

Board of Governors
Regular Meeting Minutes #321
October 5, 2023

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro, MD, *Vice Chairperson* *
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*
 Jackie Contreras, PhD
 Hector De La Torre *
 Christina R. Ghaly, MD

Layla Gonzalez
 George W. Greene, Esq.
 Supervisor Hilda Solis **
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH **
 Fatima Vazquez

*Absent

** via teleconference

Management

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Linda Greenfeld, *Chief Product Officer*
 Todd Gower, *Interim Chief Compliance Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Alex Li, MD, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Noah Paley, *Chief of Staff*
 Afzal Shah, *Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Alvaro Ballesteros, <i>Board Chairperson</i>, called to order the retreat and regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors meeting at 1:12 pm. The meetings were held simultaneously.</p> <p>Chairperson Ballesteros welcomed Fatima Vazquez, <i>Consumer Representative</i>, as a new member of the Board of Governors. Ms. Vazquez is very enthusiastic to be a member of the Board of Governors. She has the best intention to represent all members of L.A. Care Health Plan. Members all have different needs and all members deserve dignified access to health care. She hopes to work with the Board members to achieve that goal.</p> <p>Chairperson Ballesteros announced that Board Member Nina Vaccaro has appropriately notified staff that she is participating remotely for “just cause” under the provisions of AB2449. There is a quorum of Board members physically present at this meeting. There was no one who is 18 years or older at the remote location with Ms. Vaccaro.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the</p>	<p>Board Member Vaccaro’s participation remotely was unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>

APPROVED

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	<p>meetings; the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p> <p>All are welcome to provide input.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p><i>Andria McFerson commented that the Agenda states that Fatima Vazquez is a co-chair of the Board of Governors. A special election was called to elect a member representative to the Board of Governors. There is not a main chair for ECAC, how is a person who is a co-chair with the Board also a chair with ECAC? How can they file a motion? She wants to know the legalities of it all and she wants to make sure that everything is valid and the Board is honored and respected for all that the Board does for the community.</i></p> <p>Augustavia Haydel, Esq, <i>General Counsel</i>, responded that the Board of Governors does not have co-chairs, it has only one Chair. She clarified that the concern is whether Fatima Vazquez can serve as a member of the Board of Governors and retain her position as Chair of the Executive Community Advisory Committee (ECAC). Ms. Haydel believes that status has changed and she will confirm with staff.</p> <p><i>Ms. McFerson asked for clarification before the motion is considered.</i></p> <p>Ms. Haydel noted there is a motion that was placed on the Agenda by the ECAC. The Committee approved the motion.</p> <p><i>Elizabeth Cooper stated she submitted a public comment slip for this item.</i></p> <p>Chairperson Ballesteros stated he did not have a form from her and he invited her to comment on this item.</p> <p><i>Ms. Cooper commented that she is concerned that she gave her public comment in a timely manner and she asked that all her public comments are before him. Before the meeting, she gave those forms to a member of L.A. Care staff and she trusted in that person to make sure her comments get before the Chair. She respectfully requested that the Chair make sure that her public comments are before the Chair so they would not be missed. She asked that the Chair and the staff be directed to make sure that the comments are given to the Chair in a timely manner. She is thankful to be at the meeting today. But first she would like to make some comments. A few years ago, she wrote to the late Senator Feinstein and told her that a woman’s place is in the house, the White House. Senator Feinstein sent her a very nice response. Ms. Cooper is saddened to hear of her passing. The Senior Senator from the great State of California. She had to vote on legislation that affect RCAC members. Ms. Cooper is so proud of her. Ms. Cooper welcomed the first Afro-American person, Ms. Butler, as a representative for the great state. There are great candidates in the Senatorial election</i></p>	

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	<p><i>next year. This is very important for the great state of California. Civic involvement in health issues that will affect us, all kinds of issues. Ms. Cooper is very proud of that. She values the Board here. Ms. Cooper welcomed the new Board representative to the Board as a member. She hopes her comments will reflect she will continue on the Board, and she thinks she will. The public will be here as to remind her of her important role to represent the community. Ms. Cooper would like to welcome her, regardless of comments she has made. Ms. Cooper thinks it is very important, she knows she speaks on different issues, but it is very important for civic engagement, that is what her life has been about, civic engagement. So she hopes this Board here recognizes how important their role will be and how important the consumer's role will be in making next year that we have a democracy. We the people of the United States.</i></p> <p>Chairperson Ballesteros announced that item 15, report from the Provider Relations Advisory Committee, will be considered right after the CEO Report.</p> <p>The meeting Agendas were approved.</p>	<p>Unanimously approved by roll call. 9 AYES</p>
<p>PUBLIC COMMENTS</p>	<p><i>Andria McFerson asked why she is always the first one. She believes a formal skill set training should be given to all staff of L.A. Care, also those funded by L.A. Care, consisting of all parties who provide services to our members. Almost like an official empathy certificate and that certificate, with a primary focus on systematic disparities of the people that they serve, health disparities and mental disparities. That would also consist of contract agencies and all those relative to the healthcare field. She spoke to members and even medical professionals, and they said that the consumer staff and other staff of L.A. Care that they do have to deal with have a lack of initiative. They have a lack of empathy and professionalism. And that leads to dire situations, health situations that the consumers go through on a regular basis. So that is why it is important to her because of her particular situation. She has epilepsy. She can speak first hand, on how it feels to be in a dire situation to where you cannot receive your medication or proper care from a specialist, anything having to do with the mental services that people receive as well. And sometimes it is hard to get approval from your insurance to receive these things, which leads to worsening health condition. That worsening health condition also leads to worse diseases worse chronic illnesses. She asked for a moment of silence for a member of her prior RCAC 6. Her name is Brigit Green, and she passed away. She was trying to get coverage or her condition. She was trying to contact staff. She was trying to contact L.A. Care, she needed to see a specialist for her condition, but yet she did not receive word back in a timely manner, which made it so that she had not only a lack of preventative care, but a lack of care for her condition. Ten seconds of silence.</i></p> <p>Chairperson Ballesteros commented that he would talk to staff after the meeting. He is sure there is an internal process to address this. What she said is very important and powerful.</p>	

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	<p><i>Elizabeth Cooper guesses she used a little bit of humor, but in seriousness, I To just heard Andria McFerson about a consumer, what impacts one impacts us all. But first, she would like to say a little bit of humor: if you stopped having such great sandwiches, she would not come here. But either way what she would like to say that her issues are universal, but this is the way she can help the audience where the Board of Supervisors, members of the board and all, that she can have a comment. It is so important now, that health related issues, that you see it, she would like to thank the board for allowing the RCACs to meet, because they can give their point of view. And they can bring back issues, through their representatives, to you. And also, she would like to thank the Board of Supervisors, if Hilda Solis is listening, medical bills. Maybe some of the RCAC members might not be impacted by it, but they are trying to work with those indigents and people who have high medical bills who cannot pay them. She knows it is very challenging for L.A. Care too, but it's so important. They look at healthcare not just from the physical wellbeing, but all impacts our lives. And she hopes that our representatives on the Board look at it from that way, and from a diversity of all the people who need care, those who are here today and those who are not. She is proud of the LA County Board of Supervisors for addressing this issue. She thinks we have a voice representative here today and she would like to give her good wishes. I hope that is carried through. She hopes that Board Members consider that. She knows they have to consider cost and all that, but the health of the members is very important, those who are physically here and those who are not. She knows she might be addressing issues that are not just specific issue, but these issues while she has a folder and they are on the Board, she just hope that they are listening to her plea.</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p><i>(Board Member Greene joined the meeting.)</i></p> <p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper commented with regard to item FIN 100.1023, that language is very important and enables members to participate, but if this is what the motion is about, she feels that language and culture should be added to that. You need to add on to that motion, “culturally”, because sometimes there is a problem and she feels that is very important. If that is what the motion is about, adding language. She does feel, Board Members, that culture issues should be involved too, besides language. And she does not know what the best for the motion, but that is the way she interpreted it, as a member. So please take notice, Chairperson, of her comment.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, noted that the motion is for an amendment of L.A. Care’s contract for interpretation with Language line.</p> <p><i>Ms. Cooper commented that it could be included, and she asked that the Board of Governors consider her suggestion.</i></p>	

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	<p><i>Andria McFerson commented that she believes that all contracts should consist of the relevant parties receiving a certification on skill set training that would include licensed facilities, CBOs and all other relevant agencies, receiving proper knowledge on the proper way to communicate to those they serve, as for a certification for knowing the ADA rights of the people that they serve, also civil rights relatable to their call. It could be CBOs, it could be someone from outside agencies. They do need some sort of certification in knowing ADSA rights, and you know, just relevant rights having to do with the people that they serve. And with that, if there are any contracts approved, with L.A. Care for those people, whether it be funding, whether it be anything having to do with that, please have them right, just have classes and get certified first before they get approved by L.A. Care to have some sort of contract.</i></p> <ul style="list-style-type: none"> • September 7, 2023 Board of Governors Retreat and Meeting Minutes • Scout Exchange Contract Amendment <u>Motion EXE 100.1023</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$15,000,000 not to exceed a total spend of \$63,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2024. • Language Line Solutions Contract Extension <u>Motion FIN 100.1023</u> To extend the existing telephonic interpreting contract term with Language Line Solutions by two years (2024-2026) and add funds in the amount of \$7.8 million for a new contract total of \$20.4 million. • TierPoint Contract to provide Disaster Recovery <u>Motion FIN 101.1023</u> To authorize staff to execute a contract in the amount of \$6,300,000 with TierPoint to provide Disaster Recovery service for the period of October 2023 to October 2028. • Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology Staff Augmentation <u>Motion FIN 102.1023</u> To authorize staff to amend contracts with Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation, (total increase of \$17,340,000) for Information Technology staff augmentation services through September 30, 2024. 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Shapiro, Vaccaro and Vazquez)</p>

