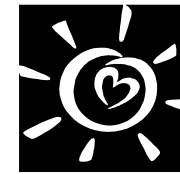
Board of Governors
Regular Meeting Minutes #328
June 6, 2024

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



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Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Afzal Shah, *Chief Financial Officer*

**Absent*
*** Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order at 1:04 pm the regular and special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously. Chairperson Ballesteros invited Board Member Vaccaro to address the Board. Board Member Vaccaro informed Board Members she was not able to attend the meeting in person due to an unexpected health issue, and requested approval to participate remotely. She stated that there are no individuals in the room with her. Board Chairperson Ballesteros welcomed everyone and outlined the information for public comment included on the meeting Agenda.	
APPROVAL OF MEETING AGENDA	**The meeting Agendas were approved as submitted.**	**Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)**

APPROVED

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Public Comment	*Maria Rabaja asked about Medicare Plus, because she is getting confused on how to use it. Every time they said that she can only use it in Walmart, but when she uses it at Walmart to get some nutritious food, sometimes they do not allow it or they do not pay for it. When she gets a medicine or for healthcare stuff like shampoo, they have something in the catalog on the L.A. Care but at Walmart it does not pay it. She's just really confused on how you use it. And they said he can use it for gas and electric but when she goes to places to pay, they don't allow the card and it doesn't work.* Mr. Baackes requested Acacia Reed, *Chief Operating Officer*, to meet with Mrs. Rabaja to address her concern. *Sylvia Sosio wanted to speak about item 13, a motion regarding buttons in the new building. She expressed her experience as a handicap person. She used to be a very strong woman and now suffers a lot walking with a walker. Los Angeles and many similar cities have become very difficult. It is very difficult to access a bus or some places where you do not have the opportunity of pressing a button. It is very difficult to move and push and hold very heavy doors. Sometimes you find somebody very nice that will open and hold the door for you, but most of the time, no. Please whenever you design a new building, keep in mind handicap people. We have very particular experiences due to our limitations. Thank you.* Mr. Baackes thanked Ms. Sosio for her comment and added that all of this will be taken into consideration for L.A. Care's move to 1200 7th Street building. He added that L.A. Care would probably not be meeting in 1200 7th Street building until the end of the year at the earliest. *Submitted June 5 at 9:18 PM from Jonathan Cooper* *Good afternoon members of the Board of Governors. On behalf of Jonathan Cooper, this is his comment to the Board. My name is Jonathan Cooper. I am an L.A. Care member. I would like to wish the Board, Mr. John Baackes and staff Happy Father's Day on June 16. I would also like to thank all fathers in their role as fathers and role models and to the community for their assistance on this Father's Day. May God bless each and every one of you. From Jonathan Cooper, L.A. Care member.*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting temporarily adjourned at 1:12 pm. Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:14 pm. No report was anticipated from the closed session. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *June 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates	

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	THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, *Chief Information & Technology Officer* and Gene Magerr, *Chief Information Security Officer* 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 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Jones v. L.A. Care Health Plan, L.A. Superior Court Case No. 23STCV04081 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) 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 Numbers: 23-725, 21-855 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 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 PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 2:46 pm. There was no report from closed session. Chairperson Ballesteros welcomed members of the public to the meeting. He provided information about submitting public comment.	
PUBLIC COMMENTS	*Andria McFerson thanked the Chairperson for allowing her to address the Board, and thanked them for listening. She has a neighbor friend. Her friend had a business and was doing great before to COVID-19. Her friend is now is pre homeless, and she has never*	

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	been through that before. The homeless population is not just people who have made bad decisions about their wellbeing. It is people who have had businesses. If we do have an outreach and engagement department, can L.A. Care get back with her if it deals with homelessness and people who are going through a lot of mental disparities, different resources they may have. Can L.A. Care please talk to her about it so that she can give Sylvia that information? She's a great person. She shouldn't be homeless. She worked all her life. *Deaka McClain thanked the Board for the opportunity to speak. She expressed she has been waiting for a long time for this day. Ms. McClain is an ECAC At Large member representing seniors and people with disabilities, and Vice Chair of the Temporary Transitional ECAC. Ms. McClain spoke about the doors in this building and in the new building. Ms. McClain read some regulations of the Americans with Disabilities Act (ADA) which require that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs and services and activities, such as public education, employment, transportation, recreation, healthcare, and social services, courts, voting, and town hall meetings, etc. She added this includes this meeting that the public attends. She expressed she understood that the request was tabled and staff is doing research. She thanked staff and asked to not rush the research. She added that the push doors are expensive. She expressed this is not her first time to talk about the ADA and the door. This is about meeting a need. There are people that come to these meetings regularly, disabled or not, who struggled with opening the door. They should not have to rely on a person to open the door for them or should have to wait for somebody to come down the hallway and hope that they open the door. That could cause a mental effect on someone. She wants to express the seriousness of this. Ms. McClain noted that when we are talking about expense, she would hate for something to happen while somebody is here because they got hurt trying to push open a door. She thanked the Board for the time to talk about this. She expressed her appreciation. Ms. McClain stated that staff should look at having an ADA consultant with the research. It is important.* *Received on June 5 at 9:28 pm, from Elizabeth Cooper* *She commented on BOG motion 104. She has concern about the ECAC, and hopes that the RCACs still have input. She apologized but stated she just received the board book Wednesday, June 5. She was deeply concerned about whether there will be RCAC participation. She feels the RCAC Chairs should have more communication with members before they approve a motion. They should communicate with the members they represent. She hoped that the Executive Committee will take the consumer involvement more into consideration and make sure the changes they make will allow input from the public and not just the ECAC. She thanked the Board but it has been challenging because she was just reading the board book today.*	

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APPROVE CONSENT AGENDA ITEMS	**PUBLIC COMMENT** *Andria McFerson is a member of RCAC 5 and wanted to discuss Item 13 because it says take from table the TTECAC motions. She wanted some sort of clarification and was not quite sure what TTECAC consisted of. If it had anything to do with the budget of the TTECAC, including the previous fiscal years from all the way from 2022 until now. She wanted to know if it has anything to do with that because L.A. Care was to negotiate Medi-Cal contract and plan and all of the things above. She asked to please not quote her on anything having to do with her comment. She is not basically stating that L.A. Care are talking about that. That's an overall question on that particular topic. She is not quite sure.* *Received June 5 at 9:28 pm from Elizabeth Cooper* *She wished everyone a Happy Father's Day for June 16, 2024, and would also like to speak on item 13 of the consent agenda EXE 100. She supports EXE 101 from the consent agenda item. She approves housing, which is very important as one who advocates and one who is a member of the RCACs for a number of years. She supports EXE 101. Motion TCAC 100, she also supports that. She expressed she was reading the board book late. She approves public advisory report 100. She cannot say that she recognized that motion but supports it.* Board Member Booth thanked the staff that prepared the table of the significant changes to the contract included in Motion BOG 102. It was so much better being able to look at what the overall change was and to refer to the area what changed, and what was new. • May 2, 2024 meeting minutes • Delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute Amendment A02 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services **<u>Motion BOG 102.0624*</u>** **To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute Amendment A02 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services.** • Quarterly Investment Report **<u>Motion FIN 100.0624*</u>** **To accept the Quarterly Investment Report for the quarter ending March 31, 2024, as submitted.** • Take from the table Motions **TTECA 100 and TTECA 101 to** continue consideration of these motions to the July 25, 2024 Board Meeting.	**Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)**

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CHAIRPERSON'S REPORT	Chairperson Ballesteros acknowledged the month of June includes several national types of awareness. A few of them are National Portuguese Heritage Month, National Caribbean American Heritage Month, National PTSD Awareness Month, National Give a Bunch of Balloons Heritage Month, National DJ Month, Men's Health Month, National Papaya Month and National Adopt a Cat Month. There are several holidays in June that are very important. One is Juneteenth, celebrated on June 19, a very important federal holiday. It is celebrated annually to commemorate the ending of slavery in the United States. The holiday's name is a combination of using June and 19th, Juneteenth. On June 19, 1865 Major General Gordon Granger ordered the final enforcement of the emancipation proclamation in Texas after the end of the American Civil War. That is largely considered the end of slavery in the United States and a very important holiday for the African American communities in the United States. Chairperson Ballesteros noted that June is LGBT Awareness Month and Pride Month. He noted that there are a lot of health and access disparities that continue with the LGBTQ populations. In a Kaiser Family Foundation report published on June 30, 2023, among the findings around access and perceptions of healthcare, there are important points that need to be recognized. LGBT people report higher rates of the discrimination during health care visits compared to non-LGBTQ people. LGBTQ people are more likely to have lower incomes and be on public benefits programs. Many LGBTQ people report discrimination with their particular providers. There are high rates of depression and anxiety especially among older LGBTQ people. A lot of healthcare disparities, especially with access to mental health and housing were reported among younger LGBTQ people. Chairperson Ballesteros expressed his respect for Supervisors Solis, the members of the Board of Supervisors and the elected officials who take the time to participate in some of the larger Pride events. He had the opportunity to see that the Supervisors, along with Board Member Contreras, and a lot of members of the various Los Angeles County Departments, participated in the Pride events. This is important for the community and to younger people, showing them that they matter and they are being seen. He believes these are the first steps to dealing with some of the larger issues the community faces. Chairperson Ballesteros thanked all and encouraged all to learn more about the communities in Los Angeles County that are part of the L.A. Care family.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Andria McFerson is a RCAC 5 member. She asked if there are actual stakeholder members of L.A. Care in the executive committee, in order to help make decisions and provisions to the new motion being presented.*	

