may be granted or denied in L.A. Care’s sole discretion based on a variety of factors, including the reasonableness of the request, current staffing and operational needs, the employee’s performance and attendance records, and the employee’s intent to return to work.
4.20.3 A Personal LOA may be extended up to an additional 30 calendar days at the sole discretion of L.A. Care based on the agency’s operations and extenuating circumstances.

4.20.4 **Continuation of Benefits:** Medical, dental and vision benefits will be continued until the end of the month in which the employee is being compensated for work performed or through the employee’s use of accrued, unused PTO. Upon notification of COBRA eligibility by the LOA team, the employee will be offered COBRA. Paid Time Off will cease to accrue once the employee stops receiving payment for PTO.

4.20.5 **Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD), and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved Personal LOA. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved LOA and the employee must make arrangements for payments by contacting the benefits department at L.A. Care.

4.20.6 **Reinstatement and Seniority:** The employee should understand that they may or may not be reinstated to the same position upon return from a Personal LOA unless otherwise required by law. L.A. Care may in its sole discretion decide to fill the position vacated by the employee on Personal LOA. If the employee’s vacant position has been filled, the employee may apply for any available position to which he or she is qualified. If there is no position available, the employment relationship with L.A. Care will be terminated.

4.20.7 Employees will retain their employment status during the period of an approved Personal Leave. Once an employee returns from a Personal Leave, the employee will resume all seniority and service benefits. However, the employee will not accrue seniority during a Personal Leave.

4.21 **TIME OFF FOR SCHOOL VISITS**

4.21.1 Parents, guardians, step-parents, foster parents, grandparents, or individuals standing in loco parentis with custody of school age children (K-12) are eligible for up to forty (40) hours of unpaid leave each year, not to exceed eight (8) hours in any calendar month of the year, to participate in school-related activities, including to appear at the school in connection with the suspension from school of their children or their registered domestic...
partner’s children. Employees may take leave to find, enroll, or reenroll his or her child in a school or with a licensed child care provider, or to participate in activities of the school or licensed child care provider, or to address child care provider or school emergencies. Employees will not be allowed time off if the employee does not provide their manager with adequate notice. L.A. Care may require verification of the school-related activity. Employees are requested to schedule activities such as parent/teacher conferences during non-work hours. Employees who request leave for unauthorized purposes will be subject to corrective action, up to and including termination. L.A. Care will not discriminate nor take any retaliatory action against any employee for utilizing this time off benefit according to these guidelines.

4.22 MILITARY LEAVE OF ABSENCE

4.22.1 Eligibility and Length of Military Leave of Absence: All employees, from date of hire, who volunteer or are drafted into active military service are eligible for an unpaid Military LOA in accordance with applicable Federal law. Any employee who is a member of the National Guard or Military Reserves will be granted unpaid time off to attend periodic drills and training camps if appropriately requested and scheduled in advance. In addition, spouses and registered domestic partners of military personnel who are home on leave during a period of military deployment may be qualified for 10 days of unpaid leave.

4.22.2 Continuation of Benefits: Medical, dental and vision benefits will be continued until the end of the month in which the employee is being paid. At the beginning of the next month, the employee must make direct payment of each program’s full cost in order to maintain coverage for the employee and employee’s dependents, unless the leave is for 30 calendar days or less subject to any applicable legal requirements.

4.22.3 Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage ends on the last day at work of employee. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved LOA and the employee must make arrangements for payments of such premiums.

4.22.4 If the employee did not elect to continue health insurance coverage or this coverage ceased during service, upon return from service, the employee’s
health insurance coverage must be reinstated without any waiting period or exclusion for preexisting conditions, other than waiting periods or exclusions that would have applied even if there had been no absence for uniformed service. This rule does not apply to the coverage of any qualifying illness or injury to have been incurred in or aggravated during performance of service in the uniformed service.

4.22.5 Paid Time Off does not accrue during the unpaid portion of a Military LOA.

4.22.6 Reinstatement and Seniority: Employees concluding Military Leave are reinstated to the same position or one of comparable status and pay in accordance with the reinstatement rights under applicable law, with or without reasonable accommodations.

4.22.7 Upon reinstatement, employees who have been on Military Leave receive credit for all prior service for purposes of computing retirement credit, fringe benefits and merit increase date of eligibility.

4.23 LEAVE FOR EMERGENCY RESCUE PERSONNEL

4.23.1 To the extent required by law, employees who are volunteer firefighters, reserve peace officers, or emergency duty personnel may receive unpaid leave to perform emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel. Such employees may also take a temporary, unpaid LOA, not to exceed a total of 14 days per calendar year, in order to engage in fire, law enforcement, or emergency rescue training.

4.23.2 If the employee is participating as a volunteer firefighter, reserve peace officer, emergency rescue personnel, or an officer, employee, or member of a disaster medical response entity sponsored or requested by the state, the employee must alert their supervisor in the event the employee may need to take time off for emergency duty and/or training. In the event the employee needs to take time off for emergency duty and/or training, the employee should alert the HR LOA Partner as far in advance as possible. The employee must provide L.A. Care with appropriate documentation supporting the employee’s service of emergency duty and/or attendance at training upon returning to work. The employee may choose to use any accrued, unused PTO or sick leave time, if available.

4.24 LEAVE FOR VICTIMS OF FELONY CRIMES
4.24.1 To the extent required by law, employees who are victims of certain specified felony crimes, or who are an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may receive unpaid time off from work to attend judicial proceedings related to that crime. Additionally, employees who are victims of such crimes may take unpaid time off from work to be heard at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue. To take this LOA, the employee must provide the HR LOA Partner in advance with a copy of the notice of the proceeding. If advance notice is not possible, the employee must provide the HR LOA Partner with appropriate documentation supporting their attendance at the judicial proceeding upon returning to work. The employee may choose to use any accrued, unused PTO or sick leave time, if available.

4.25 LEAVE FOR VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR STALKING

4.25.1 Employees who are a victim, or are the immediate family member of a person who is deceased as the result of domestic violence, sexual assault, stalking or a crime that caused physical injury or that caused mental injury and a threat of physical injury may receive unpaid leave to attend legal proceedings or obtain or attempt to obtain any relief necessary, including a restraining order, to ensure the employee’s own health, safety, or welfare, or that of the employee’s child or children. Family member includes a child, parent, spouse, sibling of “equivalent” relationship. The employee may also receive unpaid leave to: (1) obtain services from a domestic violence shelter or rape crisis center; (2) seek medical attention for injuries caused by domestic violence or sexual assault; (3) obtain psychological counseling for the domestic violence or sexual assault; or (4) take action, such as relocation, to protect against future domestic violence or sexual assault. To take this LOA, the employee must provide the HR LOA Partner with advance notice of their need for the leave. If advance notice is not possible, the employee must provide the HR LOA Partner with the following certification upon returning back to work: (1) a police report showing the employee was a victim of domestic violence or sexual assault; (2) a court order protecting the employee from the perpetrator or other evidence from the court or prosecuting attorney that you appeared in court; or (3) documentation from a medical professional, domestic violence or sexual assault victim advocate, health care provider, or counselor showing that your absence was due to treatment for injuries from domestic violence or
LEAVE OF ABSENCE

4.25.2 In addition, employees who are victims of domestic violence, sexual assault or stalking are entitled to a reasonable accommodation for the employee’s safety while at work. A reasonable accommodation may include but not limited to the implementation of safety measures, including a transfer, reassignment, modified schedule, telephone extension change, relocate work station; assistance in documenting domestic violence, sexual assault, or stalking that occurs in the workplace; an implemented safety procedure; or additional adjustments to the employee’s job duties and position. Employees who require such an accommodation shall contact the HR LOA Partner. L.A. Care will engage the employee in a timely, good faith, and Interactive process to determine effective reasonable accommodations.

4.26 LEAVE FOR ORGAN AND BONE MARROW DONORS

4.26.1 An employee who has been employed for at least 90 days and who provides written verification to L.A. Care that they are an organ or bone marrow donor (required for medical necessity) is entitled to receive a job protected, paid LOA that may be taken in one or more periods to donate. Eligible organ donors are entitled to an LOA not to exceed 30 business days in any one-year period of time. Eligible bone marrow donors are entitled to an LOA not to exceed five business days in any one-year period. An additional unpaid LOA of up to 30 business days is provided for organ donors.

4.27 CIVIL AIR PATROL LEAVE

4.27.1 L.A. Care will provide eligible employees who are volunteer members of the California Wing of the Civil Air Patrol and are called to emergency operational missions up to 10 days of unpaid leave per calendar year. LOA for a single emergency operational mission cannot exceed three days unless an extension is granted by appropriate government entities and approved by L.A. Care. To be eligible, employees must have been employed with L.A. Care for 90 days immediately preceding the commencement of leave.

4.27.2 Employees are expected to notify L.A. Care of the need for Civil Air Patrol Leave by providing the HR LOA Partner with certification from Civil Air Patrol authorities as soon as possible. L.A. Care will restore employees who return from Civil Air Patrol Leave to their former position or to a position of equivalent seniority status, employee benefits, pay and other terms and conditions of employment.
4.27.3 L.A. Care intends to administer this policy in accordance with the requirements of all applicable State and Federal laws. Instances may exist where two or more LOA programs provide overlapping protections for an eligible employee. However, it is the general intention of L.A. Care’s policy to limit employees to the time available under the single most favorable LOA policy and to prevent employees from exceeding the limitations of that policy. Accordingly, any LOA that is taken by an employee under any policy or based upon any request for time off that could have been taken under any other policy of L.A. Care (if the employee had requested the opportunity to do so), shall be credited against the maximum limit on leaves established in each of the policies that provided the employee as a basis to request a LOA.

Accrual of PTO will cease once the employee stops receiving payment for PTO.

3.4 Reinstatement and Seniority

Except where the law authorizes a different result, an employee is entitled to return from Pregnancy Disability Leave to the same or equivalent position with equivalent benefits, pay and other terms and conditions of employment, and without loss of job seniority or any other status or benefit.

A release to return to work by a healthcare provider is required before the employee can return to work.

Employees will retain their employee status during the period of a pregnancy disability leave. Once an employee returns from a leave, the employee will be credited with all seniority and service accrued before the leave of absence commenced. However, the employee will not accrue seniority during the leave of absence.

L.A. Care will make reasonable accommodation and provide reasonable time for employees who wish to express breast milk at work. When such arrangements are made during the employee’s normal rest period, the time will be paid. If special arrangements are made to provide a nonexempt employee extra time beyond or in addition to her normal rest period, the time may be unpaid. L.A. Care provides a Comfort Zone which is a private place to express breast milk and in close proximity to most employee work stations.

4.0 MEDICAL LEAVE OF ABSENCE
(Non-occupational Illness or Injury or not meeting the criteria for FAMILY AND MEDICAL LEAVE)

4.1 Eligibility and Length of Medical Leave

Any employee who has successfully completed ninety (90) calendar days of continuous employment and is not eligible for Pregnancy or FMLA/CFRA Leave may be eligible for employee’s use of a Medical Leave of Absence for their own health condition only. Medical Leaves of Absence cannot be used to extend FMLA/CFRA or Pregnancy Leave.

Medical Leaves of Absence may be granted at the discretion of L.A. Care for a period of up to thirty (30) calendar days and may be reassessed following the first thirty (30) calendar days to evaluate the leave based on company operations and extenuating circumstances. Medical Leaves of Absence may be extended an additional thirty (30) calendar days at the discretion of the organization based on L.A. Care’s business needs.

L.A. Care will attempt to return the employee to active employment with or without reasonable accommodations, following the approved leave of absence. The duration of a Medical Leave is limited to thirty (30) calendar days in any twelve (12) month period unless an additional thirty (30) calendar day extension has been granted once L.A. Care determines that such an extension does not negatively impact business needs of the company.

4.2 Requesting a Medical Leave

All employees who are or will be absent for more than five (5) working days or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document.

Eligible employees must use all accrued, unused PTO which may be coordinated with state disability benefits, during a medical leave of absence. All paid and unpaid time will be considered together for purposes of the thirty (30) calendar days limitation on medical leaves.
4.3 Continuation of Benefits

Medical, dental and vision benefits will be continued until the end of the month in which the employee is being compensated for worked performed or through the employee’s use of accrued, unused PTO. At the beginning of the next month, the employee must make direct payment of each program’s full cost in order to maintain coverage the employee and the employee’s dependents.

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved medical leave. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payments of such premiums.

Paid Time Off will cease to accrue once the employee stops receiving payment for PTO.

4.4 Reinstatement and Seniority

A release to return to work by a healthcare provider is required before the employee can return to work with or without reasonable accommodation.

If the healthcare provider releases the employee to return to work before the date of the original planned return date, the employee must notify his/her supervisor of the release to work within three (3) calendar days of the healthcare provider’s release. Failure to provide proper notification within a three (3) calendar day period may result in voluntary termination.

The employee should understand that he/she may or may not be reinstated to the same position upon return from a Medical Leave of Absence unless otherwise required by law. There is no guarantee that L.A. Care will be able to hold an employee’s position open while he or she is out on Medical Leave however, the employee is eligible to apply for any other position for which he or she is qualified.

Employees will retain their employee status during the period of a medical leave. Once an employee returns from a leave, the employee will be credited with all seniority and service accrued before the leave of absence commenced. However, the employee will not accrue seniority during a leave.

5.0 MEDICAL LEAVE OF ABSENCE (For Occupational Illness or Injury/Worker’s Compensation)
L.A. Care provides Worker’s Compensation insurance coverage as required by law for employees who sustain a work-related injury/illness. This insurance provides medical, surgical, and hospital treatment in addition to payment for loss of earnings that result from a work-related injury/illness. L.A. Care pays for the cost of this coverage.

5.1 Eligibility and Length of Medical Leave

Any employee who has sustained a work-related injury/illness and is placed off duty by a healthcare provider for that injury or illness may be eligible for a workers’ compensation leave. An employee must immediately report to their supervisor and to Human Resources any work-related injury/illness, regardless of how minor the injury may be. Subject to any limitations permitted by law, a leave of absence for a work-related disability shall be extended to the employee for the duration of the work-related disability. This type of leave may also be designated as a FLMA/CFRA Leave of Absence which may run concurrent. Should an employee miss time due to a work-related injury/illness, they must also contact the Unum Leave Management Center.

Eligible employees may first use accrued, unused PTO before Worker’s Compensation payments begin. PTO may also be used to coordinate with Worker’s Compensation payments to equal no more than full pay.