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	<ul style="list-style-type: none"> <p>• NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract <u>Motion FIN 103.1023</u> To authorize staff to execute a contract in the amount of \$3,500,000 with NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication for the period of 36-months from October 1, 2023 to October 1, 2026.</p> <p>• EPlus Contract to provide Storage Service <u>Motion FIN 104.1023</u> To authorize staff to execute a contract in the amount of \$3,500,000 with EPlus to provide Storage Service for the period of October 2023 to October 2028.</p> <p>• NetCentric Technologies, Inc. Contract Amendment <u>Motion FIN 105.1023</u> To authorize staff to amend the contract with NetCentric Technologies, Inc. to add \$975,000 in funds, bringing the total contract total not to exceed \$2,390,000 for the period of October 1, 2023 to September 30, 2026.</p> <p>• Ntooitive Contract <u>Motion FIN 106.1023</u> To authorize staff to execute a new statement of work with Ntooitive in the amount of \$12,340,575 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2023 through September 30, 2024.</p> <p>• Resources Connection, LLC dba Resources Global Professionals (RGP) Contract Amendment <u>Motion FIN 107.1023</u> To authorize staff to amend a contract in the amount of \$1,360,000 (total contract amount not to exceed \$3,865,000), with Resources Connection, LLC dba Resources Global Professionals (RGP) to provide Internal Audit services through December 31, 2023 and compliance support services through March 31, 2024.</p> <p>• Ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee <u>Motion CHC 100.1023</u> To ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee effective September 2023.</p> 	

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CHAIRPERSON'S REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she appreciates the Chairperson's leadership on this committee and very much appreciates, it is an honor for her and she feels it is an honor to come before the Board. She hopes when the Chairperson gives an order, when he makes a recommendation, that it is followed through, particularly, when she trusts in him when he said to take care of it. But if it is not taken care of she has to come back again to say please take care of it. The respect for the members, respect for the public and respect of all people should have dignity. And she does trust in there that all L.A. Care staff respects them as members who come before the public and bring issues. Or even come before the staff when they have a concern they would like to have addressed. It should be done with respect and dignity for all of the members, regardless who they are, whether they the public or whether they are the staff. She trusts in him when he said, take care of it. She does not know whether it has been taken care of. If it is, she apologizes. But if it is not she is still waiting on him to take care of it.</i></p> <p>Chairperson Ballesteros does not have a report.</p> <p>Los Angeles County Supervisor and Board Member Hilda Solis suggested that the meeting be adjourned in memory of Senator Dianne Feinstein. She had a tremendous impact on many Californians, in particular on health care issues and domestic violence.</p> <p>Chairperson Ballesteros thanked the Supervisor and asked that the Board Meeting be adjourned in her memory.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she would like a response to her concern that the Chairperson would take care of it. She hopes that it has been taken care of. So that when they come before, you, with their concern, that it has taken care of. But I have not heard. Respectfully, and she respects him very much, as the Chair. But she also respects that hopefully, then when he said take care of it, she hopes that some type of apology, respect given to all members who come here and give their point of view, either direct comments to the staff who we entrust in to help advise the members. She spoke to the chief executive officer, and she would like to say she appreciates Mr. Baackes and feel he advised communications and so she thinks he gave her some input about public engagement. Although she still held feelings about public engagement because members of the Board, just think about it. Civic engagement is important. Mr. Baackes, and she appreciates his comments and she will take them in concern, but please concern that we are the members And so much is important now about the members being involved. She was taught when she was young by civil rights and civic engagements, whether you are the organizer or not. She thanked Mr. Baackes; she does not have any other comment to say, other than that. She just wanted to say to the chairperson of trusting in him, to honor his word.</i></p>	

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	<p><i>Andria McFerson wants to know if there is a mandate by the state or the county or the government that the ECAC be in transition. They were told by the staff that the ECAC now is in transition, and also it was told to them that they could only have two RCACs this year, and the actual notes to the meeting of the BOG now states that we can have two more meetings for the year with committee members. She thinks the stakeholders have a role in the decision making of the BOG. That we tell our disparities, speak to each other about it, that peer on peer intercommunication, and then vote accordingly, and then give the information to the Board so that our chair representatives can vote accordingly. With that, she thinks it is important that we go by the schedule that is stated in the meeting notes, that the RCACs have two more meetings this year that we can openly discuss everything that is going on with their health concerns. With that, she thinks that John Baackes, our CEO, is a great guy. She thinks that he has been doing a great job. And this is not a question for him, this is a question that is for the staff and the staff that he rules over, I guess you can say, that they honor him, and honor the fact that there are rules and protocol having to do with the stakeholders and public committee meetings that the public can also go to and express their concerns. And those decisions that are made by the BOG would be heard, and also the Board of Supervisors. You have a board of Supervisors person here as well, and she can also receive that information and actually talk about it during the Board of Supervisors meeting for the County. So she thinks it is important that they still have our RCACs, we still have the opportunity to engage in some sort of intercommunication.</i></p> <p>Mr. Baackes wished a good afternoon to the Board of Governors and to the members of the public in person at the meeting and online. He reported:</p> <p>Medi-Cal Redeterminations - four months of redetermination activity has been completed. A total of 840,000 L.A. Care members have been subjected to a redetermination process. Almost 547,000 will have their Medi-Cal benefits continue. Of those, 321,000 members were renewed in the ex parte process, which means they did not have to fill out the form; those renewals were completed automatically and members received a letter in the mail that they were qualified for an additional year of Medi-Cal benefits. A total of 234,000 members have been disenrolled, 34,000 were done because they no longer met the qualifications or the eligibility, largely because they had income that exceeded the ceiling. However, 199,000 of those people did not return the enrollment form. All of those people have 90 days to return the form and have their benefits restored retroactively to the effective date. If they do not return the form, it will be assumed that they probably moved their residence. L.A. Care is noticing that the number of calls coming into our customer service center declined in September: of approximately 210,000 people up for renewal, L.A. Care received only 722 calls from people inquiring about redetermination status. In July, L.A. Care had over 5,500 calls. Those are small numbers of people reaching out, and the number is falling. Likewise, L.A. Care has certified enrollers in the community resource centers (CRC) to assist people in completing the redetermination form,</p>	

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	<p>which is a 20-page form as reported previously. The enrollers at the CRCs are reporting that half the people that come in ask for help with redetermination. The other half of appointments are scheduled for people who are applying for Medi-Cal benefits for the first time. Looking at the total number of people disenrolled (234,000), L.A. Care has 132,000 new enrollment in the same period. The net loss in members for the first four months is 101,748. If that is typical of the remaining redetermination results, L.A. Care will probably be below the budget forecast for loss in Medi-Cal enrollment. With regard to the people who did not return the form, based on telephone activity at the customer service center, L.A. Care is going to have to accept that a certain number of those people are no longer residents of Los Angeles County, and they are not returning the form because they are not here. This will likely be exhaustively studied by various academic centers as the redetermination process continues. At this point in the process, L.A. Care is still doing everything possible to reach out to people who are up for redetermination and all the programs previously announced are now in full flight. So far, the total bottom line is somewhat encouraging.</p> <p>Board Member Greene agreed there could be some individuals who are no longer residents of Los Angeles County. He wondered, given the ever-increasing number of individuals experiencing homelessness, if some of those individuals may have moved from being housed and that might be a reason why they cannot be reached. When the homeless count occurs, it might be the time to square those numbers with those who may have “fallen through” the rolls, and cannot be reached, in addition to looking at “out-flight”. Mr. Baackes responded that the homeless count is usually done in January with results announced in March. There are about 10 street medicine vendors in Los Angeles County and L.A. Care has contracts with two of them. All have been participating in an education program so that as they address patients on the street they can assist with eligibility and encourage enrollment. Board Member Greene’s suggestion is a good one and L.A. Care will try that. Mr. Baackes noted that it would likely be part of the exhaustive analysis about the redetermination process. He added that other states are not faring as well. One state was disenrolling all the children. It was a technical error, but it caused a lot of chaos, and many phone calls. L.A. Care is guarding against those types of errors and about 30 states have been asked to pause their redetermination because of problems in meeting the Centers for Medicare and Medicaid (CMS) guidelines. California seems to be hitting all the marks.</p> <p>Board Member Roybal asked if California is checking enrollment among the different counties to avoid unnecessary outreach for Medi-Cal members that have moved within California. Mr. Baackes responded that he is not aware of this. He introduced Phinney Ahn, <i>Executive Director for Medi-Cal Programs</i>, and she responded that the state would be the owners of any type of centralized data for the movement of Medi-Cal beneficiaries across county lines. Unfortunately, based on data that L.A. Care is getting today, when an L.A. Care member is placed on hold for</p>	

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	<p>some type of a procedural reason, L.A. Care will not know if it is because the member moved out of the county. All L.A. Care will know is that a member did not return the completed forms. Right now, L.A. Care continues conducting outreach to everyone on the list, regardless of whether or not they may have moved. L.A. Care is just hoping not to miss anyone. Mr. Baackes added the observation that California’s Medi-Cal enrollment is 16 million based on the last known address on file, so the new address would not be known unless the Medi-Cal beneficiary submitted an application in their new county. L.A. Care is looking at how many of the new members are recent residents here in Los Angeles County. There is a lot of analysis going on within L.A. Care; he is stating gross numbers without the benefit of those more detailed analyses.</p> <p>Supervisor and Board Member Solis thanked Mr. Baackes for the update and acknowledged that L.A. Care is working very hard on this issue, as is the Los Angeles County Department of Public Social Services (DPSS), as well. Supervisor Solis noted that 199,000 is a large number. She asked about the availability of demographic information about who is coming in, who is signing up again, and who are the new folks that are that are that are enrolling. Secondly, she noted there is still misinformation circulating regarding public charge. Even though people may have received services in the past, there's so much negative information regarding immigration and all the politics that are going on with that, she fears that it is somehow penetrating and suppressing a lot of people that have language difficulties, particularly in the Latino immigrant community. She wonders what efforts have been made to inform the communities through public service announcements or commercials, and not just a flyer or something that says sign up here, but actually more articulation by people that actually speak the language. Mr. Baackes noted this is something that L.A. Care became concerned about early on. Ms. Ahn responded that L.A. Care has been looking at the new enrollment over the last couple of months. A preliminary analysis shows that the new members span across all of the age groups, across all of the Service Planning Areas (SPAs), across all segments of Medi-Cal including Temporary Assistance for Needy Families (TANF) and Medi-Cal expansion. The demographics look like L.A. Care’s existing member population. L.A. Care is not drawing any conclusions as to spikes in any one category. L.A. Care is trying to drill down to better understand how many of these new members were former L.A. Care members either in the last 12 months or beyond, to perhaps understand that there might be any churn in this population, but we can get back to this group with that further analysis. Secondly, with regard to the Supervisor’s comment regarding the public charge rule, L.A. Care has been thinking about that a lot, especially with the upcoming coverage expansion for adults next year. Outreach primarily consists of pushing out messages that have been approved at the state level, and unfortunately, there is not a lot that included about fears related to public charge rules. That is not to say that L.A. Care cannot develop language on its own, which is actually something that it will consider doing. Ms. Ahn</p>	

