

L.A. CARE BOARD OF GOVERNORS MEETING

October 3, 2024 • 1:00 PM

Lobby Conference Room

1055 W. 7th Street, Los Angeles, CA 90017

*L.A. Care offices have moved to 1200 W. 7th Street, Los Angeles, CA 90017.
Public meetings will continue to be held in the Board Room at 1055 W. 7th Street until
early 2025.*

Statement

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.6 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

L.A. Care Health Plan is governed by 13 board members representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children's health care providers, local hospitals and the Los Angeles County Department of Health Services.

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than \$180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.



- **L.A. Care Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

| L.A. Care Membership by Product Line – As of September 2024 | |
|--|--------------------|
| Medi-Cal | 2,336,458 |
| L.A. Care Covered | 207,015 |
| D-SNP | 20,130 |
| PASC-SEIU | 49,488 |
| Total membership | 2,613,091 |
| L.A. Care Providers – As of April 2022 | |
| Physicians | 5,709 |
| Specialists | 13,534 |
| Both | 364 |
| Hospitals, clinics and other health care professionals | 14,276 |
| Financial Performance (FY 2023-2024 budget) | |
| Revenue | \$11B |
| Fund Equity | \$1,779,445 |
| Net Operating Surplus | \$103.9M |
| Administrative cost ratio | 5.1% |
| Staffing highlights | |
| Full-time employees (Actual as of September 2023) | 2,269 |
| Projected full-time employees (FY 2023-2024 budget) | 2,407 |



DRAFT



L.A. Care
HEALTH PLAN®

AGENDA
BOARD OF GOVERNORS MEETING

L.A. Care Health Plan
Thursday, October 3, 2024, 1:00 P.M.

1055 W. 7th Street, Lobby Conference Room 100, Los Angeles, CA 90017

Members of the Board of Governors, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:
<https://lacare.webex.com/lacare/j.php?MTID=m3d904d028e70a5ef12b52419121f282f>

To listen to the meeting via teleconference please dial: +1-213-306-3065
English Meeting Access Number 2481 304 2808 Password: lacare
Spanish Meeting Access Number: 2489 984 4534 Password: lacare

Supervisor Hilda L. Solis
500 West Temple Street, Room 856
Los Angeles, CA 90012

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Board of Governors appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

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

- 1. Welcome Alvaro Ballesteros, MBA, *Chair*
- 2. Approve today’s agenda *Chair*
- 3. Public Comment *(Please read instructions above.)* *Chair*
- 4. Approve Consent Agenda Items *Chair*
(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with “BOG”.)

- August 27, 2024 Special Meeting minutes and September 5, 2024 meeting minutes

- Ratify the executed Amendment 03 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services (*copy of the contract is available by contacting Board Services*) **(BOG 100)** p.74
 - Increase the existing purchase order with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services **(EXE 100)** p.77
 - Authorized signatories for all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts **(EXE 101)** p.78
 - Ntooitve Contract for marketing campaigns for L.A. Care’s direct lines of business, including the L.A. Care Covered (LACC) Shop and Compare Tool, and the Community Resource Centers **(EXE 102)** p.79
 - Edifecs, Inc. Contract to provide Software as a Service (SaaS) licensing and integration services **(EXE 103)** p.81
 - Regional Community Advisory Committee (RCAC) Membership **(ECA 100)** p.82
5. Chairperson’s Report *Chair*
6. Chief Executive Officer Report p.84
 • Department of Managed Health Care Enforcement Matter p.89 John Baackes
Chief Executive Officer
 • Monthly Grants & Sponsorship Reports p.90
 • Potential LA Care Distressed Hospital Financial Assistance
 • Community Benefits Community Health Investment Fund (CHIF) Summary p.91 Shavondra Webber-Christmas
Director, Community Benefits
 • Government Affairs Update p.149 Cherie Compatore
Senior Director, Government Affairs
7. Chief Medical Officer Report Sameer Amin, MD
Chief Medical Officer
 • Collaboration with Los Angeles County Fire Department’s Advanced Provider Response Units (APRU) p.208 Joycelyn Smart
Director, Care Management
Noah Kaplan Ng
Director, Enhanced Care Management
p.214
8. Performance Monitoring - September 2024 Sameer Amin, MD
Acacia Reed
Chief Operating Officer

Public Advisory Committee Reports

9. Temporary Transitional Executive Community Advisory Committee Fatima Vazquez / Layla Gonzalez
Consumer member / Advocate member
- Update on Automatic Push Door Request p.239
Motion TTECA 101.0524: L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings.

Board Committee Reports

10. Executive Committee *Chair*
- Monthly Investment Transactions Reports – August 2024 p.262
11. Compliance & Quality Committee Stephanie Booth, MD
Committee Chair
12. Public Comment on Closed Session Items *(Please read instructions above.)* *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes)

Chair

13. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
Estimated date of public disclosure: *October 2026*
14. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
 - Plan Partner Services Agreements
15. 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*
16. 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
17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- 1) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220075422)
 - 2) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220074758)
18. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- 1) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02659
 - 2) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV15865
 - 3) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV33996
 - 4) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV22700

- 5) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV25633*
 - 6) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. and Norris 23STCV25875*
 - 7) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV21495*
 - 8) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV20537*
 - 9) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV13310*
 - 10) *University of Southern California on behalf of its Keck Hospital of USC, on behalf of its USC Verdugo Hills Hospital, and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV13333*
 - 11) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV17654*
 - 12) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 22STCV02072*
19. 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

Chair

ADJOURNMENT

Chair

The next meeting is scheduled on November 7, 2024 at 1 PM, it may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org.

Please follow additional instructions on the first page of this Agenda.

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

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to BoardServices@lacare.org

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



**Schedule of Meetings
October 2024**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|---|--|--|--|
| | 1 | 2 | 3 <i>Board of Governors Meeting</i> 1 pm <i>(for approx. 3 hours)</i> | 4 |
| 7 | 8 | 9 <i>TTECAC Meeting</i> 10 AM <i>(for approx. 3 hours)</i> | 10 <i>TAC Meeting</i> 2 PM <i>(for approx. 2 hours)</i> | 11 |
| 14 | 15 <i>CHCAC Meeting</i> 8:30 AM <i>(for approx. 2 hours)</i> | 16 <i>RCAC 6</i> 10 AM <i>(for approx. 2-1/2 hours)</i> | 17 <i>Compliance & Quality Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i> <i>RCAC 5</i> 2 PM <i>(for approx. 2-1/2 hours)</i> | 18 <i>RCAC 1</i> 11 AM <i>(for approx. 2-1/2 hours)</i> |
| 21 <i>RCAC 8</i> 10 AM <i>(for approx. 2-1/2 hours)</i> | 22 | 23 <i>Finance & Budget Committee Meeting</i> 1 PM <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i> | 24 | 25 |
| 28 | 29 | 30 | 31 | |



| | MEETING DAY, TIME & LOCATION | MEETING DATES | BOARD MEMBERS / STAFF CONTACT |
|----------------------------|---|--|--|
| BOARD OF GOVERNORS | <p>1st Thursday 1:00 PM <i>(for approximately 3 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p><i>*Placeholder meeting</i></p> | <p>October 3 * November 7 December 5</p> | <p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p> |
| BOARD COMMITTEES | | | |
| EXECUTIVE COMMITTEE | <p>4th Wednesday of the month 2:00 PM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p> | <p>October 23 November 20 * <i>No meeting in December</i></p> | <p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> G. Michael Roybal, MD, MPH <i>Governance Committee Chair</i> <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p> |

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 428.5500 or send email to boardservices@lacare.org.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING**

| | MEETING DAY, TIME & LOCATION | MEETING DATES | BOARD MEMBERS / STAFF CONTACT |
|--|---|---|--|
| COMPLIANCE & QUALITY COMMITTEE | <p>3rd Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | <p>October 17 November 21 <i>No meeting in December</i></p> | <p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p> |
| FINANCE & BUDGET COMMITTEE | <p>4th Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p> | <p>October 23 November 20 * <i>No meeting in December</i></p> | <p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p> |
| PROVIDER RELATIONS ADVISORY COMMITTEE | <p>Meets Quarterly 3rd Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | <p>November 20</p> | <p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p> |
| AUDIT COMMITTEE | <p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p>MEETS AS NEEDED</p> | | <p>Hector De La Torre, <i>Chairperson</i> Layla Gonzalez George Greene</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services, x 4183</i></p> |

FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG. MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 428.5500 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.

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2024 MEETING SCHEDULE / MEMBER LISTING**

| | MEETING DAY, TIME & LOCATION | MEETING DATES | BOARD MEMBERS / STAFF CONTACT |
|--|--|----------------------|--|
| GOVERNANCE COMMITTEE | Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED | | Chairperson - VACANT Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH Staff Contact: Malou Balones <i>Board Specialist III, Board Services/ x 4183</i> |
| SERVICE AGREEMENT COMMITTEE | Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED | | Layla Gonzalez, <i>Chairperson</i> George W. Greene Staff Contact Malou Balones <i>Board Specialist III, Board Services/ x 4183</i> |

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2024 MEETING SCHEDULE / MEMBER LISTING**

| | | | |
|---|---|--|---|
| <p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p> | <p>Meets Annually or as needed Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | | <p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p> |
| <p align="center">L.A. CARE JOINT POWERS AUTHORITY</p> | <p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p align="center"><i>*Placeholder meeting</i></p> | <p align="center">October 3 * November 7 December 5</p> | <p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p> |

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2024 MEETING SCHEDULE / MEMBER LISTING**

| PUBLIC ADVISORY COMMITTEES | | | |
|--|--|---|--|
| <p align="center">CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p> | <p align="center">3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i></p> <p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | <p align="center">October 15</p> | <p>Tara Ficek, MPH, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p> |
| <p align="center">EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p> | <p align="center">2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i></p> <p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | <p align="center">October 9 November 13 December 11</p> | <p>Ana Rodriguez, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p> |
| <p align="center">TECHNICAL ADVISORY COMMITTEE</p> | <p align="center">Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i></p> <p>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> | <p align="center">October 10</p> | <p>Alex Li, MD, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p> |

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| REGIONAL COMMUNITY ADVISORY COMMITTEES | | | |
|---|--|---|---|
| REGION 1 | <p align="center">11 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Community Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p> | <p align="center">Friday October 18, 2024 Friday December 13, 2024</p> | <p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p> |
| REGION 2 | <p align="center">10 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Community Resource Center 7868 Van Nuys Blvd. Panorama City CA 91402 (213) 438-5497</p> | <p align="center">Monday November 18, 2024</p> | <p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p> |
| REGION 3 | <p align="center">3 PM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in El Monte 3570 Santa Anita Ave. El Monte, CA 91731 (213) 428-1495</p> | <p align="center">Wednesday November 20, 2024</p> | <p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p> |
| REGION 4 | <p align="center">10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in Metro L.A. 11173 W. Pico Blvd. Los Angeles, CA 90064 (310) 231-3854</p> | <p align="center">Tuesday November 19, 2024</p> | <p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p> |
| REGION 5 | <p align="center">2:00 PM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in West L.A. 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p> | <p align="center">Thursday October 17, 2024 Thursday December 19, 2024</p> | <p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p> |

FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG. MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 428.5500 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING**

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| <p>REGION 6</p> | <p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in South Los Angeles 5710 Crenshaw Blvd. Los Angeles, CA 90043 Community Resource Center in Lynwood 3200 E. Imperial Highway Lynwood, CA 90262</p> | <p>Wednesday October 16, 2024 (Lynwood) Wednesday December 18, 2024 (South LA)</p> | <p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p> |
| <p>REGION 7</p> | <p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in East L.A. 4801 Whittier Blvd. Los Angeles, CA 90022 (213) 438-5570 Community Resource Center in Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p> | <p>Friday November 15, 2024 (Norwalk)</p> | <p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p> |
| <p>REGION 8</p> | <p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in Wilmington 911 N. Avalon Blvd. Wilmington, CA 90744 (213) 428-1490 Community Resource Center in Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (562) 256-9810</p> | <p>Monday October 21, 2024 (Wilmington) Monday December 16, 2024 (Long Beach)</p> | <p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p> |

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CONSENT AGENDA

Board of Governors
Special Meeting Minutes #329
Meeting held on August 27, 2024 and
Adjournment to Meeting held on August 29, 2024



L.A. Care
 HEALTH PLAN

350 South Grand Avenue, First Floor Training Room, Los Angeles, CA 90071

Members

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

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

Management

Augustavia Haydel, Esq., *General Counsel*

**Absent*

*** Via teleconference*

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| WELCOME | Alvaro Ballesteros, <i>Board Chairperson</i> , called to order at 8:05 am the special meeting of L.A. Care Health Plan Board of Governors. Board Chairperson Ballesteros welcomed everyone and outlined the information for public comment included on the meeting Agenda. | |
| APPROVAL OF MEETING AGENDA | The meeting Agenda was approved as submitted. | Unanimously approved. 13 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez) |
| Public Comment | <i>Public Comments heard on August 27, 2024.</i> <i>Andria McFerson</i> <i>Russel Mahler</i> | |
| ADJOURN TO CLOSED SESSION | Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 8:30 am. No report was anticipated from the closed session. | |

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| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | 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 reconvened in open session at 2:50 pm. There was no report from closed session. | |
| ADJOURNMENT | The meeting was adjourned to August 29, 2024 at 9:00 am, reconvened on August 29, 2024 at 9 am, and adjourned on August 29, 2024 at 2:00 pm. | |

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

APPROVED BY:

 John G. Raffoul, *Board Secretary*
 Date Signed _____

Board of Governors
Regular Meeting Minutes #330
September 5, 2024

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



L.A. Care
 HEALTH PLAN

Members

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

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

Management

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

*Absent

** Via teleconference

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| WELCOME | Ilan Shapiro, MD, <i>Board Vice Chairperson</i> , called the meetings to order at 9:04 am, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously. He welcomed everyone and outlined the information for public comment included on the meeting Agenda. He invited public comment. | |
| PUBLIC COMMENTS | <p>PUBLIC COMMENT <i>Andria McFerson, RCAC 5 Member, commented she was a bit confused on the way that one can comment today, due to the fact that she's used to procedures, systematic type of thing that gives everyone an opportunity to speak their comments each item. Ms. McFerson asked if one can't make a comment for every item.</i></p> <p>Vice Chairperson noted that some items have already been discussed during other public meetings. As provided by the Brown Act, topics that were discussed at a prior meeting where an opportunity for public comment was available are not open to public comment here.</p> <p><i>Ms. McFerson said that the stakeholders have had a very detrimental important helpful information about their own conditions and the community. However, they were given new bylaws, a new system, to where it says you can't make a public comment anymore, and she thinks that's the reason why they're all here to make better decisions towards healthcare and make it so that they are the advisory committee. Hopefully the new bylaws would state</i></p> | |