5.2 Requesting a Medical Leave

If the injury/illness warrants medical attention and/or the employee requests medical attention, the healthcare provider will determine the need for time off and the length of time off required.

All employees who are or will be absent for more than 5 working days (3 working days under FMLA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, **and**
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request—

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave of Absence Policy document—

5.3 Continuation of Benefits
Eligible employees are entitled to maintain their existing coverage under the medical, dental and vision plans at the same cost to them as when they were actively at work. The employee pays the active employee cost for a total of twelve (12) calendar weeks. Failure to make payment will result in the cancellation of the insurance coverage, in accordance with the applicable law.

After the first twelve (12) calendar weeks of time off, the employee will be offered COBRA (Consolidated Omnibus Budget Reconciliation Act) continuation of coverage which will allow the employee and/or eligible dependents to continue coverage for a length of time allowable by law, at employee’s own expense.

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved medical leave. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payments of such premiums.

5.4 Reinstatement and Seniority

When released to return to work by their healthcare provider, employees on a Worker’s Compensation Leave retain certain rights to reinstatement of employment.

Subject to any exceptions permitted by law, an employee who returns to work at the end of the employee’s leave of absence will be returned to the employee’s former position, if possible, or will be offered the first available opening in a comparable position, if the employee is qualified. The employee must provide a physician’s statement that indicates that the employee is fit to work, either with or without reasonable accommodations.

The employee must contact his or her immediate supervisor within one (1) calendar week of the employee’s medical release to return to work. Otherwise, the employee shall be considered as having voluntarily resigned employment.

Employees will retain their employee status during the period of a medical leave. Once an employee returns from a leave, the employee will be credited with all seniority and service accrued before the leave of absence commenced. However, the employee will not accrue seniority during a leave.

Every attempt will be made to work with the employee to provide modified duty with or without accommodation as appropriate based on L.A. Care policy.

Employees unable to return from a Medical Leave of Absence for Occupational Illness or
Injury/Workers Compensation will be placed on inactive status following 12 weeks of absence.

6.0 PERSONAL LEAVE OF ABSENCE

6.1 Eligibility and Length of Medical Leave

Personal Leaves of Absence may be granted for employees who have completed 90 calendar days of continuous employment for compelling personal reasons not contemplated or made possible under other time-off or Leave of Absence programs. The duration of a Personal Leave is limited to thirty (30) calendar days in any 12-month period including any accrued, unused PTO.

Personal Leaves of absence are unpaid, except for the portion of the Personal Leave supported by the use of accrued, unused PTO.

Approval for a Personal Leave of Absence may be granted or denied in L.A. Care’s sole discretion based on a variety of factors, including the reasonableness of the request, current staffing and operational needs, the employee’s performance and attendance records, and the employee’s intent to return to work.

A leave may be extended up to an additional thirty (30) calendar days at the sole discretion of L.A. Care based on company operations and extenuating circumstances.

6.2 Requesting a Personal Leave

All employees who are or will be absent for more than 5 working days (3 working days under FMLA) or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave Policy document.

The employee seeking a Personal Leave of Absence must also complete a Request for Leave of Absence form (Form No.LOA.F1).
The request for leave must be presented to the employee’s supervisor at least one (1) month prior to the start of the Personal Leave of Absence, if the need for the leave is foreseeable. Otherwise, the employee must provide as much advance notice as is practicable.

Eligible employees must use all accrued, unused PTO prior to the unpaid portion of the requested leave of absence.

6.3 Continuation of Benefits

Medical, dental and vision benefits will be continued until the end of the month in which the employee is being compensated for hours worked or for accrued, unused PTO. At the beginning of the next month, the employee must make direct payment of each program’s full cost in order to maintain coverage for him or her and dependents.

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage continues at no cost to the eligible employee during an approved personal leave. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payments of such premiums.

Paid Time Off will cease to accrue once the employee stops receiving payment for PTO Leave.

6.4 Reinstatement and Seniority

The employee should understand that he/she may or may not be reinstated to the same position upon return from a Personal Leave of Absence unless otherwise required by law. The company may in its sole discretion decide to fill the position vacated by the employee on an unpaid Personal Leave of Absence.

If the employee’s vacant position has been filled, the employee may apply for any available position to which he or she is qualified. If there is no position available, the employee’s tenure with the company will be terminated.

Employees will retain their employee status during the period of a personal leave. Once an employee returns from a leave, the employee will be credited with all seniority and service accrued before the leave of absence commenced. However, the employee will not accrue seniority during a leave.
7.0 TIME OFF FOR SCHOOL VISITS

7.1 Eligibility and Length of Medical Leave

An unpaid leave of absence shall be granted to an employee who is a parent, guardian, or grandparent of a child who is in grades K to 12 to participate in activities of their child’s school.

The length of the leave is no more than forty (40) hours off during any twelve (12) month period and no more than eight (8) hours off in any calendar month of the year.

7.2 Requesting Time off for School Visits

The employee must provide reasonable notice of the planned absence to their immediate supervisor.

Eligible employees must use any accrued, unused PTO for requested leave time.

The employee must provide documentation from the child’s school to substantiate the employee’s participation in the school activity, to include the specific date and time.

All employees who are or will be absent for more than 5 working days or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave Policy document.

7.3 Continuation of Benefits

No impact on benefits.

7.4 Reinstatement and Seniority

Not applicable.

8.0 TIME OFF TO APPEAR IN COURT
8.1 Eligibility

Employees who are victims of a violent or serious crime, or whose immediate family member is a victim of such a crime, may take time off from work to attend the judicial proceedings. Immediate family is defined as spouse, child, stepchild, brother, stepbrother, sister, stepsister, mother, stepmother, father, stepfather, or registered domestic partner. Compliance with witness subpoenas shall be governed by HR Policy 6111, Jury Duty & Witness Subpoenas.

8.2 Requesting Time Off to Appear in Court

Employees shall provide reasonable notice of the request for time off, unless the advance notice is not feasible.

Employees may use any accrued, unused PTO or request the time as unpaid.

The employee must provide documentation evidencing the scheduling of the judicial proceeding from: (1) the court or government agency setting the hearing; (2) the district attorney or prosecuting attorney’s office; or (3) the victim/witness office that is advocating on behalf of the victim.

L.A. Care will not discriminate nor take any retaliatory action against any employee for utilizing this time off benefit according to these guidelines.

All employees who are or will be absent for more than 5 working days or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave Policy document.

8.3 Continuation of Benefits

No impact on Benefits.

8.4 Reinstatement and Seniority
Not applicable.

9.0 MILITARY LEAVE OF ABSENCE

9.1 Eligibility and Length of Military Leave

All employees, from date of hire, who volunteer or are drafted into active military service are eligible for an unpaid Military Leave of Absence in accordance with applicable federal law. Any employee who is a member of the National Guard or Military Reserves will be granted unpaid time off to attend periodic drills and training camps if appropriately requested and scheduled in advance.

9.2 Requesting a Military Leave

All employees who are or will be absent for more than 5 working days or for a period of frequent or intermittent absences due to any of the above leave instances are required to:

- Notify his/her manager/supervisor, and
- Contact Unum’s Leave Management Center immediately at (866) 779-1054 upon the employee being aware of the need, or the need of a qualifying family member, to initiate a leave of absence request.

For additional information, please reference the attached Unum LOA Admin Guide and Important Information About L.A. Care’s Leave Policy document.

When a required leave of absence is for a physical examination in connection with the National Guard or active reserve military service, such time off will not be charged against PTO credits.

Employees are required to use accrued, unused PTO during the leave of absence.

9.3 Continuation of Benefits

Medical, dental and vision benefits will be continued until the end of the month in which the employee is being paid. At the beginning of the next month, the employee must make direct payment of each program’s full cost in order to maintain coverage for the employee and employee’s dependents, unless the leave is for thirty (30) calendar days or less subject to any applicable legal requirements.

Group Term Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability (STD) and Long Term Disability (LTD) coverage ends on the last day at work.
of employee. Premiums for any voluntary benefits, such as, Critical Illness, Long Term Care, Universal Life and Term Life are the responsibility of the employee while out on an approved Leave of Absence and the employee must make arrangements for payments of such premiums.

If the employee did not elect to continue health insurance coverage or this coverage ceased during service, upon return from service, the employee’s health insurance coverage must be reinstated without any waiting period or exclusion for preexisting conditions, other than waiting periods or exclusions that would have applied even if there had been no absence for uniformed service. This rule does not apply to the coverage of any qualifying illness or injury to have been incurred in or aggravated during performance of service in the uniformed service.

Paid Time Off does not accrue during the unpaid portion of a Military Leave.

9.4 Reinstatement and Seniority

Employees concluding Military Leave are reinstated to the same or one of comparable status and pay in accordance with the reinstatement rights under applicable law, with or without reasonable accommodations.

Upon reinstatement, employees who have been on Military leave receive credit for all prior service for purposes of computing retirement credit, fringe benefits and merit increase date of eligibility.

EMPLOYEE’S RESPONSIBILITY WHEN REQUESTING A LEAVE OF ABSENCE

- Obtain authorization for both the start and return from a Leave of Absence;
- Provide the proper medical certification, where applicable;
- Request any extensions that are necessary in a timely manner (including the provision of any supporting medical certification that is necessary to evaluate the request);
- Make arrangements for the continuations of benefit plan coverage.

An employee who fails to provide the above information, or who takes or extends a Leave of Absence without notice or authority, or who fails to return to work on the first scheduled work-day following the Leave of Absence shall be considered to have voluntarily resigned his or her position.

When a Leave of Absence exceeds the maximum approved period of time, the employee shall be subject to termination, but may be considered for rehire or reinstatement.
L.A. Care intends to administer its leave of absence policy in accordance with the requirements of all applicable state and federal laws. Instances may exist where two or more leave of absence programs provide overlapping protections for an eligible employee. However, it is the general intention of the employer’s policy to limit employees to the time available under the single most favorable leave of absence policy and to prevent employees from exceeding the limitations of that policy. Accordingly, any leave of absence that is taken by an employee under any policy or based upon any request for time off that could have been taken under any other policy of L.A. Care (if the employee had requested the opportunity to do so), shall be credited against the maximum limit on leaves established in each of the policies that provided the employee as a basis to request a leave.

L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time with or without notice.

PROCEDURE/S:

AUTHORITY:— Human Resources
Family and Medical Leave Act (FMLA)
California Family Rights Act (CFRA)
National Defense Authorization Act
Paid Family Leave (PFL)
Uniformed Services Employment and Reemployment Rights Act (USERRA)

REFERENCE:

ATTACHMENTS:—

Request for Leave of Absence Form
Unum LOA Admin Guide
Important Information About L.A. Care’s Leave Policy document

4. PROCEDURES:

4.1—

4.17—MONITORING:
5

5.1 Human Resources reviews its policies routinely to ensure they are updated appropriately and has processes in place to ensure the appropriate required steps are taken under this policy.

4.2

5.6 REPORTING:

6.1 ANY SUSPECTED VIOLATIONS TO THIS POLICY SHOULD BE REPORTED TO YOUR HUMAN RESOURCES BUSINESS PARTNER.

7 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time with or without notice.

5.4

Form No.: LOA.F1

<table>
<thead>
<tr>
<th>Employee’s Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Department:</td>
</tr>
<tr>
<td></td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Home Phone Number: (      )</td>
<td>Work Extension:</td>
</tr>
</tbody>
</table>

Type of Leave Requested – Please contact Unum’s Leave Management line for the below and other leaves available under L.A. Care Health Plan’s Leave of Absence Policy at (866)779-1054.

- **Personal Leave of Absence**

Specify Reason for Leave of Absence: __________________________________________________________

____________________________________________________________________________________________

_________________________________________________________________________________________

Beginning Date: ____________ Expected Return Date: ____________
I have read and understand the policies relating to leaves of absence, including that:

♦ It is my responsibility to submit a completed Request for Leave of Absence Form (Form No.: LOA.F1), as well as contact Unum’s Leave Management line to request a Leave of Absence.

♦ It is my responsibility to comply with all requirements stated in the policies, including the requirement for timely communication with my supervisor, manager or designated contact.

♦ It is my responsibility to continue my contributions for group benefits during the leave of absence, and failure to make timely payments of any contributions due may result in loss of coverage.

♦ Failure to return to work on the next workday following the end of the approved leave of absence (or upon the end of the disability period, whichever is sooner) will be considered a voluntary termination of employment.

♦ I understand that my Seniority Dates may be adjusted and Merit/Organizational Incentive (if applicable) will be prorated.

Employee’s Signature: __________________________________________ Date: ________________

Supervisor/Manager’s Signature: _________________________________ Date: ________________

Human Resources Signature: ___________________________________ Date: ________________
LEAVE OF ABSENCE

Local Initiative Health Authority of the County of Los Angeles

DBA L.A. Care Health Plan

Short Term Disability Policy #: 141740

Telephone: 866-779-1054
Fax: 800-447-2498
Monday-Friday
5 a.m. to 5 p.m. Pacific

WHEN TO CALL UNUM
• When your health care provider has determined you are unable to work due to illness, injury or pregnancy.
• When you need to be absent from work to care for a family member who has a serious health condition.
• When you need to care for a child due to birth, adoption or foster care placement.
• When you need to be absent from work for a qualifying exigency leave because your spouse, son, daughter or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.
• When you need to care for your spouse, child, parent or next of kin undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is on the temporary disability retired list for a serious illness or injury incurred or aggravated in the line of duty on active duty in the Armed Forces (includes the National Guard or Reserves). This includes a veteran who was discharged from the Armed Forces for reasons other than dishonorable within the 5 year period before the employee’s first day of leave.
• When you need any other type of leave that may be covered by applicable state leave laws or company policy (reference HR Policy HR-112).
• Thirty days before a planned leave based on prescribed medical treatment related to a serious health condition of you or your family member, or the expected birth, adoption or foster care placement of a child.
• Thirty days before a disability based on the expected delivery date of a child or prescheduled medical treatment.

WHAT TO DO NEXT
• Notify your manager or supervisor of your absence from work.
• To submit your claim and/or leave request via telephone, call the toll-free number listed to the left. Please be prepared with the information requested on page 2 of this brochure.
• To submit your claim and/or leave request via the Unum website, go to www.unum.com and follow the claim submission instructions.
• If you are eligible for leave, a certification of health care provider form may be required. If so, it will be mailed in your initial leave packet within 2 business days of filing your leave. You will be provided a minimum of 15 days from the date the leave is requested to complete and return this form.