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	<p>thinks that it could be used at the same time for any outreach with regard to the Medi-Cal adult expansion happening in a couple of months. Supervisor Solis strongly urged that L.A. Care look at that and work with particular folks that are able to impact social media to address these particular groups. It is not just Latino; it is also Asian American Pacific Islander (AAPI) community as well as other indigenous groups that are probably not receiving the information in a manner that they are used to. There are niche groups that will do that kind of work, and she offered share that information. Mr. Baackes responded that L.A. Care would follow up with her staff.</p> <p>Mr. Baackes continued his report.</p> <p>Ms. Ahn noted that Medi-Cal expansion for the undocumented adults between the ages of 26-49 would become eligible for Medi-Cal coverage January 1, 2024. The number of people potentially eligible has been revised to 270,000 in Los Angeles County. Usually about 70% are assigned to L.A. Care and 30% to Health Net. The enrollment will probably last three months, as experienced by L.A. Care during the previous Medi-Cal expansion a year and a half ago. The biggest challenge then, as Board Member Ghaly can confirm, is that many of those people are receiving care through the My Health LA program and already have a primary care doctor at either a Los Angeles County Department of Health Services (DHS) clinic or a federally qualified health center. The new Medi-Cal members will need to be matched to their primary care provider. Much was learned during the process a year and a half ago and L.A. Care should be able to do a better job this time.</p> <p>Mr. Baackes asked the Chief Information and Technology Officer, Tom MacDougall, to lead the development of an artificial intelligence (AI) strategy for L.A. Care, and also asked him to include Tom Schwaninger, the Senior Executive Advisor Digital, IT. Mr. Schwaninger currently represents L.A. Care on the Board for the Los Angeles Network for Enhanced Services (LANES), and he participates in a statewide advisory board for technology with the Department of Health and Human Services. L.A. Care is already using AI in some transactional processes. L.A. Care will have AI features in all of the new portals and many of the technology improvements that are currently in flight. He requested Mr. MacDougall and Mr. Schwaninger look at AI as a way to understand and consciously, not in an ad hoc way, take advantage of AI in the transactional aspects of all our business. AI holds promise for continuous improvement in speed and accuracy in handling customer service calls, appeals & grievances, and in processing claims and prior authorizations. He also asked them to look at the challenges posed by AI in data analytics, particularly around health disparities. There has been a lot of concern in this field that some of the data already has biases added in it and we do not want that to be extrapolated when it becomes managed by AI and further entrenched. AI could be a force for providing data to help us address and design approaches to eliminating health disparities. They</p>	

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	<p>will be reaching out across the enterprise to touch all aspects of our mission, to add value for L.A. Care members and participating providers. He asked for a preliminary strategy report ready by February. Mr. MacDougall commented that they are excited that they can develop the ability to do what is referred to as conversational AI. This will be chat bots to be used internally to enhance our services and we hope to alleviate some of the overhead from a human capital perspective. They look forward to delivering the AI strategy to the Board of Governors.</p> <p>Mr. Baackes reported that for the past several years L.A. Care has measured the performance of its delegated medical providers, referred to as independent practice associations (IPA) or preferred provider groups (PPG). These metrics have form the basis of L.A. Care’s pay for performance incentives for those contracted provider groups and individual physicians. L.A. Care will introduce a performance incentive metric for L.A. Care’s contracted hospital partners, and contracted skilled nursing facilities (SNF) in January, for measurement year 2024. The incentives will probably be paid out in the spring of 2025. L.A. Care heard from its participating providers, both hospitals and the skilled nursing facilities, and feel this is an element of improving our relationship with them and it will allow us to begin to align the work they do, and a way for us to measure the quality of the care that's being delivered to our members in those places. This has taken a great deal of work that has been done through both the advanced analytics department and quality department.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, added that this project would be delivered on time. The budget and the measures are confirmed. The program description will be completed and discussions will begin with L.A. Care’s partners, both hospitals and SNFs, to talk through with them some of the measures planned. We will use their feedback and will be ready to roll the program out in January. It was a quick turnaround on this, and Dr. Amin is excited to see how it will move care forward for L.A. Care members. Mr. Baackes noted that for the provider groups, the total incentives paid was \$46 million.</p> <p>Board Member Greene is happy to hear the progress on this effort. He has worked with L.A. Care, as the representative for the Hospital Association of Southern California (HASC), in hopes that a quality incentive pool would be created. He is happy that L.A. Care will be meeting with provider groups to discuss the measures and get their feedback. He hopes L.A. Care will also take into account feedback from the hospitals about the metrics. HASC worked with Inland Empire Health Plan (IEHP) about its quality program and there was a lot of great dialog related to the appropriate metrics to have positive impact for patients, improve community health, and allow the hospitals serving Medi-Cal to participate in the program. Dr. Amin commented that L.A. Care has met with Paul Young with HASC and with IEHP about their program. The source of the data and the measures that will be used are industry standard and consistent with IEHP’s program and with suggestions made by Mr. Young.</p>	

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	<p>Board Member Ghaly commented that it is wonderful that L.A. Care is implementing this program. L.A. Care has been a real leader in transparency in data, developing metrics and promoting clarity and transparency about performance in provider systems. She agrees with Board Member Greene and is glad there will be conversations with providers about the metrics. She asked that there a chance for the providers to view the data prior to the report card distribution to have an opportunity to raise discrepancies in the data. In the past, there has been a challenge in consistency of data reported. It would be good to have an interim period where the providers and L.A. Care could work through those discrepancies. All parties want to have confidence in accurate published data. Dr. Amin responded that a majority of the metrics would be reviewed with providers starting in November. The sources of the data will also be discussed. There are outside sources that could be the third party in reaching agreement on the correct data to use.</p> <p>Board Member Roybal asked if L.A. Care is getting close to the point of having a program similar to Medicare Stars for PPGs, where consumers will have more transparency in rating information and more choice in selecting their providers. Mr. Baackes responded that beginning next year there would be a rating program for the PPGs. When L.A. Care launched the Value Initiative for IPA Performance (VIIP), because it was new and they had never been rated by a health plan, it was introduced as a tool for providers to use and make improvements. Recent results show a cumulative average of 30- or 40-point improvement on a 100-point scale. Part of that is due to getting the encounter data submitted. One of the measures was timeliness in encounter data submission. It was reflected in L.A. Care's National Committee for Quality Assurance (NCQA) scoring. In 2015, when Mr. Baackes arrived at L.A. Care, the score was 76 out of 100 and dropping. L.A. Care's NCQA score is now in the low to mid 80s and rising. The VIIP program has worked. L.A. Care is very conscious that these kinds of programs can produce positive results.</p> <p>Mr. Baackes noted that this would be the last Board Meeting for Tom Mapp as L.A. Care's Chief Compliance Officer, who has been with L.A. Care for seven years and will retire effective tomorrow. He is a graduate of the University of Iowa School of Journalism where he received both a Bachelors and Master's Degree. A few years later, he received a law degree from the University of Louisville. He has been a journalist, a practicing attorney and avid bicyclist, and he has been in the compliance world for the last 15 years. In addition to this being his last day, it is also his birthday, so, in addition to thanking Mr. Mapp for his service, Mr. Baackes welcomed all to join him in wishing Mr. Mapp a very happy birthday.</p> <p>Board Member Booth thanked Mr. Mapp; she has been working with him for a few years. She asked so many questions. He made it a habit to get together before meetings in a small cadre of 8 or 10 people from Compliance and some people from the Quality side, where they go through</p>	

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	<p>things and help her. She feels very privileged to receive this education from him. The Compliance department has made major steps in improvements; there will always be something that we miss; it is impossible to make sure nine billion things are always spot on. Major strides have been made toward getting there, and she attributes that to Mr. Mapp and his group. She will miss him and she thanked him for everything. Mr. Mapp thanked her. He commented that it takes a crew and a team - it is not just him, it is the folks behind him, it is the business owners throughout the organization, and John Baackes, that have given support to the compliance activities and made it possible for L.A. Care to get better and better and better. He remembers when he first joined L.A. Care; the number of findings from a DHCS audit was very high. The findings are now maintained at reasonable number. There is a tremendous amount of work that is being done: reporting to the Board and the reporting of information about metrics and performance, the great initiatives Dr. Amin has been working on hard. It has just been a pleasure to work with everyone at L.A. Care.</p> <p>Mr. Baackes introduced Todd Gower, <i>Interim Chief Compliance Officer</i>. Mr. Gower thanked Mr. Baackes and the Board. He commented that it is an honor to be part of L.A. Care, an honor to work with Mr. Mapp, and he will be sad to see him go. He appreciates the opportunity to support the Board and the members of L.A. Care.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>There was no report from Government Affairs staff.</p>	
<p>Provider Relations Advisory Committee</p>	<p>Committee Chairperson and Board Member George Greene reported that the Provider Relations Advisory Committee's (PRAC) initial meeting was held on August 1. (<i>Contact Board Services to obtain a copy of approved meeting minutes.</i>)</p> <ul style="list-style-type: none"> The Committee approved its Membership and Charter, approved on Consent Agenda at the September 7 Board Meeting. Sabra Matovsky, HCLA CEO, representing Independent Practice/Physician Association, was elected Vice Chairperson. The Committee approved that they will meet quarterly on a third Wednesday at 9 AM. The Committee received reports on Transitions of Care and Managed Care Accountability Sets. There was discussion on Hospital and Skilled Nursing Facility issues. 	