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• Department of Managed Health Care Enforcement Matter	John Baackes, *Chief Executive Officer*, responded that the selection committee being proposed for consumer members will have three members selected by the Executive Community Advisory Committee (ECAC). Mr. Baackes and Alex Li, MD, *Chief Equity Officer*, attended the graduation at UCLA Geffen School of Medicine and the Charles Drew University of Medicine and Science. Nine L.A. Care scholars attend CDU under the UCLA accreditation, and they can participate in that commencement. Mr. Baackes shared a photo with eight of the nine scholars. He met the ninth scholar who had left with his family. It was a wonderful occasion. Seven of the nine scholars will complete residency in Los Angeles, two will go out of state and promised that they will come back to Los Angeles at the end of their residencies. L.A. Care will announce the next eight scholars in July 2024 and Board members will be invited to that occasion. L.A. Care opened the new Panorama City Community Resource Center (CRC) on May 17, 2024. Board Member Vazquez and many RCAC Chairs also attended the opening. It was a bigger event than the previous ones because there was a huge parking lot. There was a tent and two local school bands, and it was a very inclusive ceremony. This replaced the CRC that had been in Pacoima. One band was from Pacoima and the other from Panorama City, and it was a very local-flavored event. Two more CRCs will open before the end of the year which will complete L.A. Care's expansion to 14 CRCs. Mr. Baackes stated that L.A. Care was accredited by the National Committee on Quality Assurance (NCQA) since before his tenure. L.A. Care originally was NCQA accredited as a Medi-Cal plan. Over the years, L.A. Care has earned accreditations for each of its product lines; L.A. Care has separate NCQA accreditation for Medicare and for Covered California. The NCQA accreditations are renewed every three years and are subject to audit. Recently, L.A. Care's accreditation had been under review and had a corrective action plan. Mr. Baackes was pleased to announce that L.A. Care passed that accreditation review with flying colors and is now fully accredited in all three product lines. L.A. Care also recently announced receiving Health Equity accreditation from NCQA earlier this spring. Mr. Baackes provided an update on the redetermination process. L.A. Care has completed all twelve months *(a copy of his presentation can be obtained by contacting Board Services)*. As of May 2024, L.A. Care had 2,331,000 Medi-Cal members. L.A. Care has added 51,352 new members who were released from hold. These were people who had not completed their redetermination process which were put on hold for 90 days, and 2,800 of them came off. They completed the process and eligibility was reestablished back to the effective date of their being put on hold. L.A. Care lost 8,704 who were disenrolled because they no longer qualified. Most of these are people whose income exceeded the ceiling of 138 % of the federal poverty law level or may have moved out of Los Angeles County. L.A. Care had 52,800 people placed on hold for 90 days who did not complete the redetermination process. During the 90 day period, if they	

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	complete the process, they will be reinstated back to that date. This brings L.A. Care's current Medi-Cal enrollment to 2,324,000. About 49% of the members were redetermined through the ex parte process. The California Department of Health Care Services (DHCS) had obtained waivers from Centers for Medicare and Medicaid Services (CMS) and was able to use information from other databases and could conclude without the participation of the member that they were qualified. Those people received a letter in the mail saying they have been redetermined as eligible for another year and had to do nothing. Members also renewed by completing a 20-page packet, and 19% of L.A. Care's members renewed with that process. There were 600,000 or 26% who were terminated because their eligibility was put on hold and never completed the process. L.A. Care had 126,000 members who were terminated because they were determined ineligible, likely because their income had exceeded the 138% limit. After the twelve month period, L.A. Care still has 135,000 members on hold. During this month, L.A. Care lost 350,000 placed on hold; 120,000 were released from hold and regained coverage. L.A. Care will probably not report on this again for 90 days, because the 135,000 on hold will have up to 90 days to complete the process. Mr. Baackes summarized the monthly progression, beginning with 2,735,000 total Medi-Cal enrollment and currently at 2,324,000, with a net loss of 410,000. In January 2024 L.A. Care lost 287,000 members who had enrolled with Kaiser, because of the new contract directly between DHCS and Kaiser. To measure the real effect of the redetermination process on L.A. Care enrollment, the Kaiser enrollees should be removed from the equation, leaving a net loss of 122,980 (5%). L.A. Care has analyzed the members who were dis-enrolled, and he invited Phinney Ahn, *Executive Director, Medi-Cal*, to provide that information. Ms. Ahn noted that during the last board meeting this topic was discussed in light of the high volume of members enrolling. Staff reviewed the new enrollments to see how many had a prior affiliation with L.A. Care. It was determined that almost 50% had some type of a prior enrollment with L.A. Care. When staff dug a little bit deeper, of those 50% about 40% had been enrolled with L.A. Care within the last few months. It was concluded that many of the members have been dis-enrolled from Medi-Cal due to redeterminations or whatever reasons. They may have discovered their loss of coverage a month or two or three after being discontinued and had to re-enroll because they were outside of that 90 day reinstatement period, and chose L.A. Care as their health plan again. About 350,000 members were terminated after being on hold and a good portion of them came back to L.A. Care. Mr. Baackes acknowledged and thanked Board Member Contreras for the good working relationship L.A. Care had with Los Angeles Department of Public and Social Services during this process. There was a lot of data exchanged so that L.A. Care files were updated with the most current information for both agencies.	

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	Board Member Supervisor Solis asked about the number of undocumented adults in the expansion. Mr. Baackes noted of the additional undocumented members eligible for Medi-Cal, L.A. Care picked up 164,000. Most of those came in the first three months of 2024, and enrollments continue to trickle in. That is close to the estimate of 170,000 members. This was a big part of why L.A. Care's loss in members was only 5 %, because L.A. Care got that influx of the undocumented adults between the ages of 26 and 49. Supervisor Solis added that this number could potentially keep growing because this is a relatively new program that is not well known. Mr. Baackes agreed. He noted that L.A. Care was recently called upon to assist with the Catalina Island Hospital. During this project, L.A. Care learned that there are many undocumented residents on the island who work in the hospitality industry, and those people are likely eligible for Medi Cal. At a community event 30 families enrolled in one day. L.A. Care is pleased that California can take credit for making access to health care available to almost everyone. Mr. Baackes commented on the 2024-25 California State budget and its impact on Medi-Cal. Last year, the managed care organization (MCO) tax was reinstated on health plans like L.A. Care and commercial plans. The tax that is raised draws down an equal dollar amount from the federal government. The tax had been in effect for nine years until it expired in 2021. In 2022, California felt no need to renew it because there was such a large budget surplus. During the first nine years, the federal matching funds were placed in the general fund. In 2022, L.A. Care was involved with a coalition of health care payers, hospitals, doctors, clinics, unions, and all the health plans, in a push to get the tax reinstated and direct the proceeds from the federal drawdown to Medi-Cal to increase provider reimbursement. The tax was reinstated in last year's state budget. It was estimated that over a three year period, the MCO tax would yield $19 billion in additional federal funding with $8 billion going to the general fund and the balance to be used to increase Medi Cal reimbursement to providers. When California's Governor announced the revised budget in May, he indicated that all the proceeds from the MCO tax would be swept into the general fund because of the state's budget deficit. That would leave none of the funds to increase reimbursement to Medi-Cal providers. As it stands today, in the budget bills California legislators have reinstated funding for Medi-Cal that health plans like L.A. Care could receive, but postponed it for one year to 2026. It is a gesture because it does not mean Medi-Cal health plans like L.A. Care would receive funds this year. A similar vote would be required to get it in the budget in 2026. Those who have served in the legislature know that budget decisions can't be made prospectively, it must be done in the current year. The coalition that had proposed the tax originally also pursued a ballot initiative. There is great	