FOR SHORT TERM DISABILITY CLAIMS
• Provide your health care provider with a signed and dated copy of the authorization form (last page of brochure). This form authorizes the release of medical information needed to evaluate your disability claim.
• Once you have filed your Short Term Disability claim, please fax a copy of the signed and dated disability authorization to the Unum Benefits Center at the following toll-free number: 800-447-2498. If you prefer, you may sign and submit your authorization electronically at www.unum.com/claims.

OUR COMMITMENT TO YOU
We understand that a disabling illness or injury creates emotional, physical and financial challenges and we want to do whatever we can to help you. You have our commitment to provide you with responsive service and to be understanding and sensitive to your circumstances during the claim process.
INFORMATION NEEDED TO SUBMIT A SHORT TERM DISABILITY CLAIM AND/OR REQUEST FOR LEAVE

Please be prepared to provide the following information when you call to submit your claim/leave. If someone else makes the call on your behalf, he/she may need to provide this information.

- Name of the company where you work
- Policy number (printed on the front of this brochure)
- Your name and Social Security number or employee ID number
- Complete address and phone number
- Date of birth
- Marital status
- Occupation (or job title)
- Supervisor’s name and telephone number
- Your last day worked and your first day absent from work due to your claim and/or leave request
- The date you expect to return to work (if you know), or the actual date if you have already returned to work at the time you call

Please note: Leave is job protection under federal and state law, but disability is income replacement. In many situations the two coverages overlap when you are missing work due to your own illness or injury.

In addition, the following information will be needed when submitting a disability claim.

- Healthcare provider’s name, address, fax and telephone number
- A brief description of your medical condition, including cause of condition (illness or injury), date of injury or beginning of illness, and whether it’s work-related
- The dates of your first visit, your most recent visit, and your next scheduled visit with your healthcare provider for this condition
- Work restrictions or limitations stated by your healthcare provider, if any.

Prompt and complete information from you and your healthcare provider will help assure a timely decision and payment if you are eligible.

Unum may require additional medical information to better understand your disability claim. The timing of the decision depends on how quickly the information is received.

Unum will partner with you to gather all required information for the duration of your disability claim.

INFORMATION THAT MAY BE IMPORTANT TO YOU

Check your claim status, correspondence, and updates online – anytime.

Unum has developed a secure and easy way for you to manage your disability claim online. Our secure web services allow you to access and make changes to your open claims, as well as view updates and correspondence when they become available.

Our secure site helps eliminate delays and is simple to use. Here are a few main features:

- Sign and submit your electronic disability authorization form.
- Upload documents for disability claims from your personal computer.
- Register for direct deposit of your claim payment, when applicable.
- Check claim status, correspondence, and most recent payment information.
- Verify and change personal information and monitor your claim progress.

Unum is a registered trademark and marketing brand of Unum Group and its issuing subsidiaries. Services provided by subsidiaries of Unum Group.

Unum Group, 1 Fountain Square, Chattanooga, TN 37402
unum.com

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Claim Fraud Statements

Fraud Warning
For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Maryland, New Mexico, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, Washington, and West Virginia require the following statement to appear on this claim form:

Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Alabama Residents
For your protection, Alabama law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Fraud Warning for California Residents
For your protection, California law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Colorado Residents
For your protection, Colorado law requires the following to appear on this claim form:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant shall be subject to a civil penalty of up to $10,000.

Fraud Warning for District of Columbia Residents
For your protection, the District of Columbia requires the following to appear on this claim form:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Fraud Warning for Florida Residents
For your protection, Florida law requires the following to appear on this claim form:

Any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the second degree.

Fraud Warning for Kentucky Residents
For your protection, Kentucky law requires the following statement to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Warning for Maine Residents
For your protection, Maine law requires the following to appear on this claim form:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Fraud Warning for New Hampshire Residents
For your protection, New Hampshire law requires the following to appear on this claim form:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 636:20.

Fraud Warning for New Jersey Residents
For your protection, New Jersey law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Fraud Warning for New York Residents
For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning for Pennsylvania Residents
For your protection, Pennsylvania law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Fraud Warning for Puerto Rico Residents
For your protection, Puerto Rico law requires the following to appear on this claim form:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall be subject to a penalty of $1,000 for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Fax or mail a completed copy of this authorization to:
Unum Benefits Center
P.O. Box 100158
Columbia, SC 29202-3158
Fax: 800-447-2498

Please sign and return this authorization to The Benefits Center at the address above. You are entitled to receive a copy of this authorization. This authorization is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Authorization to Collect and Disclose Information
(Not for FMLA Requests)

I authorize the following persons: health care professionals, hospitals, clinics, laboratories, pharmacies and all other medical or medically related providers, facilities or services, rehabilitation professionals, vocational evaluators, health plans, insurance companies, third party administrators, insurance producers, insurance service providers, consumer reporting agencies including credit bureaus, GENEX Services, Inc., The Advocator Group and other Social Security advocacy vendors, professional licensing bodies, employers, attorneys, financial institutions and/or banks, and governmental entities;

To disclose information, whether from before, during or after the date of this authorization, about my health, including HIV, AIDS or other disorders of the immune system, use of drugs or alcohol, mental or physical history, condition, advice or treatment (except this authorization does not authorize release of psychotherapy notes), prescription drug history, earnings, financial or credit history, professional licenses, employment history, insurance claims and benefits, and all other claims and benefits, including Social Security claims and benefits (“My Information”);

To Unum Group and its subsidiaries, Unum Life Insurance Company of America, Provident Life and Accident Insurance Company, The Paul Revere Life Insurance Company, and persons who evaluate claims for any of those companies (“Unum”);

So that Unum may evaluate and administer my claims, including providing assistance with return to work. For such evaluation and administration of claims, this authorization is valid for two years, or the duration of my claim for benefits, whichever is shorter. I understand that once My Information is disclosed to Unum, any privacy protections established by HIPAA may not apply to the information, but other privacy laws of Unum may then disclose My Information only as permitted by law, including, state fraud reporting laws of as authorized by me.

I also authorize Unum to disclose My Information to the following persons (for the purpose of reporting claim status or experience, or so that the recipient may carry out health care operations, claims payment, administrative or audit functions related to any benefit, plan, or any employee benefit plan sponsored by my employer; any person providing services or insurance benefits to or on behalf of my employer, any such plan or claims; or any benefit offered by Unum; or, the Social Security Administration. Unum will not condition the payment of insurance benefits on whether I authorize the disclosures described in this paragraph. For the purposes of these disclosures by Unum, this authorization shall be valid for one year or for the length of time otherwise permitted by law.

Information authorized for use, disclosure may include information which may indicate the presence of a communicable or non-communicable disease.

If I do not sign this authorization or if I alter or revoke it, except as specified above, Unum may not be able to evaluate or administer my claim(s), which may lead to my claim(s) being denied. I may revoke this authorization at any time by sending written notice to the address above. I understand that revocation will not apply to any information that Unum requests or discloses prior to Unum receiving my revocation request.

Insured’s Signature ___________________________ Date Signed ___________________________

Printed Name ___________________________ Social Security Number ___________________________

I signed on behalf of the insured as ___________________________ (Relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.

CU-5617 (12/12)
Local Initiative Health Authority of the County of Los Angeles DBA L.A. Care Health Plan
Important Information About  
L.A. Care Health Plan’s Leave of Absence Policy  

(PLEASE READ)

This document is a supplement to L.A. Care’s Leave of Absence Policy (HR-112) and should be read in its entirely. L.A. Care’s Leave Program is administered by Unum LOA Administration (866) 779-1054.

EMPLOYEE’S RESPONSIBILITY WHEN REQUESTING A LEAVE OF ABSENCE:

- Provide the proper medical certification to Unum LOA Administration, where applicable;
- Request any extensions that are necessary in a timely manner, including the provision of any supporting medical certification that will be necessary to evaluate the request;
- Make arrangements for the continuation of benefit plan coverage.

If you fail to provide the above information, or you take or extend a Leave of Absence without notice or authority, or you fail to return to work on the first scheduled workday following the Leave of Absence, you shall be considered to have voluntarily resigned your position.

Unless otherwise required by law, when a Leave of Absence exceeds the maximum approved period of time, you shall be subject to termination, but may be considered for rehire or reinstatement.

EXHAUSTION OR INELIGIBILITY OF FMLA/CFRA:

If you have exhausted, or are ineligible for, the Family Medical Leave Act (FMLA) or California Family Rights Act (CFRA), you may be eligible for additional Medical Leave (non-FMLA) and/or Personal Leave under L.A. Care’s policies and procedures and/or as may be required by applicable law.

COMMUNICATION WITH YOUR MANAGER:

Barring medical limitations, you should be in direct communication with your manager during a Leave of Absence. This includes advisement of the need to take or extend a Leave of Absence, advisement of the period of time for which leave is needed, and confirmation of your return to work date at least two (2) working days in advance.
Please review the policy located on L.A. Care’s intranet site (http://insidelac): Our Organization / Policies & Procedures / Compliance 360 / Human Resources - Benefits / Administrative /HR-112 (Leave of Absence) for detailed information relative to the federal, state and other recognized leaves available under the policy which include:

- FMLA – Family Medical Leave Act
- FMLA – Military/Exigency
- USERRA – Military Leave
- CFRA – California Family Rights Act
- PDL – Pregnancy Disability
- Medical (non-occupational)
- Medical (occupational illness/injury)
- Time Off for School Visits
- Time Off to Appear in Court
- Personal – Requires the submission of a completed Leave of Absence Request (Form LOA.F1).

**Reinstatement** - Except for Family and Medical Leave Act (FMLA), pregnancy disability, and military leave, the granting of a Leave of Absence does not guarantee that your position will be held open during the duration of the leave; or that reinstatement to active employment will be immediately available when you are to return to work.

**Medical Recertification** - You will be required to provide initial and periodic medical re-certification while on leave of your serious health condition if you request an extension of your leave or as otherwise permitted by law.

**Periodic Reporting** – You will be required to provide Unum with periodic reports once every 30 days of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on your healthcare provider’s certification, you will be required to notify Unum at least two business days prior to the date you intend to report for work, if possible.

**Fitness for Duty** – If your leave is for your own health condition, you will be required to submit to Human Resources a fitness-for-duty certificate (or comparable documentation, noting return date and restrictions, if applicable) as a condition of being returned to employment. If such certification is not received, your return to work will be delayed until the certification is received. Should your healthcare provider return you to work with restrictions, you must notify your manager or Felicia Williams (x4049) in Human Resources at least two (2) working days prior to your return so that the requested accommodation(s) can be reviewed. You will be advised by your manager or Felicia Williams (x4049) if your request can be accommodated.
**Paid Time Off (PTO) Options** - All leaves, except pregnancy disability or mandated by State law, require the use of accrued PTO. Leaves relating to pregnancy disability do not require use of PTO; however, PTO may be used for any portion of pregnancy leave. PTO is coordinated with State Disability Insurance, Workers Compensation, and Short Term/Long Term disability benefits, as applicable. Accrual of PTO will cease once the employee stops receiving payment for PTO.

- Please contact Felicia Williams (x4049) in Human Resources to discuss PTO arrangements during your leave and questions regarding your accrued balance.

- Any paid time off used will be counted as part of your available leave time under the FMLA, other leaves mandated by State, as well as L.A. Care’s medical and personal leaves. In the event you have exhausted or will exhaust your accrued PTO, your entitlement to take unpaid FMLA will not be affected.

- For periods of unpa[id leave, your seniority date may be adjusted. This date is used to calculate your period of service and PTO accruals.

- Future merit and annual organizational incentive may be prorated for periods of unpaid leave. During your absence, you may not be eligible for hourly production incentives, if applicable.

**Intermittent Absence Reporting** - If an intermittent FMLA leave has been requested, you must notify your supervisor and Unum each time you need to take intermittent leave. Where practical, your notification to your supervisor and Unum should be within two (2) business days each time you need to take intermittent leave or your leave under the FMLA and/or State leave law, where applicable, may be delayed or denied.

**Continuation of Benefits** - During your FMLA or CFRA leave, L.A. Care will continue to pay its portion of your group health insurance premiums the first 12 weeks of leave. For all other leaves, please contact Felicia Williams (x4049). During paid leave through use of PTO, your share of the premiums will continue to be paid through payroll deductions.

Should any portion of your leave be uncompensated through payroll, you will need to make payment arrangements for your benefits. **Please contact Felicia Williams (x4049) for more information regarding payments for benefit continuation during your leave.**

- You have a 30-day grace period in which to make such premium payments. In the event that you do not pay your share of the insurance premiums on a timely basis, your insurance coverage for yourself and/or your dependents may be terminated for the remainder of your leave. If your employer pays any premiums missed by you during your leave, then you will be required to reimburse your employer for any delinquent premiums they paid on your behalf. If you do not return to work following your leave, you may be required to reimburse your employer for any premiums still outstanding or paid by the employer on your behalf.
LEAVE OF ABSENCE

- L.A. Care will continue employer-sponsored life insurance and Employee Assistance Program (EAP) coverage while you are on leave. You will be responsible for any voluntary benefits that you pay for, such as term life insurance, whole life insurance, accident insurance, critical illness coverage, as well 401(a) retirement loans through Prudential.

- You will not be eligible to receive holiday pay during your leave.

State Disability Insurance (SDI) - If applicable, for your own period of disability, you may apply for SDI benefits in collaboration with your provider's office and the State of California. There is a 7-day "waiting" period for which the State will not pay benefits.

Paid Family Leave (PFL) – If applicable, PFL benefits are available through the State of California for up to 6 weeks for you as you care for a new child or a qualifying family member.

Unum Short Term Disability (STD) - If applicable, you may apply for STD benefits through Unum. STD benefits work in coordination with SDI to get you to 60% of salary. There is a 13-day "waiting" period for which Unum will not pay.

Other Types of Leave – For information regarding other types of leave possibly available through your employer, please contact Unum’s Leave Management Line (866-779-1054).
Date: June 28, 2021

Committee: Executive

Chairperson: Hector De La Torre

Motion No. EXE B.0621

**Issue:** Approve revisions to Human Resources Policy & Procedure HR-114 (Paid-Time-Off) mainly relating to emergency PTO extension and new parent leave benefit.

- New Contract
- Amendment
- Sole Source
- RFP/RFQ was conducted

**Background:** L.A. Care Health Plan provides Paid Time Off (PTO) to eligible employees for their use for any reason they choose such as vacations, sick time, non-company holidays, and personal needs.

The revisions to the policy provide for the extension of an additional 80 hours of emergency COVID-19 related PTO to be used if necessary between April 1, 2021 until September 30, 2021 and provide for 80 hours of PTO for new parents to take bond with their new family additions.