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| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p><i>now that we can make public personal comments due to the fact that they are going through certain things that they may need to discuss with the Board in order to make proper decisions, in order to adhere to the necessities of people just like them, so that they can give proper funding to either the care providers or the shelters and just different places like organizations that the Board funds or gives money to and things like that. And an upkeep on the values of those services given to the community. She thinks it's very important that they are able to make a public comment on their own views, their own disparities that they have with the healthcare system and also the homeless, they have people who are going through it right now. A lot of people may not understand, particular instances where people have medical necessities that keep them homeless. So that's important too. The new bylaws for the RCACs and different things like that, please consider allowing them to make public comments. If they have RCAC meetings in the future, can someone discuss the new changes, well not changes, but, they talked about an unhoused program, it would be great to have information provided to the RCACs about the unhoused program. The measure, is it prop 35 or something like that? It would be great to have someone come and speak at RCAC meetings, the welcoming meetings this month, all RCACs have welcoming meetings. That would be so awesome because the RCAC members would be able to valley for certain types of voters decisions, to make it so that people understand that it is a value to vote for Proposition 35, to get more funding for their care providers and also to L.A. Care so that they can make the proper decisions as well regarding their health care plan. The RCACs could get out to the community like they used to, and they do have history in doing so. So they know exactly what they're doing and can do it if allowed to get that information during the welcome meetings this month and then use their budget that they have rolled over for the last past three years and go out to the community and do events, peer on peer, people are willing to listen more. And we'll get more votes towards that.</i></p> <p><i>(Chairperson Ballesteros joined the meeting.)</i></p> <p><i>Elizabeth Cooper, RCAC 2 Member, said that first she would like to thank the Board for giving her the opportunity to talk. She is speaking about a different subject. She will use a little joy today. She tries to use a little joy, that's what it's all about. One of the things she would like to say, she's very thankful that L.A. Care is having this presentation today and inviting non-partisans speakers and she looks forward to hear them regarding how health care is going. It is very important as a longtime member of L.A. Care and one who has been very active. She is a registered voter. She communicates with her state, federal, and national elected officials. She thanked them for the presentation. But she is concerned. It is very Important members of the Board of Governors make sure the people who they represent, the RCAC members, get involved. Because that's where democracy is. She hopes and feels that members of the Board of Governors consider that when discussing propositions and have the honored guests today, what about voting? All these programs will exist depending on who gets in office and who doesn't get in office. So please be</i></p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p><i>advised members of the public. Voting is the democracy and on a non-partisan stand she's saying, it is very important. As she listens to the Board. Incidentally, Mr. John C Baackes, she brought an article in the LA Times, which she subscribes to. It was interesting and she found out a lot about L.A. Care, and it was a nice picture of him. She's interested in voting, Members of the Board. She is interested in issues. She comes here to learn and there are issues she would like to focus on. Please make sure the RCAC members are here to be informed, not to just receive, but to be informed. And hopefully those who have to make the decision. They are the people who the legislature is responding to, the people who receive the service, so all of this should be important to us.</i></p> <p><i>Deaka McClain, RCAC 8 Member, is currently the TTECAC Vice Chair and Member at Large for Seniors and People with Disabilities. She comes before the Board speaking her truth of being very disheartened with the fact that at the June or July meeting, ECAC representatives brought to the Board an issue pertaining to push button doors in the buildings. And they were told that it was tabled and then she found out later that it was brought to the Executive Committee and not this Board, which was her understanding. And then it was voted on not to do it. So first of all, she's not happy to be told one thing and then something else happened, and she wasn't able to make a comment. Number two, she understands the concern about cost, but at the end of the day, it's about inclusion. It's about accessibility. It's about allowing people with disabilities to have access to these meetings. And when at these meetings, people need to be able to get through the door. So she would really like the Board to consider thinking along those lines because she knows we have money. We spend money on other things. She would like this to be a priority when it comes to accessibility, when it comes to inclusion, when it comes to equity.</i></p> <p>Chairperson Ballesteros responded that there will be further discussion on this issue at a future meeting.</p> | |
| <p>APPROVAL OF MEETING AGENDA</p> | <p><i>(Board Member Shapiro left the meeting.)</i></p> <p>Board Member Booth informed Board Members she was not able to attend the meeting in person due to a medical emergency, and requested approval to participate remotely. She stated that no one over the age of 18 is in the room with her.</p> <p>The meeting Agenda was approved.</p> | <p>Both items were Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Roybal, Vaccaro and Vazquez)</p> |
| <p>Introduction of Speakers</p> | <p>PUBLIC COMMENT</p> <p><i>Ms. Cooper commented regarding the two aforementioned speakers, she asked that they speak in lay terms, because she sees two distinguished, she read something about their background in the board book, but a lot of this</i></p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <ul style="list-style-type: none"> ○ Andy Slavitt, <i>Commissioner, National Academy of Medicine's Commission on Investment Imperatives for a Healthy Nation</i> ○ John Russell, <i>Partner, DGA Group Government Relations</i> | <p><i>stuff is so above her. What are they going to do for L.A. Care when they give their presentation? How will it benefit the consumers, not in a negative way? How will your comments benefit the members of the committee? She would hope that the Board in the future for the RCACs helps speakers come there and tell us, because we're the ones who have to receive the services. She read a lot about their background and she's very glad it's nonpartisan, and they will speak about how it will impact L.A. Care. She thanked the Board for that, but as a member, she's always concerned about how it would benefit the consumers, and please speak about that. She thanked them for their presentation. She looks forward to reading. She read in the board book about them but she wants to know how it would benefit the members of who have receive the services as well as the Board members.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, introduced Andy Slavitt. Many may know Mr. Slavitt because of his very popular podcast, <i>In the Bubble with Andy Slavitt</i>, which was on for a couple of years. He was brought in by the Obama administration to lead turnaround efforts for the website, healthcare.gov. The website was set up to enroll people in the health care exchanges. There had been a series of technical issues that he helped solve, with the aid of Tom MacDougall, L.A. Care's <i>Chief Information and Technology Officer</i>. That was in 2013. In 2014 he was appointed deputy administrator of Centers for Medicare and Medicaid Services (CMS) and in 2015 he became the CMS administrator, which meant in layman's terms he was the head of Medicare and Medicaid for the nation. After the Obama administration, he did something very interesting called the town hall challenge, where he did 16 town halls across the United States attended by 35,000 people, the point of which was to explain the Affordable Care Act and overcome a lot of the disinformation that was circulating about it at the time. In 2021, he was named Senior Advisor on COVID-19 by the Biden Administration and served in that capacity for six months. He is now the General Partner and Founder of Town Hall Ventures, which invests in companies that transform access and equitable care for underserved Americans. He's a graduate of the Wharton School, and has a MBA from Harvard University.</p> | |
| Fireside Chat & Discussion | | |
| Federal Impacts on L.A. Care | <p>Mr. Slavitt noted that he earlier entered two questions for an internet search, one was how many health insurance companies are there in America and the result was something like 1200. Then he asked how many health insurance companies take public comment? And it confused the search engine because it did not understand the question. Because nobody had asked it before, because it's an absurd question. So, L.A. Care may be among the only ones in the country that actually try to build that level of relationship with members. It is an imperfect process, and there are frustrations. It is incredibly admirable and affirming to sit in a room where relationships with the community are so primary.</p> <p>Mr. Baackes noted that it's been a hallmark of L.A. Care from the beginning. He noted that Mr. Slavitt was the CMS administrator for quite a while and is an expert. One of the things that those involved in the Medicaid business would like, particularly as a Medicaid managed care plan, is information about the funding level for Medicaid. It lags behind the reimbursement to providers who participate in Medicare or who take commercial reimbursement. For the context of the audience, the reason this is important is that the federal organization Medicaid and CHIP Payment and Access Commission (MACPAC), noted that 90 % of providers surveyed would accept new privately insured patients and 88% would accept new Medicare patients, only 74% said they would accept new Medicaid patients. It was an even lower</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>percentage for specialty care, at 70%. He wondered if Medicaid reimbursement could be revised to be on par with Medicare.</p> <p>Mr. Slavitt commented that there is an abundance of resources in this country. There is an abundance of resources in healthcare, lots of institutions with lots of money. What they spend it on, however is not what serves the majority of Americans that are in need of care. At major institutions you will see amazing research, you will see amazing giant machines that probably cost millions of dollars, and you will see amazing diagnostics. If you walk into a pharmaceutical company in America as you get past the beautiful wood panel walls and the security guards, you will see big executive offices. He is not trying to villainize any of those people. It is fair to say that most of the people in the healthcare system intend to work toward making America healthier. The problem is resources go to waste; probably 30% more waste in the system than is needed. A lot of resources go to people who have an easy time accessing care. All you need to do is find the latest Apple watch, Fit Bit or Peloton to see the people with earnings in the top 1-2-3-4-5 % in this country have an abundance of things to make their lives 1% better. Alternatively, in parts of Los Angeles or indeed anywhere in the country, the basic infrastructure is missing, basic needs like mental health care, specialists, and way more, and how the money is spent doesn't reflect where the need is. Calling attention to this, as Proposition 35 does by suggesting that if we can afford all these amazing wonderful things at big research institutions, we should be able to afford to pay a physician, clinic, allergist, social worker or hospital, to deal with a child's asthma and to provide services for people who need help the most. He believes that most physicians, nurses and care teams want to take care of people. He would love to say that healthcare is strictly a relationship thing where all that matters is relationships. The truth is that sometimes money does stand in the way and money can be an enabler. With things like Prop 35, we have potential solutions to fix things. In his opinion, that's very important. If something is not done, we will just come back year after year and talk about the same challenges over and over, and we don't want to do that.</p> <p>Mr. Baackes commented that of institutions mentioned by Mr. Slavitt earlier, some of the institutions do not participate in L.A. Care's network of providers. Cedars Sinai, USC, nor City of Hope are not contracted providers. Access to services for L.A. Care members through those organizations requires negotiating a single contract every time there is a patient who really needs the services, which is hideously expensive. L.A. Care devotes legal time to writing Memorandums of Understanding. Aside from Prop 35, the national payment formula that exists now is the states put up about a third of the money and the federal government two thirds, and the total funding does not equal what is needed. He asked Mr. Slavitt what mechanically or legislatively could be done to fix funding as opposed to having to pass initiatives like Prop 35. Mr. Slavitt noted that institutions say they would love to participate, but just cannot afford to do it. If they really would love to do it, they would probably find a way to make it part of the core mission. If institutions want to be part of the community, they could be part of the community for everyone. Institutions participate in other programs that access federal funds, such as Medicare, National Institutes of Health grants for research, and graduate medical education. If the institutions take money from those sources, why is not it required to serve people from all government programs? He recognizes that it is not as simple as that, but at some level it really is as simple as that. Is there an obligation in this country to take care of the most vulnerable by the best institutions? Is it fair to say that a patient cannot go to City of Hope and has to go somewhere else that does not have the same quality, just because the patient does not have the income, assets or connections? It will require a lot of push or legislation, and change comes slowly, so it is not an</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>overnight fix. At CMS when people would talk to him about their Medicare program, he would ask about their services through Medicaid. And they do not take Medicaid. Or they would tell him how great the quality of their programs were and how people were getting healthier in their hospitals, and he would ask if that is true for everybody? Is that as true for a patient who lives close by as it is for one who lives miles away? They do not look at equity that way. Interestingly, there are institutions that use the words, and while the words may be hollow, it is a form of progress. People feel an obligation to fulfill a community mission, to be seen as good people, they get tax benefits for doing that so it is time to tell them to stop making those words hollow and to start making them real.</p> <p>Mr. Baackes commented that we discriminate in healthcare in the United States by the plastic card in your wallet. If one has the right card, one can go anywhere for services. L.A. Care has a contract with UCLA and with Children's Hospital, which are tertiary care centers. L.A. Care motivated UCLA to accept enrollment of L.A. Care Members by pointing out that UCLA receives funding from the government as an educational institution and L.A. Care receives funding from the same source for the benefit of its members. Mr. Slavitt asked if Medi-Cal beneficiaries have the same access to expensive health care services that commercial patients can access at the institution. Mr. Baackes confirmed that Medi-Cal beneficiaries have access to all services at UCLA, however UCLA limits the enrollment number of Medi-Cal beneficiaries, but the number of L.A. Care Medi-Cal enrollees is consistently over that limit. Mr. Slavitt noted that public praise is as important as public scorn, and giving those who set a good example deserve recognition. Mr. Baackes noted that the contract signing was celebrated and photos of the event were sent it to the University of California headquarters and to all the other campuses with a message that L.A. Care wants a contract with each UC care facility. Mr. Slavitt noted that UCLA is among the top three institutions in the country, and L.A. Care members have access to that high level of care. That should be the expectation for Medi-Cal beneficiaries.</p> <p>Mr. Baackes noted that in the last year potential bankruptcy of Medicare Part A trust fund has been extended from 2031 from 2036. Unless there is a fundamental fix, that day will come. He asked Mr. Slavitt for his advice on how the long term fix for Medicare funding should be addressed, and if that would be an opportunity to also address Medicaid funding at the same time, since Medicare and Medicaid were created at the same time. Mr. Slavitt commented that when Medicare was set up in the 1960s, it was primarily a program to pay for hospital care for senior citizens. Back then, healthcare was a little different than it is today. Today, health care is more about people managing chronic diseases. People can stay out of the hospital, take medications and manage disease. That is what health care has become. But back then, the principal issue was that as people age, they would need hospitalization and Medicare would pay for that. Today, Medicare is funded by payroll deductions that go into to a fund to pay for hospital care. Anybody over 65 or anybody that qualifies for Medicare have paid for it. The question that Mr. Baackes is asking is about the future. Members of the baby boomer generation are now aged 70+ years old, and that number will peak in 2035. It is not accurate to say that Medicare will go bankrupt. It is projected that by 2035, \$0.99 would come in for every dollar that goes out. This is about a very small difference between revenue and expenditure, not starting over with a new plan. That gap in funding is anticipated to grow over time and eventually the payroll tax level will need to be adjusted or the benefits of the Medicare program would be reduced. There have been efforts to reduce the cost of the Medicare program, not all of them have been very successful. In his opinion is that it is not going to be a crisis. If it did become a crisis, the U.S. Congress is not good at looking forward to resolve problems. But I do not think the Medicare system is in real jeopardy.</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>Mr. Baackes acknowledged that the question was sensationalized. It is being said that Medicare Part A and benefits could be cut 11% in 2036, so it could be manageable. He thought of it as an opportunity to bring together the gap between Medicare and Medicaid funding. Mr. Slavitt answered that building consensus for Medicaid and Medi-Cal needs to be done. One never knows when the opportunity for action will arise, either at the federal level or in Sacramento. That action will happen best when we have educated the public and build public support. That needs to be done over the course of years not days and weeks when something comes up. In 2017, there was an attempt to repeal Medicaid expansion. The popularity of Medicaid was not known, while Medicare was and is very popular. Medicaid has been belittled and demeaned, and over time it was thought people would look at it more negatively. As it turned out, when the repeal effort on Medicaid expansion began, there was an incredible outpouring across the country, and incredible support of how important the program is. There are a few things that are just important to know, Medicaid pays for 50% of all births in the country, 50% of all pediatric care, nursing homes and retirement homes, care for people with disabilities, and there was an opportunity to educate people who did not know all that. The perception of Medicaid was that people probably would never need it, it is for people that do not look like me, and so I'm not going to bother to worry about it. When it was explained that one may need it, your neighbors may need it and your neighbor's kids definitely need it, people responded really positively. There may be a core there, but it is a core that is about talking about people, not the program. Talking about people who benefit from the program brought a different response. Mr. Baackes recalls in 2017, Susan Collins, the Senator from Maine, challenged the repeal by saying how economically important Medicaid was for many communities in the country, including in her own state. That was the first time he had heard Medicaid discussed positively in national media. That was a significant change in the perception of Medicaid. Stories started coming out about families that had Medicaid back in the day and it was a significant benefit for them. Stories that followed were about how Medicaid supported the local economy because people were able to receive care at the local hospital paid by Medicaid. Mr. Slavitt noted that in prior presidential elections, it was clear that one party was for Medicaid and the other party would do something to alter it in a way that put a cap on it, a budget, a cost pressure that took away some of the guarantees. In the current presidential race, Medicaid is not being discussed. One interpretation of that could be that it has become more politically powerful as an idea, not powerful as in political lobby. People support Medicaid more because they understand it better and there is no political mileage in attacking it as there was before. There are other interpretations, including more cynical ones, that candidates are not forthcoming with their real agendas. He is not suggesting which way it should be interpreted, one should interpret it anyway they want. It is notable that attacking Medicaid as a program is not happening now as it did in the past.</p> <p>Mr. Baackes noted that Proposition 35 will be on the ballot this November. It is about a provider tax. He did a little research and found that every state has multiple provider taxes except Alaska. He invited Mr. Slavitt to explain the role of provider taxes as a fundamental part of the income stream to Medicaid. Mr. Slavitt commented that usually one can discern opposition to legislative initiatives. He cannot think of opposition to Prop 35. His understanding is that it is a good idea. It is good for states, people, communities, hospitals, insurance companies, and doctors, and appears to be a clear and legitimate way to increase funding, with a real benefit. If it passes, and his personal opinion is that it should, the job would not be done. There is a social and cultural element to this that people do not like: it is easier to treat people who have easy access to transportation and can take the day off to come in for an appointment whenever they want, and who have the ability to go home with all the resources they need. Progress is made but one needs to continue to move</p> | |

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| | <p>forward or the situation can revert. His experience with equity in his oversight of elements in vaccinating the public is that only when one pays attention can one actually solve a problem. Large vaccination clinics opened in South Central Los Angeles and in Oakland, and the goal was to vaccinate the people in those communities. The first day those clinics opened the workers realized that people were coming from other areas of the city for vaccines. It is a perfect illustration of a system that does not recognize the difference that having more resources makes in the ability to access care. The vaccination clinics managed access by limiting services during certain hours by zip code, and vaccination levels by race closed from about ten points to about zero. This happened because people worked hard, specifically focused on access, put more energy and attention toward it, and made changes. Mr. Baackes commented that a lot of that work was done by some of the organizations represented on this Board, who went the extra mile to make sure vaccinations were available in the most convenient way for as many people as possible.</p> <p>Mr. Baackes noted that L.A. Care is a public entity that participates in Covered California, the health benefit exchange created in the Affordable Care Act (ACA). L.A. Care was the only public plan in California to do so until this year when Inland Empire Health Plan joined. Mr. Baackes makes the bold statement, which no one ever contradicts, that L.A. Care is the only functioning public option in the United States. In the original ACA legislation that passed the U.S. House, it was proposed that there would be a public entity in every state to compete in the individual market with commercial insurers. That provision was dropped in the Senate version. He asked Mr. Slavitt his opinion on the potential to reconsider the public option nationally. Mr. Slavitt commented that Colorado, Washington (state), New Mexico, Connecticut have had legislation for public options. He thinks we ought to be buoyed by state victories, because that's how methods can be proven to work. His read of the situation is that getting to a national consensus on health care changes is that about once a decade there is an opportunity to reform the health care system in a major transformational way. The stars and moon have to line up perfectly. What is needed is either a bi-partisan consensus or one party or the other to have a 60 vote majority in the U.S. Senate, and legislation that has elements that aren't just budget related. The system cannot tolerate big changes like this as often as every couple of years. The years in between those opportunities must be spent working to build national consensus, getting local Congress people and Senators to make the issues priorities by pointing out the effects on people who live in their districts. Local politicians ultimately care about that. There has been a change for the better in how Washington, D.C. works. Over the last few years something new is emerging, which is that legislators started to vote based not solely on what powerful lobbyists wanted them to do, but based on the organizing power of people behind issues. He noted three very powerful lobbies, the pharmaceutical lobby, the gun lobby, and the oil and gas lobby. No doubt three of the most powerful lobbies in Washington, DC. For decades attempts were blocked to pass legislation that those three lobbies didn't like, such as allowing the federal government to negotiate prescription drugs, background checks to improve gun safety, and climate legislation. In the last few years, legislation passed in all three of those areas. It felt a little bit like people seizing back the government from the lobbyists. Though it is only one sign, it's only one small thing, but it tells him to encourage people who may feel like, why bother? Why even try to make a point heard in Washington? Why fight it when there are people with lined up with all this power and money against it? It can be done by shaping and driving public consensus. There is nothing more personal to people than healthcare. It is more personal than climate, as personal as safety. The prescription drug legislation is wildly popular. He encouraged Mr. Baackes to continue to be a voice for health care because while it may not feel on a day to day basis like people are listening, if you look at it over the course of years, things are changing in a positive way.</p> | |

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| <p>Presidential Election Possibilities</p> | <p>Mr. Baackes introduced L.A. Care’s lobbyist, John Russell. Mr. Russell is a partner in DGA group in Washington, D.C. since 2021. He is an attorney and was with Denton from 2006 to 2020, the largest law firm in the world. Prior to that he had a career in service with various U.Ss. House members. He had the distinction of being the youngest Chief of Staff on Capitol Hill.</p> <p>The national election is 63 days away. Mr. Baackes invited Mr. Russell to comment on what can be expected for health care from the administration of the candidate elected. Mr. Russell commented that the Republican party of ten years ago no longer exists. He spent time in Milwaukee at the Republican convention. He has been going to conventions since Philadelphia in 2000. This was the first convention that the words Medicare or Medicaid were not heard, and usually cutting Medicaid is heard at those events. To look at where the Republicans may be, one can look at a populist president, Donald Trump. He has said he would repeal and replace Obamacare but it was not well-received, and he thinks Trump has turned off that side of the Republican party that was pushing for that and has a much more populist agenda. He is not certain how that translates to health care or where the Republican party is going on it. He agrees with Mr. Slavitt that healthcare reform is the type of thing that arises every ten years. He wondered if passage of the Inflation Reduction Act in 2022 with prescription drug negotiations reset the clock, and we will wait another ten years, or will healthcare legislation be stagnant? He does not think healthcare is in the top five issues that former president Trump wants to talk about, let alone congressional Republicans.</p> <p>Mr. Slavitt commented that there is one clear legislative priority if Trump wins, which is extending the tax cuts, at least as a Democrat would say it, he thinks probably factually, are largely for corporations and favored people at the high end of the income brackets. One could disagree with that. He thinks that Trump’s priority is to make the tax cuts permanent, and how he makes them permanent. It depends somewhat on whether Trump controls Congress or not. If he controls Congress, one way to do it is that generally speaking it is considered a good policy to pay for programs that are funded. There need to be cuts somewhere. Mr. Slavitt thinks high on the list is the ACA, subsidies and Medicaid. Although the Parliamentarian, who decides what can go into a bill, may have something to say about this. His assumption is that, though he will not run his campaign on this, if looking for places to cut, Trump will try to find places that will include Medicare and Medicaid though that's not a policy priority for him. Mr. Slavitt thinks he is more populist, and thinks there's ways to cut without looking like its cutting, and ways that Democrats will make it appear that it’s cutting. If Trump becomes president and one of the Houses of Congress is controlled by the Democrats, and it is no sure thing that will happen, then there is more of a negotiation and more of a conversation. There is more of a possibility that legislators actually do something that gets everybody what they want but cuts nothing. There must be a compromise when government is divided. Mr. Slavitt is friendly with people who served in his previous role during Republican and Democrat administrations. One thing is true in any Cabinet, for Health and Human Services, the EPA or any department, there are a set of issues that the President, Vice President and the White House care about and they get to make the call. Everything else is left up to the Departments, the Secretary and so forth. The question becomes less about what the President believes, and more about which issues they really care about. The first Trump team told me the issues the White House cared deeply about were LGBTQ rights, abortion, pro-family and religious groups, so do not do anything that</p> | |

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| | <p>favors any of the groups. But pretty much everything else is your playground. For Democrats, health equity is probably high on the list, covering more people, et cetera. When you get past that, you go to the Secretary, which might be Bobby Jindal, who as Governor cut Medicaid in Louisiana. If cuts could not be done through Congress, there are lots of ways to disadvantage the program. Based on statements Jindal has made, he believes in pull yourself up by the bootstraps, giving people access to health care keeps people poor, those sorts of things. On the Democrat side Mr. Slavitt thinks we will see the opposite. Secretary Becerra would be replaced by probably another governor, someone who would be in favor of the same types of issues as the White House. Despite differences there is agreement among Democrats and Republicans on issues like mental health care, value based care, and making programs more efficient. It is unknown if Medicaid would be saved. It depends on who becomes Secretary.</p> <p>Mr. Russell commented that a Harris administration would likely try and solidify the gains that have been made on health care issues, and look to ways to expand those gains. He believes that equity will be a driving issue in a Harris administration. With the Becerra team leaving, a lot of the Biden staff slips out. There are potentially Obama era staff coming back, and Obama had some great wins. He agrees with Mr. Slavitt that it matters how the Congress is set. For one of the first times in history, both chambers may flip in the opposite direction; House becomes Democratic and the Senate becomes Republican. He is not quite sure exactly who the President will be, but with a divided Congress, there will likely not be a lot of movement on big things.</p> <p>Mr. Slavitt commented that Republican's historically have a lot more interest in tax and fiscal policy although things are changing. On the Democratic side, there are some but not many people who are interested in tax and economic policy, but the passion of the Democratic party is in healthcare. Healthcare has typically been a winning political issue. It is an issue Democrats care about from a policy and people standpoint, and has been a winning issue politically. This is a long way of saying there are more people for healthcare policy jobs among Democrats. He hopes that if Harris wins, there are more people on the Democratic side who look like the makeup of these programs, that there are more people of color. He has been arguing that person living with a disability should run CMS. There is a need for people who have a lived experience to know what the most challenged situations are like, who has the humanity and the empathy to extend to everybody. He has explicitly encouraged Democratic administrations to do that. The more that can be done, and there are some incredibly qualified people who could run those agencies or departments, the more he thinks the agency and the country will live up to its mission. Hubert Humphrey said that these programs are for people at the earliest stages and the latest stages of life, at the poorest moments of their life and at the most infirm moments of their life, and who live with disabilities. That is what these programs are for. He has not had this explicit conversation with Vice President Harris, but he has had lots of healthcare conversations with her. He knows, or at least has an impression of how she thinks and what she values. She likes to get to the bottom of things, she likes to know how it affects real people, and she likes to know how things affect equity. She does not have tolerance for situations where people are getting screwed, without understanding why. She likes to take a lot of opinions in mind, she likes diversity of thought, but she likes to push the decisions. She basically is a prosecutor. She is comfortable when she is interrogating someone, which is her natural zone. He also thinks, and this may not sound as positive, she likes to judge which way the political winds are blowing. She likes to know what the consensus is and what people think before she makes up her mind. Biden is more, this is what I think is right, we need to do this. Obama, to his experience, had a real intellectual approach to everything. He thinks Harris will</p> | |

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| | <p>look for a decision the majority of people would like, and she will look to have the voice heard of the minority who do not like something. That is why she sometimes comes across as equivocal. It is in her nature to try to assess the politics of a situation as she makes a decision. The people that presidents and elected officials put around them really matter, whether it is the advisors in the White House or people in the Cabinet. He thinks she will work really hard, at least in the health arena, to make sure that people who are talking to her every day are people who know what it's like in the real world. That is one thing he feels pretty good about.</p> <p>Mr. Russell commented that the events of January 6 impacted a significant amount of staffers at Health and Human Services, they got up and left and have pledged that they are not coming back. That is institutional knowledge that the Republicans had that they could have been able to bring back in for the next administration. The Trump administration is not looking for those people. They are not looking at D.C. folks, to Bobby Jindal's point in Louisiana. You are going to see folks coming from the "hinterlands". They will pull people from states, predominantly red states, to work in these in these departments. They will have some experience, limited experience, and they will probably not have a lot of Washington D.C. experience. One can translate state level experience into the federal government but not all of it translates.</p> <p>Mr. Slavitt asked Mr. Russell to comment on the potential impact of the endorsement by Bobby Kennedy, Jr. and what that would mean to the Trump administration? Mr. Russell opined that Donald Trump is not going after regular Republican voters, and he is not looking to get anybody in the middle. That is clear. Bobby Kennedy has some very strongly held beliefs that up until about four months ago, seemingly Donald Trump was putting aside, and now, should Donald Trump get elected, Kennedy will serve a role in the administration. Last week it was said that Kennedy wants to explore the link between autism and vaccines. The populist issues will find a way into this administration, should it happen, in ways that you have not seen before in the Republican party. So, he thinks Kennedy will have one or two issues, with a budget and a plane to go talk about the issues. It is unknown the actions that will be taken.</p> | |
| <p>Questions and discussion from the Board of Governors</p> | <p>A comment from Board Member Booth was submitted in the chat and read aloud by staff:</p> <p>Mr. Slavitt, the resources you were talking about for up to 5% of the population as far as they're concerned, belong to them. I am not that lucky and I wait for my medical care longer than they do, but not as long as many people, they must wait. Some of those people are in the room with you today. If we really wanted to make the system equitable, we will need to have federal and state support for making it equitable. However, please try to imagine trying to convince our politicians that they need to share their wonderful and complete health care system with everyone. Your words all sound good. Oh, so good. I wish I could make it so, but there are words and not actions and people like you, Mr. Baackes and me have been saying for decades that the words have not translated into action. We talk about raising taxes and lowering payments in the same sentence. Both are ways to fund the system so that health care might be more equitable, but it hasn't resulted in improvements. Some facts are not given the weight they deserve. For example, I certainly don't see us flush with money in California at the health plan level or the provider level. I wonder if anyone in the room would disagree with me. You mentioned the research being done at money-flush institutions. That money cannot be cut in order to boost Medicaid, eventually Medicare coverage. So many of our medical advances are people cheer that Medicaid will be just fine as long as it gets paid at 87.5% of Medicare, but Medicare is getting cut. Medicare is no longer a gold standard and private insurance follows right along with similar cuts. That</p> | |