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	concern about budgeting by ballot initiatives, but with a ballot initiative on the tax, the federal match would go to Medi Cal, it would then be more difficult for future governors and legislators to redirect the money in some other way. The ballot initiative has qualified and was certified by the Secretary of State. There is no proposition number yet, but there will be a ballot initiative this fall that will ask voters to approve that the MCO tax proceeds would go to Medi Cal reimbursement for providers. It presents a problem for health plans to not have the additional funding for next year for the providers. It is hoped that the proposition is successful, and would produce the kind of increases hoped for to fund Medi-Cal providers. Mr. Baackes reported that L.A. Care settled two enforcement actions with the Department of Managed Healthcare (DMHC). One dating back to November 2023 regarding L.A. Care's handling of a payment for ambulance transportation from Mexico to San Diego. There was an improper denial of the claims for those emergency services. The settlement offer with the State is $10,000. L.A. Care signed a letter of agreement to that effect in March. The second matter involves for a violation of a claim for emergency services and a covered benefit. L.A. Care failed to pay the claim within 45 days and failed to resolve the member's grievances. L.A. Care have settled that for a $40,000 fine that was signed also in March. Board Member Contreras clarified that the continuous coverage unwinding officially ended as of May 31, 2024. DPSS is back to business as usual and awaiting further direction from regulators about future changes. The waivers relate to the federal poverty level and the stable income waiver. The increased numbers are for automatic renewal and remain in place only until December 31, 2024, and will go away after that. There is active advocacy for those to remain in place. In terms of state budget implications, nothing changed with the Medi-Cal expansion of eligibility, but for the In-Home Support Services (IHSS) customers, if you are undocumented, you are no longer eligible for IHSS as of July 1, 2024. This includes those that were recently enrolled in January 1, 2024 with the latest expansion. Those that were enrolled in prior years in the first phases of the expansion are still in the budget proposal. This is being tracked very closely and there is active advocacy for that to change. Mr. Baackes thanked Board Member Contreras. He added that he did not realize that the waivers had time limits. Board Member Contreras clarified that those were put in place specifically because of the challenges with a number of people falling off Medi-Cal. Mr. Baackes noted that the IHSS issue is important to L.A. Care's Elevating the Safety Net program, through which L.A. Care trains IHSS workers. L.A. Care has trained about 900-1000 a year. This will have the most impact for those folks. Supervisor Solis asked if L.A. Care is in any kind of a position to help or lobby. Mr. Baackes noted that L.A. Care and its trade association, the Local Health Plans of California, is addressing this. L.A. Care included the training in the Elevating the Safety Net program to	

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	invest in educating those IHSS caregivers, because 90% of them are family members selected by the beneficiary, and most of them have no training. L.A. Care has found that when their client is an L.A. Care member the training helps these workers be more effective as part of L.A. Care's care team - it adds real value. L.A. Care has been following the data that shows when the beneficiary has an IHSS worker that has gone through training, the use of emergency room services drops and readmissions to hospitals also drop. It is a very good investment by L.A. Care. L.A. Care is not included in the capitation from the state to pay the IHHS workers, that program is outside the funding from the county and the state. L.A. Care is training the IHSS workers because there is value for the members.	
• Monthly Grants and Sponsorships Reports	Mr. Baackes referred Board Members to the written reports included in the meeting materials.	
• Government Affairs Update o 2024-25 State Budget Update	Cherie Compartore, *Senior Director, Government Affairs,* referred to the information in the meeting materials related to the Governor's May Revise, and she provided an update on the Legislative actions taken on the Governor's May Revise. <u>Children's Hospital Directed Payments</u> The Legislature rejected the Governor's proposal to fund the Children's Hospital Directed Payment program. <u>Medi-Cal Equity and Practice Transformation (EPT) Payments to Providers</u> The Legislature agreed with the Governor to eliminate future funding for the program when current funding expires in one year. <u>Medi-Cal: Adult Acupuncture Benefit</u> The Legislature rejected the Governor's proposal to eliminate the adult acupuncture Medi-Cal benefit. <u>California Food Assistance Program (CFAP) Expansion</u> CFAP is the state-funded Cal Fresh counterpart included in the 2022 budget that allowed undocumented income-eligible individuals aged 55 and over to receive food assistance. The Legislature agreed with the Governor for the 2027-28 budget year to an expansion of CFAP to undocumented seniors. <u>In-Home Supportive Services (IHSS) Benefit for the Undocumented</u> The Legislature rejected the Governor's budget proposal to eliminate the In-Home Supportive Services (IHSS) benefit for undocumented Medi-Cal enrollees. <u>In-Home Supportive Services (IHSS) Backup Provider System (BUPS)</u>	

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	The Legislature modified the Governor's budget proposal to provide temporary IHSS services from backup providers to those who receive IHSS when their regular IHSS providers are unavailable. The Legislature rejected the Governor's budget proposal to eliminate the backup provider system but to instead reduce the program funding to reflect lower utilization. <u>Covered California – Health Care Affordability Reserve Fund (Reserve Fund)</u> Beginning in 2025-26, transfers $109 million from individual mandate penalty payments from the Health Care Affordability Reserve Fund to the General Fund. The revenue from the penalty was originally intended to offset General Fund expenditures for enrollee costs for the Covered California state subsidy program. The Reserve Fund is intended to mitigate adverse federal actions or inactions, including the non-renewal of Inflation Reduction Act premium subsidy enhancements. Per the Administration, the Reserve Fund will still contain adequate funding for subsidy enhancements in 2024-25. <u>Local Public Health Funding</u> The Legislature modified the Governor's budget proposal that would have eliminated Post-Pandemic Public Health Infrastructure Funding. The Legislature instead delayed the new health investments to be delayed one year until January 2026. <u>Increase Directed Payments to Public Hospitals</u> The Legislature approved the Governor's budget proposal to increase directed payments to public hospitals via the Enhanced Payment Program and Quality Incentive Pool programs. The amount of the increased payment is not yet clear. The proposal allows the Administration to collect administrative fees. Over the next several weeks, budget negotiations will continue between Legislative Leadership and the Governor, and the main budget bill is expected to be sent to the Governor by June 15 in compliance with state law. The new fiscal year starts on July 1. The main budget bill will be followed by budget "trailer" bills which contain the details for implementation of the provisions in the main bill, including a trailer bill dedicated to health related items. There is no deadline for passing the trailer bills. Mr. Baackes noted in regard to the Children's Hospital issue, there was a ballot initiative proposed to restore funding that had been cut. If the funding is reinstated in the budget, the ballot initiative will be withdrawn. Board Member Booth asked about other provisions in the May Revise as the report referred just to items to which the legislature objected. Ms. Compartore responded that once the final June 15 Budget Bill is signed, Government Affairs will provide an updated memo. Board Member Booth commented that the May Revise provided funding for two hospital items	

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	and took hundreds of millions from other items. Mr. Baackes responded that his understanding is that the funding was restored because the children's hospitals agreed to withdraw their ballot initiative. Board Member Contreras noted that the backup program that was referenced for IHSS is the state program. There is a local county program that was established by the Board of Supervisors in 2008, and that program remains. Board Member Gonzalez asked about the status of Assembly Bill AB 1783 related to funding healthcare for illegal immigrants. Ms. Compartore responded that AB 1783 is still active, pending referral and it will likely not move forward. There has been a lot of opposition to it and based on some of the Republicans and Democrats comments in Committee, it's probably going to fail.	
CHIEF MEDICAL OFFICER • L.A. Care's Support for Members Experiencing Homelessness	**PUBLIC COMMENT** *Andria McFerson, RCAC 5, as a co-Chair, she was very interested in the topic of L.A. Care's support for members experiencing homelessness. Years ago as a RCAC 6 Chair, she filed a motion to support L.A. Care reaching out to the homeless, mentally, physically and overall medically, having psychological evaluations in order to place them in the proper programs to become housed. Some examples she spoke about were necessities. They were domestic violence victims relocating. That is a necessity and there are different psychological evaluations sometimes for people to express themselves and let everyone know the reasons why they are homeless. There are people who may have learning disabilities and they need special work training programs in order to make sure they have some sort of budget in order to stay housed, once they are housed. They are developmentally delayed and seniors having housing with caseworkers or overall assistance once they become housed in order to stay housed, and adhere to their support for members experiencing homelessness. It needed to include some sort of psychological evaluation and those medical professionals could adhere to their mental necessities in order to stay housed. That is what she wants to concentrate on. If the L.A. Care support members experiencing homelessness, if Dr. Amin does have information on psychological evaluations, she thinks that is very important. If he cannot basically explain that today about how those provisions are being used with any sort of L.A. Care programs, then can he come to the advisory committees and explain it in layman's terms so that we can understand how L.A. Care engages in some sort of evaluations having to do with that because she thinks that is very important. She was homeless and it is because she was having seizures having to do with epilepsy. She kept losing jobs, could not finish school because she kept having seizures on campus. She wasn't homeless because of her own fault. A psychological evaluation would have been great for her too, on different programs and resources that she had throughout at Los Angeles County that adhered to her medical mental necessities. That is the reason why, and a lot of different people that she knows, like her friend with*	