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	<p>Board Member Greene commented that everyone at the meeting from the provider community is very much aligned in a collaborative spirit to try to identify and work proactively on challenges that the provider community may have with L.A. Care. The best way is to air those issues, air those challenges and discuss them. From his perspective as Chair, the PRAC is not to attack L.A. Care. He commended Mr. Baackes, his leadership team, and to Supervisor Solis for supporting the creation of this committee. If we do not have a dialogue, if we do not air issues, we are never going to see an improvement. Every member of the PRAC has the same mission as L.A. Care. As writ large, the providers all across the Los Angeles County community want better care for patients, healthier patients, healthier people and healthier communities. Sometimes Board Member Greene thinks that he is the bane of John Baackes' existence. He is a great man and a great person. Mr. Baackes represents the Medicaid beneficiaries of Los Angeles County. From Board Member Greene's seat, he represents the hospitals of Los Angeles County. The PRAC is about communication, collaboration and seeking improvement. He made that commitment to the PRAC at the first meeting. He will reach out to the providers who sit on that committee and advance the meetings to build agendas to collaboratively bring those issues and challenges to the group. Mr. Baackes has committed to having the issues and challenges aired and to working through them as appropriate. PRAC is off to a good start. Members have the right spirit, the right people and he looks forward to the next meeting. For any of the members of the PRAC who are listening, please know that he will reaching out so that all can work together to build the agendas moving forward that will be substantive, manageable and that will allow the goals of the PRAC to move forward.</p> <p>Supervisor Solis thanked Chairperson Ballesteros, Board Member Greene, Mr. Baackes, and everyone helping to put the PRAC together. She is glad that this is all happening and it seems like progress is underway. She noted that there are two vacancies on the committee and she requested that the Chair consider appointing a patient or someone from L.A. Care's Promotoras so the PRAC has a community member seated, because that representation is equally important.</p> <p>Board Member Greene thanked Supervisor Solis for the recommendation. He would honor her request by bringing it to the PRAC members for discussion. He noted that the PRAC brings providers together to talk about the continuum of care, data and potentially sensitive issues. It is important to have the right representatives on the PRAC for those discussions, and so there would not be a potential cooling effect on the conversation. He thinks the conversations will be substantive and very complex, and will really drill down into data and the care of patients. He would like to make sure that the conversation at PRAC involves individuals who can go deep into the substantive issues related to the provision of care to L.A. Care Medicaid beneficiaries. He will discuss it with Mr. Baackes and PRAC members at the next meeting.</p>	

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	<p>Supervisor Solis suggested that the PRAC set criteria for that community member, as there are potential members who can contribute to the PRAC discussions and dig into the data and analysis. She encouraged setting criteria that will help inform the PRAC members. Board Member Greene thanked her for the suggestion and criteria for the suggested member could be discussed to be sure it aligns with the PRAC Charter. Mr. Baackes noted that the PRAC was intended to include members from a wide array of providers, and members were invited to participate are people who would be able to speak, not just for their organization but for their colleagues as well. He suggested following up with her after criteria is developed to figure out how to get close to the representation she suggests.</p> <p>Board Member Vaccaro commented on the lack of representation in equity with the community health centers or Federally Qualified Health Clinics (FQHCs), with only one clinic seat on the list of members and a CEO at a County facility filled it. The member list is very heavy in hospital representation, and she would like the PRAC to consider adding a clinician from an FQHC, to provide a clinician’s perspective in addition to the CEO representing FQHCs.</p> <p>Mr. Baackes responded that he intended to bring her request for discussion at the next PRAC meeting. Mr. Baackes noted that the roster includes two seats for FQHC representatives and he offered to follow up with Board Member Vaccaro for more information on how it could be addressed.</p> <p>Chairperson Ballesteros asked how the Board would receive reports from PRAC and when the first report would be submitted. Board Member Greene responded that he would proactively reach out to PRAC members individually to ask them to identify issues, challenges and opportunities to engage, collaborate and communicate with L.A. Care, as potential agenda items at future meetings. Board Member Greene plans to come to the next meeting with a list of some of those challenges, issues and opportunities he has gathered from hospital leaders in Los Angeles County. The PRAC would have collaborative discussions about steps to address any issues, challenges or opportunities, and there will be a report to the Board of Governors at the next meeting. Mr. Baackes will continue to attend PRAC meetings and participate in the discussions. He anticipates reviewing the Agenda prior to the PRAC meeting with Mr. Baackes.</p> <p>Board Member Ghaly commented that her recollection is that the PRAC was formed to focus on hospital-specific concerns. It was about discharges to skilled nursing facilities, timeliness of obtaining transfer opportunities, or transfers to in network facilities from patients who are originally out of network. She acknowledged that there probably is a whole host of separate issues at the clinics that outpatient providers would want to discuss. She asked if this committee is intended to cover provider issues broadly. If so, it makes sense to include a broad contingent from outpatient medical directors, including but not limited to FQHCs. If it's really</p>	

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	<p>intended to be focused on the hospital issues, it raises questions in her mind if the scope should be expand or should a separate workgroup or committee be set up to address other issues.</p> <p>Board Member Greene responded that the impetus for the creation of this committee was a broad discussion of hospital challenges. Through a series of conversations between him and Mr. Baackes, they realized that focusing on the hospital experience could solve some of the challenges and issues; one of the biggest issues is throughput and the care that initially hospital-based patients receive once they are discharged from the facility. They decided to include representation from across the continuum of care, because it is all connected, and that is how they landed on the Provider Relations Advisory Committee, rather than just a committee focused on hospital issues.</p> <p>Mr. Baackes agreed, and the Board may recall that Board Member Greene commented at a Board meeting that it was not clear how to bring issues up during a Board meeting. From that observation, formation of the PRAC was suggested as the fourth standing committee of the Board. The first issue raised was around the difficult-to-place Medicaid patients who needed step-down care. That is not just a hospital issue or a health plan issue; it involves transportation vendors and a whole host of people. That is when we began to realize, that it should include other provider types in addition to the hospitals. We tried to include a community hospital, a safety net hospital, and an academic medical center as well as the FQHCs and county clinics, transportation, behavioral health, durable medical equipment, and so forth. There are 16 seats on PRAC, and 14 members currently. We can certainly look at a broader representation, but the idea was to have it broader than just hospitals; the provider categories operate together as an ecosystem of care to serve Medicaid patients.</p> <p>Board Member Booth commented that she is on the PRAC, and she noted that Board Member Greene used the word collaborate several times in his report. It seems to her that it is a group of people that plan to keep the patient at the center of the collaboration effort. Her dream is that everyone can all work together just as was done with the MCO tax to increase Medi-Cal reimbursement. We can work together, including the patients, to make healthcare much better in California. She hopes collaboration continues to be the focus and not individual categories of providers or individual facilities.</p>	
CHIEF MEDICAL OFFICER	<p>Dr. Amin reported that after the last discussions with the skilled nursing facilities (SNF) and hospitals during the brainstorm session a few months ago, plans were made for:</p> <ul style="list-style-type: none"> • First phase addressing the SNF rates. 	

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	<p>Conversations have started for phase 1 with over 100 facilities regarding the rates. L.A. Care has planned to issue proposals to many of them starting in October. Account managers have reached out to the facilities. It is hoped that it will lead to more throughput for the hospitals. In addition to that, staff is involved in reimagining SNF contracts, to give SNFs an opportunity to approach patients in a more holistic way. This will continue on a couple of different avenues: one is how payments to SNFs can be tiered, how we can add a placement factor, having a discussion with SNFs about difficulty of the patient care at the SNF, and including it in tiers to allow a SNF to claim higher payments. In addition to that, L.A. Care is exploring additional carve outs so that caring for a difficult patient does not cost more for the SNF than the reimbursement. Because in that instance, a SNF will always be hesitant to take on members who have significant comorbidities. L.A. Care is exploring alternatives such as sitters, transportation and a number of others, whereby the carve outs can be adjusted to ensure that the health plan is paying for care in a way that keeps the facility full. The third part underway involves centers of excellence, discharge templates, getting a better sense of inventory, and understanding the capabilities of the various SNFs. L.A. Care has begun a pilot program with one set of facilities regarding discharge templates that seems to be going well.</p> <p>All of those things are being discussed. The plans are coming together, and discussions are underway with finance and provider network team members. Staff is getting ready to move on it. Dr. Amin is happy to discuss in private about the various considerations for difficult-to-place parameters. In addition, the SNF pay for performance plan will help L.A. Care move members to an appropriate setting.</p> <ul style="list-style-type: none"> • Second phase to provide incentive payments for complex patients, in addition to providing help in moving patients out of the hospital when appropriate. <p>Both phases are well underway and moving quickly.</p> <p><u>Community Health Team</u></p> <p>Dr. Amin redesigned the health services division and formulated a community health department, to handle social services, behavioral health, housing initiatives as well as community support programs. A major reason for this is that community supports operationally are run out of multiple departments within health services, and an overarching infrastructure was needed for these programs to prevent the 14 committee supports from being just a menu of items and making sure that it is actually a holistic program. Health Services staff created a platform to have more of a standardized referral form, more standardized data exchange with providers that work on community supports, make sure that we are actually gathering referrals, not only from providers on the outpatient side, but also other members of the community should be able to access those programs. A lot of lunch and learns are being conducted for the hospitals and SNF facilities so they are aware of programs available to support them in taking</p>	

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	<p>care of their patients. The platform was developed and will be rolled out over the next few months across L.A. Care to bring programs together under this umbrella. In addition, L.A. Care is looking at the housing initiatives in a very similar way, bringing the programs together under HHIP, along with programs for sustaining services and tenancy as part of one program to look at housing more holistically. In the same theme for street medicine, a new framework is called, Field Medicine. Field Medicine is an initial draft proposal being discussed with multiple providers to make sure that it is vetted and it makes sense. Discussion is underway with Community Clinic Association of Los Angeles County (CCALAC), and seeking alignment with Health Care LA (HCLA) and Los Angeles County Department of Health Services (DHS). Once there is a solid framework for field medicine, it will be implemented. This will be a pioneering effort for street medicine because now, this care is decentralized, and there are a number of people out there doing things in a very disconnected way. L.A. Care will actually be able to pull this together in a way that makes sense for everybody, particularly for members. Supervisor Solis thanked Dr. Amin for his report on the SNFs and the community health teams. She asked for more detail on the housing programs. There are many initiatives underway by Los Angeles County, and a lot of care is done by DHS. She asked about the elements of the program and if the programs are being coordinated. She invited Board Member Ghaly to comment as well.</p> <p>Dr. Amin responded that L.A. Care began providing services under the housing initiatives at the beginning of this year or last year. There was a lot of work to get the services out. It involves tenancy, deposits and that is the work in sustaining services. Much of the care is with DHS, so L.A. Care sought a partnership with DHS to start the services. L.A. Care is now building better infrastructure to make sure that the patients are receiving sustaining services are receiving it for the right period of time, and are getting into other programs that they need. Oftentimes, they are left in sustaining services for long periods; it removes the patients' ability to receive other things like Enhanced Care Management or other key supports that may benefit them financially. Audits are being done alongside DHS to look through the member population and ensure they are getting everything that they need. In addition to that, there is a larger effort going on to make sure that the data is correct. To confirm members receiving tenancy support, receiving sustaining services, and who is actually getting help to get into a home as opposed to whom we are helping to maintain that home. This will give L.A. Care a better sense as to how long we've been trying to find housing and whether or not we need to go down into the app to do that. Mr. Baackes has provided a lot of leeway to collaborate not only with the County, but also with Los Angeles City, to try to help with a lot of the efforts around hotels and tiny homes to make sure that members are getting all the services that they need, we're getting them into at least temporary housing. There are many other efforts going on around how the health plan pays for those services. There are many activities underway: to meet with SNFs and hospitals about</p>	