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| | <p>5% you spoke of already pay a huge amount of taxes towards making the rest of the U.S. function properly. Can they put in just a bit more to create equity in healthcare? Yes. Can we require that? No. It is not the best way for the 5% to behave, but its human nature that we take care of ourselves and our families first. The hospitals that do not see Medicaid. Patients do not get back what they put in.</p> <p>Mr. Slavitt cannot think of anything he heard that he does not agree with in that great comment. The question it leaves us with, is there reason for hope? Is there a reason to think that things could change? He will leave that to everybody individually to decide how to think about that. He personally thinks there are signs of hope. There are always things that are wrong, things that are broken, they're all the things that were called out today. So that is a reason for one to choose to not be optimistic. But the case for hope is actually just the case for work. It is a case for working on the issue. It is a case for building consensus. It is the case that was made in the attempt to repeal the ACA. It was said to be a disaster for Trump, but Mr. Slavitt will tell you it was considered a done deal that they would get rid of the ACA. He called governors and senators and they all said, do not waste your energy, this is a done deal. All the power was in taking further steps back, that today there would be 20 million or more uninsured people than already exist. People would have lost rights to protections for preexisting conditions. Well, something happened and the repeal did not happen automatically. He is not here to suggest that is easily replicable, but to observe that there were a number of people, not leaders, but people who did not want to see that change. Real people who just said they would not let it happen. He knows many moms who have kids that are medically fragile, with tracheotomies that would drive to Washington every weekend and wheel their kids around the halls of D.C. to advocate for health care coverage. He thinks sometimes one is optimistic because there's no other choice. Sometimes one is optimistic because one knows it is right. But sadly, even when optimistic, it can take a long time and happen incrementally changing minds one at a time. That is what he has come to believe. He will not stop saying what he believes, but we ought to be very cognizant of all the points that were made in that comment, because that's the reason why it's so difficult.</p> <p>Mr. Russell quoted from the Vice President's campaign, we won't go back. He recalled that he and Mr. Baackes were in the halls of the Senate the day of the vote, and Mr. Baackes was on the plane returning to California with the delegation. The way to sustain the gains and push for more is you just do not leave the field. You keep coming back, you keep talking, and personalize the issue. He remembers the mothers and they were incredibly effective, and but for Senator John McCain, with his thumb down gesture, we'd have a very different world. He thinks that was the high-water mark of this effort. A lesson has been learned, and a Republican representing a suburban community anywhere in the country is seeing that when something is taken away from people, they get kind of upset, they will hold you to account. Taking things away gets harder and harder to do. He would argue that is not where Mr. Trump's head is at. Mr. Slavitt related a story about the John McCain vote. He was in Arizona a number of times. The Governor of Arizona was Doug Ducey, who's a conservative Republican. Senator McCain had let his staff know that morning that he would vote the way Ducey wanted him to vote. And Mr. Slavitt received word of that at around noon, the day of the vote. Everyone wondered what Ducey was telling McCain. Ducey did not want to lose Medicaid expansion, largely for financial reasons and fiscal reasons, and it is a program that worked, that made sense, that federal government was funding a lot of, and even though it was part of Obamacare, Ducey was able to make the decision that it would be really bad for Arizona. Ducey talked to McCain that day and McCain may have voted that way anyway but that cinched it for McCain. Mr. Slavitt received word that about an</p> | |

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| | <p>hour before the press conference. Medicaid was the story that stopped what Trump was trying to do. He thinks that is pretty powerful.</p> <p>Mr. Baackes is optimistic because the only reason Prop 35 is on the ballot is through a disparate group of providers that came together and agreed something needs to be done. And that coalition is how Prop 35 got to where it is today, with no opposition submitted that will appear on the ballot.</p> <p>PUBLIC COMMENT</p> <p><i>Ms. McFerson thinks the two speakers are awesome. She is a former chair with a Regional Community Advisory Committee and also a stakeholder member now of RCAC 5. She thinks they have made some detrimental comments and she's not quite sure whether they're familiar with the RCACs, but they have been giving back for almost 27 years, maybe over that, don't quote her on it. But with that, at the very beginning, they helped reach out to the community and made LA Care the largest public insurance company in the nation. She says they made it because they went out peer to peer, eye to eye, to talk to people and let people know that they have options as far as health care goes. And they have not ended that fight. They still need to fight for that peer on peer, eye to eye contact, letting people know specifically how they need to take care of their bodies and get options for their health care. And with that, that Prop 35 is so important. So with that, she believes the RCACs could actually have some great information to give to the community and to the public about that. And the information that they receive today is so very detrimental and we need to be able to give that to our RCACs as well. She is glad they gave them this information. She will give it back to the RCACs and just different things like that and talk about it. And then maybe they can go out to the community and speak eye to eye to people just like them. But with that being said, she spoke to Kamala Harris, herself, eye to eye. She does listen. She does listen about the disparities that people go through and how her decisions would make an impact on that, a positive impact, not corporate or anything else having to do with that. So with that being said, Ms. McFerson wants to make sure that they receive the information, whether it be something that they have written down or whatever the case, may be so that they can hand this out to the community and give them more information about why they should vote yes on Proposition 35.</i></p> <p>Mr. Baackes responded that, as he mentioned at the meeting at the end of August with the new Community Advisory Committees, information will be provided to the RCACs in September.</p> <p>Board Member Ghaly commented that the desire to enhance coverage, increase benefits and focus on health equity would be easier if cost of care wasn't so high. She represents the Department of Health Services (DHS), the largest public hospital system in California. The cost of providing care as a provider is astronomical. She thinks both Republicans and Democrats have a part of that and they don't see eye to eye on how to solve the problem, which leads to very little focus on solving that problem. Because of that the focus is on more valid measures, bringing in more money and on the revenue side of the equation without any attention paid to the costs. Multiple studies show that the cost of healthcare in America is much higher than in any other developed nation with far fewer and poorer outcomes, whether one looks at the inputs of labor or pharmaceutical, the utilization rates, the infrastructure that's needed, the amount of administrative complexity that's required to run some of these operations. She asked if there is any hope in either the federal or the state context, trying to get to any sort of meaningful consensus about how to control costs in a way that is material and might change that equation and allow people to ultimately get what ideally both sides want, which is better health care with less</p> | |

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| | <p>money, allowing that money, depending on who's in charge, to go to whatever people want it to go to. But to stop what is ultimately a lot of poor value and waste in the system.</p> <p>Mr. Slavitt commented that it is a fantastic question, and he thanked Board Member Ghaly for all she does. The core premise of Board Member Ghaly's question is correct. We have difficulty controlling costs in this country and Congress has prohibited the evaluation of costs when considering whether or not to approve or even evaluate new medications. It is different in other parts of the country and other parts of the world. When he would travel overseas, his peers in other countries would jokingly thank the U.S. for subsidizing prescription medicine, because drugs that would sell for thousands of dollars in the U.S. sell for hundreds of dollars in England. These are the same drugs and factory. The prescription drug area is easier to attack on the cost side but hasn't been successful until recently. Because it is a product, there's margins, it's already in the market, and there are things you can do to create substitutions such as biosimilar alternatives and other things. The cost of medical care has been a very difficult conundrum to tackle. Mechanisms are forced, such as by limiting payment, and it is left to providers to figure out. The cost for emergency room care is high, and if one is in the hospital for two or three days the cost can be \$40-, \$50- or \$60,000. There is a lot that goes into that, but much of that is that it is largely a labor-driven business. It is challenging because healthcare can be the largest employer in communities, and people have to be paid. In many respects, there's a dependency on the job creation, which can artificially inflate prices in all communities. Where price is an issue, in rural America and other places, a lot of the pressure is to maintain employment. When hospital care is so expensive, there are ways for people to receive care without going to a hospital. When a better choice is available, people prefer to be treated at home or in the community rather than in a hospital. There are options coming, not just technology, telemedicine, AI, et cetera, but also local community centers, home care, all these different ways, to make it more convenient for people to get care other than at a hospital. Hospitals can become more efficient, and as great as hospitals are, most of them are extremely inefficient. He would frequently meet with hospital CEOs who told him they need to get paid more money. He would listen, and not necessarily disagree with them. He asked the CEOs if hospitals were fully capitated, if revenue was guaranteed and profits came from managing cost, how much money would be taken out of the system, how much waste is there. And every time the hospital CEO will respond between 20% and 33%, but there's no motivation to get it because they can bill for it, and because of the political issue. There are efforts such as paying for value, paying for outcomes, which are good ideas but are not proven to reduce costs. Hospitals are in a challenging position because they both want to reduce costs but they also need sources of revenue, and those new sources of revenue will add more costs. There have not been serious conversations about cost and cost of care in this country, there is an attitude to let free enterprise reign so we do not get the waste out. There are things that could be done such as two-sided risks and capitation. This is a complex set of issues that extend far beyond even the health care issues.</p> <p>Mr. Russell commented that hospital board members are among the lobbyists in Washington D.C. Members of the hospital board in a local community are accomplished and have reach with their Members of Congress, who know who these hospital board members are and more often than not those board members are contributors at a pretty significant level. The board members are part of the economic engine, certainly in rural communities. Every time a hospital starts to get squeezed a little bit, the American Hospital's Association calls a couple board members in specific states. Mr. Slavitt added that when a member of Congress or a family member becomes ill, they contact the local hospital CEO. Many</p> | |

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| | <p>hospitals are in very challenging circumstances. Hospitals do not do the hard job of restructuring which other industries had to do. There is not a villain in the U.S. healthcare system, people want to do the right thing. There are narrow interests, and it is tough to make the bottom line work. The pressure needs to be put on all: hospitals to reduce costs, Congress to take care of things, insurance companies to manage the situation. Every entity needs to own up to some part of it.</p> <p>Board Member Roybal stated he is a general internist and a medical administrator, and represents the Department of Health Services. He has noticed pre and post ACA that the face of Medicaid has changed to a new demographic including younger people who are working, and for whatever reason their employer does not provide employer-based health care. He asked if any states or other models where there's an employer-based payroll tax to fund Medicaid. So many of the patients are working, even for large companies, and the employers don't provide health insurance but depend on Medicaid to help their employees receive healthcare. Mr. Slavitt has a family member on Medi Cal, in his thirties. He noted that the nature of employment is different. People work for multiple different employers at different times of the year, it's the gig economy. Tying medical costs to employers may be tricky as the nature of employment changes. Large employers that keep employees to 29.5 hours a week to avoid providing benefits need to be called out, and find a way to make employers pay for that. There was a time when large retailers had a lot of employees on Medicaid across the country. That is less the case today because employers are acting more responsibly, but may still be the case in many situations. Many employees are contractors or work for small businesses. The idea of taxing a small business for medical costs is hard to do. The question of where to spread the cost is interesting and important. What is true is that there is a different group of people, who are younger and coming of age, and their employment status and situation is inherently more unstable. These programs help them get health care. Mr. Russell is watching carefully how the Department of Labor treats the gig economy at the federal and the state levels. That will be a first step to forcing companies to throw a little skin into the game. Mr. Russell noted that a major talking point for L.A. Care is that the plan members have direct input at the Board level, which is unique.</p> <p>Board Member Roybal noted that California employers pay disability and other taxes, and that is the employer's contribution for the employee. If the employee is hurt while working it's hopefully not as big a drain on the system as a whole. Mr. Russell suggested that changes may be coming for companies who hire independent contractors. Mr. Baackes noted he encountered an employee with one of the richest corporations in America who had Medi-Cal, and it was because she wasn't given enough hours to get full time benefits. He would like to see something done about that. Mr. Baackes asked each guest for a final comment.</p> <p>Mr. Slavitt recognized what a tremendous service Mr. Baackes has done in this state, in this nation. As a public service official, he was frequently called by CEOs. Usually, it was about something that they want to go their way. He always felt Mr. Baackes wanted to talk to him about what's good for the system and good for the community. Even things that may not serve L.A. Care's interest in the small picture, he always felt that he was talking to someone who felt a really unblemished commitment to what was right. It always made him listen to Mr. Baackes, respect him. He realizes how fortunate the community is to have Mr. Baackes, he will really be missed. Mr. Slavitt is grateful for all of Mr. Baackes' service. Mr. Russell commented that it is really wonderful to represent Mr. Baackes in Washington D.C. It is an honor and a pleasure because Mr. Russell doesn't get to wear a lot of white hats when he goes into legislative offices. L.A. Care</p> | |

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| | <p>is a white hat, probably one of the whitest you can get in Washington D.C., because of its goals, because of the people it serves, and because of the issues it pushes. Mr. Baackes has been able to push the legislative delegation through his persistence. Looking back to where things were ten years ago compared to today, two thirds of the knowledge that the members of Congress gained is because of what L.A. Care is providing. It is a pleasure and an honor to carry the work of L.A. Care members in Washington. Mr. Russell thanked Mr. Baackes and the Board for their work.</p> <p>Mr. Baackes responded that he is humbled by the comments and he thanked Mr. Slavitt and Mr. Russell.</p> <p>PUBLIC COMMENT <i>Ms. McClain thanked Mr. Slavitt for mentioning people with disabilities, because they are often an afterthought and not a before thought, and they should be at the table. She noted that when it comes to health care for all, sometimes to her, that's just words. She is thankful for Prop 35, she still doesn't know a lot about it, but it sounds good. Her concern is, can we ever get to the point where everybody gets the same care no matter what insurance they have. Because right now they are not the same, some are being economically discriminated against. And she's one of them.</i></p> <p>Mr. Slavitt sees many problems deeply embedded in the way people think and in what people care about. He would love to tell her that he knows a way to keep the disabled as a forethought, not an afterthought. He would love to tell her that there's a national consensus and that things will happen quickly. What he can tell her is he has seen incremental progress over the course of his career, but it is been little and hard fought. Much of it falls on the backs of the disabled in having to tell their story so people see it. He encouraged her to keep doing that. Earlier there was a comment by a person who had talked to Vice President Harris. Having a Vice President who cares and has those conversations is not just good, it often repeats, and people mirror people in high positions who indicate what they care about, and it represents progress. There may be small steps and occasionally a big step. Hopefully there are big steps in her near future.</p> <p>PUBLIC COMMENT <i>Estela Lara, RCAC 2 Member, commented that it is important for Board Members to know that Community Advisory Committee members have been the backbone of this plan. They have insight because they have at least 25 years of experience in telling the Board how to how improve the medical plan. And the reason that is happening is because they were included in the very beginning to be an advisory group to this plan. They can be available for the podcast so their stories are directly heard. Because they have tons of experience in letting people know what we are and what we represent, 2.5 million members. That's who we represent. And they influence this Board. They recently had a restructure because of the agency that oversees them, and they got the restructuring plan approved with their input, and they got double the stipend for the members. Small little thing, but for the members it means a lot. This is what they have in this plan and that's why they are successful in giving that information.</i></p> | |
| CEO Presentation | | |
| <ul style="list-style-type: none"> ● 2015-2024 Retrospective ● 2024-2027 Plan | <p>PUBLIC COMMENT <i>Ms. McFerson wanted to speak about the retrospective, plan and the Plan that we have set up for the future. Retrospectively, they actually had a process. The public would come and speak about different motions that would</i></p> | |

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| | <p><i>be presented beforehand, they would hear about the motions and then they would vote on them. They would talk, they would have a conversation during the RCAC meetings to let L.A. Care know specifically how it would affect them in a positive or negative way. And then it was given to the ECAC. The ECAC would discuss those things on behalf of the people that they represent. Then it would be sent to the BOG and the two representatives would come and vote accordingly. With that, they also had comments first and foremost before anything else, and they would have a presentation, first and foremost before anything else and then their comments. She thinks that that would be better communication for people with disabilities, seniors and people who may be developmentally delayed to go through that process, to adhere to better communication.</i></p> <p><i>Ms. Cooper commented that she is so proud of the outstanding leadership from Mr. Baackes. She brought the LA Times paper today. She wants to say something before Mr. Baackes leaves, on a more serious note. As a RCAC member of long standing, and one who has advocated for the RCACs and for L.A. Care and through the legislative agenda, which is very important. She is concerned about sometimes, as members of the RCACs, how they interact with each other. She noticed how board members interact with people, but they have a problem with in the RCACs in how people interact. If they take little personal items and some of them are not very courteous to each other. That's something that needs to be looked at from the cultural as well as the linguistic. Particularly if one is in a leadership role, one should act like a leader. A person might disagree with someone, but can respect someone and say, hello, how do you do? And she thinks Mr. Baackes has done a fantastic job. But the next CEO needs to look at the ECAC and the RCACs, how they interact. Because they represent the people. She has done it before, and she interacts with people of all different cultures. In fact, she was very pleased so many years ago, she had the opportunity to sit next to the Consul General of Mexico, the Consul General of Israel and the Queen of England and all that, so she will try to be international in her end point. But the RCAC members need to interact and be caring toward each other because they are all in this health care together. And that's one issue she feels is very important. She hopes the next CEO will be just as fantastic as Mr. Baackes, but there needs to be more focus on the ECAC and the RCAC who represent us.</i></p> <p>Mr. Baackes reported that when he started at L.A. Care he informed management staff that he wanted to learn as quickly as possible about the value added by L.A. Care for members and providers that participated in the plan (<i>a copy of his presentation can be obtained by contacting Board Services</i>). He wanted to know also about the value added for staff and for the community. Those conversations resulted in a strategic plan, which he presented at the Board Retreat nine years ago. The strategic plan was based on four aspirational directions for L.A. Care: achieve operational excellence, a high quality network, member centric care, and be a health leader in the community.</p> <ul style="list-style-type: none"> • To achieve operational excellence, a matrix management structure introduced nine years ago established clear accountability for product lines. At that time, L.A. Care was operating Medi-Cal, Medicare, and participated in the health benefit exchange in Los Angeles County under the ACA. The matrix management structure placed senior management responsible for each product. He realized that he was doing something right when one of the senior managers told him that they used to have to talk to everybody, but now knows who to talk to. L.A. Care was making progress. L.A. Care expanded health services with increased staff, particularly in the utilization management (UM) and care management areas, and dedicated resources for specific provider needs. Most recently L.A. Care addressed the subacute transitions of care. Among the most important accomplishments has been a series of core business | |

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| | <p>transformations, a new claims processing system and other state of the art industry standard processes. An artificial intelligence chat box was produced for internal communications, to answer how to questions, provide knowledge articles, locate items in a support catalog, open, manage and close technology improvement tickets and provide real time ticket update notifications. The QNXT transformation has been updated to the latest version, and a UM platform will be implemented this month. Rollout of an Appeals & Grievances (A&G) platform will be done in phases starting this month. The VOICE transformation program is a big improvement in L.A. Care’s customer service experience for members. Though it is not visible to the members or the providers, L.A. Care is moving to a single source of data for providers. Keeping the provider directory current with the data in one place as a single source of truth is a problem for every health plan. L.A. Care is in the execution phase right now and it is expected to be available by March 2025. L.A. Care is in a different position than it was nine years ago with operational excellence.</p> <ul style="list-style-type: none"> • L.A. Care has invested in building a quality provider network for the future. Achievements in the high quality network include credentialing and addressing problems immediately. The provider recruitment program, which provides grants to clinics and practices, resulted in the addition of 192 primary care physicians in the Los Angeles County safety net since 2017, and 192 physicians (not all the same) participate in a medical school loan repayment program for those who agree to stay for three years in a safety net practice. It is fulfilling when one of those doctors tell him that the loan repayment transformed their life because the doctor could practice as preferred and where the doctor feels they could do the most good. L.A. Care provided 56 medical school scholarships through Charles Drew and UCLA medical schools for students of color with lived experience. The first cohort of scholarship students are now finishing their residency programs and are practicing medicine in the community. • L.A. Care supports member centric care. It has conducted important training for over 7000 In Home Supportive Services (IHSS) workers. During the COVID pandemic, the result of having better trained IHSS workers helped keep people out of institutions and probably saved lives. L.A. Care was an early adopter of community health workers (CHW), hired CHW staff and supported training for both L.A. Care and staff working at some of the federally qualified health centers. CHWs are now recognized and can be billed as a professional category. L.A. Care launched a Health Equity Department with a Chief Health Equity Officer, Alex Li, MD. L.A. Care has a community link with social needs resources and referral tools and participated in the Health Homes initiative. L.A. Care fully supports the California Advancing and Innovating Medi-Cal (CalAIM) initiatives. 32,000 members have received Community Support (CS) services, and 45,000 members participated in Enhanced Care Management (ECM) since January 2022 through the end of June. L.A. Care implemented all 14 CS programs and is receiving financial reimbursement from California Department of Health Care Services (DHCS). • L.A. Care is a health leader. The Community Health Investment Fund (CHIF) annual budget has increased from \$5 to \$10 million, and grant-making has broadened to address many of the social needs faced by L.A. Care members, including Housing for Health, CS, and street medicine. The health leader role is most tangible in the Community Resource Centers (CRC), which have expanded from 4 to 14 to cover all of Los Angeles County. Programming at CRCs has expanded beyond health education classes to include member services, and L.A. Care also hosts social service agencies at the clinics. CRCs have technology bars for high speed internet connectivity. Community activities include food distribution, vaccine clinics and back to school backpack distributions. L.A. Care’s partnership with Blue Shield Promise since 2018 has provided additional \$74 million of revenue to support those efforts. | |