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	cancer. Her friend was actually housed and had some sort of assistance, so that was great because she advocated for that. She also has a friend who was developmentally delayed. He has assistance now and it was a successful program. How's L.A. Care implementing that? Sameer Amin, MD, *Chief Medical Officer*, noted he will work on arranging talks at the RCAC meetings about Enhanced Care Management (ECM) and other community supports programs. Dr. Amin talked about L.A. Care's Community Health Department and the work they are doing around the unhoused. L.A. Care formed the Community Health Department about a year and a half ago. That department handles social services, community supports, behavioral health, and the work for the unhoused. L.A. Care wanted to have a home for a lot of its transformative programs. Programs that members could actually see and use to fundamentally change their lives. The department as it was established has been run by Michael Brodsky, MD, *Senior Medical Director, Community Health*, and Charles Robinson, *Senior Director, Community Health*. They have made fundamental decisions regarding the community supports programs and L.A. Care's investments. Dr. Amin outlined L.A. Care's strategy to address the housing crisis in Los Angeles County (*a copy of his presentation can be obtained by contacting Board Services)*. L.A. Care's programs combine to provide a uniquely comprehensive suite of services to address critical member needs: • Finding Housing and Staying Housed • Short Term Housing Solutions • Increasing Availability of Permanent Housing • Access to Healthcare and Social Services Dr. Amin highlighted the investment that L.A. Care health plan has made and will make in the next few years for the unhoused. L.A. Care is becoming one of the county's largest contributors to fixing the housing crisis and is on track to spend $1.2 billion from 2022 through 2029 to support unhoused members. It is a significant investment. L.A. Care has provided housing services for nearly 20,000 members since 2022. Housing services help members find, access and maintain permanent housing. L.A. Care's data showed there are about 70,000 unhoused throughout Los Angeles County; about 45,000-50,000 are L.A. Care members. L.A. Care has served 19,306 members through March 31, 2024. Of those engaged with our Housing program, 24% have transitioned from a temporary to permanent housing, and 80% have received housing through L.A. Care navigation services within six months of initial engagement. The additional funding from 2024 to 2029 will help L.A. Care reach the rest of the members in need of health services. Board Member Booth asked about the length of time those in permanent housing are followed to know if the housing	

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	is really permanent. Dr. Amin responded that there are some housing modalities that are distinctly short term, a motel or a temporary tiny home. Permanent housing is a lease in an apartment that is permanent. Often the reasons why a member may be unhoused are not fully solved in the time it takes to get into permanent housing. L.A. Care has ongoing services to stabilize their tenancy. Often those are very intense case management services focused on mental health and drug abuse programs to keep them in their home. In response to Chairperson Ballesteros, Dr. Amin confirmed that L.A. Care has assisted 19,000 members with various supports, through housing navigation, housing deposits or tenancy support services. Supervisor Solis asked how funding goes through to the community. Dr. Amin responded that L.A. Care invests directly into services, not only for interim housing but also expanding access to permanent housing units. These are categorized as Assistance with Daily Living (ADL) support, direct coordination with Inside Safe, and enhancing permanent housing availability through unit acquisition and master leasing. He provided details on achievements in this area: • 95 individual grants to interim housing facilities planned through 2027 to support ADL upgrades • Augmented services available in interim housing sites and shelters across all SPAs by the end of 2024 • Weekly coordination with Inside Safe & Pathway Home to ensure member access to services • Over 600 units made available through the end of 2023, with a total of 1,700 permanent housing units planned through 2027 Dr. Amin noted that it is planned through 2027 to particularly support facilities with ADL upgrades so that those who have disabilities can get into interim housing facilities. Dr. Amin responded that augmented ADL services include support with bathing and showering, toileting, shopping for food and clothing, and allow for somebody to become truly stable in their home. Mr. Baackes commented that Board Member Contreras had earlier asked a related question, and he noted that these services are part of the package of hosted services covered by CalAIM. Dr. Amin stated it is a combination of a number of different funds. CalAIM is made up of three areas: Enhanced Care Management (ECM), Community Supports Programs which are a host of about 14 different programs, and Population Health Management. There are two or three different community supports programs that specifically speak to the unhoused in CalAIM. So some of the funding comes through CalAIM as part of Community Supports. Housing and Homelessness Incentive Program (HHIP) is a separate housing incentive program that started two years ago that L.A. Care has spent for a lot of the things particularly around	

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	master leasing. There are other services that have also gone into the unhoused through ECM. It is layered funding that is braided together to make a significant impact with the unhoused. Mr. Baackes commented that L.A. Care staff is very familiar with the funding sources but needs to be clear in providing information to the Board where the CalAIM funds are used. Dr. Amin stated that it is a combination of CalAIM and HHIP. There was a decision made in forming the Community Health Department that all 14 community supports programs be fully funded, particularly programs that are associated with the unhoused. It was also a much targeted investment with L.A. Care's HHIP fund that created significant impact. The Community Health Department also organized how L.A. Care provides medical services to the unhoused. The Field Medicine Program was created to provide medical services for the unhoused and includes street medicine for the unhoused. The Community Health Department makes sure that there are street medicine services available through providers contracted with L.A. Care in every SPA. Every SPA has a regional anchor provider that L.A. Care can contact to make sure that a patient determined by field medicine providers as needing long term support can access care at a regional anchor service site. Or a patient needing longitudinal primary care can do that at a regional anchor service. They can switch a primary care provider (PCP) assignment if needed, to that regional anchor. L.A. Care uses a map with regional anchors and street medicine only providers laid out, and it also has floating providers. L.A. Care has covered the entire county with medical services that can be provided to the unhoused. As part of that field medicine program, there are different areas of high density where we see that there's a lot of unhoused members where particular services can be made available. The investment is $30 million for capacity building incentives and $30 million in performance incentives, a lot of which is going to the providers connecting the members to social services, helping them get a true medical home and getting members into longitudinal primary care. L.A. Care is supporting ten new street teams for five years and organizing care across the entire county in a population based way. In the high density areas like skid row, a significant investment of $30 million will be made into a Skid Row care collaborative that L.A. Care helped organize between L.A. Christian, JWCH, and Los Angeles County Department of Health Services (DHS) to provide specific services in Skid Row. The new Crocker Street Campus is part of it, with a new brick and mortar facility, provide safe services, community ambassadors and harm reduction services. And some funding will go to enhanced healthcare services along with transportation. All of that is going to go into this $30 million investment as part of the field medicine program specifically in Skid Row. We think it will make a significant difference there. He reviewed the new services, specialty medical services, including observation beds and extended hours for urgent care. There will also be pharmacy services available. L.A. Care will share funding with LA Christian and JWCH for services on the DHS Crocker Street campus. A	

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	major goal was that all the healthcare providers that are in Skid Row will be working together to coordinate care for members. Dr. Amin recognized the outstanding work of dedicated L.A. Care leaders: Delia Mojarro, *Director, Social Services*, Matilda Gonzalez Flores, *Director, Community Health*, Karl Calhoun, *Director, Housing Initiatives*, and Kevin Burns, MD, *Medical Director, CalAIM*. He also recognized the outstanding work of the 25 members of the cross-functional L.A. Care housing team that is doing important work to reach out to every unhoused L.A. Care member to connect them with needed services. Supervisor Solis thanked Dr. Amin for the presentation and she acknowledged the hard work by staff. She's excited about what's happening in particular at the Crocker Street site in Skid Row. She began representing all of Skid Row through redistricting almost two years ago. It is quite a challenge. She's glad to see funding is going into street medicine and in the new hub. She's been down there many times and is working with DHS. She acknowledged Board Member Ghaly and her team as well as the Los Angeles County Department of Mental Health. It is exciting to think about transforming that whole area in a variety of ways. She thanked Dr. Amin and complimented him on that. She noted that in looking at population areas and density, there is another part of Los Angeles that right now is going through some major challenges. That is the McArthur Park and Westlake areas. There is high number of homeless, high substance abuse and mental health needs at MacArthur Park. If there is a way to kind of direct some of the team to start looking there, because there really is a major substance abuse problem. Every day in the news we hear something going on there. She's concerned about the lack of infrastructure and services there. She has spoken to some members on this Board about the problems and they've been helpful, there is need for more of a strategic effort because it could be the next hot spot. She would love to work with Dr. Amin and the staff on that, along with Los Angeles City Council Member Eunisses Hernandez, whose district overlaps in that area. Dr. Amin appreciates Supervisor Solis' comments and he noted that L.A. Care is in alignment, and plans to get the field medicine program up and running at McArthur Park, with a regional anchor provider, a floating provider and street medicine service in the very short term that is going to help. L.A. Care is also reviewing the potential for services similar to what is being done with Skid Row, and there are exciting plans on the docket. Dr. Amin added it's always important to us that we don't talk about things only in the abstract. For field medicine programs, L.A. Care sent letters of intent on April 29 and applications were received on May 24. A map was finished yesterday, is being vetted internally and it will go back to the providers probably in the next week, so that they can review the areas they will cover and then it will become a reality. In terms of Crocker Street, L.A. Care is internally reviewing the	