**Member Impact:** None

**Budget Impact:** Minimal.

**Motion:** To approve the Human Resources Policy & Procedure HR-114 (Paid Time Off), as presented.
# PAID TIME OFF

**DEPARTMENT**  
HUMAN RESOURCES

Supersedes Policy Number(s)  
9115

## DATES

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<tr>
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<tr>
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## LINES OF BUSINESS

- [ ] Cal MediConnect  
- [ ] L.A. Care Covered  
- [ ] L.A. Care Covered Direct  
- [ ] MCLA  
- [ ] PASC-SEIU Plan  
- [x] Internal Operations  

## DELEGATED ENTITIES / EXTERNAL APPLICABILITY

- [ ] PP – Mandated  
- [ ] PP – Non-Mandated  
- [ ] PPGs/IPA  
- [ ] Hospitals  
- [ ] Specialty Health Plans  
- [ ] Directly Contracted Providers  
- [ ] Ancillaries  
- [ ] Other External Entities

## ACCOUNTABILITY MATRIX

|  
|  

## ATTACHMENTS

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## ELECTRONICALLY APPROVED BY THE FOLLOWING

<table>
<thead>
<tr>
<th>OFFICER</th>
<th>DIRECTOR</th>
</tr>
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<tbody>
<tr>
<td>NAME</td>
<td>Terry Brown</td>
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<tr>
<td>DEPARTMENT</td>
<td>Human Resources</td>
</tr>
<tr>
<td>TITLE</td>
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1 of 15
AUTHORITIES

- HR-501, “Executive Committee of the Board: HR Roles and Responsibilities”
- California Welfare & Institutions Code §14087.9605.

REFERENCES

HISTORY

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<tr>
<td>9/21/2017</td>
<td>Revision</td>
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<tr>
<td>3/23/2020</td>
<td>Revision, Friends Helping Friends (PTO donation) section updated; Emergency PTO for COVID-19 added</td>
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<tr>
<td>5/26/2020</td>
<td>Revisions, Section 4.1.5, 4.2.1, 4.4.5, Unforeseen Emergency PTO-Cash Out added</td>
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<tr>
<td>6/28/2021</td>
<td>Emergency PTO for COVID updated and Parental PTO added</td>
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DEFINITIONS

Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies:
http://insidelac/ourtoolsandresources/departmentpoliciesandprocedures
1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) provides Paid Time Off (PTO) benefits to eligible employees for vacations, illness and personal needs. PTO is also provided to employees for periodic rest and relaxation away from the job. Additional compensation is not provided in lieu of actual time off.

2.0 DEFINITIONS:

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

2.1 Family Member - biological, adopted, or foster child, stepchild, legal ward or a child to whom the employee stands in loco parentis; an employee’s biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child; spouse; registered domestic partner; grandparent; grandchild; and sibling as defined in California Labor Code §§245.5 and 246.5, or for any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship, pursuant to the City of Los Angeles Sick Leave Ordinance No. 184320, Municipal Code Chap. XVIII, Art. 7, Section 187.04.

2.2 Length of Service - calculated from the original hire date, adjusted for Leave of Absences (LOAs), reinstatement, or change of employment status.

2.3 Medical Emergency - a serious illness or other medical condition (e.g., heart attack, surgery, automobile accident injuries, cancer, or other life threatening disease) of the PTO Recipient or his or her Family Member that is likely to (a) require the PTO Recipient's absence from work for a prolonged period, and (b) result in a substantial loss of income to the PTO Recipient because he or she will have exhausted all accrued unused PTO. A Medical Emergency or the death of a Family Member will be considered likely to result in a PTO Recipient's absence from work for a prolonged period and a substantial loss of income only if the PTO Recipient is absent or expected to be absent from work without PTO for a period of at least one day for a full-time employee. This minimum required number of hours of absence will be prorated for a part-time employee.

2.4 PTO Benefits - benefit provided for employees to use for any reason they choose such as vacations, sick time, non-company holidays LOA as mandated by law or L.A. Care policy, doctor’s appointments, etc.

2.5 Unforeseeable Emergency - a severe financial hardship of the employee resulting from an illness or accident of the employee, the employee’s spouse, the employee’s dependent (as defined in Internal Revenue Code section 152, and, without regard to Internal Revenue Code sections 152(b)(1), (b)(2), and (d)(1)(B)), or other Family
Member of the employee; loss of the employee’s property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner’s insurance, such as a damage that is the result of a natural disaster); or other similar extraordinary and unforeseeable circumstances arising as a direct result of events beyond the control of the employee, such as a major disaster or state of emergency declared by the President under section 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a public health emergency declared by the Secretary of the U.S. Department of Health and Human Services under section 319 of the Public Health Service Act, a state of emergency declared by the Governor of the State of California under California Government Code section 8625, or a local emergency declared by the Mayor of the City of Los Angeles or by the Board of Supervisors of the County of Los Angeles. For example, the imminent foreclosure or eviction from the employee’s home may constitute an Unforeseeable Emergency. In addition, the need to pay for medical expenses, including non-refundable deductibles, as well as for the cost of prescription drug medication, may constitute an Unforeseeable Emergency. Finally, the need to pay for the funeral expenses of a spouse, dependent (as defined in Internal Revenue Code section 152, and, without regard to Internal Revenue Code sections 152(b)(1), (b)(2), and (d)(1)(B)) or other Family Member of the employee may also constitute an Unforeseeable Emergency. Neither the purchase of a home nor the payment of college tuition nor paying off credit card debt is an Unforeseeable Emergency.

3.0 POLICY:

3.1 All eligible employees, regularly scheduled to work at least 30 hours per week, are eligible to earn pro-rated PTO. The rate earned varies with the employee’s Length of Service, Fair Labor Standards Act (FLSA) status and hours worked during each pay period.

3.2 The PTO Benefit is designed to provide income for eligible employees while off work and may not be used to compensate for tardiness.

3.3 In the event of an emergency declared by the federal government of the United States, the State of California, the cities in or County of Los Angeles, L.A. Care will, in accordance with Section 4.4, provide up to 80 hours of emergency PTO in recognition of the effects of such declared emergency on the workforce and the community related to the novel coronavirus known as COVID-19, or as that term may change under the circumstances (“COVID-19”). This emergency PTO is intended to satisfy the applicable emergency paid sick leave requirements set forth in Division E of the Families First Coronavirus Response Act (P.L. 116-127) (“FFCRA”), and further extend certain applicable benefits as permitted under the American Recovery Plan Act through September 30, 2021. Accordingly, this emergency PTO is in lieu of, not in addition to, the FFCRA-required emergency paid sick leave during the applicable time periods. In offering the emergency PTO under this Subsection 3.3 and Section 4.4 below, L.A. Care finds that there is significant public purpose in providing this emergency PTO under the
circumstance as it will support federal, state and local efforts to mitigate the spread of COVID-19 within the community, abide by the applicable directives from federal, state or local authority(ies) in an effort to mitigate the impact of the spread of COVID-19 and related impact on the health care system, and help mitigate the financial impact on affected employees who are unable to work remotely.

3.4 **Parent Paid Leave:** As outlined in policy and procedure HR-112 – Leave of Absence, and subject to the requirements, conditions and parameters set forth in that policy, L.A. Care will provide two (2) weeks, maximum 80 PTO hours, of Paid Parental Leave under this section. The Paid Parental Leave under this section is coordinated with HR-112 and together shall not exceed 80 hours. Hours do not accrue and are available no more than once in any given calendar year and only once per adoption or birth event. Hours do not accrue.

4.0 **PROCEDURES:**

4.1 **Paid Time Off (PTO)**

4.1.1 The maximum number of PTO hours that eligible employees are able to maintain in their PTO bank is 520 hours. An employee who reached the maximum level of 520 hours will not earn additional PTO until enough PTO hours have been used to reduce the accumulated hours below the maximum level, at which time the accrual will begin again.

4.1.2 Employees are required to use their accrued PTO hours for any and all time off except for specific LOAs including bereavement leave, jury duty and witness subpoenas.

4.1.3 Pre-approved time off that is entered in L.A. Care’s timekeeping system (automated timekeeping system) will be deducted automatically from the employee’s PTO bank as soon as the time is taken. Time off that is not pre-approved and/or not entered in automated timekeeping system will be deducted on the next pay period after the time is noted in automated timekeeping system.

4.1.4 Employees may use PTO only up to the number of unused accrued hours in their PTO bank. Employees are not allowed to have a negative balance in their PTO bank.

4.1.5 PTO begins to accrue with the first pay period following employment. PTO continues to accrue every pay period in which the employee remains eligible.
4.1.6 PTO is considered to be vested when earned and must be used when the employee is off work, except as it relates to certain LOAs including bereavement leave, jury duty and witness subpoenas. Employees must obtain prior approval from their supervisor with as much advance notice as possible. PTO approval is not automatic and will be scheduled according to the staffing needs of L.A. Care and workload of individual departments.

4.1.7 Unless otherwise specified, an increase in PTO accrual will be in effect the pay period in which the Length of Service of an exempt or non-exempt employee reaches the 49th month (four years and one month). The second increase in PTO accrual for a non-exempt employee will be in effect the pay period in which the Length of Service of the employee reaches the 109th month (nine years and one month).

4.1.8 PTO will be integrated with State Disability Insurance (SDI), Workers Compensation (WC), Paid Family Leave (PFL), or Short Term Disability (STD) benefits when eligible. This means L.A. Care will pay from PTO Benefits to complete the employee’s lost wages for the period covered. Employees will accrue PTO based on the hours paid while off work until they have used all accrued PTO and enter a non-paid employee status.

4.1.9 PTO is paid at the employee’s base rate in effect at the time the PTO hours are used.

4.1.10 An employee who transfers from a PTO eligible status to a non-eligible status will be paid at the time of transfer for all hours of accrued unused PTO at the rate of pay in effect before the transfer.

4.1.11 All requests (exempt and non-exempt employees) for PTO must be done through the automated time record system and forwarded to their immediate supervisor for approval. The immediate supervisor then determines if the time will be approved or not.

4.1.12 Employees must inform their supervisor in a timely manner if they did not use their previously approved PTO. Employees must complete a Time Exception Report for adjustments after the time card has been approved and locked in the automated time record system.

4.1.13 All accrued unused PTO hours at the time of separation from employment are paid at the rate of pay in effect on the date of separation.

4.1.14 Employees may earn PTO according to the following schedule:

<table>
<thead>
<tr>
<th>FLSA Status</th>
<th>Length of Service</th>
<th>PTO Accrual Pay Period (PP)</th>
<th>PTO Per Year</th>
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<tr>
<td></td>
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6 of 15
<table>
<thead>
<tr>
<th>Non-Exempt (Hourly)</th>
<th>Exempt (Salaried)</th>
<th>Senior Directors and Above</th>
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<tr>
<td>0 through 48 months</td>
<td>0 through 48 months</td>
<td>0 months and over</td>
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<tr>
<td>up to 5.23 hours</td>
<td>up to 6.78 hours</td>
<td>up to 8.31 hours</td>
</tr>
<tr>
<td>up to 17 days</td>
<td>up to 22 days</td>
<td>up to 27 days</td>
</tr>
<tr>
<td>49 months through 108 months</td>
<td>49 months and over</td>
<td></td>
</tr>
<tr>
<td>up to 6.78 hours</td>
<td>up to 8.31 hours</td>
<td></td>
</tr>
<tr>
<td>up to 22 days</td>
<td>up to 27 days</td>
<td></td>
</tr>
<tr>
<td>109 months and over</td>
<td>up to 8.31 hours</td>
<td></td>
</tr>
<tr>
<td>up to 27 days</td>
<td>up to 27 days</td>
<td></td>
</tr>
</tbody>
</table>

### 4.2 PTO Cash-Out

#### 4.2.1 Except as provided in Section 4.2.2, requests for PTO cash-out must be made in December for payout the following calendar year in December in accordance with this Section 4.2.1.

1. **4.2.1.1** The employee must have a minimum of 80 PTO hours at the time the request is made.
   - **4.2.1.1.1** PTO cash-out request must be made in increments of eight hours.
2. **4.2.1.2** The requested PTO cash-out hours cannot exceed the amount of PTO earned during the payout year.
3. **4.2.1.3** Requests can only be made once per year.
4. **4.2.1.4** Cash-out elections will be processed, less mandated taxes and withholdings, the last pay date of December.
5. **4.2.1.5** Cash-out elections must be irrevocable and made only with respect to PTO that has not yet been earned and that will be earned during the calendar year in which the PTO is cashed out, and the employee can neither increase nor decrease the elected number of PTO hours for which payment will be made.
6. **4.2.1.6** Any PTO taken by the employee will be subtracted first from any unused PTO carried over from the calendar year in which the election is made, and second from any PTO hours earned in the year that was not cashed out.
7. **4.2.1.7** If the employee terminates employment before December of the calendar year in which the PTO is cashed out, no cash payment will be made under this section. Instead, the rules for payment of accrued and unused PTO upon separation of employment will apply.
4.2.2 In the event of an Unforeseeable Emergency that cannot be satisfied from other resources, an employee may apply to the Human Resources Department for a PTO cash-out in accordance with the rules in this Section 4.2.2.

4.2.2.1 The net payment resulting from any PTO cash-out granted in accordance with this Section 4.2.2 will be limited to the amount that is reasonably necessary to satisfy the emergency need, including any amounts that may be necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated as a result of the cash-out.

4.2.2.2 No PTO cash-out will be paid under this Section 4.2.2 to the extent that such an emergency is or may be relieved through reimbursement or compensation from insurance or otherwise, by liquidation of the employee’s assets, to the extent liquidation of such assets would not itself cause severe financial hardship.

4.2.2.3 To obtain a PTO cash-out under this Section 4.2.2, an employee must submit to the Human Resources Department a written, certified statement on the Unforeseeable Emergency PTO Cash-Out Request Form provided by L.A. Care and available supporting documentation to demonstrate the financial need, the amount of the financial need, and that the financial need was due to extraordinary and unforeseeable circumstances arising as a direct result of events beyond the employee's control and cannot be satisfied from other available resources. The form, including the certified statement and all supporting documentation, must be approved by the Human Resources Department before any PTO cash-out will be paid under this Section 4.2.2.