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| | <p>The three-year focus and those four attributes are supported by tasks that are refreshed annually for each area and have guided L.A. Care in making improvements. Three cycles have been completed and the next three-year strategic planning process has been engaged through Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, and staff in that department who conduct research on state and federal policies, competitors and market pressures. Senior L.A. Care staff is involved and feedback was provided by employees, leadership and the Board of Governors.</p> <p>The four strategic vision areas provide aspirational direction and will remain the same. L.A. Care will continue to focus on improved operational efficiency. Mr. MacDougall can confirm that new activities happen every day. L.A. Care will continue to focus attention on cyber security. We continue to support a robust provider and partner network to ensure capacity and access. L.A. Care’s directly contracted network started in 2016 and offers physicians an opportunity to participate in L.A. Care network without a third party entity like an IPA. There are about 300 primary care physicians and 1200 specialists in that network that is now serving over 47,000 L.A. Care members. There were some technical or regulatory roadblocks by the Department of Managed Health Care which have largely been addressed and there is a more relaxed attitude. There is a pathway for doctors who wish to contract with L.A. Care directly without a third party to do so without any prohibition. L.A. Care will continue to focus on improving the member experience, the VOICE system will provide members and providers a better way to communicate with and get timely responses from L.A. Care. L.A. Care will continue to be a national leader in promoting equitable health care. Alex Li, <i>Chief Health Equity Officer</i>, will agree that addressing health disparities is a key function for members that have disability issues or health status issues. L.A. Care is working to eliminate health disparity for its members. The rest of L.A. Care’s work to improve access and get the right compensation for the providers is to level the playing field so that everyone has equal access and address those particular disparities with special programs. Progress reports will be provided at future meetings.</p> <p>Mr. Baackes referred to the written report included in the materials for this meeting.</p> | |
| <p>ADJOURN TO CLOSED SESSION</p> | <p>Chairperson Ballesteros, with no objection from Board Members, revised the order of the items on the Agenda.</p> <p>PUBLIC COMMENT</p> <p><i>Ms. Cooper asked about the change in presider at the meeting.</i></p> <p>Chairperson Ballesteros responded that as the Vice Chairperson, Board Member Shapiro is helping with today’s meeting.</p> <p><i>Ms. Cooper commented that she knows there are many items that you cannot discuss with the closed session, she asked that the Board talk about some of the things that the members talk about. She respects every Board Member. And one thing she sees, in closed session, she likes the professionalism of each of the Board Members. She really appreciates that, and is trying to emulate that. She asked the Board to talk about some of these closed sessions that the public respond to, and maybe talk about it in private.</i></p> <p><i>Demetria Saffore, RCAC 4 Member, said she wanted to address the situation with how we interact with one another. And first and foremost, they need to stop classifying ourselves by the color of their skin. She would like to see more</i></p> | |

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| | <p><i>unity among staff and the committee members. Because if we don't have that, it will interfere with their ability to serve their communities effectively.</i></p> <p><i>Ms. McFerson commented on the report involving Trade Secrets, discussion concerning new services, business plan or technology. She wants to speak about the service that L.A. Care has toward the homeless, she's not sure whether the Board will go from closed back into open session. As far as the business plan or technology, they do have classes for AI and computer virtual classes and different things like that for seniors, for people with learning disabilities and who are developmentally delayed. Because we did go into this technical world now to where people like them are being left behind. There's an automatic assumption that they know how to communicate via email with links and all kinds of different things having to do with zoom. Actually we need to be able to make it easier for people who may need assistance. The LA County Department of Mental Health has a program teaching people how to use the virtual world, in layman's terms. It breaks it down to where it makes it understandable to all people and not just people who are familiar with that whole process. It would be great if L.A. Care invited them or got information about what they do so that the Board can adhere to the necessities of the members of L.A. Care.</i></p> <p><i>Reginald Fagan is a member of the Consumer Health Equity Council. He wanted to comment on the CEO's report pertaining to housing for health.</i></p> <p>Chairperson Ballesteros suggested that Mr. Fagan make his comment when the item comes up on the Agenda.</p> <p>The Joint Powers Authority Board of Directors meeting adjourned at 11:30 am and it will reconvene after the Closed Session items.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 11:30 am No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>September 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Section 54956.8 of the Ralph M. Brown Act Property: 1055 W. 7th St., Los Angeles Agency Negotiator: John Baackes Negotiating Parties: Jamison Services, Inc.</p> | |

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| | <p>Under Negotiation: Price and Terms of Payment</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i> and Gene Magerr, <i>Chief Information Security Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>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)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Numbers: 23-725, 21-855</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF | |
| RECONVENE IN OPEN SESSION | The Joint Powers Authority Board of Directors and the L.A. Care Board of Governors meetings reconvened in open session at 12:50 pm. | |
| BUSINESS MEETING | | |
| APPROVE CONSENT AGENDA ITEMS | <p>PUBLIC COMMENT</p> <p><i>Ms. Cooper commented there's so many items here that she would like to comment on, so she has to be brief. As a lawyer said, keep it brief. On the housing and homelessness, she really appreciates the work L.A. Care has done on homelessness. She speaks to many tenants as a tenant herself. Many tenants are having the issue now with first and last. And she sees so many, when they have to move and being evicted with their little worldly goods on the sidewalks. Is there something one can do to bring that issue, helping tenants save their little worldly goods, some who are evicted and mostly parents, and I hear the pleas of some of them. As a tenant herself, she's concerned. And she feels that LA Care has done a lot, but not just doing work on homelessness, but to prevent homelessness. She hopes the members of the Board hear her plea. She speaks to people who are at risk now of being homeless. But we need to focus on having someone</i></p> | |

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| | <p><i>encourage people working with the landlord, the apartment association, being a little more lenient toward tenants now so they wouldn't be homeless. And that affects all economic humans. She asked the Board to take notice of the homeless issue. She asked about the motion with Chief Executive Officer and DHCS.</i></p> <p>Mr. Baackes responded that is a contract with the Department of Healthcare Services. It is a routine contract amendment.</p> <p><i>Ms. Cooper asked why some of these speakers are not invited to the RCAC meetings. She feels that they listen, and they do a fantastic job, but like the speaker who spoke today, and she learned so much by just listening to the two speakers today and she thanked the Board for that. She asked the Board to please do something about having the RCACs, directly with the people who you represent, having some speakers. Finally, they talked about voting. That's her issue.</i></p> <p><i>Mr. Fagan is not sure how much time is allowed for speakers, but he wanted to kind of dovetail off of what the lady was saying with the homeless programs. There's a serious issue with a lot of the housing stock in LA County getting old and needing a lot of structural upgrades. And it seems to him, he's a tenant himself, he came through the Housing for Health program. But it's kind of like an oxymoron in the sense that they are thankful to get housing, but then it's the social determinants of health, which we all know is 50% of the puzzle, only 25% is health care. So when there is indoor pollution, issues with materials that have asbestos so then LA Care is part of a consortium, Brilliant Corners and various other stakeholders, but there's no enforcement of the social determinants of health. So it puts one in a situation if one pushes too hard, then find oneself like the lady was saying, out on the streets with all ones belongings. And I would like to see LA Care put emphasis on social determinants of health within the contracts. You have an organization, environmental accessibility adaptation which is set up to do modifications. There has to be some type of enforcement, getting people in the housing is great, but getting people into housing that does not damage their health is even better.</i></p> <p><i>Ms. McFerson wanted to speak about the unhoused issue and let people know that it is still disparity that a lot of people that she knows, specifically, go through and it's not just people who may have a disability or a mental illness, its people who actually lost their jobs due to COVID-19. They could not have a business anymore, so now they couldn't pay their rent so now they're homeless and different issues like that as well. We need to address all issues having to do with that by our public meetings with the RCAC. She showed a video of herself, making spaghetti at home, and giving that pan of spaghetti to a shelter right down the street from her house. She sees it all the time. It's not because she wants some sort of ... she doesn't want anyone to say, Andria, you're doing a good job. She's just used to doing that because she's from Chicago. If you see someone on the street, if you don't</i></p> | |

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| | <p><i>help them up, then that's almost like, something that you're doing wrong cause they're going to pass away. So that's why she's used to making sure that if it's people outside and they need assistance, she's going to make sure that she does the best she possibly can in order to do that. We need a general consensus with all of the RCACs that are coming up. Unfortunately, a change was made to the RCACs. That was according to the staff and what they had decided that they needed to do. The ECAC, the TTECAC approved state changes specifically, and if you look at the motion, it says state changes. But it was changed completely to the to the point where they don't have a whole lot of time to speak on different options beforehand, before we take it to the Board of Governors meeting and hear their information. She just went and walked down the street twice and gave food to someone who was homeless in 90 degree weather, so excuse her if she sounds a little tired right now, but she's doing the best that she can.</i></p> <p>Board Member Gonzalez asked if there will be any strategies or any way to get more doctors for the Dual Special Needs Plan (DSNP) contract. She received comments from members who do not want to join this plan because they want to keep the fee-for-service Medicare doctor. Mr. Baackes responded that L.A. Care tries to get all doctors to sign contracts for all products so that if they are with Medi-Cal, they are also with Medicare and Covered California. L.A. Care does not have every doctor in Los Angeles County in the programs. The match is above 90% for Medicare compared to our Medi-Cal schedule, and L.A. Care can review it on an individual basis. This contract does not address that, other than requiring an adequate network to meet the minimum requirement of the Department of Health Care Services (DHCS). He invited Noah Paley, <i>Chief of Staff</i>, to comment on the number of doctors in the DSNP product versus Medi-Cal. Mr. Paley stated he does not have the exact number. Mr. Baackes is exactly correct in terms of the overlap that L.A. Care tries to achieve in the network with all contracts. L.A. Care has professional providers contracted in all lines of business and relative to the adequacy of our network and the capacity of the doctors, L.A. Care is constantly checking both internally. It is being evaluated and L.A. Care identifies pockets where there is a need to undertake additional contracting efforts.</p> <p>Board Member Gonzalez asked if there will be feedback from them regarding the appropriate use of the funds and changes made by Pacifica Hospital. Mr. Baackes responded that the Board may recall that with approval of support for Catalina Island Hospital, the grant required periodic reports. Catalina filed the first report last month which described steps being taken to stabilize the financial situation. A similar requirement will be included in the Pacifica grant. Pacifica is a community-based high volume safety net provider hospital serving a disproportionate share of Medi-Cal beneficiaries. L.A. Care has provided advances on the directed payments for probably four or five years, which has been done for dozens of other hospitals. Pacifica seems to have difficulty in getting out of that cycle. At the end of Mr. Baackes' CEO report he will discuss another issue addressing this. L.A. Care has made it clear</p> | |

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| | <p>that these are one time grants to provide breathing space so the Hospital can work toward being able to fashion an affiliation with a larger chain, which has happened with other safety net hospitals. L.A. Care hopes Pacifica is able to adjust their financial situation and find a pathway to the future.</p> <p>Board Member Booth asked if Mr. Baackes could discuss the organizational support for Proposition 35. Mr. Baackes responded that as a public health entity, L.A. Care can provide information about a proposition like this, it cannot campaign for votes for or against it. L.A. Care is signaling that that people learn about this proposition so they can make their own independent decision. Earlier, Andy Slavitt spoke about the role of the provider taxes. It is important to know that this is an existing tax, it would not increase taxes. Proposition 35 specifies that proceeds of the tax will increase reimbursement to Medi-Cal providers.</p> <p><i>Board Members Ballesteros, Ghaly and Roybal may have financial interests Motion BOG 100.0924*. In order to expedite the process Members Ghaly, Roybal and Ballesteros abstained from voting on item BOG 100. Their vote for the entire consent agenda excludes vote for BOG 100.</i></p> <ul style="list-style-type: none"> • June 6, 2024 Meeting Minutes • Housing and Homelessness Incentive Program (HHIP) Investment Agreements with the Los Angeles County Department of Health Services Housing for Health & Harm Reduction Division and JWCH Institute to provide access to critical healthcare and social services for the Skid Row community from July 1, 2024 to June 30, 2027. <u>Motion BOG 100.0924*</u> To authorize staff to execute two (2) Housing and Homelessness Incentive Program (HHIP) investment agreements for a combined amount of up to \$20,723,100 with the Los Angeles County Department of Health Services Housing for Health & Harm Reduction Division and JWCH Institute to provide access to critical healthcare and social services for the Skid Row community from July 1, 2024 to June 30, 2027. • Ratify L.A. Care Chief Executive Officer’s, John Baackes, execution of Amendment A04 to L.A. Care’s Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of Health Care Services (DHCS) <u>Motion EXE 100.0924*</u> To ratify L.A. Care Chief Executive Officer’s, John Baackes, execution of Amendment A04 to L.A. Care’s Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of Health Care Services (DHCS). • 2025 Board and Committee Meeting Schedule <u>Motion EXE 101.0924*</u> | |

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| | <p>To approve the attached 2025 Board of Governors & Committees meeting schedule.</p> <ul style="list-style-type: none"> • Pacifica Hospital of the Valley Grant <u>Motion EXE 102.0924*</u> To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a \$1 million award to Pacifica Hospital of the Valley to support safety net access to health care for L.A. Care members with behavioral health needs. • L.A. Care’s organizational support for California Proposition 35 <u>Motion EXE 103.0924*</u> To approve L.A. Care’s organizational support for California Proposition 35. • Quarterly Investment Report <u>Motion FIN 100.0924*</u> To accept the Quarterly Investment Report for the quarter ending June 30, 2024, as submitted. • Infosys Contract to provide Information Technology (IT) testing services <u>Motion FIN 101.0924*</u> To authorize staff to execute a contract in the amount of \$18,515,760 with Infosys to provide Information Technology (IT) testing services for the period of October 1, 2024 to September 30, 2027. • Children’s Health Consultant Advisory Committee (CHCAC) Membership <u>Motion CHC 100.0924*</u> To appoint Lina Shah, MD, Medical Director, Medical Management, Utilization Management, as member of the Children’s Health Consultant Advisory Committee (CHCAC), for the Medical Director for Quality Management of L.A. Care Health Plan seat. • Children’s Health Consultant Advisory Committee (CHCAC) Revised Charter <u>Motion CHC 101.0924*</u> To approve the Revisions to the Children’s Health Consultants Advisory Committee (CHCAC) Charter, as presented. | <p>Unanimously Approved by roll call. 12 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Roybal, Shapiro, Solis, Vaccaro, and Vazquez), with partial ABSTENTION: Members Ballesteros, Ghaly and Roybal for motion BOG 100.</p> |
| <p>CHAIRPERSON’S REPORT</p> | <p>Chairperson Ballesteros thanked Board Member Roybal for accepting an appointment to the Executive Committee.</p> <p>Chairperson Ballesteros commented that he went to the meeting of the Regional Community Advisory Committee (RCAC) for the technical training and it was the first time for RCAC members to meet together. He thanked the RCAC members and Chairs for inviting him. It</p> | |

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| | <p>was a wonderful group of people and very diverse. There were many new faces and individuals representing different communities. He thought that it was a good start together with all the RCACs. He commended the Community Outreach & Engagement (CO&E) staff, because they did a really good job. Auleria Eakins, Ed D, <i>Manager, CO&E</i>, is a wonderful employee of L.A. Care Health Plan, and she went above and beyond to make sure the community felt comfortable. All of the staff dedicated to the RCACs spoke in front of the meeting and they each represented L.A. Care in the best possible light. He thanked Mr. Baackes, Francisco Oaxaca, <i>Chief of Communications and CO&E</i>, Acacia Reed, <i>Chief Operating Officer</i>, Samir Amin, MD, <i>Chief Medical Officer</i>, and everybody that had anything to do with that meeting. He thanked the RCAC members for welcoming him. He appreciates hearing all of their comments. Their time and energy is appreciated, and RCAC members want L.A. Care be the best. He sees it and knows that this Board values it very much.</p> | |
| <p>CHIEF EXECUTIVE OFFICER REPORT</p> | <p>PUBLIC COMMENT</p> <p><i>Ms. McClain commented that the Chairperson said that members want L.A. Care to be the best. She wants to add to that and say they don't want it to be the best. L.A. Care is the best. Her question pertains to proposition 35. She's not very educated on it, forgive her. Mr. Baackes will share a report. In the past, she has brought a concern about benefits for those with Medi-Medi, and the difference in benefits and access to care compared to people with a Medicare Advantage plan. And they deal with doctors saying they're not going to take it, as stated earlier. She asked if there is any progress on this issue and if Proposition 35 will help with it.</i></p> <p>Mr. Baackes stated that Proposition 35 does not address the issue, which is that those who are dually eligible for Medi-Cal and Medicare may have different benefits in the Dual Special Needs Plans compared with beneficiaries enrolled in a Medicare Advantage plan. He offered assistance in understanding the differences among the plans. In Los Angeles County there are about eight DSNP plans, with 19 insurance companies offering 108 different Medicare advantage products. It is impossible for a consumer to absorb the information and make an informed decision to enroll in a plan. L.A. Care uses brokers, not every broker, but select brokers who are professional in making sure to match the client to the right plan. There are likely cases where that does not happen. That is a big issue that L.A. Care has addressed with CMS, challenging the number of plans because it is not helping the consumers to have so many choices to sort through.</p> <ul style="list-style-type: none"> • Mr. Baackes reported that L.A. Care has taken a bold step in reducing the number of prior authorizations required. Prior authorizations are a keystone in managed care to limit unnecessary or duplicative tests and procedures. Prior authorizations have become a source of irritation for both patients and providers over time. In 2010 there was a change | |

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| | <p>in the international coding list. In ICD-10, there are 70,000 procedure codes, and providers are required to note each code in a request for authorization. L.A. Care had 56,000 codes on the prior authorization list. L.A. Care has reduced the number of codes requiring prior authorization by 24 % by eliminating 14,000 codes. Under ICD-9, there were 3,800 procedure codes and ICD-10 greatly increased the number of codes. He is not aware of any other health plan in Los Angeles County that has done this. Dr. Amin will monitor the prior authorization codes on an annual basis to be sure there are no unintended consequences. L.A. Care is out in front of other plans on this issue. This is a big issue in Congress and it is the number one issue among the members of America's Health Insurance Plans, a national trade association. L.A. Care is the only plan that has taken this step to reduce the number of prior authorizations required.</p> <ul style="list-style-type: none"> • The last time this Board met, Proposition 35 had not yet been accepted for the ballot by the Secretary of State. That happened later in June, and we have the ballot label, which is in the booklet with all the other propositions and explains the measure in 25 words or less and it lists the organizations in favor and opposing. Those in favor are all the providers. The coalition that united for Proposition 35 includes hospitals, doctors, clinics, health plans and others. The list for the opposition reads, none submitted. The proposition has an excellent chance of passing. The managed care organization (MCO) tax exists currently. Managed care plans are taxed very heavily, the commercial plans not as much. The money collected goes into a pool. That pool of funds is used to draw down an equal match from the federal government. In the nine years that the MCO tax was in place in California, that drawdown of around \$30 billion went to the state's general fund. Last year when the MCO tax was reinstated, the proceeds were directed mostly to Medi-Cal to increase reimbursement and a portion to the general fund. This year, there is a large state deficit and it was announced that all the proceeds of the tax would be swept into the state's general fund. If voters approve Proposition 35, the original intent will be restored and the bulk of the money will go into Medi-Cal to increase reimbursement to providers and a small portion will go to the state's general fund. If the Proposition is not approved, every year the legislature can decide what they want to do with the money. There is precedent in that most of the education funding in California was approved through a similar ballot proposition. • Mr. Baackes reported that there was a two-day session for RCAC members in August. Chairperson Ballesteros attended the first day and Mr. Baackes attended the last one. The purpose of the sessions was to inform existing and the 24 new RCAC members in the eight RCACs. New members were selected through the selection committee process, a requirement of the DHCS contract. RCAC members met on two days at St. Ann's conference center. Regular meetings of the eight regional advisory committees will begin in September. RCAC members will elect a Chairperson for each committee. Those eight | |

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| | <p>Chairpersons will form the ECAC. Mr. Baackes joined Chairperson Ballesteros in saluting Dr. Eakins and Idalia De La Torre, <i>Supervisor of CO&E</i>. They did an excellent job arranging a fun and informational event. They included the entire CO&E staff members. The members were able to really understand who does what and where for RCACs. Mr. Baackes thanked the advisory committee members. It has been a long haul getting through the pandemic and this reorganization, and he thanked them for their input and engagement. He looks forward to the new series of RCAC meetings that start this month.</p> <ul style="list-style-type: none"> • Since the last Board meeting, other events have occurred. L.A. Care awarded eight more scholarships, four to UCLA Medical School, and four to the Charles R. Drew University of Medicine and Science. At the ceremony, held in this room, white coats and stethoscopes were presented to the scholarship winners. Assemblyman Gibson and former Mayor Villaraigosa were guest speakers. As usual, many of the family members thanked him and said the award has been transformational in the student's life. L.A. Care is doing good stuff. The first group of students who were awarded scholarships have graduated and are finishing their residencies. They will be coming back to work here in Los Angeles County. • L.A. Care held the annual back to school backpack distribution events, which provide a backpack with school supplies to everybody who shows up. This year 18,000 backpacks were distributed in 16 different events. • Mr. Baackes noted there is an article in the meeting materials about a program with the school districts for student mental health. L.A. Care has engaged Hazel Health, which has introduced online and telephonic counseling for students. It has been a huge hit. The school districts are pleased, the students that participate are pleased, and it is one of the better stories about addressing the chronic and rising behavioral health diagnosis. It is one tool, and may not solve everything, but it is a step in the right direction. | |
| <ul style="list-style-type: none"> • Vision 2024 Progress Report | <p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p> | |
| <ul style="list-style-type: none"> • Monthly Grants and Sponsorships Reports | <p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p> | |
| <ul style="list-style-type: none"> • Government Affairs Update <ul style="list-style-type: none"> ○ 2024-25 State Budget Update | <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> • On August 31, 2024, the California Legislature ended its session. Governor Newsom will have until September 30 to either sign or veto the legislative bills. • The Governor called California lawmakers into a special session related to gas and oil issues in California. The Assembly has called a legislative session but the state Senate has not. | |

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| | <ul style="list-style-type: none"> • There is a matrix of legislation in the materials for this meeting. The legislative matrix will be updated for the October meeting. • SB 516 was not passed by the legislature. This was a bill sponsored by the California Medical Association that to ensure patients get treatments they urgently need without unnecessary delays, and stopped health plans from requiring prior authorization for health care providers. This bill will likely be brought back next year. L.A. Care will have an opportunity to participate in discussion. | |
| <ul style="list-style-type: none"> • One-Year Health Equity Impact Report: Health Equity Disparities Mitigation Plan 2023-25 | <p>Mr. Baackes introduced Alex Li, MD, Chief Health Equity Officer. Every Medi-Cal health plan in California now has a health equity leader. L.A. Care’s Health Equity leader is an officer of the corporation and a member of the CEO Cabinet. His instruction to Dr. Li is that he wants health disparities mitigation to be about solving problems and not the study of problems. The health equity team should be a guiding force at L.A. Care and identify areas that will help solve the disparity gaps.</p> <p>Dr. Li thanked the Board, Mr. Baackes, his colleagues and staff for supporting him and team in making this an amazing role and opportunity to serve our members and providers through a health equity framework (a copy of his presentation can be obtained by contacting Board Services). Since this job is new, there a few fundamental strategic questions that we need to ask as we approach a problem: is this a disparity that is core to a large number of our members; what and how does L.A. Care proceed in addressing the disparity; what role and actions should we take; and how do we build community alliance and translate the partnership and L.A. Care resources into action and positive outcomes.</p> <p>Currently, L.A. Care is in the midst of its two year 2023-2025 Health Equity and Disparities Mitigation (HEDM) plan. The HEDM plan is available on the website. Much of the work has been laying the foundation and “ground game” (e.g. building trust and relationships). We have identified clear areas of focus and priorities which help guide us in who we are seeking to engage with. Some key efforts include a focus to improve Black and African American Maternal Health, improve physical health and mental wellness for youth. For example, we heard from our public health and community colleagues state that there has been inconsistent capacity building of L.A. County’s community assets and efforts to address Black maternal and infant health. Thus, over the last two years, our Community Benefits team and others have identified organizations to help support and expand their infrastructure and capacity. Now we are leveraging and forming regional clinical and social service coalitions in three areas: Inglewood/West LA, South LA and Antelope Valley. We are also working with LA County Departments of Public Health (DPH) and Public and Social Services (DPSS) to identify pregnant individuals early. A challenge or problem that we need to solve is that while L.A.</p> | |