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	investment agreement through legal and other services to make sure that the investment agreement is sound. It should be approved by June 21 and will probably be sent to JWCH, LA Christian and DHS by July 1. Board Member Booth pointed out that it makes her happy that in reading the report, she noticed L.A. Care is making sure that for members who have their own physician, the physician will get a report about the street medicine care provided. This is very important. She hoped that Dr. Amin can follow up to ensure that reports go out. Dr. Amin thanked Board Member Booth, and added that it is important to L.A. Care to not disintermediate an unhoused member from the traditional services that they have been receiving. From a clinical leadership standpoint, anytime care is delivered in an acute or an urgent fashion and away from providing longitudinal primary care, the patient suffers. It is critically important to report to a primary care provider on services provided in the street. In developing the performance incentives for street medicine providers, L.A. Care doubled and tripled down on coordinating with the primary care doctor. A substantial share of the performance incentive that that they can earn is providing information back to a primary care provider (PCP). Dr. Booth noted that one concern would be that the primary care doctor might be just happy enough to have patients see street medicine doctors all the time, because the PCP would still get the managed care fee. L.A. Care plans to contract the street medicine providers so a floating provider will be able to switch primary care assignment to themselves if the member is seeing that provider so frequently that that provider becomes their primary care provider. If the street medicine provider who's seeing that member in the street is interacting with the member who expressed the member does not feel comfortable with their primary care doctor, that the member needs a provider who is very specialized in this type of medicine. The street medicine provider can refer the member to the regional anchor provider and switch the member's PCP assignment to the regional anchor provider. The anchor provider has committed to us that they will see that member as the PCP. Chairperson Ballesteros commented that he's been working in Skid Row for almost 21 years, working with DHS, LA Christian, L.A. Care and Health Net to put this together. It took a long time. He thinks that Dr. Amin's staff put the time and the effort into understanding the needs and to get community input. This is the single biggest investment that he has seen in 21 years in Skid Row. The single biggest investment by non-County entities in 21 years, although obviously LA County has invested really big. This investment in the health care infrastructure, in extended hours, to have the ability in Skid Row to get care until 9:00 p.m. That's going to be very important for individuals that otherwise would go to the emergency rooms or go without care. The specialty network that will bring cardiology, dermatology, physical therapy, gastroenterology care and other specialists right into Skid Row, where these individuals are so important. We know that when a referral is written for a consult or to go to a specialist, these	

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	patients don't make it there unfortunately because of their situation. L.A. Care's investment is going to bring those services right to where the clients are. And that is the first time that he has seen that happen in 21 years. He really appreciates that and believes that is going to make a tremendous difference for these patients. Board Member Vazquez thanked Dr. Amin for his update and expressed that this is a very important topic because it impacts all of L.A. Care members. (*Board Member Vazquez spoke in Spanish and this is a summary of her remarks translated into English.*) All the members that are here know and realize the process that has been going on, with all the collaboration. The people that use public transportation know the needs that are out there. She has been in areas where there were a lot of homeless people before, and recently she has been through the same areas and has seen that those people are not there any longer, so that means that they are probably transitioning. There are areas without homeless people or people with mental health needs. Many members have been concerned about this because they have been attacked. But these are people that need some help and we will keep working on this. We know that this process takes time, and we would like to reach the most people out there that are homeless and need housing. She is the representative for these members and is aware and will be keeping an eye on the process.	
Performance Monitoring May 2024	Dr. Amin presented a Performance Monitoring May 2024 report. *(A copy of the report may be requested by contacting Board Services.)* L.A. Care wants to be a transparent organization and has encouraged other health plans to do the same. Dr. Amin introduced the management team members who will review the report. Tara Nelson, *Senior Director, Utilization Management*, presented results for utilization management (UM). For expedited or urgent pre-service request decisions made within 72 hours from the receipt of the request, this is when a provider is requesting something urgently and L.A. Care needs to make sure that that decision is made timely. For the past six months, L.A. Care has been consistently above 99 %. These are requests that can come from a PCP specialist hospital. For standard or routine requests, those decisions are made timely within five business days. Results are consistently 99 % to 100 % the past six months, ensuring that the request is assigned, has adequate coverage, and there are no delays in getting the service for the member. For expedited urgent requests, decisions are made within 72 hours. This is concurrent service when the member is in the hospital or admitted to a hospital and the facility is asking for authorization for that admission. L.A. Care is in the upper 90 %. L.A. Care has increased the team over the past years to make sure that these are processed promptly and getting those decisions out to the providers. For post service request decisions, the timeframe is 30 calendar days. The member was	

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	admitted to the hospital and already went home, L.A. Care finds out after the member has been discharged, and that the hospital would like to have an authorization for the admission or anything outpatient based which could be home health or any providers that saw this member and would like authorization after the fact. There is a 30-day time frame to complete and results are in the upper ninetieth percent. In November there was a small dip. An assessment was done, and L.A. Care revised the assignments. The results were in the 99th percentile the next month and UM has maintained that consistency since. Dr. Amin noted that the results show the percentage of the time that L.A. Care is doing its job and getting care out to members. There has been a sea change in compliance here and we are achieving 99.6, 99.7 and 100 %. Two or three years ago the numbers were not this high. This is a big change. He complimented the team for doing it, and noted that L.A. Care has made a significant investment over the last year and a half in utilization management services. The UM team is staffed up by 40 % in terms of full-time employees (FTEs). There is also great leadership in place, Tara Nelson is one, to bring L.A. Care into a position where these numbers are consistently close to one hundred percent. Priti Golechha, *Senior Medical Director, Care Delivery Innovation*, presented utilization metrics for population health management in terms of utilization, with independent provider associations (IPAs) and the provider network. For the directly contracted provider network (MCLA line of business) inpatient admissions per member per month performance for how many members were admitted as inpatients and a separate graph for non-OB inpatient admissions to focus on performance for non-obstetrical (OB) patients going to hospitals. Performance has improved year over year. L.A. Care has worked on case management, enhanced case management, different initiatives, housing initiatives, but it might not be cause and effect data. There was an improvement in inpatient admissions compared to last year for the same month, taking into account the seasonal variation. The non OB patient admission statistics drill down further into performance of the providers (PPGs and IPAs). It shows that depending on the size of PPG the network average is going to be affected; the larger PPGs are going to have a larger sway on the network average. There might be an opportunity to focus on initiatives to help those providers to bring down their hospital admissions. The data from November 2022 to October 2023 for hospital admission and discharge, with readmission within 30 days show improvement. This could be due to work done in improving case management and transitions of care management. Staff is continuing to review potential for improvement. Results for the provider network are within the normal range of the network average. For the PPGs the 30 day readmission is really high and there may be opportunities to create initiatives and strategies to prevent the re-hospitalization for those members. L.A. Care is also reviewing Emergency Department (ED) utilization for members, and this	

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	metric is similar to last year. L.A. Care is continuing to review the data and explore potential initiatives to lower ED use, to encourage members to visit their PCPs instead of the ED. L.A. Care also reviewed the potentially avoidable ED use metric. This identifies the diagnosis for members using the ED where the member should be going to their PCP, but they ended up in ED. The results do not show improvement year over year, and L.A. Care is investigating further to improve PCP utilization and prevent members from going to ED and use either telehealth services or the PCP. L.A. Care plans to have conversation about avoidable ED utilization and the primary care utilization to encourage members to use the primary care offices and avoid that ED utilization. L.A. Care created a one page document with all the metrics to review with each provider. Among those metrics is data related to member access to services and member experience data through different surveys we do with members. L.A. Care shares the numbers with providers, against a benchmark. There are quality metrics as well. The metrics show the population health management for the provider, and where there are opportunities to improve access, care, and member experience. Board Member Booth asked about the potentially avoidable admissions to the emergency department, and she wonders if the providers that have the really (bad) high scores are the ones that are out of compliance with the telephone messages that they need to record and let patients know what to do if they need service after hours. Ms. Golechha responded that an analysis was not done in that area, and it may be an opportunity for further review. L.A. Care is reviewing provider visits for a member after hospital discharge to determine any correlation, because for members who do not receive transition of care services, it may be likely the member will visit the ED or be readmitted to the hospital. Dr. Amin responded to Board Member Booth, that her idea is part of a concept that the quality improvement department, which directs member surveys about specialty access, primary care access and after-hours access, is connected to the over- and under- utilization process. This is one of the reasons for presenting providers with broad data about their members that could indicate areas for improvement. Dr. Amin noted that there are distinct improvements in the length of stay at the hospital and hospital readmissions. Much of that improvement is coming from the services that are being delivered through enhanced care management, complex case management, and in the work explaining potential issues in the joint operating meetings with the delegated provider groups. All of that has helped contribute to the improvement in care that we are seeing. The data can be used to show delegated provider groups and specific providers where they can improve. L.A. Care is actively holding bidirectional conversations with delegated entities and providers.	