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	<p>available services. We encourage SNF and hospital staff to inform patients leaving those facilities to understand that there are many ways L.A. Care can assist them with housing or sustaining services. Dr. Amin feels L.A. Care is using the HHIP funding more effectively.</p> <p>Board Member Ghaly thanked Dr. Amin for the summary. She reported that DHS works very closely with L.A. Care and other health plans on the implementation of the community supports aspect of CalAIM. In one area Dr. Amin mentioned, she wonders if joint work can be done with the County, that is the degree and duration to which we need to continue that tenancy and sustaining services support. One of the practical challenges that we run into at the County is that many landlords and property operators are only willing to continue leasing properties to individuals if those tenancy and sustaining services continue for a long period. Oftentimes the clients need intensive hands on support for an extended duration, and we do not want to jeopardize the ability to get them into housing or to be able to maintain the success of their housing by withdrawing a critical service and supports. Within Housing for Health DHS has excellent retention rates in housing one- and two-year rates, and housing exceeds 90%. Once housed, they are very successful at keeping people housed, but it does come with ongoing costs for tenancy and support services. She hears the point about needing to understand the house navigation component versus the tenancy and support services components. So that the cost of getting someone housed versus the cost of keeping someone housed can be understood. She suggested a process in partnership with accounting for all this initiative, which obviously has Measure H and alternative funding sources and tiered levels of support. She asked about the criteria under which clients potentially could step down to a lower tier of supports and duration. If the plans and DHS can agree on a structure that stretches the funds as far as possible. She acknowledged challenges because of the way the community supports program was set up and there may be opportunities for joint advocacy between the County and with L.A. Care and Health Net that we are not fully taken advantage of right now. She suggested joining one voice to advocate for changes in the programming structure that might make all of our lives a little bit easier.</p> <p>Dr. Amin responded that he is very glad to have the conversation about the duration of sustaining services. It has taken a lot of time and a substantial amount of effort to get the data needed on sustaining services in order to have the conversation with DHS. Clinical audits of the data have begun, and about 20% of patients could use additional services. We can connect them with other community supportive services and other case management programs that can actually help. There is important information and L.A. Care is working very closely with DHS. The primary intention is to make sure that members are getting the right services, make sure they are getting additional services for which they qualify, and working together to determine how long the services are provided.</p>	

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	<p>Mr. Baackes stated that L.A. Care would be happy to advocate along with DHS and Health Net. L.A. Care recently organized a coalition that included Health Net and the Plan Partners. Five health plans went to DHCS with the same issue that the transitions of care that are part of the CalAIM initiative were impractical. The message was that the five plans would need to hire a number of people in competition with health care providers in the labor market. Dr. Amin was the spokesperson addressing the DHCS Chief Medical Officer and the conversation was between two clinicians, and DHCS backed off. It is important to show that health plans have the same challenges, and present a unified point of view to DHCS. Coalitions work well, and L.A. Care is happy to convene and negotiate with DHS.</p> <p>Board Member Greene asked if L.A. Care is working with local recuperative care organizations. The National Health Foundation has a 60-bed facility in Pico Rivera, and is working on opening a 140-bed facility for unhoused seniors, scheduled to open in January 2025 in Los Angeles City Council District 6 in Arleta. The objective is to help hospitals with discharging patients experiencing homelessness, when the patient no longer needs an acute level of care, transition the patient and connect the patient with social services. This effort might provide opportunities to bolster the program.</p> <p>Mr. Baackes noted that L.A. Care contracted with that facility prior to recuperative care becoming a benefit. L.A. Care ran a pilot program with that facility, leasing 16 beds for homeless inpatient members so they did not go back to the streets. Those members were able to get into permanent supportive housing, usually within 90 days. L.A. Care is very familiar with that organization and will continue working with them.</p> <p>Dr. Amin noted that recuperative care has been sort of a hot button issue throughout the County. L.A. Care has looked into this in detail, and there is an opportunity to redefine eligibility criteria. LA Care has opened the eligibility criteria significantly for emergency room referrals. There is going to be a lot more throughput to recuperative care. Member Greene offered to talk with Dr. Amin offline and connect him with the CEO of National Health Foundation, Dr. Felita Jones, and appreciates the support of the Pico Rivera facility. He also offered to speak with Mr. Baackes about opportunities for the Arleta facility, because that is also L.A. Care's patient population will be able to access that 140-bed facility.</p> <p>Chairperson Ballesteros commented that there are something like 786 recuperative care across the County. It would be helpful to understand L.A. Care's interaction with all of them, and he suggested a presentation or report at a future meeting on L.A. Care's investments in housing and supportive services. There is a lot in CalAIM. A few months ago, the Board approved some transfer of funds received to support not the payment of the housing itself, but the support around it in terms of the move-in, and those types of cost. There were cost projections in that motion for the number of individuals to be served, what types of services are offered,</p>	

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	<p>and the expected outcomes. At some point in time, the Board would appreciate a report from Housing for Health on those investments. In addition to that, it would be helpful to understand what the total investments are into housing supports beyond the Board's motion.</p> <p>Dr. Amin agreed to provide the report. It is important to him to follow up with organizations funded through HHIP by L.A. Care, to make sure that the money is well spent. Dr. Amin sees the numbers internally, and wants to make sure that the Board also has visibility on it. He will ask the community health team to provide a report. Chairperson Ballesteros suggested a report when there is sufficient information for a comprehensive report on the total effort. Mr. Baackes stated that L.A. Care is able to evaluate the number of people provided with housing because of the investment. He noted the catch is that the funds cannot be spent on housing itself, but can only fund support services. L.A. Care can provide housing navigators on every corner and provide supportive services, but if there is no housing available, it is hard to complete the process.</p> <p>Supervisor Solis responded that the County is building affordable housing on the general hospital camps for individuals coming out of the carceral system, a step-down program, or acute care. Hundreds of housing units, not tiny homes, will become available. Funding will be needed for case management and other ongoing programs. The County and other entities are exploring ballot initiatives in the next year that we hope will increase funding in this area. The results of current programs will be an important part of messaging to the public. She agreed with the Chairperson that it is important for the Board to hear regular reports on the metrics and where the assistance and services are going.</p> <p>Mr. Baackes replied that L.A. Care would be happy to do that. He noted that Supervisor Solis has been instrumental in acquiring hundreds of housing units in the Cecil Hotel. The more of these kinds of activities to increase available housing, the better L.A. Care can put funds to good use, help people find suitable housing and help them stay housed.</p> <p>Chairperson Ballesteros requested an item on a future agenda, with an extended discussion period, about the intersection of housing and health, and needed advocacy. It is an important and pressing issue that is recognized more and more in the structure of Medi-Cal benefits. Dr. Amin responded that he would prepare his team for a full report to provide a full report.</p> <p>Chairperson Ballesteros thanked Supervisor Solis for her advocacy on these issues and for her work in the County, particularly on the general hospital campus. It is awesome to have her advocating at this level for needed services. Supervisor Solis also acknowledged Board Member Ghaly who has been instrumental in this work from the beginning. She thanked Chairperson Ballesteros and Mr. Baackes and his staff for working with the County on this project.</p>	