4.2.2.4 The Chief Human Resources Officer (CHRO) or designee will, in his or her sole discretion, determine based on the recommendation of the designated staff member of the Human Resources Department whether an unforeseeable emergency exists and the extent of the financial need, and approve or deny the request for unforeseeable emergency PTO cash-out based on that determination. The Human Resources Department will notify the employee in writing of the CHRO's determination as soon as administratively practical, but in no event more than 30 days, after its receipt of the completed request form. If approved, the PTO cash-out will be paid as soon as administratively practical following approval.

4.2.2.5 The PTO cash-out cannot exceed the amount of the employee's accrued PTO, and an employee must have a minimum of at least
80 hours of accrued PTO remaining in the employee’s PTO bank after the requested PTO cash-out.

4.2.2.6 All PTO cash-outs will be subject to income and FICA taxes, and all required tax withholdings will be applied to the cash-out.

4.3 Friends Helping Friends – PTO-Sharing Program

4.3.1 The Friends Helping Friends – Under the rules set forth in this section, this PTO-Sharing Program permits an employee (PTO Contributor) to transfer accrued PTO hours from employee’s PTO bank directly to the PTO bank of another employee (PTO Recipient) who experiences a Medical Emergency or the death of a Family Member that will likely require a prolonged absence from work, including intermittent absences that are related to the same Medical Emergency, and who will suffer a substantial loss of income because employee will, apart from this PTO-Sharing Program, have exhausted all of the PTO hours available in employee’s accrued unused PTO bank.

4.3.1.1 An employee who wishes to become a PTO Recipient or employee’s personal representative must submit the Friends Helping Friends Sharing of PTO application form provided by L.A. Care to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for consideration. The completed application form must include: (1) the potential PTO Recipient's name and position title; (2) the number of additional PTO hours employee reasonably needs to deal with the Medical Emergency or death of a Family Member; (3) the reasons the transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the Medical Emergency; (4) a written statement from a health care provider or government agency certifying the nature, severity and anticipated duration of the Medical Emergency; and (5) any other documentation or information about the Medical Emergency or death that Human Resources may require.

4.3.1.1.1 All employees are prohibited from soliciting donated hours on their own behalf. If staff is found to have solicited PTO hours, the donated hours from solicited staff may be revoked.

4.3.1.1.2 Human Resources will determine, at its sole discretion, the amount of PTO (if any) that may be transferred to any applicant to be a PTO Recipient. Such determination will be made on the basis of the
applicant’s need. A PTO contributor may donate a maximum of 40 PTO hours in a rolling calendar year.

4.3.1.3 The contributor must have a minimum of 80 PTO hours at the time of donation.

4.3.1.2 Human Resources will notify the PTO Recipient in writing of its decision regarding the application as soon as practical, but in no event more than 30 days after its receipt of the application. If the application is disapproved, in whole or in part, Human Resources will include the reason for its disapproval in the notice.

4.3.1.3 After the PTO Recipient's application has been approved and the PTO Recipient has exhausted all of the PTO hours in his or her accrued unused PTO bank, the PTO Recipient is eligible to receive transfers of PTO hours not to exceed the number of PTO hours requested (to be paid at his or her normal rate of compensation) from the PTO Contributor(s).

4.3.1.3.1 PTO hours transferred from the PTO Contributor will be credited to the PTO Recipient's PTO bank for use in accordance with this PTO-Sharing Program.

4.3.1.3.2 No PTO will be transferred to the PTO Recipient's PTO bank if the applicant to be a PTO Recipient cannot accumulate or receive additional leave under L.A. Care's existing policies, programs or plans.

4.3.1.4 An employee who wishes to become a PTO Contributor by transferring PTO hours from employee’s PTO bank directly to the PTO bank of the PTO Recipient must submit a completed Friends Helping Friends Sharing of PTO form provided by L.A. Care to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for consideration. PTO-Sharing is subject to the following rules:

4.3.1.4.1 PTO-Sharing will be strictly voluntary; the identity of the PTO Contributors will be held in absolute confidence unless they want their identity revealed.

4.3.1.4.2 PTO hours transferred by the PTO Contributor will be subtracted from the PTO Contributor’s PTO bank hour for hour.
4.3.1.4.3 The PTO transfer request is irrevocable by the PTO Contributor. The contributor agrees that contributor will not be entitled to use the PTO that contributor requests to transfer on the completed Friends Helping Friends Sharing of PTO form submitted to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for any purpose, including but not limited to PTO and PTO cash-out.

4.3.1.4.4 Human Resources has the sole discretion to determine to accept or reject any PTO transfer request.

4.3.1.4.5 No leave will be transferred to the PTO Recipient's PTO bank unless and until Human Resources makes a reasonable determination that the PTO Recipient will need the PTO for the Medical Emergency or death of a Family Member.

4.3.1.4.6 Transfers of PTO to the PTO Recipient's PTO bank will be made on a first-in, first-out basis.

4.3.1.4.7 If the PTO Contributor terminates employment with L.A. Care before all PTO that contributor requested be transferred in accordance with the PTO transfer request form has been transferred to the PTO Recipient's PTO bank, L.A. Care will treat the PTO that has not yet been transferred as credited to the PTO Contributor’s PTO bank. That PTO will be cashed out on the PTO Contributor’s termination with L.A. Care in accordance with governing law.

4.3.1.5 The PTO Recipient may use the additional PTO only for the absence related to the Medical Emergency or Family Member's death for which the PTO Recipient was approved.

4.3.1.5.1 The PTO Recipient may not transfer PTO received to another PTO Recipient.

4.3.1.5.2 The PTO Recipient may not cash out any PTO hours transferred from the PTO Contributor’s PTO bank to the PTO Recipient's PTO bank under the PTO-Sharing Program.
4.3.1.5.3 A PTO Recipient’s use of any PTO transferred under this PTO-Sharing Program is subject to all existing L.A. Care policies and procedures relating to the use of any other PTO, including prior approval before this PTO may be used.

4.3.1.5.4 Any PTO transferred under this PTO-Sharing Program and credited to the PTO Recipient's PTO bank is not vested and is conditioned on the use of the PTO transferred in accordance with the terms and conditions of this PTO-Sharing Program and as otherwise may be specified by L.A. Care at any time and from time to time to achieve the purposes of this PTO-Sharing Program.

4.3.1.5.5 If for any reason the PTO Recipient does not use PTO transferred to his or her PTO bank under this PTO-Sharing Program to deal with a Medical Emergency or death of a Family Member in accordance with this PTO-Sharing Program, then any PTO transferred to employee’s PTO bank under this PTO-Sharing Program will be removed from employee’s PTO bank and returned to the PTO Contributor’s PTO Bank if the PTO Contributor is still employed by L.A. Care.

4.3.1.5.6 If the PTO Recipient terminates employment with L.A. Care before using all PTO transferred under this PTO-Sharing Program, the unused PTO will be removed from the PTO Recipient's PTO bank and returned to the PTO Contributor's PTO Bank if the PTO Contributor is still employed by L.A. Care. In that case, the PTO Recipient will not be paid the cash value of the PTO on termination.

4.3.1.6 L.A. Care will administer the PTO-Sharing Program in a uniform and nondiscriminatory manner. L.A. Care has the sole and absolute discretion to administer and interpret the PTO-Sharing Program as necessary or appropriate to carry out its purposes. Accordingly, all determinations made by L.A. Care with respect to the PTO-Sharing Program will be given the maximum deference allowed by law.

4.3.1.7 L.A. Care reserves the right to amend or terminate this PTO-Sharing Program at any time and for any reason. If L.A. Care terminates the PTO-Sharing Program, any PTO hours that have
not been transferred from any PTO Contributor's PTO bank to any PTO Recipient's PTO bank at termination will not be transferred and will remain in the PTO Contributor's PTO bank.

4.3.1.8 Whether or not the PTO-Sharing Program is terminated, L.A. Care reserves the right to cease transferring PTO hours to any PTO Recipient at any time and for any reason. In that case, all PTO hours that have not yet been transferred will not be transferred.

4.3.1.9 In accordance with IRS Revenue Ruling 90-29, L.A. Care will treat the income attributable solely to the PTO hours transferred from the PTO Contributor's PTO bank to the PTO Recipient's PTO bank under the PTO-Sharing Program, as described herein, as wages of the PTO Recipient, not the PTO Contributor, for purposes of withholding and reporting federal and state income and employment taxes (e.g., Social Security and Medicare taxes under the Federal Insurance Contributions Act). However, L.A. Care does not guarantee or warrant to any individual that the intended tax consequences of the PTO-Sharing Program will prevail or be accepted by the Internal Revenue Service or by any court.

4.4 Emergency PTO For COVID-19

4.4.1 Notwithstanding the above, L.A. Care shall provide up to 80 hours of emergency PTO in recognition of the effects of COVID-19 on the workforce and the community in accordance with this section. This emergency PTO is to be used in conjunction with, and offset by, any other applicable federal and/or state approved benefits to the extent permitted by law. In addition, this emergency PTO is intended to satisfy the emergency paid sick leave requirements set forth in Division E of the FFCRA and, therefore, is in lieu of, not in addition to, the FFCRA-required emergency paid sick leave. If an employee exhausted their allotment of 80 hours of PTO prior to April 1, 2021, an additional 80 hours of PTO will be made available through September 30, 2021.

4.4.2 This emergency PTO is available for use immediately by each L.A. Care employee, regardless of how long the employee has been employed or how many hours a week the employee has worked.

4.4.3 Each employee may use this emergency PTO first, before the employee uses other accrued PTO or, if applicable, sick time pursuant to HR-125 Sick Leave for Per Diem, Part-Time, and Non-Regular Employees policy.
4.4.4 The emergency PTO is available during the duration of the emergency declared by the federal government of the United States, the State of California, cities in or County of Los Angeles, whichever ends later; provided, however, that the emergency PTO is available during a period that begins no later than April 1, 2020, and ends no earlier than December 31, 2020.

4.4.5 Any unused emergency PTO will expire and will not carry over from one year to the next and will not to be paid out at the end of an employee’s employment, to the extent permitted by applicable laws. This emergency PTO is not eligible for PTO cash-out or PTO Sharing Program pursuant to sections 4.2 and 4.3 above.

4.4.6 L.A. Care shall provide up to 80 hours of emergency PTO to each employee to the extent the employee is unable to work (or telework) due to a need for leave because:

4.4.6.1 The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.

4.4.6.2 The employee has been advised by a healthcare provider to self-quarantine due to concerns relating to COVID-19.

4.4.6.3 The employee is experiencing the symptoms of COVID-19 and seeking a medical diagnosis.

4.4.6.4 The employee is caring for a Family Member who is:

4.4.6.5 Advised by a healthcare provider to self-quarantine due to concerns related to COVID-19; or

4.4.6.5.2 Subject to a federal, state, or local quarantine or isolation order related to COVID-19.

4.4.6.6 The employee is caring for the employee's child if the child’s school or place of care has been closed or the child’s childcare provider is unavailable due to COVID-19 precautions.

4.4.6.7 The employee is experiencing any other substantially similar condition specified by the Department of Health and Human Services in consultation with the IRS and the Department of Labor, or other COVID-19-driven circumstance approved by the Chief of Human Resources Officer or Chief Medical Officer.

4.4.7 An employee who qualifies for emergency PTO as described in this section must submit a request for emergency PTO in the prescribed manner to the
Leave of Absence Department in Human Resources or designee, which request must be approved before emergency PTO will be granted.

4.4.8 L.A. Care shall calculate the emergency PTO based on the number of hours the employee would otherwise normally be scheduled to work and a rate of pay that is no less than the employee’s regular rate of pay (as determined under section 7(e) of the Fair Labor Standards Act of 1938 (29 U.S.C. 207(e)) ("FLSA")), the minimum wage rate in effect under section 6(a)(1) of the FLSA, or the minimum wage rate in effect for the employee in the applicable state or locality, whichever is greater.

5.0 MONITORING:

5.1 Human Resources will conduct annual review of the PTO policy to ensure compliance.

6.0 REPORTING:

6.1 Any suspected violations to this policy should be reported to your Human Resources Business Partner.

7.0 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice.
Board of Governors
MOTION SUMMARY

Date: June 28, 2021
Motion No. EXE C.0621
Committee: Executive
Chairperson: Hector De La Torre

Issue: Approve revisions to Human Resources Policy & Procedure HR-220 (Telecommuting).

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

Background: L.A. Care Health Plan (L.A. Care) recognizes that remote work is an appropriate business tool to address employee satisfaction, commitment, productivity and the ability to attract and retain talent.

Our current experience with remote work due to the COVID-19 public health emergency has allowed us to understand some benefits of this model of employment. The recent experience has identified the need to increase flexibility within HR-220 Telecommuting. As such, staff is proposing concepts to address flexibility within to HR-220 Telecommuting policy for employees whose job duties are conducive to working from home.

Below is a summary of concepts for revisions we are proposing for Human Resources Policy & Procedure HR-220 Telecommuting:

- Policy addresses L.A. Care’s position on both in-state and out-of-state telecommuting and related processes with an emphasis on employees remaining within commuting distance of L.A. Care to attend staff meetings, for IT support and to obtain necessary supplies. A process for approval for employees wishing to work from out of California will be included. International Telecommuting will not be allowed.
- Employees continue to be responsible for all tax and other legal implications such as the business use of their home.
- Standards for Exempt and Non-Exempt Employees work availability and wage and hour compliance are defined.
- Standards to address the use of L.A. Care’s equipment, privacy, security, HIPAA and compliance with applicable standards will be addressed in the Policy or implementing documents.
- Standards set for telecommuting and its terms and conditions.
- Employee’s at will status of employment does not change.

Member Impact: None
Budget Impact: None

Motion: Approve Human Resources Policy & Procedure HR-220 (Telecommuting) as presented.
**TELECOMMUTING**

**DEPARTMENT**  HUMAN RESOURCES

Supersedes Policy Number(s)

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**DATES**

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<th>Effective Date</th>
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Legal Review Date
Committee Review Date

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**LINES OF BUSINESS**

- Cal MediConnect
- L.A. Care Covered
- L.A. Care Covered Direct
- MCLA
- PASC-SEIU Plan
- Internal Operations

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**DELEGATED ENTITIES / EXTERNAL APPLICABILITY**

- PP – Mandated
- PP – Non-Mandated
- PPGs/IPA
- Hospitals
- Specialty Health Plans
- Directly Contracted Providers
- Ancillaries
- Other External Entities

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**ACCOUNTABILITY MATRIX**

Enter department here
Enter policy §§ here

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**ATTACHMENTS**

- Enter all attachments here (e.g., desktop procedures/job aids, templates, reports, letters)

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**ELECTRONICALLY APPROVED BY THE FOLLOWING**

<table>
<thead>
<tr>
<th>OFFICER</th>
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<tr>
<td><strong>NAME</strong></td>
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<td>Terry Brown</td>
<td>Jyl Russell</td>
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<td>Senior Director, Business Support Services and Organizational Effectiveness</td>
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1.0 OVERVIEW:

1.1 The purpose of this policy is to ensure a safe and effective implementation of a telecommuting employment arrangement in an effort to increase employee engagement, recruitment and retention of a skilled workforce while improving operational and organizational efficiencies, consistent with applicable laws. L.A. Care Health Plan (L.A. Care) recognizes that flexibility may be at times an appropriate business tool to address employee satisfaction, commitment, productivity and the ability to attract and retain talent so long as Telecommuting for a particular employee and position also meets L.A. Care’s business needs. It is important to note that not every job, or every employee, is suited for Telecommuting. Telecommuting is a privilege that can be terminated by L.A. Care at any time with or without prior notice to the Telecommuting employee.