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| | <p>Care provides health care coverage for pregnant women, most pregnant women are not made aware of who their OB provider is or know what L.A. Care resources are available to them until the enrollment information is first processed and worked its way from the local DPSS office to the State and then L.A. Care. This time lag means that we may not know that someone is pregnant till around 45 days or more before we can actively engage that individual. L.A. Care is looking at how we can reduce the lag time and engage our pregnant members to provide access and information about services as quickly as we can. Another partnership example involves our relationship with our school systems. Schools are a great place for us to address the health and wellness of youth because that is where they are for most of the day. Going through our framework and process, we thought that it would be good place to invest in wellness programs for middle school students for a population where physical and social habits are still being developed. We are currently looking into investing in improving the physical and social wellness programs in 5 middle schools and our aim is to impact thousands of or more students a year.</p> <p>In November 2023, we convened key advocates, academics, practicing providers and County staff to address: 1) vaccine catch up/misinformation, 2) building resiliency in school age children and youth, 3) supporting foster youths and 4) helping youths with complex health conditions transition into adult systems of care. We took a lead to organize and bring people together, thereby, creating the space for people to share and make recommendations that are L.A. County specific. Another focus area that the Board has directed L.A. Care to take action on is to reduce gun injuries in our community. We have taken a multi-pronged approach by offering a series of provider trainings; organized member community education and informational panels and promoted gun lock distributions. We have also tried to raise awareness by partnering with the LA County DPH's Office of Violence Prevention and the Los Angeles County Medical Association (LACMA). Billboard space was rented for display of key messages, reminding people about the importance of gun safety.</p> <p>Noting that no health equity work is done without involving L.A. Care staff, he thanked the Human Resources team. We have increased the practice of Diversity Equity, Inclusion and Belonging (DEIB) by developing employee affinity groups which seek to serve as a safe space for social, educational and professional venues and discourse. A clear validation that our health equity and DEIB and health equity efforts are moving in the right direction is when L.A. Care received its first National Committee on Quality Assurance (NCQA) Health Equity Accreditation score of 98%. L.A. Care is among the 15% of health plans nationwide to have received NCQA Health Equity Accreditation status and this status is valid from March 2024-2027.</p> | |

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| | <p>For this coming year, our plan is to focus on implementing the required DHCS DEI Health Equity Training requirements, creating and publishing an L.A. Care Health Disparities Dashboard and continuing to work closely with our key community partners on addressing disparities.</p> <p>Board Member and Supervisor Hilda Solis commended the accomplishments. She asked how the school programs will be expanded, especially with respect to mental health services needs and what are the plans moving forward to support Native Americans and immigrant groups, particularly Latino Hispanic, and Asian American and Pacific Islander (AAPI). Dr. Li responded that there is an incredible amount of work led by Dr. Brodsky and Health Services team that are collaborating with school systems to implement school based mental health services. Many of these behavioral health services are focused in schools with a high number of students of color and who are new immigrants. Supervisor Solis noted that it is also useful to collaborate with existing programs at the schools and community partners like Planned Parenthood who are also providing mental health services and to think not only about the child/student, but also family members or guardians. She also reminded everyone that due to language barriers, immigrant communities often do not receive much mental health services; they experience and express their mental illnesses differently or indigenous communities such as Guatemala Mixtec, often are not getting the right information because we don't have the right interpreters. Dr. Amin also shared that the school-based behavioral health program led by Dr. Brodsky show that more than 2800 students were assessed and referred from over 600 schools. This program has offered over 17,000 counseling sessions and greater than two out of three served by the program are BIPOC students. Additionally, 50% of the therapists being hired are BIPOC with ten languages spoken. Dr. Amin invited Michael Brodsky, MD, <i>Senior Medical Director, Community Health, Behavioral Health</i> to share more. Dr. Brodsky noted in addition to what was shared by Drs. Li and Amin, he acknowledged that about a month ago, many ECAC members shared similar concerns (that were raised by Supervisor Solis). He noted that in order for the school based mental health programs to be sustainable, there is an on-going effort to implement a fee schedule so that the school mental health services can have a funding source from health plans and move away from a grant model.</p> <p>Board Member Ghaly thanked Dr. Li for the presentation and the equity and the gun violence prevention work that he is leading at L.A. Care. Board Member Ghaly noted that there are many screening tools and programs that are coming out of L.A. Care and other health plans because they are prescribed by DHCS or CMS. A challenge the Department of Health Services (DHS) and other providers experience are that the health plans are requiring different assessment tools for the same DHCS or CMS requirements. She noted that this can be both confusing and frustrating for the providers and staff. She also noted that DHS is a firm,</p> | |

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| | <p>wholehearted believer in the assessments to help their patients optimize and access resources. But she wonders if it would be possible for the health plans to require the same tools when there are requirements from DHCS or CMS to minimize the administrative burden for all providers. Dr. Li responded that he leads the statewide as well as the local L.A. County Chief Health Equity Officer roundtables. He will raise this challenge at future meetings. He asked if Board Member Ghaly’s team can provide some examples. Board Member Ghaly noted that there are unique alcohol screening tools and homelessness prevention tools required by health plans, and those are just two examples from a long list. The tools are more or less the same but are different in the details, and require multiple programming in the electronic health record and requires training on the multiple subsets of questions. She appreciates the continued work on alignment of the tools and re-emphasized that DHS providers support this work. Mr. Baackes noted that it will be great to start with our Plan Partners and involve HealthNet and Molina.</p> <p>Board Member Gonzalez thanked Dr. Li for his report. She feels the Doula program is underused. She asked whether L.A. Care is collaborating with Planned Parenthood. Dr. Li responded the Doula Program is relatively new and is a growing program. At last internal review, there are around 140 pregnant woman who have been referred and used the doula service. L.A. Care is working with obstetrics and gynecology (OB) physician groups to encourage doula referrals. He would need to check with the L.A. Care team on whether we are contracted and contracted with and partnering with Planned Parenthood. Mr. Baackes added that the Los Angeles County DPH has requested that health plans fund a Los Angeles County Doula hub. L.A. Care is part of that effort and will contribute to the doula hub. The idea is to provide training for doulas to gain expertise on how to engage with health plans and other providers in the community.</p> | |
| <p>CHIEF EXECUTIVE OFFICER REPORT</p> | <p>Mr. Baackes continued his report, noting that there are a number of safety net hospitals that are struggling financially. A distressed hospital loan fund was created in last year’s State Budget, which was assigned \$300 million, and that was immediately gone. There were many more applicants than funds, and only 18 hospitals received funding. He believes that L.A. Care could start a distressed safety net hospital revolving loan fund of \$30 to \$50 million with its reserves. He is researching the mechanism for that funding and has connected with the California’s Department of Health Care Access and Information (HCAI), which administers the state’s Distressed Hospital Loan program, to align the financial and community needs criteria. He consulted with Board Member George W. Greene, Esq., who is President and Chief Executive Officer of the Hospital Association of Southern California, and more details will be provided at a future Board meeting.</p> | |

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| <p>CHIEF MEDICAL OFFICER</p> | <p>PUBLIC COMMENT</p> <p><i>Ms. Cooper asked if the housing issue is in the CMO report. She would like more emphasis placed on housing issue, which is part of health. And so often that is not addressed as well as should be. But housing and tenants issues are important because housing is going to always be an issue and housing is part of health. She hopes that the chief medical officer will address that more before the Board and make it a priority issue. Tenant's issues, not just homeless, tenants become homeless and so she would appreciate that.</i></p> <p><i>Mr. Fagan asked Dr. Li if there is a strategy set up to address second hand smoke in the schools. Back in the 1970s that was something that was talked about, secondhand smoke needs to be brought back up. And then Mr. Fagan also wanted to talk in terms of root cause medicine being incorporated into the provider database. There needs to be some kind of way where the members can have access to providers that provide functional medicine.</i></p> <p>Dr. Li suggested that they can discuss more about secondhand smoke and functional medicine offline.</p> <p>Dr. Amin referred Board members to the written Chief Medical Officer report in the board packet, with some highlights on the important details.</p> <p>Dr. Amin noted that Health Services is engaged in planning for the next year to five years. Health Services has work groups meeting and it will culminate in a strategy summit over two days in October. The senior leadership and management across all the health services functional areas will discuss plans and create a guiding document with a timeline and metrics associated with providing services. Major topics to be discussed are how the programs relate to one another, including CalAIM programs like Enhanced Care Management, Community Supports and transitional care services. There will be discussion on how programs are tied together so that they are not a disparate menu of items, but are part of a holistic program to treat our members. There will be discussion about how each area of health services connects with others, to make sure that members eligible to access multiple programs have that access. Streamlining and making sense of medical management is a primary topic, and number two is making sure that the path is clear for collaboration outside of Health Services divisions and that Health Services staff are working properly with staff in finance, operations, compliance, and information technology departments. A few topics are population health management, program management within Health Services, and taking on technology as part of medical management. There will be a full description of the strategy at a future Board Meeting. It will guide Health Services toward the future.</p> | |

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| <ul style="list-style-type: none"> MacArthur Park Care Collaborative | <p>Dr. Amin invited Dr. Brodsky and Charlie Robinson, <i>Senior Director, Community Health</i>, to present information about the MacArthur Park Care Collaborative.</p> <p>Dr. Amin reviewed the components of L.A. Care’s strategy to address the housing crisis:</p> <ul style="list-style-type: none"> Finding housing and staying housed Short term housing solutions Increasing the availability of permanent housing and Access to healthcare and social services. <p>Field Medicine supports access to health care and social services. It has now rolled out across the County. The community health team has developed L.A. Care’s field medicine program in a very innovative way. A map of the county was created and separated into regions that have the right number of providers to treat people in the street who are unhoused, as well as ensure that longitudinal primary care is provided. There are a lot of operational details to that. High density regions are areas where there are multiple providers and a very large unhoused population. This would include areas like Skid Row, where there are a lot of very well intentioned providers who L.A. Care needs to make sure are working together in a coordinated fashion to keep those people healthy. L.A. Care has done that in Skid Row, by supporting the Crocker Street initiative and by creating a care collaborative between multiple providers in the area. But that is not where L.A. Care is going to leave it. There are multiple high density regions across the County. L.A. Care Field Medicine will assist with as many areas as possible. Dr. Amin thanked Supervisor Solis for prompting at a prior meeting regarding MacArthur Park, which is a high density region.</p> <p>Dr. Amin introduced Charlie Robinson, the operational leader behind Community Health, and Michael Brodsky, MD, who is the clinical leader of Community Health.</p> <p>L.A. Care has elevated talent and brought in new talent, and one of the benefits is creation of these very innovative solutions. Community Health has team including Karl Calhoun, Delia Mojarro, and Matilde Gonzalez-Flores, who have contributed dramatically to these projects. Mr. Robinson reviewed the regional structure, and the general construct is actually tried and true in complex environments. Mr. Robinson spent eight years as a commissioned officer in the United States Navy, including a year in Afghanistan. The genesis for the geographic structure that we have applied to organize care across the county is aligned with the way that NATO nations were deployed in Afghanistan. The anchor nations managed airfields and bases in regions, and others floated through those regions. It was a flexible way for multiple different entities to operate in a complex environment with some taking regional control and some accountability for certain regions, and included the flexibility to have other providers float through the regions. For the high density regions, the care collaborative concept was born from that general organization. It is how the care collaborative concept is structured in</p> | |

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| | <p>Skid Row. L.A. Care is continuing to use that collaborative structure for the high density region in MacArthur Park. Each region is unique. There are 15 distinct regions across Los Angeles County. Fourteen regions have a regional anchor provider, but Skid Row has a care collaborative to cover that high density area and to provide resources for providers to coordinate care. Based on feedback from key stakeholders in the community, MacArthur Park is another area that needs additional support for care coordination. L.A. Care plans to carve out MacArthur Park from the Alvarado/Glendale Corridor region and go from 15 to 16 regions. The MacArthur Park care collaborative will be created to meet specific health and social services needs in that specific neighborhood. The needs in MacArthur Park are acute and are being served by multiple different providers, and are markedly different from the needs in Skid Row.</p> <p>Dr. Brodsky will review the unique needs of MacArthur Park and the proposed care model. The Department of Health Care Services model of care describes how people move through engagement and treatment depending on their needs. For MacArthur Park, psychosocial stressors and the social determinants look slightly different. MacArthur Park has a different environment than does Skid Row. There was great benefit in reviewing some detail the Skid Row action plan proposed by Supervisor Solis in 2022 and the Skid Row action plan implementation reports recently delivered to the Board by Board Member Ghaly's DHS staff ago. Reading the comments and feedback line by line was quite helpful. In MacArthur Park, the clinical model and clinical goal are to reduce overdose deaths (it is the second highest site of overdose fatalities in L.A. City), to increase access and linkage to housing, and to create a runway for people to engage in care for substance use.</p> <p>Underlying principles include coordination between stakeholders with L.A. Care planning to provide navigation as needed between the various stakeholders in the care collaborative. Similar to the skid row action plan, there will be transportation. Resources will be needed for people who may not be able to easily walk between drop-in centers, the federally qualified health centers, and the Department of Health Services facilities that are in the area. Providing transportation between Skid Row and MacArthur Park is being considered to take advantage of services being built at Skid Row.</p> <p>There are enhanced field medicine services and look forward to having an additional field medicine team bring medical care, sometimes called backpack medicine, and ideally to reconnect people to the primary care they need.</p> <p>Similar to the action plan, there will be harm reduction services to keep people as safe as we can in the context of fairly significant substance use. We want to make it safer to use drugs, and definitely want it safer for people who come to the point where they are interested in stopping using drugs. As the Department of Public Health says, substance use treatment does</p> | |

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| | <p>not have a supply problem, it has a demand problem. The demand is too low. Many people are not ready to enter treatment yet, so harm reduction is the lowest level of engagement where people feel welcome, they can take a shower, get a snack, or do laundry, and we can provide both safe services and counseling, particularly using the modality called motivational interviewing. This is the lowest level of engagement.</p> <p>A higher level of engagement is when some people who pass by and encounter field medicine teams or come to the DHS operated health and harm reduction center, will be ready for treatment. We want to be prepared for the days people are ready for treatment and have a range of services available. There is a local community clinic, a Federally Qualified Health Center called Clinica Romero quite nearby with an extensive program that is like the lowest level of outpatient substance used treatment. Other people who may need more support than that will be referred to partners in the Department Public Health, which has a spectrum of services including integrated housing and substance use services. This has been a significant education opportunity and staff is very grateful, particularly to the Los Angeles County entities. The Department of Health Services, including Housing for Health and Harm Reduction Division, the Department of Public health, notably the Substance Use Prevention and Control Division have been the principal planning partners. Supervisorial District 1, and he thanked these organizations. He thanked Supervisor Solis for an introduction to the Office of Los Angeles City Council District 1 Council Member, Eunisses Hernandez.</p> <p>Dr. Brodsky reviewed a partial list of potential providers, the Department of Public Health is a planning partner and has knowledge to contribute, and although it does not have field medicine teams, they been very helpful. The Department of Health Services is very involved in the work on harm reduction as well as coordination, not to mention serving as a Skid Row and field medicine primary care provider, as well as a Skid Row primary care provider. Clinica Romero has extensive outpatient substance use treatment co-located with primary care. Healthcare in Action is the first street medicine provider L.A. Care contracted with. UCLA and USC are academic cousins and provider contracts with L.A. Care are pending, and we look forward to their participation in the MacArthur Park care collaborative.</p> <p>Next steps will be to review the services in detail, meet with partners and work on a budget, and discuss the project governance. Finally, we will look at provider selection and develop methodology and process.</p> <p>Dr. Amin commented that L.A. Care prides itself in putting money where its mouth is. With the Skid Row care collaborative and field medicine, L.A. Care is prepared to make a significant investment in the MacArthur Park care collaborative to make a difference in for those residents. L.A. Care will be financially supporting this effort.</p> <p>Supervisor Solis is proud to see this effort, the report and the deep thought and in integrating</p> | |

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| | <p>services. She is glad the staff collaborated with the Skid Row Action Plan because much has been learned and continues to be learned. She knows that Board Member Ghaly has been very involved with the Crocker Street project and she'll be involved here. Supervisor Solis encouraged involving other Los Angeles County departments that work with the unhoused. Dr. Amin responded that there will be reports at future Board of Governors meetings. Board Member Ghaly offered thanks to Dr. Amin, Mr. Robinson and Dr. Brodsky for the work on this. DHS is excited to participate. Hopefully it will be an expansion of DHS' achievements MacArthur Park. She thanked other partners among the Board Members. Chairperson Ballesteros echoed the appreciation expressed by Supervisor Solis and Board Member Ghaly. It is so important to collaborate with Los Angeles County DHS, DPH and DMH because it will take many resources to bring this collaborative to the robustness that it will need to address the needs of people in that area requires partnerships from different entities. He would like to add that down the road when ready, LAHSA needs to also be engaged. LAHSA brings housing stock to the Skid Row area for interim housing and even permanent housing, but at least interim housing solutions are very much needed.</p> <p>Dr. Amin noted that L.A. Care has the blessing of a Board of Governors with deep connections in the community, and that can drive care for L.A. Care members. Dr. Amin stated that the community health team has connections with LAHSA and has worked with them quite a bit on Pathway to Home and Inside Safe. L.A. Care will engage them on this project, and there are other entities in the community that we will collaborate with, perhaps with contacts provided by Board Members.</p> <p><i>(Board Member Vazquez spoke in Spanish and her remarks were translated to English by a professional interpreter.)</i></p> <p>Board Member Vazquez would like to know more about the professionals that are participating. She would like to ask whether these professionals have experience with homelessness. She believes it is important for the professionals that will be providing this help to have some experience to advice people who are going through the same situation. They can better identify and serve the needs of the people who are currently in the situation.</p> <p>Dr. Brodsky responded that he completely agrees with the comment. A benefit being in Los Angeles is that many organizations have worked with individuals who have lived experience and learned a great deal. DHS in particular, for the previous five year period, built an entire infrastructure of service delivery using the expertise of those in the community and those with lived experience and the DHCS was so inspired by that there now is a community health worker benefit, which L.A. Care helps pay for and is eager to pay for, with regard to these projects.</p> | |

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| <p>Performance Monitoring May 2024</p> | <p>PUBLIC COMMENT <i>Ms. Cooper deferred her remarks.</i></p> <p><i>Ms. McFerson asked that everyone excuse the way she is speaking. She did a couple walks in the heat and when one has epilepsy, that's what happens. So love her for who she is. Please read ADA information in its totality before each meeting, if at all possible performance monitoring, having a genuine connection with the members of whom, these meetings affect the most. We were talking about the homeless and effective procedural dedication to the disabled members. Unfortunately many care providers, the organizations and things like that, they don't give good access to care for people who may not be able to mentally take care of themselves and describe their disparities so they're left not even receiving proper care because they are reluctant to even go up to someone who is treating them in a bad way. So with that homeless situation, can we please have performance monitoring towards the programs that we have for the unhoused, to give empathy training to the people.</i></p> <p>Dr. Amin presented the Performance Monitoring report (<i>a copy of the report may be obtained by contacting Board Services</i>) and noted the dashboard has been reviewed in the Provider Relations Advisory Committee and by this Board. Updates will be included in the Board meeting packet. Instead of going over an exhaustive detail each time, he will go over any major changes. L.A. Care continues to perform well in utilization management, within regulatory timelines at the 99.8% to 100% timeliness. This will be carefully monitored as L.A. Care moves to a new platform in November 2024. With regard to inpatient hospital admissions. PTM PM means <i>per thousand members per month</i>. Over the course of 2023 the measures tracked better than the previous year, meaning admissions to the hospital are lower and patients are hopefully getting better care, and getting care in a less urgent and emergent fashion. There was an increase between November and January which occurred because of a bump in respiratory viruses.</p> <p>The graphs for various delegated provider groups indicates outliers; those above are doing worse than others, those below are doing better. L.A. Care meets with outliers in joint operating meetings to discuss performance and suggest ways to collaborate with L.A. Care and improve. The line in between is the medium line.</p> <p>Hospital readmission rates have generally been tracking lower, which is positive news. Data on emergency room visits shows a big change from November to January period due to the increase in respiratory viruses which sent patients to the hospital for emergency room care. The data on potentially avoidable emergency room visits are the core of discussions during joint operating meetings, along with the phase sheet with data that is actually coming down to their personal performance. L.A. Care has discussions with direct network providers and reviews the data. That has been helpful in moving the network forward.</p> | |