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	Dr. Amin reviewed the services that L.A. Care is delivering through CalAIM. L.A. Care will provide all of the 14 community supports programs by July, which is a grand achievement for L.A. Care. Ongoing programs include housing navigation and tenancy support services, housing deposits, recuperative care, medically tailored meals, environmental accessibility, adaptations, sobering center, personal care and homemaker and respite services. In 2023, about 18,692 members received these services. L.A. Care has 75 contracted providers for ECM, serving about 35,000 patients that have come in and out of the ECM program. He anticipates the ECM membership will increase dramatically in the coming year. Acacia Reed, *Chief Operating Officer*, introduced Suma Simcoe, *Deputy Chief Operating Officer*, who provided a report on Claims Performance (*a copy of her report can be obtained by contacting Board Services*). Ms. Simcoe joined L.A. Care in October 2023 and has made tremendous efforts to improve performance and bring stability back to the organization. Ms. Simcoe reported that events that greatly affected claims processing since last year. In mid-August 2023, L.A. Care began coordination of benefit agreement implementation by coordinating the primary payer and the secondary payer claims. The volume of claims received was much higher than expected. The Change Healthcare cyberattack on February 21, 2024 effectively stopped claims receipts because most claims were received through that channel. The skilled nursing facilities rates were updated four times, and each update retroactively affects claims. The retroactive Call The Car contract changes caused a high volume of claims to be reprocessed. The SB 510 legislation required reviewing and retroactively adjusting claims. L.A. Care receives an average of 1.3 million claims in a month. The claims volume was really low in February due to the Change Healthcare issue. In April claims volume was 1.5 million, with professional claims at the highest volume followed by Uniform Billing form used by the facilities for billing outpatient/home health/hospice etc. (UBO4), SNF and hospital inpatient claims. The percentage of claims submitted electronically is very high. Ms. Simcoe reviewed details about claims processing and mitigation work on improper processing. Ms. Simcoe reported that in December 2023, Provider Dispute Resolution (PDR) volume was high and the contract change with Call the Car is one cause. The turnaround time for PDRs is now down to 39 days, and the goal is to reduce it to 20-25 days. Dr. Amin noted that the purpose of the presentation was to help the Board members feel comfortable with the expertise and the degree of effort that Ms. Reed, Ms. Simcoe and the operations team have made to ensure claims are paid appropriately and quickly, and the amount of effort that's going into utilization management. Dr. Amin mentioned that a performance report will be included in future board meeting packets and major changes will be reviewed with Board members. L.A. Care leadership will continue to discuss the report in detail during the Provider Relations Advisory Committee	

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	meetings, and there may also be discussions during Compliance & Quality Committee meetings. Board Member Gonzalez asked if Call The Car (CTC) trip data will be included in the report. She noted that is really useful information for members, as many of them complain about difficulties getting picked up and other difficulties with CTC. Dr. Amin responded that the CTC metrics are included. He suggested that Noah Paley, *Chief of Staff*, is ready and available to address that right now. Noah Paley, *Chief of Staff*, noted that for discharges and transfers for routine pickup, compliance with the Service Level Agreement is 98%. The required performance level for discharges and transfers is one hundred percent. In the fourth quarter of 2023, there were issues with the performance level of CTC. L.A. Care collaborated extensively over the last several months with CTC and required various improvements. A corrective action plan is in place, and CTC has already implemented enhancements that has resulted in the improvement in CTC performance on on-time discharges and transfers and improvement in routine pickups. Some enhancements for discharges and transfers involve a dedicated team that providers can contact, working directly with CTC to arrange rides for discharges and transfers. In addition, CTC is developing a portal for hospital and facilities like dialysis centers and SNFs, a request for a ride can be made directly through that portal. CTC is working on finalizing a manual that will be shared with facilities. CTC will pilot this program with certain facilities. Another enhancement is that L.A. Care will work with CTC in processing member grievances about rides. CTC has established a grievance portal directly between CTC and L.A. Care that will be available next month. There are a variety of improvements with its driver pool. It's increasing its driver pool, and requiring attestations from drivers to follow prescribed protocols that are necessary to address such issues as modifying pickup times and a variety of things that impact a member's ability to effectively use CTC. L.A. Care has a dedicated team that is continuously monitoring performance and working on implementing the enhancements. Dr. Amin noted that it takes time to see some of the improvement. We believe these actions will improve the member experience. L.A. Care is monitoring performance. Dr. Amin noted that L.A. Care re-contracted with CTC last year to ensure significant commitments on performance to L.A. Care and its members. L.A. Care is tracking performance. When performance metrics are out of line, L.A. Care immediately began working with CTC to make specific changes that we believe would improve the member experience. Ms. Gonzalez invited Mr. Paley to attend an ECAC meeting. Mr. Paley agreed to present information about CTC to ECAC. Mr. Paley noted that the current contract with CTC is for one year. L.A. Care could submit a notice of termination based on performance levels. He stressed the high level of collaboration with CTC leadership and operational team. There is a detailed corrective action plan with specific steps in place that L.A. Care is monitoring, and it	

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	has resulted in performance improvement again. The transfer trips are below the service level, but have increased by more than 10 % after L.A. Care provided a notice of deficiency and implemented a corrective action plan. Board Member Vazquez appreciates the updates and asked about a way the member could tell us if CTC is fulfilling or satisfying member needs. (*Board Member Vazquez spoke in Spanish and this is a summary of her remarks translated into English.*) Board Member Vazquez asked when a member has a medical appointment or other kind of appointment, is there a number that the member could call to provide feedback? Mr. Paley responded that feedback can be provided directly to CTC through their call center and can be provided to L.A. Care through the customer solutions center, and will then be communicated to CTC through the collaboration was mentioned earlier. Board Member Vazquez indicated she wants members invited to provide a comment or a review of the ride experience, similar to other ride services. Mr. Paley will make a recommendation to include this on the mobile app so that we can have contemporaneous feedback suggested by Board Member Vazquez. Board Member Booth expressed her appreciation of the presentation format, she noted that the information is there, she can read it, and she can understand. Mr. Baackes added that he hopes board members who have any business with competing health plans asks them to disclose this information as well. The L.A. Care information is now in the public domain. He cannot think of another health plan that provides this level of detail. Chairperson Ballesteros thanked Ms. Reed for the presentation with great visuals and lots of data and it's really helpful. Ms. Reed responded it is a team effort.	
MOTIONS FOR CONSIDERATION		
• Approval of delegation of authority to destroy certain records associated with L.A. Care's move to 1200 W. 7th Street, Building	*The items on the Agenda brought to the Board from the Executive Community Advisory Committee (ECAC) were discussed at the next item, ECAC report.* Ms. Haydel presented a motion requesting approval of delegation of authority to destroy certain records associated with L.A. Care's move to 1200 W. 7th Street, Building. In light of the upcoming move to 1200 W. 7th Street, staff seeks delegation of authority to the General Counsel to prepare and implement guidance regarding retention and destruction of Local Initiative Health Authority for Los Angeles County and L.A. Care Health Plan Joint Powers Authority records. Such delegation of authority is requested to include authorization to destroy certain records, without making a copy thereof, after the same is no longer required, unless prohibited by law. Specifically, records will be authorized to be destroyed in accordance with such	

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	guidance given by the General Counsel and with written consent of General Counsel, without further action by the Board, upon the written request of any Chief Officer (or their respective designees) attesting that the records are not the subject of any claim, litigation, investigation or audit, and that their destruction is not otherwise prohibited. For the sake of clarity, this delegation does not authorize the destruction of any records that are prohibited by law, including records affecting the title to real property or liens thereon, court records where litigation is pending, records required to be kept by statute or contract (for the time-period required therein), records subject to a legal hold for the period of such hold and the minutes, resolutions and other governance documents. Board Member Booth commented that she is uncomfortable when printed documents are destroyed because it is a loss of institutional knowledge of what has happened, what people have tried and what people have failed with and what does work. She asked, besides the legal implications, are there any limitations regarding what items are being recommended for destruction or being kept or copied. Ms. Haydel responded this is really actually to destroy paper documents, electronic records will be maintained, which are electronic copies of the documents that are required to be retained. There are interim documents, interim notes, and reports that a public entity would not routinely maintain as records and are not covered by the retention required. Board Member Booth noted that could mean a loss of some institutional knowledge, of the history of what has been tried, what has worked, how and why it worked or did not work. If there is not a legal requirement to retain a document, it's going to be destroyed. She thinks some documents would be potentially important in the future. Ms. Haydel clarified that the motion is to delegate authority to staff to develop guidelines for records retention. Staff will identify what records need to be maintained in general for their programs, and that would have to go through legal review so that it meets the requirements of the law. But in general this is to help staff transition from 1055 building to 1200 building. Board Member Booth asked if there is a more specific way that ensures that important documents that may be used for reference at a future date will not get destroyed, i.e., information about processes? Chairperson Ballesteros asked if staff could receive guidance to take Board Member Booth's comments into consideration, and look carefully for historical references among documents that are not mandated to be retained. Board Member Booth responded that she is hoping they will do that, but nothing really that Ms. Haydel said readily reassured her of that. Chairperson Ballesteros suggested that Board Member Booth's comments be taken as additional guidance. Board Member Booth noted that documents should be destroyed only when someone is willing to take accountability for that destruction, and a record is kept of the names of the documents and who authorized a document to be destroyed.	