1.1 L.A. Care considers telecommuting to be a viable alternative work arrangement in cases where individual, job and supervisor characteristics are best suited to such an arrangement. Telecommuting is an officer and/or Chief of Human and Community
Resources approved work alternative that may be appropriate for some employees and some jobs.

2.0 DEFINITIONS: Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

2.1 Ad Hoc Telecommuting - Ad Hoc Telecommuting refers to an ad-hoc arrangement that allows eligible employees to Telecommute on a case-by-case basis, based on L.A. Care’s business needs and approval the immediate supervisor. Case-by-case basis is defined as infrequent, not regularly scheduled and for brief periods (often for a day or part of a day); with no specific or implied expectation from an employee that he or she will be allowed to Telecommute. This is not counted as a Telecommuting position; however, all employees who work out of their home or approved Telecommuting Workspace on a case by case basis must abide by the same requirements as employees who regularly Telecommute, including, but not limited to, the applicable conditions set forth in this policy concerning terms of employment, work schedule and accessibility, dependent care, liability, compliance, use of personal computer from the remote work location, use of electronic mail with PHI, establishing a remote work location, security of L.A. Care assets, etc.

2.2 Confidential Information – Information covered by Policy HR-208 Confidentiality

2.3 Manager – A member of the L.A. Care management team to which an employee reports that retains the title of Manager or above.

2.4 Reasonable Commuting Distance – The employee should live in California within an area that will allow the employee to attend a meeting for a day or more at L.A. Care offices with 24 hours’ notice and without L.A. Care incurring any transportation/commuting or lodging expense.

2.5 Regular Telecommuting – Regular Telecommuting refers to an arrangement pre-approved in writing by management where the employee’s regular mode of work is via Telecommuting on a consistent basis or on a pre-approved schedule that includes a combination of Telecommuting and in-office work location may be referred to as a hybrid work environment.

2.6 Telecommuting or Telecommute – The performance of work outside of L.A. Care’s office or workplace location using telecommuting technology to replace the physical journey to the employee’s assigned L.A. Care office or workplace that is agreed upon and pre-approved in writing by the management of L.A. Care and the employee.

2.7 Telecommuting Workspace – Designated space within the employee’s home, or an approved alternative must be identified as the “Telecommuting Workspace” and meet the minimum space, security, and safety requirements noted within this policy.
2.8 **Telecommuter** – An employee that has been approved and meets all of the requirements for Regular Telecommuting, Ad Hoc Telecommuting, or Temporary Telecommuting.

2.9 **Temporary Telecommuting** – Temporary Telecommuting refers to Telecommuting on an emergency basis that is the result of Public Health Emergencies, natural disasters, civil unrest or other similar unexpected National, State or local emergencies. L.A. Care will determine during an emergency the employees and positions that may Telecommute on temporary basis.

2.1 **N/A**

3.0 **POLICY:**

3.1 No other types of Telecommuting arrangements are allowed other than those defined in this policy. This policy applies to both in-state, and only when approved consistent with this policy, out-of-state Telecommuters.

3.2 The Telecommuter, their Manager, and respective Chief level executive must review and acknowledge the attestation associated with L.A. Care’s Telecommuting Policy, HR-220. A review of Telecommuting rules, standards, expectations and best practices are strongly recommended prior to initiation and reviewed with the employee and their immediate supervisor.

3.3 Telecommuters are expected to work from a Telecommuting Workplace located within a Reasonable Commuting Distance of one of L.A. Care’s on-site facilities. In the unusual circumstance where out-of-state Telecommuting is allowed the support of the employee’s Manager and the approval of the Chief Executive Officer and Chief Human Resource Officer or their respective designees is required. International Telecommuting (i.e., from outside of United States of America) is not allowed. No exceptions will be made to the International Telecommuting aspect of this policy. The occasional access of email from International locations while on PTO is not considered International Telecommuting.

3.4 A Telecommuter must forgo Telecommuting when their physical presence is required in the office on a regularly scheduled Telecommuting work day. For non-exempt employees, a Telecommuters travel time to the L.A. Care location where the employee is assigned will not normally be compensable time, unless the employee is required to travel by L.A. Care during their regularly scheduled work day or if otherwise required by law.

3.5 Telecommuting may be considered a form of reasonable accommodation and may include separate work arrangements under applicable law and/or L.A. Care’s policies. If Telecommuting is considered a reasonable accommodation, a medical certification is required and must be approved by the Leave of Absence Partner. See Leave of Absence Policy (HR-112).
3.6 Telecommuting is not a substitute for child care or family care. An employee must arrange dependent care to permit concentration on performing work duties and responsibilities to the same extent as if they were performing in-office based work. Flexibility to this provision may be provided during periods of Public Health Emergencies, natural disasters, civil unrest or other similar unexpected National, State or local emergencies. An employee’s Manager will work with the employee should this flexibility be necessary.

3.7 The positions and employees receiving Telecommuting approval are based on and documented in an analysis by management of the suitability of such an arrangement, paying particular attention to:

3.7.1.1 Job responsibilities – The Manager with input from the employee’s supervisor, if different then the Manager, must determine if the job is appropriate for Telecommuting. Jobs best suited to Telecommuting require independent work, require little face-to-face interaction and result in a specific, measurable work product;

3.7.1.2 A Manager may allow part of their organization to Telecommute and restrict other parts of their organization from Telecommuting. These decisions must be based on business needs and can be based on an individual’s performance, attendance or behavior. If there are concerns with a Manager’s decision, the Human Resource Business Partner (HRBP) can be called in for a review.

3.7.1.3 Management characteristics and guidance – Managers and supervisors who work most effectively with Telecommuters are those who trust the Telecommuters, who can manage based on results and output rather than by the time spent on the work, and those who can effectively plan and organize the work to facilitate results. While this list is not exhaustive, it represents elements that are typically required for successful Telecommuting.

3.7.1.4 Employee characteristics and guidance – Employees who work most effectively as a Telecommuter are those employees who are employees in good standing, have good performance reviews, and who can work independently. While this list is not exhaustive, it represents elements that are typically required for successful Telecommuting.

3.8 Telecommuting is neither an entitlement nor an organization-wide benefit and in no way changes the terms and conditions of at-will employment with L.A. Care. Employment with L.A. Care is at-will, meaning that either L.A. Care or the
employee can terminate the employment relationship at-will, at any time, either with or without cause or advance notice.

3.9 Telecommuting within a Reasonable Commuting Distance does not alter the terms and conditions of employment, including, but not limited to, employee salary, benefit, total numbers of hours expected to work and at-will employment status.

3.10 Telecommuting from outside of a Reasonable Commuting Distance from the office is permitted only when approved by the Chief Executive Officer in consultation with the Chief Human Resource Officer or respective designees and may impact terms of the employment relationship including but not limited to employee salary and benefits. However, it will not impact the conditions of the at-will employment status.

3.11 L.A. Care policies, procedures, and expectations remain in effect and consistent with other in-office based employees with the same duties. Telecommuters are expected to adhere to all applicable laws and regulations, L.A. Care policies and procedures, Handbook, Standards of Conduct, Code of Conduct, including without limitation those relating to security and confidentiality, L.A. Care digital assets (i.e. Computer, IPads, cell phones, modems, routers, etc.), its data and information and any other HIPAA protected information handled in the course of performing work. Failure to comply or follow any of the afore mentioned rules, may result in appropriate disciplinary action, as determined by L.A. Care, up to and including immediate termination of Telecommuting or immediate termination of employment.

3.12 Telecommuters are expected to complete all job specific, compliance, safety and any other training required by L.A. Care prior to and while Telecommuting.

3.13 Tax and other legal implications such as the business use of the Telecommuter’s home may have implications based on IRS and other government restrictions. The responsibility for fulfilling all obligations in this area rests solely with the Telecommuter.

3.14 The Telecommuter must obtain supervisory approval before taking time off in accordance with established Paid Time Off (PTO) (HR-114) and Leave of Absence (LOA) (HR-112) policies. If the Telecommuter is ill and unable to work during the agreed upon scheduled hours at the Telecommuting Workspace, they are required to report such absence(s) when they are unable to work in accordance with L.A. Care’s Attendance and Punctuality policy (HR-203).

3.15 In the case of a power or internet outage, Telecommuting Workspace construction, and any issues not caused by L.A. Care, employees must notify their immediate supervisor and determine work alternatives, including but not limited to coming on-site to fulfill their employment duties or take PTO as necessary to resolve their personal barriers to complete all employment duties. Information Technology (IT) issues that are not resolved remotely may require the employee to come on-site, if determined as necessary by IT.
3.16 All Telecommuters will comply with the Auto Allowance, Mileage Reimbursement, and Vehicle Damage Reimbursement policy (HR-101).

3.17 Changes in an employee’s job description, position, promotion, demotion, and/or work location may affect an employee’s Telecommuter status and must therefore be reported to a Human Resources Business Partner (HRBP) immediately.

3.18 Non-Exempt Employees:

3.18.1 Must be paid for any time worked under applicable law or L.A. Care policies. All overtime must be preapproved by management in accordance with L.A. Care policies and any applicable local, state and federal regulations and laws. A Telecommuter who fails to obtain advanced approval to work overtime may be subject to disciplinary action up to and including termination;

3.18.2 Will be required to adhere to Meal Breaks and Rest Periods (HR-210) and Recording of Time (HR-216) policies;

3.18.3 Must perform their duties during regular business hours from 8AM to 5PM Pacific Standard/Daylight Time (PST/PDT) Monday through Friday unless another schedule is agreed upon per policy, Work Schedules (HR-222) with the Telecommuter’s Manager.

3.19 Exempt Employees:

3.19.1 Must honor regular business hours from 8AM to 5PM PST/PDT Monday through Friday; unless another schedule is agreed upon per policy, Work Schedules (HR-222) with the Telecommuter’s Manager. Regular business hours refer to the time period during the workday when the majority of L.A. Care staff is present and available to conduct the work of the organization and provide service to both internal and external customers;

3.19.2 Must be accessible to their on-site counterparts during L.A. Care’s regular business hours;

3.19.3 May be required to be on duty/on call and must be available by phone and/or email at all times;

3.20 Electronic Equipment, Safety and HIPAA Compliance:

3.20.1 L.A. Care IT Help Desk will determine the appropriate equipment needs (hardware, software, modems, phones and data lines) for the Telecommuter. L.A. Care IT Help Desk staff provides guidance in these determinations. Company provided equipment at home is not an entitlement of telecommuting; depending on the job requirements needs for Telecommuters will vary. The Senior Director, Human Resource Business
Support Services and Organizational Effectiveness will inform IT of all approved Telecommuting positions.

3.20.2 An Internet Router must be located at the same location where Telecommuting will take place and minimum internet speed must be of twenty megabytes down and ten megabytes up or above. The Telecommuter is responsible in ensuring requirements are met.

3.20.3 L.A. Care accepts no responsibility for any damages or repairs to Telecommuter-owned equipment. The Telecommuter must acknowledge all L.A. Care property provided and agree to take appropriate action to protect the items from damage or theft. Telecommuters required to immediately report theft by calling ext. 4444. IT Service Desk is available 24/7.

3.20.4 L.A. Care will supply the Telecommuter with appropriate hardware, software, and IT accesses.

3.20.5 Telecommuters agree that use of L.A. Care equipment, software, data and supplies provided by L.A. Care will primarily be used at the Telecommuting Workspace or an L.A. Care facility and use is strictly limited to the authorized employee and for work-related purposes. The use is subject to all applicable L.A. Care policies and procedures. The Telecommuter must ensure that all equipment is protected against damage, theft and unauthorized use.

3.20.6 The same information security policies and procedures governing the treatment of Protected Health Information (PHI) at the in-office based work location shall apply to the Telecommuting Workspaces. Telecommuters are to ensure that all printing is done at a secured printer in an effort to protect all confidential information including PHI; in some cases, that may mean required printing is to be completed at an L.A. Care facility. If the Telecommuter believes printing is required for their job function, a business case must be submitted to and approved by a Director or above, and a printer request form submitted to and approved by the Chief Information Technology Officer and Chief Compliance Officer or respective designeees.

3.20.7 Equipment supplied by the organization is maintained and audited by L.A. Care’s IT Service Desk.

3.20.8 Telecommuters must assure the protection of any Confidential Information accessible from their respective Telecommuting locations. Such steps for ensuring that the information is safeguarded include but are not limited to: use of locked file cabinets, locked desks, password maintenance, prevention of the inadvertent voice/video recordings and any other steps appropriate
for the job and the environment. Failure to do so subject to discipline up to and including immediate termination as per Confidentiality policy HR-208.

3.20.9 Telecommuters are responsible for ensuring the safety of their Telecommuting Workspace. L.A. Care is not liable for any incidents or accidents that occur outside of normal job related activities or hours.

3.20.10 Telecommuters are required to report any security breaches and compliance issues to L.A. Care’s IT Services Desk and Privacy Officer (PrivacyOfficer@lacare.org) immediately upon discovery to ensure we meet regulatory reporting requirements.

3.20.11 L.A. Care is not responsible for any costs related to set-up or workspace remodeling or the purchase of any furniture for the Telecommuter’s workspace.

3.20.12 Space within the employee’s home, or other location approved by L.A. Care, must be identified as the “Telecommuting Workspace” and meet the minimum space, security, and safety requirements. Photographs of designated Telecommuting Workspace are required during initial Telecommuting process. Telecommuters will be asked to provide L.A. Care with updated pictures upon request.