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| | <p>Acacia Reed, <i>Chief Operating Officer</i>, reviewed claims data, noting there was a dip in June in the total claims volume received. A low volume of Call the Car claims were received in June when compared to the significant volume of 300,000 claims received in July. The total paid claims including interest, is anomalous in June - lower than average and lower than last year. There were some timing issues with the holiday and the number of working days in the month of June compared to July, and other issues being analyzed that led to a lower payment volume in June versus July.</p> <p>Last year L.A. Care discussed with the Board and Provider Relations Advisory Committee about the coordination of benefits agreement, or COBA. In November, December, and January, there was an inordinate volume of incremental claims received, which degraded performance at the 30-calendar day and eventually 90-calendar day metrics. L.A. Care monitors the 45-days claims payment rate to continue to drive down interest paid on claims after 45 days.</p> <p>First pass claims denial rate was a hot topic last year, but not this year, and the rate is normalizing around 16%. The Provider Dispute Resolution rate degraded in May due to an issue that was identified in the claims processing system. L.A. Care is remediating that and other issues tied to that.</p> <p>Mr. Paley reported that Call the Car is collaborating with L.A. Care on a corrective action plan and performance continues to improve. The transportation team is working with Call the Car and other vendors to onboard an alternate vendor for overflow. In a previous meeting there was a question about whether members who utilize Call the Car can provide contemporaneous feedback, and the answer is yes. L.A. Care monitors the survey results and feedback from members in monthly joint operating meetings with Call the Car.</p> | |
| ADVISORY COMMITTEE REPORT | | |
| Transitional Temporary Executive Community Advisory Committee | PUBLIC COMMENT <i>Ms. Cooper commented that she feels a little saddened. The reason she said that she wouldn't have to be coming to this meeting. We have not seen one item. She's been a RCAC member for years. They work very well together. But as an Afro American, she's going to have to be honest. When she go to the meetings, when a motion is made or a concern expressed, one can only get anything done if a member of the executive committee. And some Sometimes she feels isolated because she tried to bring up issues, not by herself, by others. But they have not seen one item and they do not see a program. She asked that he come to the RCAC meetings and see they do not have a voice. Those who have a voice seem like we are silenced. She came here to work for all the members, diversity. She helps work, but she feels the Board needs to have more oversight over the executive committee, those who represent them, those who are supposed to be</i> | |

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| | <p><i>representing them, but they ignore them and in fact, particularly if one is a minority such as African American, they need to be more culturally sensitive and have a healthy altitude, and she feels very sadness. Sometimes she feels like just giving up, not being on a RCAC, but she feels the people like, who ran for president and all who said don't give up. But there needs to be oversight with the ECAC and their representatives who represent them. She tries to be a good steward. She has letters from former board members, RCAC members, board members, and from some of the RCAC members of different cultures, but she doesn't feel comfortable in her RCAC. The incident that happened today it made her feel very uncomfortable. An experience she had today with people who supposed to be representing her. She appreciates all the comments she made, but the Board members, you need to come to the RCACs and put some oversight on the ECAC. And the Board representatives need to represent all of them, not just some of them, because they all have great ideas and she appreciates that, but please take notice of her comment. She felt like writing to Sacramento.</i></p> <p>Chairperson Ballesteros apologized that she feels that way. He will talk with her after the meeting and they can have more dialogue.</p> <p><i>Ms. McFerson feels a general consensus in what she was saying actually, and that's from everyone from, their representatives to the providers who don't give good access to care, mentally, physically, leaving L.A. Care members sick and unwilling to receive care because they believe it would be uneventful to speak up and please better communication, of course, with the services by having a genuine survey, and either eye to eye or peer on peer during events that the RCAC members can do, and it would be able body, people who are willing to be out there giving eye to eye, person to person, information to the members and receiving personal performance data from that, to all kinds of other opportunities to give ideas to L.A. Care to have better statistics and data and things like that. And then also we need to discuss the 504 planning for all of the disabled members to give an emergency contact to everyone, if they become impaled with their chronic illness.</i></p> <p><i>Mr. Fagan commented he's in agreement, he's in solidarity with the last two comments. He feels the same frustrations that they have brought up and it needs to be addressed. It really does. In addition to Call the Car, if they're going to allow a third vendor, then we should make sure it's an American vendor. Because what we have now is two vendors that are out of the country and it makes it very difficult for English speakers.</i></p> <p>Mr. Baackes commented that L.A. Care currently has one transportation vendor, Call the Car, which is based in Los Angeles County. He is not aware that there is any foreign ownership. Mr. Paley stated he is not aware of any foreign ownership.</p> | |

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| | <p><i>Mr. Fagan commented that Call the Car contracts with call centers not located in the United States.</i></p> <p>Mr. Paley will follow up and provide details for the caller.</p> <p>Board Member Booth noted that Compliance & Quality Committee should also receive that information because the Committee was reassured that there are no vendors outside the United States.</p> <p>Board Member Vazquez reported that TTECAC met on July 10, 2024 (<i>Board Member Vazquez spoke in Spanish and her remarks were translated to English by a professional interpreter</i>). She thanked the members that attended the meeting in virtually and in person, the comments and questions were greatly appreciated. She recognized members present at this meeting, including those not on this list:</p> <ul style="list-style-type: none"> Ana Rodriguez (R2) Maritza Lebron (R7) Ana Romo (R8) Deaka McClain (R9) Damara O Hernandez de Cordero (R10) Elizabeth Cooper (R2) Joyce Sales (R6) Silvia Poz (R4) Estela Lara (R4) Silvia Sosio (R6) <ul style="list-style-type: none"> • Mr. Baackes gave a CEO update at TTECAC and he also gave a CEO earlier today. • Dr. Michael Brodsky presented information about increasing access to mental health treatment in Los Angeles County schools. Dr. Brodsky highlighted the successful rollout of telehealth mental health services in over 600 Los Angeles County schools under Student Behavioral Health Incentive Program (SBHIP), improving access for students, especially in BIPOC communities. The initiative addresses mental health challenges exacerbated by COVID-19, reducing school absences and positively impacting student well-being and school funding. The program's success includes the hiring of 50 culturally and linguistically matched therapists, capable of serving over a thousand students weekly. <p>Board Member Gonzalez continued the report:</p> <ul style="list-style-type: none"> • Mr. Oaxaca gave a communications and community relations Departments update. He reported that South LA and Lincoln Heights Community Resource Centers are progressing well. A grand opening event is planned in October for the South LA Center. The Lincoln Heights CRC should be ready for a grand opening by November or | |

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| | <p>December. Invitations to the events will be sent to ECAC and RCAC members representing those areas. The CO&E team is scheduling RCAC meetings at Community Resource Centers allowing members to experience the Centers and interact with the programs and staff.</p> <ul style="list-style-type: none"> • A RCAC conference was held in August, as Mr. Baackes and Chair Ballesteros related earlier. Members came together and new RCAC structure and operations were introduced. The member selection committee is working to interview and select new RCAC members. There has been significant interest in joining the RCACs, and new members will be added in the coming weeks. • Ryan Bowen, Account Manager and Transportation Experience Manager for Call the Car presented information about the transportation services. <p>Board Member Gonzalez commented that the meetings in August were wonderful. It was a chance for Members to get together as they had not met in over three years. The members were delighted to see each other.</p> <p>Board Member Vazquez commented on her activities since the last meeting (<i>Board Member Vazquez spoke in Spanish and her remarks were translated to English by a professional interpreter</i>).</p> <ul style="list-style-type: none"> • On July 16 2024, L.A. Care recognized eight new scholars accepted in the L.A. Care medical school scholarship program through Elevating the Safety Net. The excitement of the families and the students was very contagious. • On August 3 she attended an event on Catalina Island to raise funds for Catalina Island Hospital. L.A. Care was recognized for its support of the only hospital on Catalina Island. • August 15 and 23 way we were at a conference for RCAC members. Members appreciated the opportunity to participate in the “Celebration of the Community Voices”. The RCAC meeting schedule was announced: RCAC 1 Tuesday September 17, 10 A.M to 12:30 P.M. RCAC 2 Wednesday September 18, 10 A.M. to 12:30 P.M. RCAC 3 Thursday, September 19, 10:00 A.M. to 12:30 P.M. RCAC 4 Friday, September 20, at 10:00 A.M. to 1230 P.M. RCAC 5 Thursday, September 26, 02:00 P.M. to 4:30 P.M. RCAC 6 Wednesday September 25, 10 A.M. to 12:30 P.M. RCAC 7 Tuesday, September 24, 10 A.M. to 12:30 P.M. RCAC 8 Monday, September 23, 10 A.M. to 12:30 P.M. <p>Board Member Vázquez thanked L.A. Care for the opportunity to participate as a member of the Consumer Health Equity Committee and the Compliance & Quality Committee.</p> <p>Board Member Booth commented that she is glad that RCAC members continue to participate and provide input to the Board. She thanked members for working through the process.</p> | |

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| <i>The next report, from the Finance & Budget Committee, was moved up on the Agenda with no objection by Board members.</i> | | |
| Finance & Budget Committee | <p>PUBLIC COMMENT <i>Ms. Cooper opted to not provide public comment at this item.</i></p> <p>Board Member Booth reported that the committee met on June 26 and August 28. Please ask Board Services staff if you would like to obtain a copy of the approved meeting minutes. The Committee reviewed and approved a motion for contract amendments with Hyland Contract for Salesforce Integration, Appeals & Grievances, QNXT Integration (Utilization Management) and NTT America which do not require full Board approval. The Committee reviewed and approved motions that were approved earlier today on the consent agenda.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the July 2024 financials:</p> <p><u>Membership</u> Total membership for July 2024 was approximately 2.6 million members, around 155,000 favorable to the 4+8 forecast due to higher than expected enrollment post-redeterminations. L.A. Care Covered (LACC) is approximately 17,000 members favorable to the 4+8 forecast.</p> <p><u>Consolidated Financial Performance</u> There was a \$7 million net loss, for the month of July driven primarily by GEMT, directed payment program payments, L.A. Care did implement close to \$31 million in GEMT payments, and \$5 million in associated interest.</p> <p>YTD results for the 10 months ending in July were \$368 million net surplus, \$132 million favorable to the forecast, excluding Housing and Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP). Excluding investment income, the surplus is around 2% of the revenue. For Medi Cal, rates are set at about a 2% risk margin, so L.A. Care has ended ten months of 2023-24 fiscal year in line with Medi-Cal margin expectations aligned with the State, though these financial results include Medi-Cal, DSNP and Covered California. Due to the meeting schedule, financial results for April, May and June financials are included in these results although they have not been reported separately.</p> <p><i>(Board Member Ghaly left the meeting.)</i></p> <p>Board Member Booth suggested an amendment to include April, May, June and July.</p> | |

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| | <p><u>Motion FIN 102.0924</u> To accept the Financial Reports for the 10 months including April, May, June and July 2024, as submitted.</p> | <p>Unanimously Approved as amended. 8 AYES (Ballesteros, Booth, Del La Torre, Gonzalez, Roybal, Shapiro, Vaccaro, Vazquez),</p> |
| <p>Fiscal Year 2024-25 Operating and Capital Budget</p> | <p>Mr. Shah recognized the hundreds, if not thousands of hours spent by Jeff Ingram, <i>Deputy Chief Financial Officer</i>, Neil Bedwell, <i>Director, Financial Planning and Analysis</i>, and Nancy Pham, <i>Manager, Financial Planning and Analysis</i>, and the Finance staff. They put in a lot of effort and created a robust budget process for 2024-25, with internal controls and changes in the process.</p> <p>The assumptions for 2024-25, include a 3.9% decline in membership for Medi-Cal, and increases in members for DSNP and LACC. L.A. Care has the lowest price plan for LACC.</p> <p>He reviewed the overall forecast by month compared to the variance in member months from the prior year. The October 2024 projection is shown compared to the variance from October 2023. L.A. Care doesn't have draft rates yet from DHCS for 2025. Assumptions are based on the best information available. We used assumptions from the actuarial team on Medi-Cal revenue, while LACC and DSNP forecast assumptions are consistent with the DSNP and LACC rate filings. Mr. Shah reviewed high level assumptions for global sub capitation, capitation, and fee for service costs.</p> <p>The projections are preliminary and could change based on the actual rates. Final 2024 rates are expected in September, draft 2025 rates in October and final 2025 rates in November. L.A. Care is projected to have a net increase in revenue, driven by LACC and DSNP (not by Medi-Cal) with a 1% decrease in the medical care ratio.</p> <p>For administrative expense, an increase of \$60 million is projected, which is about a 9.5% increase. The majority of that increase is in two line items, salaries and benefits and purchased services. Increases in salaries and benefits are due to increased staff through 2023-24. Business fees and leases are increasing primarily due to LACC and DMHC participation. Finance staff continues to develop a sustainable long-term administrative budget.</p> <p>Board Member Ghaly commented that the increases in administrative expense seem to be large, with a huge increase in salaries and benefits, depreciation and amortization and business fees and insurance, which exceed the increase on purchased services. She asked about the driving factors, are they in line with expectations, or with what other health plans are experiencing?</p> | |

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| | <p>Mr. Shah noted that L.A. Care exceeded the 2023-24 budget for administrative expense, primarily because of staffing investments that were needed to comply with DHCS CalAIM requirements. For 2024-25, the salaries and benefits line item increase is primarily driven by annualized salary for staff hired during 2023-24. With support from Mr. Baackes and the Chief Officers, the finance team is developing a more sustainable budget with a goal that the administrative expense increase is not higher than the revenue increase. The revenue increase at best will be 2 to 3%. Mr. Shah invited Mr. Ingram to respond to her question about depreciation, occupancy and leases. Mr. Ingram noted that some of the increase is related to changes, based on GASB, in where expenses are shown. The expense for accounting software licenses had to move from business fees and insurance to depreciation amortization. A challenge is the cost increases associated with growth in commercial product lines. Broker commissions and participation fees increased as more membership enrolls in those lines of business. He noted for reference that last year's budget started with a \$20 million increase from 2022-23, and the forecast update increased by over \$70 million. That was almost a \$100 million increase from last year to this fiscal year. The current budget has the increase at \$60 million, so growth of the administrative expense is slowing. L.A. Care moves into each budget season with close to 500 open positions. The progress in hiring over the last year added pressure to salary & benefits expense. Finance is working on leveling the growth in future years. There is a three-year plan to stay in line with an administrative percentage in line with rates of reimbursement. In future iterations there will be more separation among lines of business to show the differences in participation fees.</p> <p>Board Member Ghaly noted that slowing down growth is different than aligning cost growth with revenue, and she asked if the emphasis is slowing down the cost growth so that in the future it's in line with the revenue growth or is the goal to reverse one time operating expense increases.</p> <p>Mr. Shah responded that the goal, within each of the lines of business, Medi-Cal, DSNP, and LACC, is to align administrative expense for each program. Medi-Cal rates include roughly 7% for administrative expense. Adding administrative expense for Plan Partners, L.A. Care's admin expenses are projected to be closer to 8%. The three-year goal is to move closer to 7% annually. Additional staffing was required in 2023-24 to meet requirements from DHCS.</p> <p>Mr. Baackes noted that the expense is a concern to him. The work added, particularly by CalAIM programs such as Enhanced Care Management (ECM), has been substantial and has driven much of the hiring. L.A. Care is not allowed to do ECM work in house and has to contract with 75 community based organizations. The cost for contracting and oversight of the contracts is substantial. There are efforts, through Local Health Plans of California, to push on DHCS for review of the requirements. L.A. Care has implemented with transitions of care, but the way DHCS wanted implementation for health plans would have collectively</p> | |

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| | <p>required hiring 600 people. It was explained to DHCS that it would have led to competition for limited employees among health plans and providers. It is not a sustainable trend as has been pointed out. The laundry list of business transformation projects that he mentioned in his report earlier in the meeting showed that when fully operational by the middle of next year, the demand to replace people will slow down, because efficiencies will emerge in some operations.</p> <p>Mr. Baackes commended Mr. Shah and Mr. Ingram for the long-term and strategic planning for future budgets and the preparation that is needed now. Board Member Booth noted that several years ago it was difficult for L.A. Care to fill important positions. To a certain extent there may be a time for catching up. Right now it is important to predict the best balance of expense and income.</p> <p>Mr. Shah reviewed the overall decrease in medical cost ratios (MCR) although Medi-Cal is higher than desired at 94%; DHCS estimates 91.5% in our Medi-Cal rates. L.A. Care will have additional medical cost savings initiatives to help reduce the MCR.</p> <p>Mr. Shah reviewed opportunities:</p> <ul style="list-style-type: none"> • CY 2025 Revenue Rates: Continued rate advocacy efforts with DHCS related to a safety net adjustment and acknowledging acuity of remaining members post redeterminations. • Membership: Reduce dis-enrollment rates, increase renewals along with overall higher new sales growth for LACC and DSNP segments. • Business Transformation/Sunset Legacy Systems & Processes: Driving cost savings via administrative value based procurement, selective workforce conversions and realizing efficiency gains due to new systems and processes. • Headcount Management: Evaluate the effectiveness of incremental staffing on operational metrics and expected cost savings. Resource management relative to like-sized plans, accounting for percentage of delegation. <p>and risks:</p> <ul style="list-style-type: none"> • CY 2025 Rates: Additional pressure due to overall acuity assumptions, risk adjustment, county-wide averaging, administrative adjustments and/or negative economic development adding pressure to CA general fund. • Medi-Cal TRI Rates: TRI Rates from DHCS less than what L.A. Care's obligations for payment. There is also a risk of providers not agreeing to the Medi-Cal TRI payments, provider disputes, and L.A. Care not able to attest by Dec 31, 2024. • Covid Testing: Covid Testing costs are continuing to increase this summer with an uptick in covid cases. | |

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| | <ul style="list-style-type: none"> • Utilization and Unit Cost Trends: FFS and Capitation trends higher than what is assumed in the budget. • Admin Costs: Exceeding budgetary assumptions due to unplanned/uncontrolled cost. <p>Mr. Shah reviewed presented information about Board designated funds. He reviewed the projected tangible net equity with a small decrease.</p> <p>Mr. MacDougall reviewed capital investments in projects included in the budget:</p> <ul style="list-style-type: none"> • Appeals & Grievance (A&G) System Replacement. The current A&G legacy system (PCT) is outdated, resulting in inefficiencies and reliability issues. To address these challenges, the initiative replaces PCT with a new system that will automate A&G processes, integrate with UM and Claims systems, comply with DMHC, DHCS, and CMS requirements, and eliminate manual processes deficiencies. The new system will enhance workflow controls, productivity, and monitoring, improve information accuracy and timeliness, and support better case intake, letter configuration, and reporting. • Care Catalyst – New Health Services Clinical System. This final component of the Care Catalyst program focuses on ensuring the continued accessibility of historical data from the SyntraNet Utilization Management platform for operational, compliance, audit, and reporting uses. These investments complement functionality being deployed in the QNXT Upgrade & Transformation effort (below), which transform L.A. Care’s Utilization Management tools and processes. • Clinical Data Repository (CDR) Phase 2. CDR Phase 2 will be a continued investment in modern data exchange functionality to include Continuity of Care Document (CCD) data. The objective is to develop a real-time CCD data ingestion pipeline from LANES and HIEs to meet regulatory compliance, enhance health plan performance, and improve quality of care for members. • Clinic Based Assignment and FQHC APM. With the recent, successful implementation of Clinic Based Assignment, L.A. Care can not only assign members directly to specific categories of community clinics, but also gained the necessary infrastructure to participate in the DHCS-mandated Alternative Payment Methodology (APM). Under APM, L.A. Care will change how it pays participating FQHC community clinics to include the Prospective Payment System (PPS) rate for Medi-Cal services that has previously been paid to clinics by the State. • CMS Interoperability Mandate. L.A. Care continues its multi-phase investment in electronic provider and member data portability in accordance with CMS requirements. Investments in 2025 and 2026 focus on payer-to-payer interfaces to ensure timely and efficient benefits coordination and transitions, as well as functionality for electronic prior authorizations. | |