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	<p>Chairperson Ballesteros thanked Board Member Ghaly for all that DHS does for Los Angeles County residents.</p> <p>Chairperson Ballesteros requested that the Board allow Tara Ficek, Committee Chair to report on the Children’s Health Consultant Advisory Committee meeting as the next item. There was no objection from Board Members.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson asked that the Board make the communication to recertify members and due to the fact that a lot of people do not have coverage and they don't know they do, it would be great to have someone from the RCACs or health promoters, or even staff, whomever is available to go to the schools. And that would be a parent meeting of some sort, anything having to do with educating parents that they may be losing their coverage for their children. And when you do that, it's almost as if they understand now what needs to be done and who could help them recertify. Because you do have parents that do have learning disabilities, mental disparities, physical disparities and they need coverage, but their children need coverage even more. And with that, if you do have someone that can speak to them directly and let them know that they're losing their coverage, they need to be recertified or reapply. Then that would be great.</i></p> <p>Tara Ficek, Chairperson, reported that the members of the Children’s Health Consultant Advisory Committee met on August 15 and September 19 (<i>approved minutes can be obtained by contacting Board Services</i>).</p> <p>On August 15:</p> <ul style="list-style-type: none"> • Dr. Amin presented the August 2023 Chief Medical Officer report. • Marina Acosta presented information about L.A. Care’s Gun Violence Prevention efforts. • Cherie Compartore updated Committee members about Governor Newsom’s May Budget Revision and spoke about the MCO Tax. • Dr. Li gave a L.A. Care Health Equity Disparities Mitigation Plan update. He gave a report to the Board at the July 27 meeting. <p>On September 19:</p> <ul style="list-style-type: none"> • Dr. Amin provided a Chief Medical Officer Report. • Phinney Ahn gave an update on Medi-Cal Redeterminations. She reported the latest data, updates on the call campaign that was conducted for these members in July. She also provided information about the potential for disenrollments. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> The Committee had a lengthy discussion, sharing ideas and guidance on opportunities for L.A. Care to get the word out through its partners, including schools on how to best support successful participation in the renewal process. The Quality Initiatives team will be giving a presentation about L.A. Care’s Clinical Initiatives and Child Health call campaigns at the next meeting on November 21. 	
<p>Approve execution by L.A. Care Chief Executive Officer, John Baackes, of two Agreements related to the Medi-Cal Contract (04-36069) (BOG 100)</p>	<p>PUBLIC COMMENT <i>Andria McFerson commented that she spoke about this previously and how low-income people who have coverage with L.A. Care, with moderate income, also, they are reluctant to actually speak up and speak out to their medical providers. They have Medi-Cal. They believe that if they fill out a survey that basically says that their providers are illegitimate, they don't treat them well, and things like that that they won't receive preventative care or care at all. So, with that, if there are third parties or different, just locked boxes in different streets that they can just drop their anonymous survey off to, then the Board would have proper information from the members of L.A. Care. And, then also, you can take that data to bring it back to the Board on why people of color have the highest mortality rate, highest mental illness rate, highest homeless rate, and different things like that. And these anonymous surveys would be more true to their particular situation, because they feel that sometimes if they do speak up, that they would get treated differently from their service care provider. So that would be a great honor to have Medi-Cal, and then also be able to speak up and speak out for your disparity having to do with your service care provider.</i></p> <p>Tom MacDougall, <i>Chief Information and Technology Officer</i>, summarized a motion to approve the execution by John Baackes for two agreements related to the Medi-Cal Contract, for</p> <ol style="list-style-type: none"> 1) Disclosure and Use of DHCS Data (2023 Post-Expiration Data Use Agreement) which is related to the contract expiring December 31, 2023. The 2023 Post-Expiration Data Use Agreement (DUA) allows the exchange of information between DHCS and Managed Care Plans after current contracts expire. 2) Disclosure and Use of DHCS Data (2024 Data Use Agreement) related to the 2024 Medi-Cal Managed Care contract, which will become effective January 1, 2024. . <p>DHCS provided the Plan with a limited time to review the agreements; therefore, Staff is asking for approval of the executed agreements.</p> <p>Augustavia Haydel, Esq., <i>General Counsel</i>, noted a correction to the motion language to use the word “ratify” in place of the word “approve”. There was no objection to the change.</p> <p><u>Motion BOG 100.1023</u> To ratify the execution by L.A. Care Chief Executive Officer, John Baackes, of two Agreements related to the Medi-Cal Contract (04-36069).</p>	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADVISORY COMMITTEE REPORT		
<p>Executive Community Advisory Committee (ECAC)</p>	<p>PUBLIC COMMENT</p> <p><i>Deaka McClain commented that she wants to make sure people see her, not to see because of her, but she wants to make sure they see and hear her. First of all, she wants to say thank you to the Chair for this opportunity to speak. Then she wants to say, she probably won't get to say everything she wants to say, because she wasn't able to get up [to the microphone] fast enough earlier to try to get it all out so, give me that. Thank you for giving me this opportunity. If she is doing any disarray or wrong words please, let me know. First must be birthday fever in the air. Her Birthday was yesterday. She just found out that Tom's Birthday was today. So Happy Birthday, fellow October baby, she is still celebrating for the love. So, her point is, she was in meetings all day and almost decided not to come here. She said advocacy is never done, Birthday or not. So, now she gave you guys a little humor. She wants to point out the discussion is going to be had. First of all, she wants to give honor to her fellow committee member, Fatima, because we're sitting in this position today. The accessible exam tables has been something that the ECAC, our committee, has spoken about quite often. She is here to remind everyone, we brought this conversation up before several years ago, and thank you for allowing the beds to be accessible for our providers, doctors' offices, hospitals to have exam tables. She would like to continue the conversation and say, once we talk about this, can we put it on the floor that it will be a continual, where we don't have to keep coming back and asking for funding for accessible exam tables for the providers? Can we just discuss that it is already in the budget that we are going to provide this every year? That would be her ask. Then her fellow committee members are expecting this, so she does not continue to come back, is what she is saying. Also, she thanked Supervisor Solis, she doesn't see her at the tables but she'll leave that alone. She thanked the Supervisor for bringing up in honor of Senator Dianne Feinstein's passing in respect to her advocacy when it came to health care and domestic violence. She is an advocate here and in the community, and due to Senator Feinstein, she helped trail blaze for women to be in politics. If it were not for her trail blaze, Ms. McClain would not be able to say that she is an advocate and public official in the community. She also wants to bring up domestic violence. This is domestic violence month. She would like to start a conversation where domestic violence can be a part of our RCACs work plan. Because she feels that domestic violence is not talked about enough. It is only talked about when it needs to be talked about. No, let's change the conversation where we're talking about it on a regular basis, especially when we have women and men going through domestic violence and they have to go to the emergency room. If we have a little bit more education, intervention and prevention that will cut down on some of that. She also wants to bring up when we are talking about languages disparities, to remember to also talk about ASL language and the need for people with that. They need that assistance when they go to a doctor's office, when they go to a hospital and when dealing with domestic violence. Ms.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>McClain added as an accessibility issue, whoever is making up the room, just a suggestion, if we can work on maybe doing it differently, because part of the reason why I was struggling. I have to look around to find out who can assist me with writing, or even Ms. Cooper, if we need assistance. So, if the staff community engagement are helpful people, don't get her wrong, people helped her earlier but if the room could be set up differently so the staff could see if members need assistance so members don't have to look around.</i></p> <p>Chairperson Ballesteros thanked Ms. McClain for her suggestion.</p> <p>Mr. Baackes thanked her for mentioning the accessible examination equipment that was funded through the Community Health Investment Fund, and it can be reviewed for an annual allocation. He asked that Shavonda Webber Christmas, <i>Director, Community Benefits</i>, at the meeting today, review the request and the motion, and make a recommendation to the Board on continued funding if there is need for that equipment.</p> <p><i>Elizabeth Cooper stated she is the parent of a development or disabled son. He is also autistic and cerebral palsy. She represents him, but when she takes her son to the doctor for a checkup, he does not have a scale. There is more, she agrees with the beds, but we do not have a voice for the developmentally disabled. We speak, because as a pair, but we do not get a chance to participate. She is speaking to the two board representatives, new board representative and Layla Gonzalez, please take notice. There needs to be a committee for the developmentally, severely developmentally disabled. So far, we have to come before you. When she takes her son to the doctor, they have no way to put him on the scale to see whether he is overweight. We need to also address the issue of the severely developmentally disabled who are regional center consumers, and there needs to be a voice for them. They cannot speak up. So, as a parent, I'll speak up for him, and I need to hear more interest in the developmentally disabled. And she also would like to have the Chief Medical Officer, Doctor, please take notice of that. She asked the Chair to direct the Chief Medical Officer and all entities regarding the developmentally disabled, because a lot of times they don't have a voice. And she speaks up, but she's just a public person. And another thing she would like to bring to the notice to the Board. Some of the committees that they are on, she would like to see, she can't remember some of the acronyms. That's why she has to say, what does this word mean, what does this word mean, how are the consumers going to be able to give you input if they don't know the acronym? She has to go in her Webster's dictionary to see what they mean. Also she'd like the two board representatives to please take notice of her comments regarding participation, and these committees that she heard discussed today, every consumer representative should be asked to be on those committees. Because housing and all the other issues impact them. And she heard silence. Board Members are so articulate and she appreciates hearing from them, but this is the only time she has to say it. Also, please listen to the community. Some of the programs now that you're discussing came from Members of the RCACs. She knows</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>she tried and she's a public person. But she would like the Board of Supervisors, like the input for the consumer, Doctor, please take notice and invite us to participate as a public person. We may not sit at this seat. And I would please like you to take Chairperson, please take notice of my comment. Her son Jonathan, who is an L.A. Care member for a long time. And I appreciate it, but please take notice of this. She appreciate all about the hospital beds, but please take notice for the developmentally disabled members who do not have a voice. So let's have it so that we can be more inclusive rather than exclusive.</i></p> <p><i>Andria McFerson did want to bring back up the fact that there is confusion having to do with a seat here representing the ECAC and then also the ECAC chair position. She needed to know specifically, was there one person representing both? And if that is indeed possible For that to be done. Also with that, she's going to change the topic a little bit. She did speak a long time ago about being homeless and different things having to do with the homeless people that she knew specifically. She had a friend that would rather stay out on the street. He was developmentally delayed and he would rather stay out on the streets, cold, hungry, unwell. And because he was treated really horribly by the people at the shelters, the service workers, the providers, health care providers, and they did not understand. They had no empathy towards his ADA rights and how to address him properly so that he did not feel threatened. And with that, she spoke at the Board of Supervisors meeting while being homeless, about how there needed to be buildings with service workers that helped people who needed extra assistance daily. Someone employed in that building that helped them through all kinds of different things like being recertified for Medi-Cal recertifying for EBT and Section 8, and making sure that they had an IHSS worker and the proper way to fill out that documentation so that everything can be well. Right now, she has a friend that was placed in housing through the County, and he has issues, let's just say it like that, and his house is not clean, and it's not healthy for him to be in right now. But he was not deemed physically disabled or mentally disabled and so no one helped him through that process of receiving housing, when he did receive the housing he had no one to help him through the process of keeping himself well, so now he has resulted into other things and she won't discuss. But there definitely needs to be a general consensus and we need to talk about it during the ECAC. And how we know people who are affected by it and properly give information that would help that particular situation during the ECAC and the RCACs. Please allow the committee to speak about different things having to do with the homeless and other disparities, having to do with mental health and physical health.</i></p> <p>Ms. Haydel responded to the validity of the motion. The motion comes from ECAC. The status of the Chairperson does not affect the validity of the motion. However, in response to the concern by Ms. McFerson, she stated that Ms. Vazquez previously resigned as Chair of ECAC.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Ms. McFerson asked if there was a Chair of ECAC.</i></p> <p>Ms. Haydel responded that she does not have an answer to that, but it is not relevant to the motion before the Board. She asked staff to advise Ms. McFerson about that.</p> <p>Chairperson Ballesteros asked Board Members Gonzalez and Vazquez to provide the report and present the Motion.</p> <p><i>(Member Vazquez spoke in Spanish and the following is her report interpreted in English.)</i></p> <p>Board Member Vazquez thanked the RCAC members present at the meeting. The Temporary Transitional Executive Community Advisory Committee met on September 13.</p> <ul style="list-style-type: none"> • Mr. Baackes gave a Chief Executive Officer update. He gave a report earlier today. • Alex Li, MD, gave an update on L.A. Care’s Equity Steering Committee and Health Equity Disparities Mitigation Plan. He gave this report to the Board at the July meeting. • Alison Patsy presented information about L.A. Care’s Diabetes Awareness and Intervention objectives. L.A. Care has conducted diabetic retinal eye-exam outreach by collaborating with the member vision service plan and connecting members to eye-exam providers. L.A. Care also launched a Medically Tailored Meal Program and piloted the program for 30 eligible members. It provided diabetic-tailored meals (two meals a day, seven days a week for eight weeks). It included health education and referral to L.A. Care’s Diabetes Self-Management Education Program. • Idalia De La Torre gave an update about TTECAC Chair/Vice-Chair Nomination and Election Process for the next TTECAC meeting on October 11. <p>At the meeting, there was also an opportunity to greet and say hello to Hilda Perez, who was a Board Member for a long period.</p> <p>Board Member Gonzalez summarized a motion presented by ECAC. On September 13, 2023, the Temporary Transitional Executive Community Advisory Committee (TTECAC) discussed and determined that a motion should be forwarded for consideration by the L.A. Care Health Plan Board of Governors to approve a second round of funding for providers to purchase exam tables.</p> <p><u>Motion ECA 100.1023</u> To request L.A. Care make funds available to distribute to providers for the purchase of accessible exam tables. A report of how the funds were distributed and a report of the past funding is also requested.</p>	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Children's Health Consultant Advisory Committee	<i>This item was discussed earlier in the meeting.</i>	
Technical Advisory Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she is not quite sure whether this topic is relevant to item number 10. She spoke at the Board of Governor's retreat meeting about all different ways people are getting left behind in the virtual world. And, it is common that providers email patients and use virtual appointments. Some people cannot participate because they don't know how to use these tools. It is important to speak about these things with the technical advisory committee, or any other committee relative to this topic, because better access to intercommunication and the AI and technical world should be things that are mentioned by people who make major decisions for people who do have those disparities. She spoke about a Google calendar. That Google calendar should be linked to maybe a robo text that could be sent to patient's phones and the patient can click the text and open the calendar. This could help all of the members that have different doctor's appointments; they would know exactly when the doctor's appointment is what time it is and the location, once they click onto it. And with that being said, they do have something called a remote. And that remote could be someone in the doctor's office or all relative service providers that are contacting those patients. That remote just basically helps them use their phone and teaches them from that provider's perspective on how to use their phone to receive all information. That could even be setting up an email to directly communicate with that patient. The remote is an app and it would just basically have that doctor's office call the people that they're servicing and ask them to pick up their phones. Once they pick up their phone, that remote can allow that service provider to actually open up the app on their phone and help them go through that whole point of certifying, or receiving the app, or making sure that they know how to use the app. And when you call that person and walk them through that whole process - that is a great opportunity for everyone to join that AI world, and actually see their doctor with virtual appointments that they have and all other medical providers or service providers. They can see them virtually with that remote path that they have. If anyone needs that information about the remote app, she can give it to them after the meeting.</i></p> <p>Dr. Amin reported on behalf of Dr. Li. The Technical Advisory Committee (TAC) met on August 10 (<i>this report was deferred at the September meeting</i>).</p> <ul style="list-style-type: none"> • Dr. Li gave a Chief Health Equity Officer update • Dr. Amin gave a Chief Medical Officer update. • Marina Acosta and Marvin Thompson gave a report about the Health Equity Impact Assessment Tool. The tool was created to: <ul style="list-style-type: none"> ○ Provide opportunities to assess the impact of projects on diverse member populations. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Systematically and consistently embed equity questions in enterprise projects ○ Help provide more care that is equitable for diverse member populations. ○ Further institutionalize equity efforts. ● Marina Acosta updated the Committee about Health Equity Improvement Zones and Community Resource Centers. Ms. Acosta spoke about the progress on the Health Equity and Disparities mitigation plan, specifically with Zones 2 and 3 with the place-based efforts in Social Determinants of Health (SDOH). Progress in Zone 3 includes strengthening the collection and links of SDOH information and resources on food, housing, and transportation among L.A. Care members. 	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson stated she is not quite sure whether this is relevant to funding for workforce development. As she has said before, she believes that all staff should have an opportunity to meet a quota of anonymous satisfaction surveys and with that budget, this would lead to a yearly bonus for the staff members or other incentives. All satisfaction surveys would be filled out by those they serve and could be anonymous, and that is basically covering the EXE.101 strategical planning process. She doesn't know if it's irrelevant in a sense, but she needs to just basically say this, that the outreach and engagement department definitely has a dire responsibility. And 25 years of actually giving back to the community and allowing us to give back to the community as well. With that there'll be anonymous surveys having to do with the people that they serve, whether it be the committee or other stakeholders that they have direct communication with. And that budget can go towards the yearly bonuses that they receive for other incentives keep a smile on everyone's face.</i></p> <p><i>Elizabeth Cooper asked if the workforce was related to L.A. Care staff.</i></p> <p>Mr. Baackes responded that it is workforce development for safety net providers, community and home health workers.</p> <p><i>Ms. Cooper asked if it is given out under the direction of L.A. Care.</i></p> <p>Mr. Baackes stated that in 2018, the Board was asked to set aside \$155 million in unassigned reserves for Workforce Development. A number of programs were created</p> <ul style="list-style-type: none"> ● 48 Medical School scholarships at UCLA and Charles Drew ● 152 new primary care doctors were hired through grants to the employer ● 174 doctors received medical school debt relief 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Over 6,000 supportive service workers have been trained • 44 Residents were also trained. <p>The proposed motion will add \$50 million more to the fund. The board extended the program for another five years. Last year we had \$61 million remaining. By moving \$50 million into the unassigned reserve fund, L.A. Care can guarantee the continuation of the program through that five-year commitment, as well as address any other workforce development needs that arise in the safety net. It is not L.A. Care employees.</p> <p><i>Ms. Cooper is concerned that the RCACs have input. She wants to make sure, and she knows her voice is just a public voice, members of the Board have the vote, she has the voice. But you have the vote. She would like to see them making sure this workforce development is diverse. Sometimes that's a question that we don't like to talk about, but she would also like to see when this is presented. So the RCACs can know that it is diverse, ethnically, culturally diverse and all the diversity. And also the disabled are included in particular the developmentally disabled. That's a population that sometime has gotten forgotten. So I would greatly appreciate that the Board commits itself and make sure this money be when it's dispensed that is culturally diverse, making sure that those persons who apply for those scholarships, et cetera and program that they work in the community and it has benefited the community who they represent. And that's a concern of hers. Sometimes all money is dispensed, but you don't know whether there's diversity, and she hopes that the Board gives a commitment that they're making sure there's diversity. And particularly she would like to see some diversity among the disabled community, particularly the developmentally disabled community and making sure they comply with the ADA Act.</i></p> <p>Chairperson Ballesteros thanked her and he is certain that the data is collected and will be reported at a future meeting.</p> <p>Chairperson Ballesteros reported that the Executive Committee met on September 27 (<i>approved meeting minutes are available by contacting Board Services</i>). The Executive Committee reviewed and approved Amendments to L.A. Care Health Plan Retirement Benefit Plan and Human Resources Policy HR 219 (Standards of Conduct) which does not require approval by the full Board.</p>	
<ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Report 	<p>Ms. Haydel referred Board Members to the report included in the meeting materials.</p> <p><i>(Member Greene left the meeting.)</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Funding for Workforce Development 	<p>Mr. Baackes previously provided background on this motion in addressing public comment, above. He added that the entire effort of the Workforce Development Program, particularly in the scholarship, was to create a diverse network of providers working at safety net sites. The existing provider network does not match the profile of the Medi-Cal population by race, ethnicity, and cultural background. Of the 48 scholarships awarded, all but two were awarded to medical students of color, and 52% of the recipients are women. The motion is included in the meeting materials and was introduced at the last Board meeting.</p> <p>Board Member Roybal asked the duration of the current funding for the program. Mr. Baackes responded that this will sequester funding in the reserves to enable continued funding for five years, and should allow funding to address new issues that may arise.</p> <p>Board Member Booth thanked Mr. Baackes for the proposal.</p> <p>Board Member Gonzalez noted that an issue among members is the lack of sufficient providers in some geographic areas of Los Angeles County. She asked about ways to incentivize providers to work in those areas. Mr. Baackes noted that provider locations are needed in those areas. One issue is that provider practices need to apply for the funding in those areas. L.A. Care recently made the process easier. He acknowledged Board Member Booth, representing Los Angeles County Medical Association, for helping to get the word out to encourage more private practice providers to participate in the program.</p> <p>Board Member Gonzalez appreciates the interpretation services that L.A. Care provides, but she would like to see more providers and staff that speak the languages matching L.A. Care’s members. She asked about how to encourage participating providers to seek new physicians who are fluent in those languages spoken by L.A. Care’s members. Mr. Baackes offered to provide additional demographic information on the 152 primary care providers in the program. He invited Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, to speak about the program. Ms. Webber-Christmas confirmed that data about the providers in the program could be provided to the Board Members at a future meeting. She will also be providing information to Executive Committee members in response to questions during the meeting last week. Mr. Baackes noted that one significant goal of the program was to seek out providers with lived experience in these underserved areas and can speak the languages of the patients they serve.</p> <p><i>(Member Greene rejoined the meeting.)</i></p> <p><u>Motion EXE 101.1023</u> To authorize adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to address emerging safety net and community needs through FY 2026-27.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez) <i>Member Greene did not vote as he was out of the room during the discussion.</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes thanked the Board for approving this motion to continue a hallmark achievement for L.A. Care to improve healthcare access for Medi-Cal beneficiaries in Los Angeles County. Chairperson Ballesteros thanked all staff at L.A. Care, and Ms. Webber-Christmas in particular, that works so hard to administer this important program.</p>	
<p>Finance & Budget Committee</p>	<p>Treasurer Booth reported that the Committee met on September 27 <i>(a copy of the report can be obtained by contacting Board Services)</i>.</p> <ul style="list-style-type: none"> • The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda. • The Committee also reviewed and approved a motion for Toney Healthcare Contract Amendment to provide support to L.A. Care’s Clinical Monitoring function that does not require full Board approval. • The Committee received a written report on Sponsorships & Grants that is also included in the Board meeting materials for this meeting. 	
<p>Chief Financial Officer Report</p>	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the July 2023 Financial Performance <i>(a copy of the report can be obtained by contacting Board Services)</i>.</p> <p><u>Membership</u> July 2023 membership was almost 2.9 million members, of which about 2.7 million are Medi-Cal members. This report is the first to include the 9+3 budget forecast, which includes a correction in the DSNP estimates.</p> <p><u>Consolidated Financial Performance</u> The net surplus for July was \$107 million; \$68 million favorable to the forecast when funds designated for the Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p>YTD, there was \$349 million; \$64 million favorable to the forecast when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p><u>Operating Margin by Segment</u> The Medical Care Ratios (MCR) by segment were all close to forecast. Overall MCR is 92.1% vs 92.7% in the forecast, when HHIP/IPP are excluded. There is a high MCR in the CalMediConnect segment. Those members have transitioned to the DSNP program and this reflects remaining expenses for CMC. The DSNP is performing better than forecast, and it is expected that the DSNP MCR will continue to rise.</p> <p><u>Key Financial Ratios</u> The key financial ratios are all ahead of benchmarks, as in previous months. The only exception is cash to claims, which will not fully recover until the IHSS balance is settled with DHCS.</p>	