3.20.13 The Telecommuting Workspace must allow for unobstructed and uninterrupted work with limited distractions from pets, family, children and visitors, etc. The Telecommuter is prohibited from hosting in person business meetings at the Telecommuting Workspace. Any in person business meeting should be held at an L.A. Care on-site work location.

3.20.14 L.A. Care is not responsible for any injuries to family members, visitors, and others in the Telecommuting Workspace.

3.20.15 L.A. Care is not responsible for any loss or damages to:

3.20.15.1 The Telecommuter’s property;

3.20.15.2 Personal property owned by the Telecommuter or any of the Telecommuter’s family members; or

3.20.15.3 Property of others in the custody of the Telecommuter.

3.21 Security and Risk Management:

3.21.1 L.A. Care is required to ensure the Confidentiality, Integrity, and Availability of all protected health information (PHI) created, received, maintained, or transmitted. L.A. Care provides Remote Access Services to its Workforce members so they can remotely access L.A. Care’s networks.
Telecommuting and systems. Telecommuters must adhere to L.A. Care policy Remote Access Services (ITOI-028) while working remotely.

3.21.2 Upon separation of employment, all L.A. Care property must be immediately returned to the organization within five business days upon receipt of Prepaid UPS or other carrier Airbill which will be sent to the employee via email.

3.21.3 Telecommuters are required to exercise the same physical, technical, and administrative safeguards when accessing the L.A. Care network remotely as when accessing the L.A. Care network at a L.A. Care facility. Such safeguards include but are not limited to logging off of workstations/devices when not in use, ensuring unauthorized users do not access L.A. Care’s network, shielding confidential and PHI from unauthorized viewing, etc. For further information, please review L.A. Care’s information security policies on the Intranet [see also Computer Network and Electronic Protected Health Information Security (ITIO-002) and Removable Media (ITIO-013)].

3.21.4 Paper PHI (i.e. PHI in paper form) shall not be left unattended at any time (at home, in the car, or any public space) unless it is securely locked. Unattended means that information may be observed by person(s) not authorized to access the PHI.

3.21.5 Any suspected or actual incidents of unauthorized or inappropriate access or disclosure of company resources, databases, networks or PHI must be immediately reported to the IT Service Desk (x4444). Any suspected or actual disclosure or breach of PHI, in violation of HIPAA, must also be immediately reported to the Privacy Officer (PrivacyOfficer@LACare.org).

3.21.6 Failure to use remote access in accordance with this policy and all referenced policies and desktop procedures as well as violation of any other L.A. Care policy and/or procedure while accessing L.A. Care’s networks and systems remotely may be subject to disciplinary action up to and including immediate termination of employment or contract.

3.21.7 Telecommuters, Ad-hoc Telecommuters and Temporary Telecommuters, must:

3.21.7.1 not connect to L.A. Care network from unsecured environment such as public WiFi locations. Working in public areas is prohibited due to various security threats and vulnerabilities that may compromise the confidentiality of our members.

3.21.7.2 not take pictures or record audio and/or video that may capture background screen images that may contain PHI or Confidential Information.
3.21.7.3 keep mobile devices with you at all times or secure them in a locked cabinet. Unattended mobile devices can be easily lost or stolen.

3.21.7.4 disconnect from your company network and lock your computer (CTRL-ALT-DEL) before you step away.

3.21.7.5 keep an eye out for individuals that may be tracking what you do. Cover your mobile devices before entering your password. Do not work in open areas. Choose a secure space in your home that has minimal exposure to family and friends.

3.21.7.6 not allow any friends, family, etc. to use your L.A. Care provided laptop or mobile devices, especially when connected to L.A. Care’s network.

3.21.7.7 not share your username/password or leave your username/password in a carrying case or post the username/password on your laptop.

3.21.7.8 not leave your laptop in the car unattended (not even in the trunk).

3.21.7.9 make sure your wireless router is using strong encryption (i.e., WPA2-AES).

3.21.7.10 make sure the password for your wireless router is complex (password recommendations: at least 8 characters, and mix of letters (uppercase and lowercase), numbers, and unique characters (i.e., !,@,#,$,%,&).

3.21.7.11 make sure your personal computer/laptop being used for any L.A. Care business has an anti-virus security software installed, and it is configured to automatically update.

3.21.7.12 not save any L.A. Care data on any personally-owned computer or unapproved mobile devices.

3.21.8 Failure to follow L.A. Care policies, rules and procedures may result in disciplinary action up to and including immediate termination of Telecommuting privilege or immediate termination of employment.

3.22 Telecommuters are responsible for contacting their insurance agent, tax consultant, and consulting local ordinance for information regarding Telecommuting Workplaces. Telecommuters further agree to hold L.A. Care blameless in any liability to any third parties arising from the Telecommuting arrangement.
4.0 PROCEDURES:

4.1 Eligibility

4.1.1 Employee Eligibility Requirements

4.1.1.1 The employee must comply with the minimum requirements as determined by the Chief Information Technology Officer or designee to effectively work from home to insure L.A. Care is not exposed to additional Information Security vulnerability or risks.

4.1.2 Position Eligibility Requirements

4.1.2.1 The position and work must be of a nature where face-to-face contact with members, peers, or supervisors is minimal;

4.1.2.2 The position must understand and will be held accountable for the appropriate access and use of on-site files, records, special equipment and materials such as a printer, scanner or fax machine;

4.1.2.3 The needs of internal and external customers must be satisfied without adverse impact to L.A. Care;

4.1.2.4 The position should allow for objective measurements of quality and quantity performance;

4.1.2.5 Management must be able to effectively support the Telecommuter remotely; including the approval of the appropriate access to video conferencing, printing and other IT controlled rights, privileges and properties.

4.1.3 Manager Eligibility Requirements

4.1.3.1 Management eligibility is subject to approval based on organizational needs and requires the approval of a Manager.

4.1.3.2 Exceptions allowing for additional flexibility in management personnel telecommuting may be made during periods of Public Health Emergencies, natural disasters, civil arrests, or other similar unexpected Nationa State or local emergencies.

4.2 Work Supplies

4.2.1 Telecommuters must come into an L.A. Care facility to obtain office supplies (pens, paper, etc.) for successful completion of the job responsibilities. L.A. Care will also reimburse the Telecommuter for all
other pre-approved business-related expenses such as shipping costs, etc., that are reasonably incurred in accordance with job responsibilities. All expenses must be pre-approved by the Telecommuter’s Manager.

4.3 Performance Management and Training

4.3.1 Management will receive training as necessary on the Performance Management Program.

4.3.2 Regular communication is required via email, phone calls and instant messaging between management and the Telecommuter.

4.3.3 Management may schedule on-site supervision meetings as required.

4.3.4 Telecommuters may be required to report to an L.A. Care office site as requested by management for trainings, meetings, conferences, audit preparation and other work activities.

4.4 Termination of Telecommuting Arrangements

4.4.1 Request to terminate the Telecommuting arrangement must go through the Manager of the Telecommuter and approved by the HRBP.

4.4.2 A Telecommuter’s Manager, in collaboration with the HRBP, will evaluate any changes to the Telecommuter’s job responsibilities and determine if continued participation in the program, or return to office worksite, is appropriate.

4.4.3 The Telecommuting privilege can be terminated by L. A. Care at any time with or without prior notice to the Telecommuter.

4.5 Ergonomics and Worker’s Compensation

4.5.1 L.A. Care reserves the right to visit the Telecommuting Workspace or request photographs of the Telecommuting Workspace for an onsite safety inspection on a periodic basis. L.A. Care and third party vendors will be granted immediate access to the Telecommuting Workspace following a report of any injury.

4.5.2 Telecommuters are eligible for a remote ergonomics assessment after 90 days of beginning to Telecommute. Ergonomic equipment will be granted based on need and results of the evaluation. Telecommuters with a disability or medical need may contact Human Resources for an expedited evaluation.

4.5.3 Telecommuters will receive basic ergonomic equipment for use at their Telecommuting Workspace, including appropriate monitor(s), a keyboard and mouse.
4.5.4 Telecommuters are required to set up their desk space at their own cost and any approved additional equipment and ergonomic equipment should be purchased by the Telecommuter consistent with applicable laws.

4.5.5 Telecommuters must immediately report to their supervisor, HRBP, and the Leave of Absence Specialist any signs, symptoms, or incidents that pose a health risk, safety, or security, injuries sustained by the employee while at his/her remote work location. The Telecommuters’ work duties will continue to be covered by the organization’s Workers Compensation policy. Telecommuters are responsible for notifying L.A. Care’s Human Resources of any such injuries in accordance with the normal worker’s compensation procedures.

3.1 Either an employee or a supervisor can suggest telecommuting as a possible work arrangement. The appropriate officer and Chief of Human and Community Resources must approve any formal telecommuting arrangement prior to possible implementation. Any telecommuting arrangement may be discontinued at any time at the request of either the telecommuter or L.A. Care’s discretion.

3.2 Telecommuting can be informal, such as working from home for a short-term project or on the road during business travel, or formal, as described below. Other informal, short-term arrangements may be made for employees on family medical leave to the extent such arrangement is permissible under applicable laws and is practical for the employee and L.A. Care, and with the consent of the employee’s health care provider, if appropriate. All informal telecommuting arrangements are made on a case by case basis, focusing on the business needs of L.A. Care first.

3.3 Telecommuting is not an entitlement, not an organization wide benefit and in no way changes the terms and conditions of employment with L.A. Care. Employment with L.A. Care is at will. This means that either L.A. Care or the employee can terminate the employment relationship at will, at any time, either with or without cause or advanced notice.

3.4 Before entering into any final, written formal telecommuting agreement, the employee and the supervisor, with the assistance from the Chief of Human and Community Resources, must evaluate the suitability of such an arrangement, paying particular attention to the following:

3.5 Job responsibilities - The telecommuter and supervisor must determine if the job is appropriate for a telecommuting arrangement. Jobs best suited to telecommuting require independent work, require little face to face interaction and result in a specific, measurable work product.

3.6 Management characteristics - Supervisors who work most effectively with telecommuters are those who trust their telecommuters, who can manage based on
results and output rather than by the time spent on the work, and those who can effectively plan and organize the work to facilitate results.

3.7 Individuals in telecommuting arrangements (whether formal or informal) should have been employed with L.A. Care for a minimum of 12 months of continuous regular employment and must have exhibited satisfactory job performance with no record of corrective action within the prior 12 months. Exceptions to this general rule may be approved by L.A. Care in its discretion.

3.8 A formal written Telecommuting Agreement is initiated by the employee’s supervisor. The Telecommuting Agreement shall be signed by the supervisor, affected employee and the appropriate officer and/or Chief of Human and Community Resources. To the extent that there is any conflict between the terms of the Telecommuting Agreement and this policy, the Telecommuting Agreement will control. Although L.A. Care will attempt to provide advance notice when possible, this Agreement may be discontinued at any time in L.A. Care’s sole discretion. If an employee wishes to terminate a telecommuting arrangement, Management will determine if the telecommuter is eligible to transfer back to the official worksite based on available work space and other factors.

3.9 Prior to agreeing to enter into a telecommuting arrangement, the supervisor and the employee must determine specific objectives and measurable outcomes for the employee to achieve while functioning under this arrangement.

3.10 The telecommuter will meet with his/her supervisor to receive assignments and review completed work as necessary and appropriate. In some cases, and in particular for telecommuters who work out of state, these meetings may be telephonic. The telecommuter will complete all assigned work according to work procedures determined by his/her supervisor and/or that department’s performance standards, and needs. The telecommuter’s performance must remain in the “meets expectations” or above category to remain in the telecommuting program and arrangement. Individual telecommuter productivity/performance will be measured via SONAR, a productivity measurement system, no less than bi-weekly for the first 30 days and no less than monthly thereafter.

3.11 The telecommuter is expected to adhere to all L.A. Care regulations, policies and procedures, Employee Handbook, Code of Conduct, including without limitation those relating to security and confidentiality for the computer, its data and information and any other HIPAA protected information handled in the course of performing work.

3.12 Tax and other legal implications—the business use of the telecommuter’s home may have implications based on IRS and other government restrictions. The responsibility for fulfilling all obligations in this area rests solely with the telecommuter.
3.13 L.A. Care will determine the appropriate equipment and maintenance needs (hardware, software, modems, phone and data lines, fax, photocopier, etc.) for the telecommuter on a case-by-case basis. Information Systems staff provides guidance in these determinations. The telecommuter must receive written pre-approval for any expense that is not specifically listed in this Policy or the Telecommuting Agreement.

3.14 Equipment supplied by the organization is maintained by L.A. Care.

3.15 The telecommuter must sign an inventory of all L.A. Care property and agree to take appropriate action to protect the items from damage or theft.

3.16 Equipment—Approved telecommuters agree that use of equipment, software, data and supplies provided by L.A. Care for use at the remote work location, is strictly limited to authorized persons and for work related purposes, training and tasks and is subject to all applicable policies and procedures. The approved telecommuter must ensure that all equipment is protected against damage and unauthorized use. L.A. Care equipment will be serviced and maintained by L.A. Care staff. Equipment provided by L.A. Care is outlined in Attachment C of the Telecommuting Agreement.

3.17 Upon termination of employment or termination of the telecommuting arrangement, all L.A. Care property must be returned to the organization immediately unless other arrangements have been made.

3.18 Liability—Telecommuters will be required to provide, at their own expense, all appropriate liability, theft and damage insurance. Telecommuters agree to periodically allow L.A. Care to inspect their home with reasonable notice to ensure a safe work environment. Telecommuters further agree to hold L.A. Care harmless for any liability to any third parties arising from the Telecommuting Agreement.

3.19 Telecommuters, once approved to participate in the Telecommuter Program, will be asked to complete the “L.A. Care Remote User Setup Information” form. An Information Services representative may visit the telecommuter’s remote work site to either confirm that computer specifications have been met or determine the needs to meet the computer specification.

3.20 Overtime—This section applies to telecommuters who are classified as non-exempt: overtime must be paid for any time worked over 8 hours in a day (if required by applicable state law) or 40 hours in a work week. All overtime must be preapproved by management in accordance with L.A. Care policies and local, state and federal regulations and laws. A telecommuter who fails to obtain advance approval to work overtime may be subject to disciplinary action up to and including termination.
3.21 Time Off—The telecommuter must obtain supervisory approval before taking time off in accordance with established Paid Time Off (PTO) and leave policies. If the telecommuter is ill and unable to work during the agreed upon scheduled hours at the remote work location, he/she is required to report such absence(s) when he/she is unable to work, as would be done in a normal office setting.