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	Board Member Booth recommended that attention is paid to the type of documents that could be useful in the future in terms of processes and how things happened, what has been tried, what's done well, and what has not failed, etc. Ms. Haydel responded that Board Member Booth recommendation will be added in the guideline. Board Member Gonzalez noted that to be clear, this will be guidance. These would be guidelines on what is and what's not to be shredded, so there's more room at the new building. These documents would be scanned and stored electronically. **Motion BOG 103.0624** **To delegate authority to the General Counsel (including her respective designees) to prepare and implement guidance regarding retention and destruction of records that authorizes the destruction of certain Local Initiative Health Authority for Los Angeles County and L.A. Care Health Plan Joint Powers Authority records, without making a copy thereof, after the same is no longer required, unless prohibited by law. Records shall be authorized as appropriate for destruction in accordance with General Counsel's guidance, upon the written request of any Chief Officer (or their respective designees), with the written consent of the General Counsel, without further action of the Board. Notwithstanding, this delegation does not authorize the destruction of any records affecting the title to real property or liens thereon, court records where litigation is pending, records required to be kept by statute or contract (for the time-period required therein), records subject to a legal hold for the period of such hold and the minutes, resolutions and other governance documents.**	**Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, Gonzalez, Greene, Raffoul, Roybal, Solis, and Vazquez)**
ADVISORY COMMITTEE REPORT		
Transitional Temporary Executive Community Advisory Committee (TTECAC)	**PUBLIC COMMENT** *Demetria Saffore asked about term limits for RCAC members. It was her understanding back in 2009 that term limits for the committees did not apply to the RCAC members but only to ECAC and Board members. She wanted to know if the term limits proposed today is a staff recommendation or was that a recommendation from California.* Mr. Baackes responded that the committee report from Board Members Gonzalez and Vazquez will make clear that the ECAC is endorsing a staff recommendation. *Andria McFerson is a member of RCAC 5. Please understand that she is a little taken back by this whole situation, so please forgive her if she sounds emotional. She had brain surgery, so she's doing the best that she can at this point. She disagrees with the motion due to certain changes made to the RCACs. Chair De La Torre, unfortunately, this proposal does not state solely the stakeholder rights given by the California state legislator or the DHCS requirements in its totality. The proposal in its totality does not state all of these*	

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	rights. They are provisions made by the staff members. That is why she disagrees with the proposal, things like there should be term limits, like what her fellow RCAC members said. These term limits are not a part of that overall requirement of the state or DHCS. And who made that change? And why is that even being a part of this motion? Please take that out of the motion, she's asking. Also who will write the applications that they have to fill out? Specifically will that be staff? This is too broad of a motion or a statement because the CAC members are members of the medical managed health care plan, who have a right to be a stakeholder. Who will make specific the new structure overall, and what would it consist of? Because all year the staff proposed the reconstruction of the consumer advisory committee and it did consist of a lot of plans and it didn't contain just new requirements. But staff had written that there be a round table, 13 members with no Robert's Rule of Order, and I am so glad that they took that out but all RCACs did not hear this change. And so all RCACs were not able to vote on that same proposal. It changed from month to month. So the TTECAC who voted on this and approved it, they approved it not according to their own RCACs. Their own specific decision on that and I could not quite understand that. As far as the ECAC, who consists of the ECAC? Does it have an actual L.A. Care member that receives a L.A. Care health plan? And if those provisions are going to be made by the ECAC members, can we add someone who is a member of L.A. Care. Unfortunately, just like now, the transportation has taken away most of the members who wanted to comment on these things. So, different things like that are what we have to deal with on a regular basis, having to do with staff provisions. So can we make it in unison with ADA rights? All kinds of different things like that so that we can equally have the opportunity to participate in a support group and speak together. She doesn't agree with the motion. Board Member Vazquez reported that the TTECAC met on May 14, 2024. (*Board Member Vazquez spoke in Spanish and this is a summary of her remarks translated into English.*) She thanked all the members that attended the TTECAC in person and to those present today. 1. Roger Rabaja (R1) 2. Ana Rodriguez (R2) 3. Lidia Parra (R3) 4. Silvia Poz (R4) 5. Joyce Sales (R6) 6. Maritza Lebron (R7) 7. Ana Romo (R8) 8. Deaka McClain (R9) 9. Elizabeth Cooper (R2) 10. Maria Sanchez (R5) 11. Damares O Hernandez de Cordero (R10) 12. Estela Lara (R4)	

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	She thanked the members that attended the ECAC meeting both virtually and in person. The comments and questions were greatly appreciated. • Mr. Baackes gave a CEO update. • Linda Carberry presented L.A. Care's Member Experience Survey Results. She described the measures that were met and those that needed improvement. Of the measures that needed improvement the following are ongoing issues: not having a primary care doctor, getting an appointment for urgent care, and customer service was not courteous/respectful. • TTECAC members have expressed an interest as to why the motions brought forth from TTECAC were tabled and if they can be revisited by the board. TTECAC approved the proposed changes to the restructuring of the Community Advisory Committees. • I would like to comment that the board needs to revisit the proposed motions and put them to a vote. Whether they pass or not, at least so that TTECAC can move forward with the Board's decision. I would also like to remind the Board of the recent Federal decision to have health facilities provide accessibility to people with disabilities. Board Member Gonzalez thanked the Board for considering the TTECAC motions which were previously tabled. Board Member Gonzalez looks forward to revisiting those motions at the next board meeting. Board Member Gonzalez reported that the Community Partners Roundtable met on May 22. Mariah Walton presented information on the sponsorships that L.A. Care provides: the paperwork required, presentation, timeframe, dollar limits, and the focus on the social determinants of health. Allen Delaney and Associates gave a presentation on their organization, the Good Seed, and ways they assist the community. Hector Solorzano from the Pomona Valley Pride Center gave a presentation on the services and events his organization provides for the LGBTQ population. Karol Curiel-Kozycz from Plus Me Project gave a presentation on how they assist students with writing stories about themselves, their origins, their goals, families, achievements, and adversities they overcame. Gilmar Flores from Breathe Southern California promoted their free Lung Health Screening Event on May 28. The next Community Partners Roundtable is scheduled to meet on July 24. Board Member Gonzalez commented on the earlier report on IHSS and the programs for backup caregivers. There are two backup programs in Los Angeles County. One is through the State, to help recipients coming out of the hospital to avoid hospitalization. Just like L.A. Care gives money for the education of IHSS healthcare providers, this program helps people avoid getting into the hospital. The County program for IHSS is to provide coverage for caregivers in cases of emergency. It does not cover vacations, it's not respite care. It is to cover people that have had an accident, were injured or sick. This program can then help temporarily. It uses the same hours that IHSS has. It is basically there to help people needing care to avoid hospitalization, and is underutilized by the program. Cutting these two programs would be detrimental to the health of people that are using IHSS, and the dollar amounts that they are	

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	cutting is almost negligible in comparison to the entire dollar amount for the IHSS program.	
• Delegate authority to the Executive Committee of the Board of Governors to approve the revisions to the Operating Rules of the Consumer Advisory Committees (CAC) and Executive Community Advisory Committee (ECAC)	Mr. Baackes reported on the changes in structure for the community advisory committees (*a copy of his presentation can be obtained by contacting Board Services*). In L.A. Care's new Medi-Cal contract there are provisions related to community advisory committees. He pointed out that most managed care plans did not previously operate community advisory committees, so it is new for those health plans. L.A. Care is the outlier, having always had a comprehensive community advisory program. There is no provision in the contract that requires L.A. Care to consult with existing advisory committees about the proposed changes. L.A. Care staff voluntarily made the effort to discuss the advisory committee requirements with the current committee members. Staff was not trying to force the changes on advisory committees. Presentations were made throughout 2023 and there was feedback from advisory committee members. The Board and staff have heard public comments at the Board meetings. At the beginning of this year, Mr. Baackes asked staff to schedule another round of meetings with each of the 11 RCACs. He and Dr. Amin each attended four RCAC meetings. Staff came back to the RCACs with a refreshed proposal that was not the same as what was distributed in 2023. The new Medi-Cal contract took effect January 1, 2024 with new provisions for community advisory committees. One new provision is that L.A. Care is required to have a selection committee. The selection committee membership has to be defined and the member composition of the community advisory committees (CAC) must reflect the diversity of the health plan members. Plans must report annually on the composition of those committees and their proceedings. L.A. Care is proposing: 1. Establishment of member term limits. Term limits will be two four-year terms to assure opportunity to match any changes in population diversity and ensure diversity. Staff is recommending two four-year terms to mirror the terms of the Board of Governors. 2. There is no reference in the State contract on the number of CACs. L.A. Care has had 11 RCAC regions for over 20 years. Staff proposes to reduce it to 8 regions, using the geographic boundaries of the Los Angeles County service planning areas (SPAs). This allows L.A. Care to provide the community advisory committees with valuable data on the health status and disparities of those communities, aligned with the County SPAs. 3. Target membership is 25 members for each CAC. This is refreshed from a previous proposal. The current RCAC membership varies by CAC. There are currently a total of 140 members in the 11 RCAC regions. With the new regions, there will be a total of 200 - an increase of 60 members.	