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	<p><u>Tangible Net Equity and Days of Cash on Hand</u> July 2023 Fund Balance was \$1.55 billion, representing 662% of Tangible Net Equity. For the month of July, we currently have enough cash to cover operating expenses for the 78 days.</p> <p><u>Motion FIN 108.1023</u> To accept the Financial Reports for July 2023, as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>copy of the reports can be obtained by contacting Board Services</i>). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of July 31, 2023 was \$2.7 billion.</p> <ul style="list-style-type: none"> \$2.6 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$35 million in Local Agency Investment Fund \$79 million in Los Angeles County Pooled Investment Fund <p>In response to a question from Board Member Greene about L.A. Care's reserves, Mr. Afzal referenced L.A. Care's Balance Sheet included in the meeting materials. Mr. Baackes noted that L.A. Care has reserve fund totaling \$1.5 billion, with \$1.1 billion unassigned, \$96 million in Board designated funds, and Tangible Net Equity of \$233 million.</p>	
<p>Audit Committee</p>	<p>Board Member Gonzalez reported that the Audit Committee met on August 22 to discuss the Deloitte & Touche Audit Plan for FY 2022-23 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> Mr. De La Torre was elected Chairperson of the Committee. The Board previously delegated authority to the Audit Committee for overseeing the work of our external independent financial audit firm. The Committee approved staff's recommendation to continue the engagement with Deloitte. The FY 2021-22 audit went smoothly. Deloitte was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures in claims and other medical expenses and increased use of data analytics and other audit technology. Deloitte & Touche presented the Audit Plan for FY 2022-23 (<i>contact Board Services to obtain a copy of the plan</i>). Planned procedures for this year's audit will include: <ul style="list-style-type: none"> A focus of efforts on certain areas of significance to the audits. Obtaining an understanding of all business cycles, including general information technology controls. 	