3.22 Injuries sustained by the telecommuter while at his/her remote work location and in conjunction with his/her regular work duties are normally covered by the organization’s Workers Compensation policy. Telecommuters are responsible for notifying L.A. Care’s Human Resources of any such injuries in accordance with the normal workers compensation procedures.

3.23 After equipment is delivered, a representative from L.A. Care may visit the telecommuter’s home work site to inspect for possible work hazards and suggest modifications for safe and healthy work practices. Repeat inspections may occur as needed.

3.24 L.A. Care is not responsible for any injuries sustained by non-telecommuters at telecommuter’s work site.

3.25 Telecommuters must assure the protection of any proprietary or confidential L.A. Care information accessible from their respective telecommuting locations. Such steps for ensuring that the information is safeguarded include but are not limited to: use of locked file cabinets, disk boxes and desks, password maintenance, and any other steps appropriate for the job and the environment.

3.26 L.A. Care will supply the telecommuter with appropriate office supplies (pens, paper, etc.) for successful completion of the job responsibilities. L.A. Care will also reimburse the telecommuter for all other pre-approved business-related expenses such as phone calls, shipping costs, etc., that are reasonably incurred in accordance with job responsibilities.

3.27 The supervisor must approve the number of days of telecommuting allowed per week, the work schedule the telecommuter will customarily maintain and the manner and frequency of communication. The telecommuter must be accessible by phone or modem within a reasonable time frame during the agreed-upon work schedule.

3.28 Telecommuters working in non-exempt positions are required to record all hours worked in a manner designated by the supervisor. Hours worked in excess of or different from the agreed-upon schedule per day and per week, especially for those telecommuters working in non-exempt positions, require the advance approval of the supervisor. Failure to comply with this requirement can result in the immediate termination of the telecommuting agreement, and may also result in corrective action, up to and including termination from employment.

3.29 Evaluation of telecommuter job performance should include daily interaction by telephone and email between the telecommuter and the supervisor, and typically
weekly face-to-face meetings to discuss work progress and problems. Supervisors of out-of-state telecommuters will not have weekly face-to-face meetings and will discuss work progress and any problems as the supervisor deems appropriate. Evaluation of telecommuter job performance shall be consistent with that of telecommuters working at the office in both content and frequency but should also be focused on work output and completion of objectives rather than time-based performance.

3.30 An appropriate level of communication between the telecommuter and supervisor must be addressed in the Telecommuting Agreement. Communication should be at a level consistent with telecommuters working at the office or in a manner and frequency that seems appropriate for the job and individuals involved.

3.31 Telecommuting is not designed to be a replacement for appropriate child care. Although an individual telecommuter’s work schedule may be modified to accommodate child care needs in some cases at L.A. Care’s discretion the focus of the arrangement must remain on job performance and meeting business demands. Prospective telecommuters are encouraged to discuss expectations of telecommuting with family members prior to entering into such an arrangement.

3.32 Telecommuters entering into a telecommuting arrangement may be required to discontinue use of a personal office or work station in favor of a shared arrangement to maximize organization and/or to accommodate office space needs.

3.33 Telecommuters from out of state who are required to travel to the L.A. Care headquarters in California for training and/or other work related activities may be reimbursed by L.A. Care for business expenses. These may include the cost of transportation, lodging and/or meals. Reimbursement for mileage, meals and lodging will be based on published federal rates. Please refer to Finance Services Expense Reimbursement Policy AFS-004 for detailed procedures for expense reimbursement.

4.0 PROCEDURES:

4.1 The supervisor and/or prospective telecommuter may suggest or request the availability of telecommuting and determine the feasibility of such an arrangement. The actual scope of work should be discussed as is the expected level of performance and outcomes to determine if such an arrangement would be feasible and successful.

4.2 If possible, the supervisor and prospective telecommuter then should meet with the Chief of Human and Community Resources to review the findings of their job assessment and review L.A. Care’s policy on telecommuting.

4.3 An actual work schedule should then be established to include both time spent telecommuting and in the main office of L.A. Care.
4.4 The appropriate officer must first sign the Telecommuting Agreement prior to the participating telecommuter and supervisor. The agreement must clearly state the performance levels and outcomes the telecommuter must meet in order to continue to participate in this program.

5.0 MONITORING:

5.1 Human Resources shall review its policies routinely to ensure they are updated appropriately and have processes in place to ensure the appropriate required steps are taken under this policy. L.A. CARE RESERVES THE RIGHT TO MODIFY, RESCIND, DELETE, OR ADD TO THIS POLICY OTHER THAN ITS AT-WILL PROVISIONS AT ANY TIME WITH OR WITHOUT NOTICE.

6.0 REPORTING:

6.1 Any suspected violations to this policy should be reported to your Human Resources Business Partner or the Human Resources Department.

7.0 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without prior notice.

AUTHORITY: Human Resources

REFERENCE:

Human Resource Policy and Procedure “Status of Employment”

Human Resource Policy and Procedure “Overtime Pay”

Finance Services Policy and Procedure “Expense Reimbursement”

ATTACHMENTS:

(1) Telecommuting Agreement
   IN-STATE
   OUT-OF-STATE

(2) Attachment A – Work Hours and Location

(3) Attachment B – Work Performance Expectations
   BLANK FORM
   OUT-OF-STATE

(4) Attachment C – L.A. Care Owned Equipment
(5) ———— Attachment D — L.A. Care Health Plan Remote Setup Information

APPROVAL: ———— Signatures on File

TELECOMMUTING AGREEMENT
IN-STATE

This Telecommuting Agreement is made between ____________________,
______________________________
______________________________ (Participant)

and, ____________________, on this _______ day of ___________, 20__,
____ (Supervisor’s Name)

1. I have read, understand and agree to comply with all of the work rules and policies described in the Telecommuting Policy. I further agree with the duties, responsibilities and conditions for telecommuting as set forth in the Telecommuting Policy, including the condition that I am expected to accomplish the job tasks in accordance with the agreed upon schedule and performance standards. I also agree with additional conditions, if any, as detailed herein that L.A. Care Health Plan may impose for approval of this Agreement or continued participation in the Telecommuting program. I understand that if there is any conflict between the provisions of this Agreement and the Telecommuting Policy, this Agreement shall control.

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2. I understand that this agreement does not create a contract for employment for any specified period of time.

3. I understand that employment with L.A. Care Health Plan is at the mutual consent of the L.A. Care and me. Accordingly, either L.A. Care or I can terminate the employment relationship, at will, at any time, either with or without cause or advance notice. This constitutes a final and fully binding integrated agreement with respect to the at will nature of the employment relationship.

4. I understand that if I am unable to meet pre-determined weekly deliverables, do not follow L.A. Care Health Plan’s Telecommuting Policy, or fail to report for work at L.A. Care Health Plan’s main location one day a week (unless I receive prior approval from my manager or his/her designee), this Agreement may be terminated effective immediately.

5. I understand that L.A. Care may terminate this Agreement and the telecommuting arrangement at any time for any other reason that it deems appropriate in its discretion. I further understand that I may request that my telecommuting arrangement be discontinued, but that my request may or may not be granted in the discretion of L.A. Care.

6. I further understand management will hold a weekly face-to-face meeting which I must attend to review the deliverables from the prior work period and to discuss the deliverables for the next work period. Exceptions and/or alternative arrangements may be made at the sole discretion of L.A. Care.

7. I agree that this Agreement will be subject to and governed by the laws of the state where I work.

8. I further understand and agree that I shall comply with L.A. Care Health Plan policies and procedures, regulations, Code of Conduct and Employee Handbook.

__________________________________________________________
Employee Signature __________________________ Date

Witnessed by:

__________________________________________________________
-Supervisor Signature __________________________ Date
TELECOMMUTING AGREEMENT
OUT-OF-STATE

This Telecommuting Agreement is made between _____________________
______________________________ (Participant)

and, __________________, on this ______ day of ___________, 20__.  
____ (Supervisor’s Name)

1. I have read, understand and agree to comply with all of the work rules and policies 
described in the Telecommuting Policy. I further agree with the duties, responsibilities and 
conditions for telecommuting as set forth in the Telecommuting Policy, including the condition 
that I am expected to accomplish the job tasks in accordance with the agreed upon schedule and 
performance standards. I also agree with additional conditions, if any, as detailed herein that L.A. 
Care Health Plan may impose for approval of this Agreement or continued participation in the 
Telecommuting program. I understand that if there is any conflict between the provisions of this 
Agreement and the Telecommuting Policy, this Agreement shall control.

2. I understand that this agreement does not create a contract for employment for any 
specified period of time. I understand that employment with L.A. Care Health Plan is at the mutual 
consent of the L.A. Care and me. Accordingly, either L.A. Care or I can terminate the employment 
relationship at will, at any time, either with or without cause or advance notice. This constitutes a 
final and fully binding integrated agreement with respect to the at-will nature of the employment 
relationship.

3. I understand that if I am unable to meet pre-determined weekly deliverables, do not 
follow L.A. Care Health Plan’s Telecommuting Policy, or fail to participate in required telephonic 
or other meetings, this Agreement may be terminated effective immediately. L.A. Care may also 
terminate this Agreement and the telecommuting agreement at any time for any other reason (or 
no reason), as it deems appropriate in its discretion. I understand that if this Agreement and the 
telecommuting agreement are terminated, my employment will also be terminated.

4. I further understand that management may require telephonic meetings which I 
must participate in to review the deliverables from the prior work period and to discuss the 
deliverables for the next work period. The schedule for these telephonic meetings will be scheduled 
by the employee’s supervisor. The employee’s supervisor may change the schedule at any time in 
his or her discretion.

5. I agree that this Agreement will be subject to and governed by the laws of the state 
where I work. I further understand and agree that I shall comply with L.A. Care Health Plan 
policies and procedures, regulations, Code of Conduct and Employee Handbook.

__________________________________
[Signature]

______________________________
[Date]
Employee Signature ____________________________ Date

Witnessed by:

__________________________________________

Supervisor Signature ________________________ Date
**TELECOMMUTING AGREEMENT**  
Attachment A  
Work Hours and Location

Official Work Location: ____________________________________________

Telecommuting Location: __________________________________________

General Work Hours (Non-Exempt)

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I acknowledge that L.A. Care Health Plan may change my schedule at any time, if it determines that this is necessary. I further acknowledge that I must comply with all applicable L.A. Care policies, including the Meal and Rest Period policy and Overtime policy.

Comments: ____________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

________________________________________________________

Employee Signature ___________ Date

________________________________________________________

Signature ___________ Date

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TELECOMMUTING AGREEMENT
Attachment B
Work Performance Expectations

Employee Name: _____________________________ Date: ________________

Position: _____________________________ Department: __________

The following is a list of work performance expectations as part of the identified employee’s Telecommuting Agreement.

I agree to perform the following work expectations in a satisfactory manner for the period of this Telecommuting Agreement. These work performance expectations shall be attached to and/or incorporated into my job description and shall be used in assessing my job performance for the appropriate review period.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

__________________________________________________________

________________________________________________________________

________________________________

Employee Signature Date

__________________________________________________________

Supervisor

Signature Date
TELECOMMUTING AGREEMENT (OUT-OF-STATE)
Attachment B
Work Performance Expectations

Employee Name: _____________________________ Date: ________________

Position: _________________________________ Department: __________

The following is a list of work performance expectations as part of the identified employee’s Telecommuting Agreement.

I agree to perform the following work expectations in a satisfactory manner for the period of this Telecommuting Agreement. These work performance expectations shall be attached to and/or incorporated into my job description and shall be used in assessing my job performance for the appropriate review period.

1. As defined by the current job description.
2. As defined by the most current department workflows (i.e. NCQA guidelines, Triage workflow, HRA’s, APS & LA Covered, Transplant, Lanterman).
3. As defined by the most current productivity guidelines for the defined job description.
4. May require attendance of an on-site orientation period of 2 weeks.
5. May require attendance at approximately 2 on-site mandatory meetings or on-site training sessions per year.
6. Documentation will be compliant with policies and procedures for Care Management.

_________________________________________  __________________________
Employee Signature  Date

_________________________________________  __________________________
Supervisor Signature  Date
TELECOMMUTING AGREEMENT
Attachment C
L.A. Care Owned Equipment

_______________________________  _________________________
Employee Name (Print)       Date

As a result of the telecommuter agreement with the above identified employee, L.A. Care Health Plan will provide the following equipment:

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cellular Phone</td>
<td>$200.00</td>
</tr>
<tr>
<td>1 Laptop</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>1 A/C Power Adapter for the Laptop</td>
<td>$50.00</td>
</tr>
<tr>
<td>1 Laptop Docking Station</td>
<td>$200.00</td>
</tr>
<tr>
<td>1 Laptop Bag</td>
<td>$30.00</td>
</tr>
<tr>
<td>1 VPN Account</td>
<td>n/a</td>
</tr>
<tr>
<td>1 LCD Monitor for your home</td>
<td>$150.00</td>
</tr>
<tr>
<td>1 10 feet Ethernet Cable</td>
<td>$20.00</td>
</tr>
<tr>
<td>Miscellaneous Cables (VGA, a/c, power)</td>
<td>$30.00</td>
</tr>
<tr>
<td>1 Surge Protector (if needed)</td>
<td>$15.00</td>
</tr>
<tr>
<td>1 Keyboard</td>
<td>$20.00</td>
</tr>
<tr>
<td>1 Mouse</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

It is understood that the replacement of any L.A. Care Health Plan owned equipment and its associated costs, if stolen or destroyed, may be the responsibility of the employee identified above.

_______________________________  _________________________
Employee Signature       Date

_______________________________  _________________________
Supervisor Signature      Date
L.A. Care Health Plan Remote Setup Information

Employee Name (Print): _________________________ Remote Start Date: _________

Department: ________________________________ Job Title: __________________

Phone Extension: __________ Workstation Location: __________________________

Supervisor’s Name: ____________________ Supervisor’s Signature: ______________

Remote Location Address: ______________________ City: ______________________

Zip Code: ______________________ Home Phone: ___________________________

Current Service at Location (circle) DSL  CABLE  FIOS  NO SERVICE

Current Service Provider: ____________________________

IT Use Only—Current PC Specifications

Date/Time Request Received: _____________________________________________

Work Order # and Technician Assigned: ____________________________

PC Make: _________________ PC Model #: _______________ CPU Speed: ______

HDD Size: _________________ Memory: _________________ CD/DV: __________

Monitor: _________________ Internet Speed: ______________________

Printer Make: _______________ Printer Model: ___________________________

Employee Trained on use of remote equipment on___________ by _____________