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| | <ul style="list-style-type: none"> • Edifecs Enhancements. L.A. Care is continuing its iterative improvements of the Edifecs platform, which enables the organization’s encounter data management and related regulatory reporting, and that supports risk adjustment activities. Upcoming enhancements target both operational optimizations, as well as compliance with evolving regulatory requirements. Planned investments include the processing of chart review records in Edifecs that do not have correlates in our electronic encounter data received from trading partners; the ability to unbundle mother/infant claims and encounters for the LACC line of business; processing of supplemental dental, vision, chiropractic, and acupuncture data for submission to CMS; inclusion of pharmacy data in outbound encounter reports to CMS; and enhancing the ability to process multi-payer encounter data. The organization is also exploring changes to the hosting arrangement for Edifecs software to maximize operational savings. • Medicare Advantage Prescription Drug (MA-PD) Product Launch. L.A. Care will be offering a new Medicare Advantage Prescription Drug (MA-PD) Plan, with enrollment starting in the fall of 2025, and plan benefits starting January 1, 2026. The MA-PD Product aims to provide continuity of managed care services for members transitioning into Medicare, as well as provide an option for Medicare beneficiaries in Los Angeles County who do not qualify for the D-SNP Plan. L.A. Care’s business and technical teams will be preparing technology systems and business processes throughout the FY 24-25 fiscal year to ensure operational readiness. • PQI System Replacement for Provider Quality Review. The team responsible for Provider Quality Review has lacked a central repository and modern system to support its work. L.A. Care has been building system with modern workflow controls to improve productivity and monitoring of the review process; to reduce delayed, lost, or incongruent information between teams; and to ensure integration with other enterprise systems. With the initial deployment targeted for fall 2024, L.A. Care intends to iteratively enhance the system’s capabilities through FY 24-25 to meet the needs of Health Services. • Provider Roadmap. This multi-year initiative centers on the implementation of a holistic provider network management system for L.A. Care’s provider business functions. The scope includes improved provider data ingestion, validation, and management, as well as workflow tools and refined business processes. The initiative will enable improved provider data quality, and more efficient operations in contracting, credentialing, network management, provider relations, member assignment, and regulatory reporting. • SAP/ERP. L.A. Care is continuing its implementation of SAP for financial management functions. The upcoming phase will concentrate on finalizing the deployment of Callidus, a commission software solution that manages incentives and compensation programs for brokers. Additionally, the program will implement Arriba, a spend management tool designed to integration seamlessly with existing SAP procurement solutions. Arriba will | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>enhance electronic order and invoice routing, user and role management functionalities, and contract and vendor management processes.</p> <ul style="list-style-type: none"> • VOICE - CRM & Telecom. This multi-year program aims to create a robust and integrated Enterprise Customer Relationship Management (CRM) solution that improves the experience of L.A. Care’s members and providers. Recent investments have focused on the implementation of a new agent console (“intelligent desktop”) for the Call Center and other enterprise users; a new member portal with self-service capabilities; and a new provider portal with self-service capabilities. Following this implementation a subsequent phase will add enhancements across the CRM platform, including the integration of the agent console with our telephony systems, and the onboarding of additional areas of the organization with tailored CRM tools. These tools are expected to include Provider Dispute Resolution (PDR), Quality Improvement, and Pharmacy medication management. The initiative is also making investments in capturing and managing member demographic data aligned with regulatory requirements, such as Race and Ethnicity, Sexual Orientation and Gender Identity, and Alternative Format Selection. • I.T. Member Experience Program. This initiative is composed of two multi-year, cross-functional programs to modernize data systems and I.T. tools to support an optimized member experience. These foundational technology efforts enable L.A. Care to more proactively manage the member life cycle (from enrollment through care delivery). Work streams in this initiative include Data Architecture Modernization, which improves how enterprise data is organized, managed, and stored; and a Clinical Data Repository (CDR) to better organize clinical experience data in support of care coordination, operational planning, and regulatory reporting. These continued investments will enable L.A. Care to deliver future technology initiatives more effectively, and significantly improve the ability of business areas inside L.A. Care to serve member needs. • Performance Optimization Program (Enterprise & Network). This multi-year initiative is building data management tools and dashboard reporting tailored to L.A. Care’s oversight activities. These investments improve monitoring of the performance of non-delegated enterprise functions, as well as entities in L.A. Care’s extended service delivery model across lines of business. This initiative is improving data sources and reporting for numerous Key Performance Indicators (KPIs) for L.A. Care. • QNXT Upgrade & Transformation. L.A. Care is making progressive investments in its core claims platform (QNXT), with current work focused on the implementation of new UM capabilities, as well as meeting Transparency in Coverage requirements. L.A. Care is also laying the foundation for a future move to a cloud implementation, with related efforts to reduce dependence on custom code, as well as completing an incremental upgrade of the software to meet business needs. | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>Mr. Shah noted the leasehold improvements capital investments will be at the 1200 W. 7th Street offices.</p> <ul style="list-style-type: none"> Leasehold Improvements. The capital budget includes funds to support construction associated with two Community Resource Centers (CRC), Lincoln Heights (new), Palmdale (relocation), miscellaneous upgrades to existing CRCs and a budget for the build-out of the 1200 W. 7th Street lease space to support the return to work/hybrid office configuration effective January 2025. <p><i>Board Members Ballesteros and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of such issues. In order to expedite the process, those Board Members' vote on the Budget reflects a vote concerning the entire budget excluding those items for which the member is abstaining, as identified below:</i></p> <p><i>For the Community Health Improvement Programs:</i></p> <p><i><u>Board Members Ballesteros and Vaccaro</u></i> <i>Community Health Investment Fund</i> <i>SCOPE Fund</i> <i><u>Board Members Ballesteros</u></i> <i>Work Force Development Initiative Provider Recruitment Program</i></p> <p><u>Motion FIN 103.0924</u> To approve the Fiscal Year 2024-25 Operating and Capital Budget, as submitted.</p> | <p>Unanimously Approved. 8 AYES</p> |
| <ul style="list-style-type: none"> Monthly Investments Transactions Report | <p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a copy of the reports can be obtained by contacting Board Services). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of July 31, 2024, L.A. Care's total investment market value was \$3.7 billion.</p> <ul style="list-style-type: none"> \$3.6 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$88 million in BlackRock Liquidity T-Fund \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund | |
| <ul style="list-style-type: none"> Quarterly Internal Policy Reports | <p>Mr. Shah referred to the expenditure reports pursuant to internal policies that are included in the meeting materials. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over \$250,000, and sole source purchases over \$250,000.</p> | |
| <p>Technical Advisory Committee</p> | <p>Dr. Li reported that the Technical Advisory Committee met on August 8.</p> <ul style="list-style-type: none"> He provided a Chief Health Equity Officer update with a focus on the equity practice | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>transformation program, which has been modified by the state from a five year to a three year program, as well as some of the milestones and goals. There were 48 practices originally that were interested or signed up for participation, two have opted to opt out in part because of a reduction in payment as well as changes in the rules.</p> <ul style="list-style-type: none"> • The Committee members shared their expertise on assessment of the impact and success of programs developed and implemented. Some areas of discussion were around missing data, outcomes and thinking through are causal or inference with regards to the interventions. The group provided supportive information on the methods. • Ms. Schiffer discussed the strategic plan with opportunity for committee members to provide feedback. • One of L.A. Care’s data scientists shared L.A. Care’s approach to categorize and report on race and ethnicity data. The Office of Management and Budget (OMB) updated the race and ethnicity approach in the collection of data. | |
| <p>Children’s Health Consultant Advisory Committee</p> | <p>Dr. Li reported on behalf of Committee Chair Tara Ficek. The Children's Health Consultant Advisory Committee met on August 20.</p> <ul style="list-style-type: none"> • There was discussion about the rise in anxiety and concern for mental health, and concerns were expressed earlier today as well. LAUSD is one of the first to adopt a policy of no cell phones at schools. • Dr. Amin shared an update on school based mental health programs, including statistics. • The Committee reviewed its Charter, including the purpose of the Committee, and key impact areas. Dr. Li invited the Board and public to share discussion topics. • There are changes in Committee membership. Dr. Lena Shaw, a pediatrician and an expert on California Children's Services, joined the Committee. • Cheri Compartore reported on the 2025 California budget and impacts on the children and youth. | |
| <p>BOARD COMMITTEE REPORTS</p> | | |
| <p>Executive Committee</p> | <p>PUBLIC COMMENT</p> <p><i>Ms. Cooper appreciates the new RCAC members and their new input. She is concerned that the executive committee take notice of the RCACs and the ECAC because she feels there needs to be oversight. If one are not on the ECAC, you do not get your agenda. In her opinion, if they get an item on there, it just looked like they're personal agenda, it affects other members. She asks that the Executive Committee start taking notice of the RCACs, because they are the ones who provide the membership. That's very important, and she appreciates the new members. She appreciates all she's hearing from board members, but please take notice. This is her honest and sincere request of the board of governors and executive committee.</i></p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p><i>Mr. Fagan wanted to make sure within that budget for the technical upgrades, which sound really great, sounds like a good plan to integrate, you know, healthcare is going digital, but is there a provision of finance being set aside for training at the community centers where the members can get up to speed on the new technology, and would it be available on the website.</i></p> <p>The Executive Committee met on August 28 (<i>copies of approved minutes can be obtained by contacting Board Services and will be available on L.A. Care's website</i>). The Committee reviewed and approved a motion for approve revisions to Human Resources Policies: HR- 628 (Use of Sign on and Retention Bonuses) which does not require full Board approval.</p> | |
| <p>ADJOURN TO CLOSED SESSION</p> | <p>The Joint Powers Authority Board of Directors meeting adjourned at 3:47 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:48 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>September 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Section 54956.8 of the Ralph M. Brown Act Property: 1055 W. 7th St., Los Angeles Agency Negotiator: John Baackes Negotiating Parties: Jamison Services, Inc. Under Negotiation: Price and Terms of Payment</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i> and Gene Magerr, <i>Chief Information Security Officer</i></p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>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)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Numbers: 23-725, 21-855</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF | |
| 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 4:09 pm. There was no report from closed session. | |
| Compliance & Quality Committee | <p>Committee Chairperson Booth reported that the Compliance & Quality Committee met on August 15. Approved meeting minutes can be obtained by contacting Board Services.</p> <ul style="list-style-type: none"> • Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department gave an update on the following items from the Chief Compliance Officer report: <ul style="list-style-type: none"> ○ Risk Committee Report ○ Enterprise Risk Assessment ○ Information Technology Risk Report ○ Delegation Oversight Monitoring Update ○ Issues Inventory ○ Internal Audit and Delegation Oversight Auditing ○ Internal Audit and Delegation Oversight Auditing • Compliance continues to strive for continued clarity for the Board on required Compliance matters. Additionally, the draft Compliance and Quality Charter was provided to the C&Q Chair. • Dr. Amin presented the Chief Medical Officer report. He gave a report earlier today. • Joycelyn Smart-Sanchez provided an overview of the Transitional Care Services (TCS) program, which supports members transitioning between different levels of care, focusing | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>on high-risk populations. She described the phased rollout, starting with high-risk members in January 2023 and extending to all Medi-Cal members by January 2024, highlighting new responsibilities for care managers and the importance of care coordination. Despite challenges in data reporting, the TCS program has served nearly 17,000 members and continues to grow, with efforts underway to expand staffing and improve service delivery.</p> <ul style="list-style-type: none"> • Rachel Martinez reported on four types of regulatory projects: Quality Improvement Projects (QIPs), Performance Improvement Projects (PIPs), Plan-Do-Study-Act (PDSA) cycles, and Strengths Weaknesses Opportunities and Threats (SWOT) analyses. These projects vary in duration and scope, with PDSAs and SWOTs typically initiated by Medi-Cal when minimum performance levels are not met, such as the 2022 SWOT for Well-Child Visits and Childhood Immunization, which closed in 2023. She highlighted upcoming PIPs for 2023-2026 focusing on disparities in well-child visits for Black/African American children and behavioral health needs related to emergency department use. • Donna Sutton provided an overview of the D-SNP (Dual Eligible Special Needs Plans) program, explaining the purpose of the Star Quality Program, which serves as a tool for CMS to implement federal policy, provide oversight on health plan performance, and offer consumers information to make informed decisions. She outlined the program's timeline, emphasizing that it takes up to three years to receive payment based on performance, and described the 39 metrics across five domains that determine the star rating. Additionally, she discussed new evaluation measures for improvement in Part C and Part D, the impact of the Categorical Adjustment Index (CAI) for plans serving higher-risk populations, and the significance of maintaining high star ratings for financial incentives and industry positioning. | |
| <p>Provider Relations Advisory Committee</p> | <p>Board Member Booth reported that the Provider relations advisory Committee met on August 21, 2024. Committee received a report on participating physician group scorecards and internal performance metrics. There were discussions regarding prior authorizations, after-hours urgent care and evening clinics.</p> | |
| <p>Audit Committee</p> | <p>Committee Chairperson De La Torre reported that the audit committee met on August 19 to discuss the audit plan for FY 2023-24 (<i>contact board services to obtain a copy of approved meeting minutes.</i>)</p> <ul style="list-style-type: none"> • The Board has previously delegated authority to the Audit Committee for overseeing the work of the external independent financial audit firm. • The FY 2022-23 audit went smoothly. Deloitte was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures and claims and other medical expenses and increased use of data analytics and other audit technology. | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <ul style="list-style-type: none"> • Deloitte and Touch presented the audit plan for FY 2023-24. Planned procedures for this year's audit will be basically the same. It includes engaging in fraud prevention discussions with certain members of senior management and others. Deloitte will evaluate whether L.A. Care has entered into any significant unusual transactions, and if so, the nature, terms and business purpose of those transactions, whether those transactions involved related parties, and evaluate L.A. Care's fraud risk assessment and controls over financial reporting. • The proposed audit fee for 2024 is \$476,000 excluding expenses. • The committee approved Deloitte's proposed audit plan. For FY 2324 board approval is not required. | |
| ADJOURNMENT | The meeting was adjourned at 4:13 pm. | |

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

APPROVED BY:

John G. Raffoul, *Board Secretary*
Date Signed _____



Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. BOG 100.1024

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Request to ratify the execution of the following Medi-Cal Primary Contract (23-30232) amendment:

A03: This amendment extends the contract term to December 31, 2025. Department Health Care Services (DHCS) is obtaining a continuation of the services identified in the original agreement (see page 547 of the agreement).

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

Background:

The Plan received Amendment A03 from the Department of Health Care Services (DHCS) on September 17, 2024. The due date for submission of the executed amendment to DHCS is October 1, 2024.

Member Impact: No direct Member impact.

Budget Impact: No direct Budget impact.

Motion: To ratify the executed Amendment A03 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services.

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

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AGREEMENT NUMBER

23-30232

AMENDMENT NUMBER

A03

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTOR NAME

L.A. Care Health Plan

2. The term of this Agreement is:

START DATE

January 1, 2024

THROUGH END DATE

December 31, 2025

3. The maximum amount of this Agreement after this Amendment is:

4260-601-0912 and 4260-601-0555

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

I. Amendment effective date: January 1, 2025 or until approved by DGS (if DGS approval is needed).

II. Purpose of amendment: It extends the contract to December 31, 2025. DHCS is obtaining a continuation of the services identified in the original agreement.

III. Certain changes made in this amendment are shown as: Text additions are displayed in bold and underline. Text deletions are displayed as strike through text.

IV. Paragraph 2 (term) on the face of the original STD 213 is amended to read: January 1, 2024, through December 31, 2025. All references to the former contract term of January 1, 2024 through December 31, 2024 in any exhibit incorporated into this agreement are hereinafter deemed to read January 1, 2024 through December 31, 2025, The term is also amended in Exhibit E, Subsection 1.1.13.

*All other terms and conditions shall remain the same.***IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.****CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

L.A. Care Health Plan

CONTRACTOR BUSINESS ADDRESS

1055 West 7th Street, 10th Floor

CITY

Los Angeles

STATE

CA

ZIP

90017

PRINTED NAME OF PERSON SIGNING

John Baackes

TITLE

Chief Executive Officer

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 630 PAGES

AGREEMENT NUMBER

23-30232

AMENDMENT NUMBER

A03

Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Avenue, MS 4415, P.O. Box 997413

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Michelle Retke

TITLE

Chief, Managed Care Operations Division

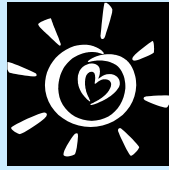
CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

Welfare & Institutions Code section 14087.4(c)



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. EXE 100.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Execute Amendment VIII to the contract with TRI Ventures (formerly known as Scout Exchange) providing contingent worker vendor management services.

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

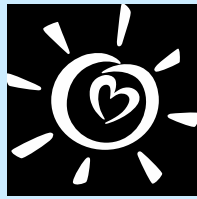
Background: L.A. Care staff requests approval to execute Amendment VII to the contract with Scout Exchange adding \$ 12,924,000 to the maximum compensation.

Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout streamlines the contingent workforce management process, including timecards, staffing requests, and vendor management.

We request approval to extend the contract through December 31, 2025 with an additional \$12,924,000 (for a total cost not to exceed \$76,388,908).

Budget Impact: The cost was anticipated and included in the approved 2024 fiscal year budget for Human Resources and Information Technology.

Motion: **To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$12,924,000 not to exceed a total spend of \$76,388,908 with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services rendered through the end of the contract term on December 31, 2025.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. EXE 101.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Provide the following employees with authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

1. Afzal Shah, *Chief Financial Officer*,
2. Jeff Ingram, *Deputy Chief Financial Officer*, and
3. Radiah Campbell, *Controller*

This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.

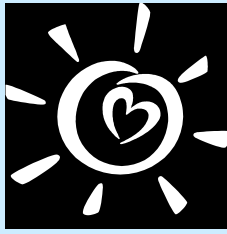
New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: The motion below designates the employees listed above as an authorized Signatories to all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

Member Impact: None

Budget Impact: None

Motion: To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. EXE 102.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: To execute a new statement of work with Ntooitive for a new schedule of services to support the advertising and integrated marketing strategies for the 2024-25 Fiscal Year marketing campaigns for L.A. Care’s direct lines of business and the Community Resource Centers from October 2024 through September 2025.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in 2019**

Background: Funds are requested for the 2024-2025 fiscal year contract in the amount of \$15,189,396 effective October 1, 2024 through September 30, 2025. L.A. Care would like to contract with Ntooitive for a statement of work associated with digital marketing and media buying services with our entire portfolio of products and services including L.A. Care Covered, Duals Special Needs (Medicare Plus), Medi-Cal, Community Resource Centers and our L.A. Care Brand Marketing Initiatives.

In early 2019, the Marketing Department conducted a Request for Proposal (RFP) process to review and select individual vendors which would offer specialized services for media buying, digital marketing services, creative development support and strategy/research consultation. Ntooitive was among eight agencies (and sub agencies) that responded to the RFP to provide digital marketing and media buying services for our lines of business including L.A. Care Covered, Cal MediConnect, Medi-Cal, Family Resource Centers, Community Resource Centers and the Parent Brand Initiative.

The funding allocation includes the following:

- \$15,189,396.00 for sustained product growth focused advertising for all L.A. Care lines of business. This funding is considered a “pass through” media cost that is managed by Ntooitive at the direction of L.A. Care. The funding would provide advertising resources for campaigns that run through October 2025 and support all product lines. The campaigns are as follows:
 - L.A. Care Brand Campaign
 - L.A. Care Medicare Plus (DSNP) Marketing and Broker Campaigns
 - Medi-Cal Advertising Campaign
 - L.A. Care Covered Open Enrollment Campaign and Broker Marketing Campaigns
 - Community Resource Center Marketing Campaigns and the continued launch of additional new Community Resource Centers in partnership with Blue Shield Promise Health Plan of California
 - Development and Maintenance of LACC Shop and Compare Tool website “LACC Calculator”
 - Digital Marketing Maintenance – Social/Search Management; Ad Server; Datorama Integration
 - Enhanced reporting, leveraging member data

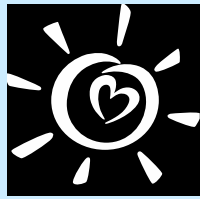
Board of Governors
MOTION SUMMARY

The execution and launch of these campaigns would align with organizational and product objectives aimed at creating Brand and Product visibility in the Los Angeles market and driving product growth through increased enrollment in the aforementioned product lines. The duration of the proposed contract is intended to align with the current budget cycle, and a new request will be initiated in the October 2024 for services from this vendor in FY 2024-2025, once budgets and business objectives have been finalized.

Member Impact: This motion will allow L.A. Care to continue to have a positive impact as a trusted source of information for members and potential members. L.A. Care will leverage its marketing and advertising programs to support the growth of all lines of businesses and increase visitors at all Family Resource Centers.

Budget Impact: Sufficient funds have been requested in the FY 2024-2025 budget for the Ntooitive contract term October 1, 2024 through September 30, 2025.

Motion: **To authorize staff to execute a new statement of work with Ntooitive in the amount of \$15,189,396 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2024 through September 30, 2025.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. EXE 103.1024

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: IT Department

Issue: Execute a contract with Edifecs Inc. to provide a SaaS Platform Solution for Encounter Data reporting to Centers for Medicaid and Medicare Services (CMS) and the Department of Health Services (DHS).

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in**

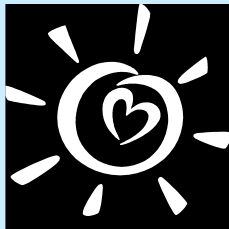
Background: L.A. Care staff requests approval to execute a five-year contract with Edifecs, Inc. from October 2024 to September 2029 in the amount of \$25,497,331. The vendor will provide L.A. Care with Software as a Service (SaaS), licensing for XEngine Server, Transaction Management, Encounter Management, and the integration services. The conversion from the current on-premise application to the SaaS equivalent, will allow L.A. Care to realize several benefits: reduced capital expenses, improved scalability, and the ability to leverage product enhancement, (critical for encounter compliance reporting to CMS and DHS).

We have used this vendor since August 10, 2017, and are pleased with their performance. The SaaS upgrade is proprietary to Edifecs and within the current contract period.

Member Impact: The SaaS upgrade will give LA Care the agility needed to adapt to the evolving demands of value-based care, with better outcomes at lower costs.

Budget Impact: The cost was anticipated and included in the budget for the IT Department in the next fiscal year 2024-2025. We will budget the balance in future fiscal years.

Motion: **To authorize staff to execute a contract in the amount of \$25,497,331 with Edifecs, Inc. to provide Software as a Service (SaaS) licensing and integration services for the period of October 2024 to September 2029.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: October 3, 2024

Motion No. ECA 100.1024

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

Issue: Approval of additional members to the Regional Community Advisory Committee (RCACs).

Background: Senate Bill 2092 requires that L.A. Care Health Plan ensure community involvement through a Community Advisory Committee. L.A. Care's Regional Community Advisory Committee (RCAC) structure is composed of up to 35 members per RCAC. RCAC member recruitment is ongoing to ensure the highest possible community involvement.

Budget Impact: None.

Motion To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their September 11, 2024 meeting:

- Fedelia Pineda, RCAC 1, Consumer
- Yajaira Valdovinos, RCAC 1, Consumer
- Tanya Lopez, RCAC 3, Consumer
- Elmano Osorio, RCAC 3, Consumer
- Eugene Beatty, RCAC 4, Consumer
- Mallery Jena Robinson, RCAC 4, Consumer
- Julia Wong, RCAC 4, Consumer
- Diana Camacho, RCAC 5, Consumer
- Ana Reyes, RCAC 5, Consumer
- Lottie Cleveland, RCAC 6, Consumer
- Daniel Navarro, RCAC 6, Consumer
- Maria E. Rivas, RCAC 6, Consumer
- Silvia Sosio, RCAC 6, Consumer
- Aida Aguilar, RCAC 7, Consumer
- Brynette Cruz, RCAC 7, Consumer
- Luci Jeronimo, RCAC 7, Consumer

**CHIEF
EXECUTIVE
OFFICER
REPORT**



September 23, 2024

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – October 2024

In June of this year, the U.S. Surgeon General declared gun violence a public health crisis. For years, L.A. Care has been working to make a change and spread the word that health care leaders can play a role in finding solutions to this public health crisis. You may recall that earlier this year, we joined forces with the Los Angeles County Medical Association and Los Angeles County Department of Public Health’s Office of Violence Prevention on a digital billboard campaign that emphasized the importance of gun safety. In June, our Lynwood Community Resource Center hosted a Gun Violence Safety Event and provided free gun locks and educational resources to the community. This month, we are proud to host a virtual Continuing Medical Education (CME) course titled Promoting Safe Firearm Storage in Primary Care. This is the second year in a row that we are hosting a gun safety training for clinicians. People have the right to live without the threat of gun violence at every turn, and L.A. Care will continue to take steps that will help keep its members and their communities safe – and alive.

Following are the cumulative totals for some of our community- and provider-focused work.

| | Since Last CEO Report | As of 09/23/24 |
|--|-----------------------|----------------|
| Provider Recruitment Program Physicians hired under PRP ¹ | — | 192 |
| Provider Loan Repayment Program Active grants for medical school loan repayment ¹ | — | 192 |
| Medical School Scholarships Grants for medical school scholarships ² | — | 56 |
| Elevating Community Health Home care worker graduates from CCA’s IHSS training program | 367 | 7,373 |

Notes:

1. Effective January 2024, this table will provide cumulative (since program inception) award counts, and will no longer provide “active” award counts.
2. The count includes scholarships that have been awarded and announced, not prospective scholar seats.