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	<ul style="list-style-type: none"> ○ Performing tests of certain relevant controls for each business cycle to determine whether such controls have been appropriately designed and implemented. ○ Using materiality as a basis for planning the scope of audit of the financial statements. The determination of materiality is a complex issue requiring consideration of qualitative and quantitative factors. It is a matter of professional judgment taking into account the knowledge of the entity, the assessment of engagement risk, and the reporting requirements for the financial statements. The consideration of materiality is influenced by the perception of the needs of users of the financial statements ○ Deploying the Deloitte Omnia audit platform which will be used for a more efficient and focused audit. This approach will alleviate common pain points while also resulting in tangible benefits for L.A. Care Health Plan. ○ Referencing proprietary quantitative financial and benchmarking analysis capability to identify unusual trends in account balances and ratios. ○ Engaging in fraud discussions with certain members of senior management and others. ○ Assessing the potential for bias in judgments and estimates, including performing retrospective analysis of significant accounting estimates. ○ Evaluating whether L.A. Care Health Plan has entered into any significant unusual transactions and, if so, the nature, terms, and business purpose (or lack thereof) of those transactions and whether such transactions involved related parties. ○ Evaluating L.A. Care Health Plan’s fraud risk assessment and controls over financial reporting by testing journal entries that exhibit characteristics of possible management override of controls which would be identified using electronic data interrogation techniques. It will also test the design and implementation of controls over significant and unusual transactions, particularly those that result in late or unusual journal entries and the controls over those journal entries and adjustments made in the period-end financial reporting process. ● Proposed 2023 Audit Fee is \$423,000, excluding expenses, a 5% increase from last year. ● The Committee approved Deloitte’s proposed audit plan for FY 2022-23. 	
Compliance & Quality Committee	<p>Stephanie Booth, MD, <i>Compliance Committee Chair</i>, reported that the Compliance & Quality Committee met on August 17 (<i>a report for the August 17 meeting is included in the September 7, 2023 Board Meeting minutes</i>) and September 21. The approved September 21 meeting minutes can be obtained by contacting Board Services:</p> <ul style="list-style-type: none"> ● Thomas Mapp and Compliance Department staff presented the September 2023 Chief Compliance Officer Report. Staff gave an update on Operational Readiness. DHCS released a new draft of the 2024 contract to plans in July 2023, incorporating requirements from amendments for 2021, 2022, and 2023, which Medi-Cal managed care plans (MCPs) 	


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	<p>have already seen. DHCS may have further updates based on MCP feedback and a final executive review.</p> <ul style="list-style-type: none"> On September 1, 2023, DHCS approved L.A. Care to go live on January 1, 2024, considering key deliverables such as network adequacy, delegation oversight, continuity of care, and CalAIM components. L.A. Care will continue implementation oversight activities and collaborate with other MCPs regarding necessary filings with DMHC due to the 2024 DHCS Contract. Mr. Mapp announced his retirement and the appointment of Todd Gower as the Interim Chief Compliance Officer. Dr. Amin provided a Chief Medical Officer Report. Priscilla Lopez gave an update on L.A. Care Timely Access to Care MY2022 Survey Results. She reported that many provider offices are operating at or near capacity. This is compounded by staffing shortages, office closures or retirements by some providers, and other challenges brought on by the pandemic. Additionally, specialty care providers lack established processes for rescheduling canceled or missed appointments. Provider staff may not be adequately informed about after-hours care standards. Providers may also fail to communicate how they can be reached in the case of an urgent matter after hours, and their voicemail systems may be outdated. Staffing problems contribute to limited after-hours office capacity. Next steps include clearly defining problems and priorities, strengthening management and oversight processes, and acknowledging the many variables and factors that shape access to care and practice performance by expanding multi-disciplinary provider support to help address root causes of access to care challenges. 	
<p>PUBLIC COMMENT on Closed Session Items</p>	<p><i>Maritza Lebron commented that she heard about the housing and all the intentions you have to work together in collaboration for fund the balance, and for the person receive a medical meals or houses to get better. But after that day, they could be back on the street. When one is in the shelter, the shelters have their own rules. After the care in the hospital, sometimes people cannot go back to the shelter. The shelter doesn't allow people to have oxygen, so people using oxygen have to go on the street. We need to work together in collaboration. She is a university student. She has emotional situations that affect her health. She needs to use a CPAP, and she finally has a CPAP machine. She cannot find housing. The voucher for housing is too low. Some have higher vouchers. She lost her voucher and she lost her children, and she cannot use her machine. There is no place to connect her machine in the street. Planning and collaboration don't address the stories in the back. She asked the Board to listen to the community to really understand the history and details about the rules that affect the community. The regulations at the sites, and the street, are very different scenarios. She has had the CPAP machine through three years of the pandemic. The hoses have broken and her mask is taped. Others in the community have the same problems. It is not acceptable that they can't have supplies like hoses and masks. You can't use a CPAP machine in the shelters. Supervisor Solis has LAHSA and shelters, but we need to work together so people can use the CPAP. The money used for the shelter could be used for single room housing. Remember people get sick in the body and in the brain. Then 2 or 4 people are put in the same room to get better. Everybody has their own issues and their own trauma. Help people get in</i></p>	

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	<p><i>shelter, but leave a little space so they can rest. People need 8 hours rest and safety so they can get better. She asked the Board to think about that.</i></p> <p>Mr. Baackes suggested that Ms. Lebron speak with Acacia Reed before leaving the meeting so L.A. Care can assist her.</p> <p><i>Andria McFerson apologized because she spoke about a friend of hers, two separate friends, and didn't specify their particular situations. It's totally different. She apologized to John Baackes because he spoke about permanent supportive housing that already exists. How can we distribute that totally to every single person that needs it? She doesn't know the difference between her friend Eric and her friend Travis, but it's two separate people that were homeless. Her friend Eric was deemed disabled as a child. When he became disabled out here in California, he stayed on the streets for three years, because he did not want to be treated badly or be pre judged by the people that were assisting him. When she spoke about different things having to do with that, they started opening up programs in Santa Monica, in Culver City, Service Area 5, with brand-new buildings with service care providers that she was speaking of, and helped him through that whole life process. Then also they have places in L. A. that place people in buildings and they have no service providers. They have no one to help them through that whole life process from when they become homeless and they receive permanent housing. They do need assistance, generally. She doesn't know how to basically contact her friend, but he does have a house. He does have an apartment. He has six cats though, and he has feces all over his apartment. He does need assistance. But she doesn't know how, maybe having the building have service providers that are there that would help him with his particular situation. She just wants to apologize because she did not know about permanent supportive housing specifically. About the program marketing strategy, she is pretty sure that there have been RCAC members that came to her and said that why can't we do what we used to do back in the day, they had information about L.A. Care and how people, peer on peer and eye to eye, can receive this information that they never knew about that can better their situation, health wise and mentally, so that it's more accessible to them. And she is pretty sure that the RCAC members are willing to go out to the community and work with LA Care.</i></p> <p><i>Elizabeth Cooper commented that she humbly protests that when she submits the forms, she came early so she can submit her comments and if they are not getting to the Chairperson it is not her fault. She humbly submits and she wishes he would take care of that matter so she wouldn't have to be left out. She would like to recommend this as a public comment, that she was reading some of the items the Board was discussing in public comment, the Ralph M Brown Act regarding the Department of Managed Care. She is concerned about as a member of the public, these are closed session items but she thinks the Board can be more effective if some of these discussions and some of these issues that you would have to disclose in public comment can be resolved. She has never seen the Department of Managed Care come here, as a member of the RCAC, the Department of Managed Care and hopefully they can be resolved, some of these comments, so it can save L.A. Care's much-needed funds and can help the members with some of their issues. Maybe housing and all that, not taken away litigation from the lawyers, because they will always find work, but all of these issues that are coming on the closed session, maybe they can be addressed without closed session and litigation. Maybe some of the money can be resolved as housing. So she would appreciate if you look into public comment and litigation, which takes up a lot of L.A. Care's funding. She wishes that the Board could enhance, encourage and recommend to the Chief Counsel how she can resolve some of these issues. Ms. Cooper is looking at public comment and she looks at issues, she is issue focused and also money focused. She ask the Chairperson for</i></p>	

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	<i>closed session let it be open sessions. Not open sessions, let it be that some of these issues could be resolved without closed session and without L.A. Care funding taken away, which is needed for the community.</i>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:30 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:35 pm. No report is anticipated from the closed session.</p> <p>Chairperson Ballesteros reminded everyone that the meeting will adjourn in memory of California Senator Dianne Feinstein.</p> <p>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: <i>October 2025</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Todd Gower, <i>Interim Chief Compliance Officer</i>, Serge Herrera, <i>Privacy Director</i> and Gene Magerr, <i>Chief Information Security Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Number: 20-684</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:15 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned in memory of California Senator Dianne Feinstein at 5:15 pm.	

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

APPROVED BY:
DocuSigned by:

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John G. Raffoul, *Board Secretary*
Date Signed 11/3/2023 | 4:20 PM PDT

APPROVED