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	4. All 140 current RCAC members will be assigned to a CAC in the new format based on their address. They do not have to go through the application or selection process. 5. The RCACs currently have six meetings a year and the proposal is to keep it at six meetings a year. Community advisory committee meetings will be held at L.A. Care's Community Resource Centers (CRCs). The agendas will adhere to the use of the Brown Act and Robert's Rules of Order. The agendas for the meetings will include time for discussion of topics that the community advisory committee members want to bring up. If they would like to have a specific topic, with expert advice, that will be done as well. 6. Transportation to and from the RCAC/ECAC meetings will be provided. Child supervision will be available at the community resource centers. He noted that a comment was made that the presentation changed over the course of the eleven meetings. During the visits with the CACs suggestions were made for changes and he directed those changes. He takes responsibility for that. 7. The stipends will essentially be doubled. 8. There is now a requirement for a selection committee to screen and approve community advisory committee members. There was none before. Community advisory membership must reflect diversity of the plan members. The membership to now has been random according to the volunteers who wish to participate. The selection committee will use diversity data and other objective criteria for selection. The requirement is the plan must report annually on membership diversity and on the proceedings of the meetings. That was not a requirement previously. The proposal was made available to all RCAC members and the chairs of each of the existing community advisory committees were asked to approve, disapprove or modify this particular presentation in advance. They approved it. He also acknowledged to the CAC members that if something isn't working after we get this done, we can come back and change it. To those members here today, he would like to say that we didn't have to do it this way. L.A. Care could have just implemented the provisions in the contract and gone on with it. But staff went to the members. You were heard, and he thinks this is a responsible answer. L.A. Care is currently out of compliance, and he hopes that the motion that was adopted by ECAC, which is currently publicly posted for public comment, will be ultimately supported by the Executive Committee. Board Member Vazquez thanked Mr. Baackes for his presentation and update (*Board Member Vazquez spoke in Spanish and this is a summary of her remarks translated to English*). CAC members have been hearing this information for a long time. RCAC members were able to listen to all the presentations ever since the very start. Members now have the summary of the meetings that were held with Mr. Baackes and Dr. Amin. The proposal reflects what the members were saying at those meetings. She thanked Mr. Baackes and Dr. Amin for the opportunities for	

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	members to express their views and concerns, and have all of that taken into account. Board Members can now take the next step. Board Member Contreras asked about the requirements for diversity in the groups. Mr. Baackes responded that the State is not that clear on that, so L.A. Care staff is interpreting it to be diversity in race, ethnicity and health status. People who are disabled, people who are from different races and ethnicity should be reflected in each group. L.A. Care asked for clarification, and expect the regulators will send an all plan letter, but could not get to it until probably July. Board Member Contreras noted that when the SPA councils were in place, there was also an American Indian Council that was separate, and recognizing diversity geographically might mean that the numbers may not be as large. In terms of healthcare, she's thinking about the LGBTQ plus community and being able to meet those needs, and again, it will not necessarily be reflected geographically. Mr. Baackes agreed it is very complicated. The State contract language is very vague, and L.A. Care asked for clarification and will follow the guidance from regulators. Board Member Roybal noted that the motion before the Board is to delegate authority to the Executive Committee to make the changes, including to formally go from eleven to eight RCAC regions. The Board is delegating to the Executive Committee today and going from eleven to eight, which he thinks makes a lot of sense. As Mr. Baackes was saying, this will help in viewing health data at the SPA level using data on health outcomes developed by LA County. It will help L.A. Care plan, make decisions and support things in general, regarding health care, and how our members are responding to activities in their communities. Board Member Roybal thinks it's a really good idea. Supervisor Solis thanked staff and the CAC members participating in the meetings. She is pleased that members approve the restructure. The Board has heard so much on this topic in the last year and a half. She's glad that there's been clarification and that the state is actually requiring us to become compliant and to use Robert's Rules of Order and to use all the appropriate tools that are made available for public meetings. It may be a learning challenge perhaps for some. But for others she thinks it is going help bring conformity and standardization where it is needed, and increases participation because the number of people that will be engaged is going up quite significantly. Chairperson Ballesteros echoed the Supervisor's comments on the increased participation and added that the stipend will also increase. Members have expenses that they we need to consider, so he appreciates that.	

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	<u>**Motion BOG 104.0624**</u> **To delegate authority to the Executive Committee of the Board of Governors to approve the revisions to the Operating Rules of the Consumer Advisory Committees (CACs) and Executive Community Advisory Committee (ECAC), the transition from 11 RCAC areas of representation to 8 and an enhanced CAC member volunteer stipend structure as approved by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at its meeting of May 14, 2024.**	**Unanimously approved by roll call. 9 AYES**
BOARD COMMITTEE REPORTS		
Executive Committee	**PUBLIC COMMENT** *Andria McFerson asked about the Executive Committee membership, because it is written that it is only three members and there are no L.A. Care Health Plan members who have L.A. Care Health Plan.* Chairperson Ballesteros clarified that it is the Executive Committee of the Board. *Ms. McFerson asked if they have some sort of stakeholder who is a member of L.A. Care.* Mr. Baackes responded that the L.A. Care Board of Governors has two member representatives who are members of the health plan or a member advocate, Board Members Gonzalez and Vazquez. There is no requirement that a member of the Executive Committee or other Board Committees, except ECAC, be a health plan member. One cannot be on the Executive Committee unless a member of the Board of Governors. There are only two members, a health plan member and a member representative, on the 13-member Board. *Ms. McFerson asked if she could talk with Ms. Haydel for clarification.* Chairperson Ballesteros asked Ms. Haydel to contact Ms. McFerson. Chairperson Ballesteros reported that the Executive Committee met on May 22, 2024 (*approved minutes can be obtained by contacting Board Services and will be available on the L.A. Care website*). • The Committee reviewed and approved a motion for approve revisions to Human Resources Policies: HR-112 (Leave of Absence), HR-125 (Sick Leave for Per Diem, Part-Time, and Non-Regular Employees), HR-301 (Background Checks), HR-312 (Recruitment) which does not require full Board approval. • The Committee received a report on the proposal for meeting state requirements for Community Advisory Committees (CAC) and approved a motion to begin 30-day posting of revised CAC Operating Rules.	

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Finance & Budget Committee	**PUBLIC COMMENT** *Andria McFerson commented that she's not quite sure whether this pertains to it. Her name is Andria McFerson and she's part of RCAC 5. Chief Financial Officer report, the financial report, monthly investment transaction report, quarterly reports required by internal policies. She's not quite sure whether it has anything to do with the RCAC budget and, how that money was spent throughout the fiscal years and if that money was spent and if it would be rolled over that budget, is a part of community involvement and engagement. There have been a lot of different things having to do with COVID 19 and different things having to do with a lot of mortality rates increasing. So with that, if there were more peer on peer communication and events and just different things like that since it's lifted, that would be great. But they had no opportunity to make any decisions having to do with that due to a temporary TECAC and a lack of RCAC meetings and the opportunity to file motions in order to spend the budget since those provisions were made, those restrictions were made. So with that, do they still have those same amounts and where will they be rolled over for the next fiscal year so that they can now do more outreach towards many different people throughout the community and that would consist of seniors, that would consist of people who may have suffered from COVID and no longer have COVID but they have a lot of physical issues having to do with that and don't know that they have different coverage from L.A. Care. And it would be great to have that opportunity to have information to the undocumented so that they can know that now they do have coverage. And then also, different information to people who are not just low income. People who now are mid-income and that would make it so that L.A. Care can give that information to them as well because a lot of people cannot afford insurance, but they do work fully. So that means that L.A. Care does have those options for them as well, but they have absolutely no idea so that if they can spend that budget money, the prior budget money and the budget money that we have here, that would be great for outreach to the community. So with that, please give them an opportunity to know what type of budget that they have, whether it be rolled over, and give them the opportunity to vote on different things having to do with their own communities.* Mr. Baackes noted that this was previously addressed. The funds were rolled over and will be available as the new community advisory committees meet to disperse as they see fit. Committee Chairperson Booth reported that the Finance & Budget Committee met on May 22. The Committee reviewed and approved a motion for a contract amendment with Imagenet LLC, to provide L.A. Care with scanning solution services to convert paper claims into electronic format. This motion does not require full board approval. Committee also reviewed and approved the Quarterly Investment Report that was earlier approved today on the consent agenda.	

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	Approval of the financial reports was postponed to the next Board Meeting. Due to time constraints the Financial Performance Report, the Monthly Investments Transactions Reports and the Quarterly Internal Policy Reports were deferred to the next Board of Governors meeting on July 25, 2024.	
Compliance & Quality Committee	*Due to time constraints the Compliance & Quality Committee report was deferred to the next Board of Governors meeting on July 25, 2024.*	
Provider Relations Advisory Committee	On behalf of Committee Chair, George Greene, Esq., Dr. Amin provided the PRAC Report. The Committee met May 15 *(contact Board Services to obtain a copy of approved meeting minutes)*. • The Committee received a report on Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. • He presented a dashboard for CalAim Community Supports Services similar to the report made earlier in this meeting.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 5:45 pm. Augustavia J. Haydel, Esq., General Counsel, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 5:46 pm. No report was anticipated from the closed session. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *June 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates *There were no discussions on the following agenda items.* THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, Chief Information & Technology Officer and Gene Magerr, Chief Information Security Officer 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	

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	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) 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 Numbers: 23-725, 21-855 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 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	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 5:51 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:52 pm.	

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

APPROVED BY:
DocuSigned by:
John Raffoul
DDF074515A9349A...
John G. Raffoul, *Board Secretary*
Date Signed 9/8/2024 | 5:57 AM PDT

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