Below please find organizational updates for September.

L.A. Care and Blue Shield Promise Health Plan Community Resource Centers Offer Free Flu and COVID-19 Vaccines across Los Angeles County

This month marks the launch of our free, walk-in flu and COVID-19 vaccine events at seven of our Community Resource Centers across L.A. County from September to early November. Over the past five years, our Community Resource Centers have been able to provide about 10,400 vaccines to our members and the broader community. As we approach the winter months, when respiratory viruses are more prevalent, it is more important than ever to be proactive. With cases on the rise, now is the time to strengthen our community's health by ensuring everyone is vaccinated, helping to reduce the strain on our healthcare system and protect the most vulnerable among us.

L.A. Care and Health Net Commit \$90 Million for Two Programs for the Unhoused in L.A. County

We have partnered with Health Net to launch two programs that will collectively invest \$90 million over five years to help people experiencing homelessness obtain access to care. Sixty million will be invested in the L.A. County Field Medicine Program and \$30 million will be invested in the Skid Row Care Collaborative. These programs could provide medical care and resources to approximately 85,000 unhoused individuals.

Los Angeles Trust for Children's Health Honors L.A. Care CEO with Visionary Award

I am humbled to announce that the Los Angeles Trust for Children's Health has honored me with the Visionary Award for my leadership in striving toward a more equitable society. The Visionary Award recognizes the leadership and innovations of individuals that have helped advance the well-being of communities in Los Angeles County. I am honored to receive this recognition and grateful for the opportunity to lead L.A. Care.

Speaking Events

September 11 – 2024 Southern California State of Reform Health Policy Conference

Attachments

CALÓ News – Healthcare Providers Commit \$90 Million for Two Programs for the Unhoused in Los Angeles County

Healthcare providers commit \$90 million for two programs for the unhoused in L.A. County

Amairani Hernandez Sep 4, 2024 Updated Sep 6, 2024 ● 0

L.A. Care Health Plan and Health Net announced last week the development of two complementary programs that could provide medical care and resources to approximately 85,000 unhoused Angelenos.

The first program will take place in streets, tent encampments, shelters and temporary housing sites. The Field Medicine Program offers preventive and urgent health care, chronic disease management, social services and primary care. The program is valued at \$60 million.

"The Field Medicine Program is grounded in the philosophy that every Medi-Cal beneficiary, regardless of housing status, is entitled to the same level of service and a true medical home," said John Baackes, L.A. Care CEO. "The program is designed to develop a countywide network of primary care providers who can provide that medical home and all the services associated with high-quality primary care in a way that will be easier for individuals experiencing homelessness to access."

In contrast to the current street medicine model, which is episodic and oriented around urgent care, 19 providers will participate in the program to provide a more consistent level of care. The program also includes 15 regions across L.A. County, each with a designated regional anchor provider to ensure access to care across the entire county and to facilitate coordination with other providers.

“To address homelessness, support must extend beyond physical housing. It requires whole-person care for these vulnerable individuals,” said Martha Santana-Chin, Plan Chief Product President at Health Net. “This investment continues to underscore our belief that every person deserves a safety net for their health, regardless of age, income or current state of health. We are excited to partner with L.A. Care Health Plan on another incredible initiative that will serve Angelenos.”

The funding for this program will support additional staffing for the Field Medicine Primary Care teams to be deployed across these regions based on population need. Additionally, members will have access to a medical home for health care and critical social services support in every region across the county that will be available even as individuals transition from unsheltered homelessness to interim housing and even to permanent housing.

In L.A. Care and Health Net’s experience, primary care services are inaccessible to many individuals. One of the other challenges they see is how difficult it can be to schedule an appointment or travel to a doctor’s office, especially if they fear leaving their belongings behind. As a result, unhoused people are more likely to suffer from unmanaged chronic diseases, including behavioral health disorders, than individuals who are housed.



John Baackes CEO of L.A. Care Health Plan.

The L.A. County Department of Public Health recently released a report showing the mortality rate among people experiencing homelessness, which was about four times greater than all other L.A. County residents. The Field Medicine Program is designed specifically to address these high mortality rates among people experiencing homelessness.

The second program, the Skid Row Care Collaborative, is designed to meet the unique needs of the downtown neighborhood with a high concentration of homeless individuals as well as established providers who provide services for them. The Collaborative includes \$30 million of funding for services and additional facilities on Skid Row, including \$10 million in funding to launch the Los Angeles County Department of Health Services Crocker Street Campus.

Additionally, it will include walk-ins, harm reduction services, observation beds, extended hours for urgent care and pharmacy, community ambassadors and onsite specialty medical services. It will also include a free shuttle to connect members to these services within the neighborhood. To receive this funding, providers serving Skid Row will collaborate to ensure a “no wrong door” approach to coordinated access to care for Skid Row residents.

The funding for this investment comes from California’s Housing and Homelessness Incentive Program (HHIP), which the state launched with the help of matching funds from the American Rescue Plan Act. HHIP rewards Medi-Cal managed care plans for making progress in addressing homelessness and housing insecurity as social drivers of health. L.A. Care will commit 70 percent of the total funding for these programs, with Health Net committing 30 percent.

The two new initiatives support the goal of advancing health equity, which means providing a fair and equal opportunity for everyone to be as healthy as possible, regardless of their housing situation or social barriers.



L.A. Care
HEALTH PLAN

LEGAL SERVICES

October 3, 2024 - UPDATE

TO: L.A. Care Board of Governors

FROM: Augustavia Haydel, *General Counsel*
Nadia Grochowski, *Associate Counsel III*

SUBJECT: **DMHC Enforcement Matter Report - UPDATE**

UPDATE:

The Plan accepted both settlement offers. The letters of agreement for both matters have been fully executed, and the administrative penalties have been paid. No further action is needed.

INTRODUCTION:

This report is provided for the Board's information. The Board has delegated authority to the CEO up to \$250,000 under L.A. Care's policy LS-010 to settle threatened litigation matters, including DMHC Enforcement Matters, without Board approval. The policy does require the CEO to report the settlement to the Executive Committee and/or to the Board, but it could be either before or after the settlement. The settlement amounts listed below are within the CEO's delegated authority.

DMHC Enforcement Matter 23-725 (received 5/20/24)

- Allegation: The Plan failed to rectify the member's grievances related to billing for preventive services.
- Violations: A health plan shall maintain a grievance system that provides reasonable procedures in accordance with department regulations that shall ensure adequate consideration of enrollee grievances and rectification when appropriate. (Health & Safety Code, § 1368, subd. (a)(1).)
- Settlement Offer: \$35,000 (no Corrective Action Plan required). The due date to accept the Offer of Compromise is June 4, 2024; no Letter of Agreement has been issued by DMHC at this time.

DMHC Enforcement Matter 21-855 (received 5/21/24)

- Allegation: The Plan failed to implement an IMR decision within five working days following its receipt of the Department's adopted decision.
- Violations: Upon receiving an IMR decision adopted by the Department, a plan shall promptly implement the decision and authorize services not yet rendered within five working days of receipt of the written decision from the director, or sooner if appropriate for the underlying medical condition. (Health & Safety Code, § 1374.34, subd. (a).) Failure to promptly implement the IMR decision is subject to an administrative penalty of not less than \$5,000 for each day the decision is not implemented. (Health & Safety Code, § 1374.34, subd. (b).)
- Settlement Offer: \$60,000 (no Corrective Action Plan required). The due date to accept the Offer of Compromise is June 5, 2024; no Letter of Agreement has been issued by DMHC at this time.

**August 2024
Grants & Sponsorships Report
October 2024 Board of Governors Meeting**

| # | Organization Name | Project Description | Grant/ Sponsorship Approval Date | Grant Category/ Sponsorship | Grant Amount | Sponsorship Amount | FY CHIF & Sponsorships Cummulative Total |
|---|--|--|--|--------------------------------|--------------|-----------------------|---|
| 1 | Eisner Pediatric and Family Medical Center | 2024 Sunset Social: This event serves the community through vaccination clinics and screenings, early childhood education, healthy food demonstrations and security. | 8/28/2024 | Sponsorship | \$ - | \$ 1,500 | \$ 6,500 |
| 2 | Los Angeles Business Journal | Health Care Leadership Forum & Awards: This event is award ceremony and acknowledgement of the healthcare community, for individuals and organizations who excel at delivery of care, innovations, and access to healthcare. | 8/9/2024 | Sponsorship | \$ - | \$ 9,500 | \$ 26,500 |
| Total of grants and sponsorships approved in August 2024 | | | | | \$ - | \$ 11,000 | \$ 33,000 |
| | | | | | | | |



Date: October 3, 2024

To: Board of Governors

From: Wendy Schiffer, *Senior Director, Strategic Planning*
Shavonda Webber-Christmas, *Director, Community Benefits*

Subject: Community Health Investment Fund (CHIF) Summary for Fiscal Year 2022-23

Introduction

Community Benefits provides an annual summary report to the Board of Governors that illustrates the outcomes and impacts of Community Health Investment Fund (CHIF) investments executed and managed in the prior fiscal year. The enclosed documents provide insights on the impact of all active CHIF investments during fiscal year 2022-23. Attachment A presents the portfolios Community Benefits oversees, and the aggregate impact of CHIF grants in each priority area. Attachment B is an inventory of grants that began, or were open during last fiscal year. It highlights the status of each active grant, including progress toward accomplishing the grant’s purpose. Both attachments include grants initiated between 2020 and 2023 to provide a comprehensive overview of outcomes from our multi-year CHIF investments.

CHIF grants continue to evolve and increasingly address healthcare issues from an equity and systemic perspective, with the goal of permanently reducing disparities. CHIF portfolios are developed to address new and enduring barriers to optimal health and wellbeing based on an assessment of health care policy, population statistics, best practice, and related community-defined evidence. Each portfolio includes at least one initiative, which includes multiple projects to meet the priority, and may contain ad hoc grants to individual organizations for projects that uniquely embody the priority.

In November 2022-23, your Board approved four priorities to guide the disbursement of funding and concentration of interventions. Clinical initiatives were poised to improve Medi-Cal provider resources, and rebuild clinics’ reach and effectiveness through increased patient/provider concordance on language, race/ethnicity, sexual orientation/gender identity, and to enhance response to individuals’ social and emotional health following the COVID-19 pandemic. A pilot to advance economic mobility was launched within the Address Social Determinants portfolio to train individuals in high demand, high growth sectors that pay a living wage. The 2022-23 priorities below shaped each of CHIF’s grant portfolios, guided the design of Request for Applications, and influenced the selection of projects for each initiative and ad hoc cycle.

CHIF Priorities

1. Support the health care safety net to improve infrastructure and address racial inequities
2. Address social determinants of health that result in inequities
3. Close Health Disparities Gaps
4. Empower and invest in health and social determinants of health related organizations that address systemic racism

Portfolios

- Healthcare Infrastructure
- Address Social Determinants
- End Disparities
- Address Systemic Racism

CHIF Grant Approval and Administrative Processes

Applications for CHIF grants undergo a rigorous process that includes submission of standardized application forms and internal vetting. Priority-driven initiatives are evaluated by a panel of community and internal subject matter experts, with upwards of 24 evaluators for large initiatives. Ad hoc applications are also vetted and reviewed by an internal committee. Approval of CHIF awards are governed by the Grants and Sponsorships Policy 603, including potential conflicts of interests. During the reported fiscal year, recommendations for all grant awards up to \$500,000 were referred to L.A. Care's CEO for approval under the Board's delegated authority. Award recommendations above \$500,000 were brought to the Board's Executive Committee for initial consideration, and then to the full Board for final approval. Community Benefits staff work with internal teams, including Procurement, Legal, and Finance to ensure awards are executed based on sound contracting standards and terms. The department also follows organizational protocols to ensure award disbursement is timely, accurately issued, and expenses are in compliance with allocations.

In fiscal year 2022-23, Community Benefits managed a cumulative CHIF portfolio of \$26,269,150 and executed 167 grants, including 60 new grants and 107 grants from prior years that were still active during the report period. These grants have helped ensure that the unique needs of marginalized and under-resourced individuals are addressed in a way that maximizes their ability to become and remain healthy in their own community. As a leader in healthcare, L.A. Care proudly partners with community clinics, social service, and policy organizations in solidarity to achieve its vision for a healthy LA.

Board of Governors Meeting
October 3, 2024
Shavonda Webber-Christmas, Director
Community Benefits Department



2022-23

Community Health Investment Fund

CHIF SUMMARY

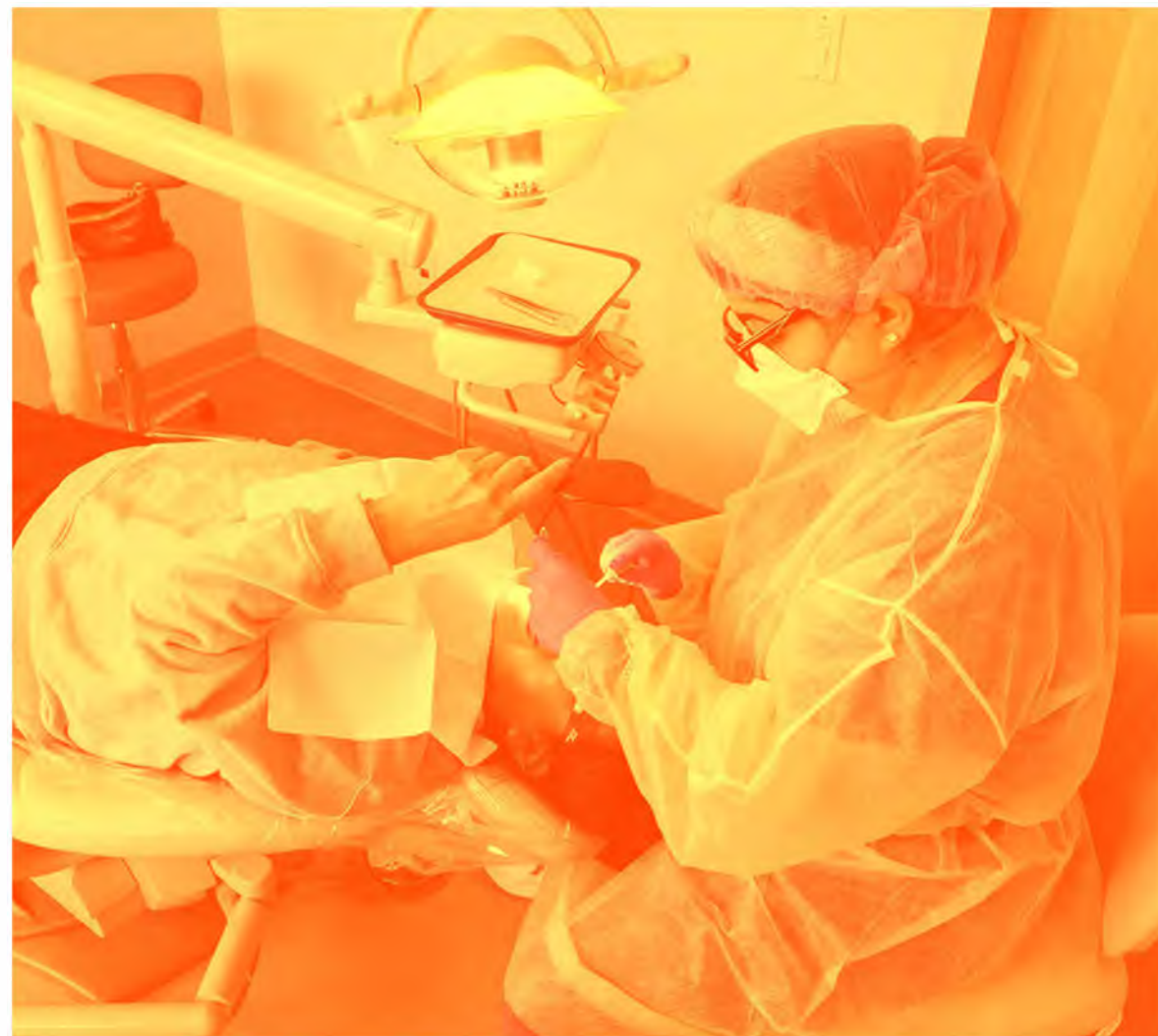


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CHIF SUMMARY REPORT INTRODUCTION

Purpose

This report provides an overview of the **Community Health Investment Fund** (CHIF) activity during fiscal year **(FY) 2022-2023**. The presentation contains a summary of accomplishments for each portfolio, presents the overall impact, and spotlights organizational, staff or client experiences. The CHIF Summary table that follows delineates progress made as of each grant's latest report.

Context

In 2022-2023, the effects of COVID-19 were clear. While many had resumed relatively normal lifestyles, with few public safety restrictions, businesses back open, and children back in school, there was still a threat of disease, escalating new variants, and massive social insecurity, such as food, housing and employment. COVID research continued to validate disparities in its health impacts between racial, ethnic, and geographic populations, as did time on its socio-economic impacts. Still, during quarter three, the Department of Health and Human Services announced the end of the public health emergency.

Community clinics and social service agencies continued to experience staffing shortages from the physical and mental exhaustion, narrow candidate pools to fill vacancies due to complex emergency response roles, as well as inflation-related shortfalls that compromised agencies' ability to assist individuals and families in distress.

In keeping with our grantmaking priorities, many awards aligned with **fortifying the workforce to rectify mounting disparities; assisting under-resourced community members,** like L.A. Care members, to **protect and obtain their rights and services;** and **seeking long-term solutions to structural barriers to health and social care** by reconstructing organizational infrastructure and capacity.

Report Period

The 2022-23 CHIF Summary Report includes active grants awarded in fiscal years **2022-23, 2021-2022,** and **2020-21,** totaling **\$29,619,150**. Due to the urgent nature of 2020-2021 grant awards, including personal protective equipment and vaccine administration, nearly all such grants closed before 2022-23.

CHIF GRANTMAKING

L.A. Care Health Plan is the largest public health plan in the Country and an essential grantmaker across Los Angeles County where its 2.5 million members reside. As a grantmaker, we create grant programs that non-profit agencies, including clinics, can apply for to receive funding that does not require repayment. Grants allow the grant seeker to determine its approach to achieving outcomes consistent with L.A. Care's grantmaking priorities. These priorities are aligned with L.A. Care's strategic vision.

The Community Benefits staff oversee the grantmaking process:

- **Assess** the strategic direction of health care policy, programs, local health and social indicators
- **Get input** directly from those in the field and with lived experience
- Hold membership in local, statewide, and national philanthropic and health care collaboratives,
- **Conduct** literature reviews, interviews, progress report assessments and periodic interviews or feedback sessions with key stakeholders
- **Develop** each initiative's Requests for Applications (RFA).
- **Leverage** internal and external partnerships to address new and enduring barriers to health and healthcare

The award process includes a rigorous vetting process. Staff convene pertinent subject matter experts from L.A. Care and/or external organizations to comprise the Initiative or Ad Hoc Review Committee. Review Committees rate each application based on a core set of scoring criteria. All applications are read by at least five reviewers, and are ranked through discussion during the Review Committee meeting. The committee recommendation is forwarded to the Board of Governors for approval, or its delegate when appropriate. Finally, Procurement, Legal Services, Finance, and other L.A. Care departments validate each grant agreements execution.

Grants are managed by Community Benefits staff. Throughout the grant term, staff provide technical assistance and program support, monitor reporting, and ensure all grant objectives are achieved and the budget is properly expended.



L.A. Care's grantmaking augments traditional health care services and establishes partnerships with awardees to improve the health and wellbeing of our members and other marginalized LA County residents.

Community Health Investment Fund CHIF OVERVIEW

Established in 2000, L.A. Care’s Community Health Investment Fund (CHIF) has awarded more than **\$138 million** via **970 grants** to strengthen the health care safety net, improve community and public health, and support members’ health outcomes.

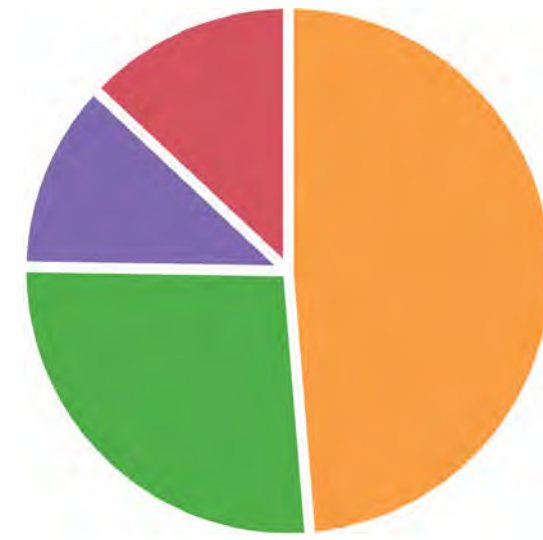
\$138
million invested
since 2000

970
grants

CHIF contributes to L.A. Care’s commitment to reducing disparities and advancing health equity. In fiscal years **2020-23**, CHIF awarded **\$29 million** to community clinics and agencies serving under-resourced and marginalized populations.

Community Benefits executed **sixty (60)** Community Health Investment Fund grant awards for **\$9,600,000** in 2022-23.

🍷 FY 2022-23 | \$9,600,000 | 60 Grants



\$4,675,000

Safety Net Infrastructure | 31 Grants

\$2,550,000

Address Social Determinants | 8 Grants

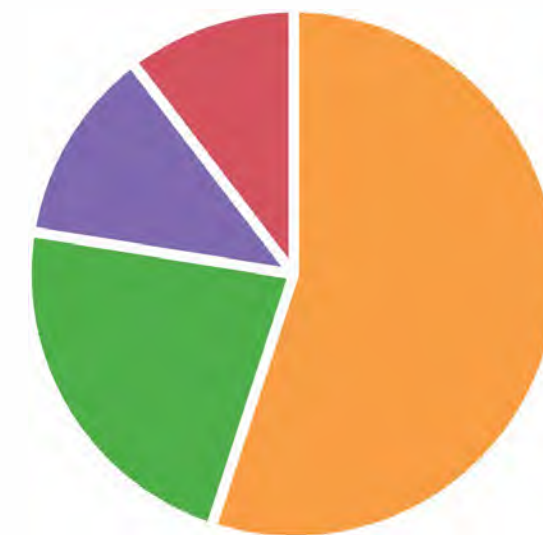
\$1,125,000

End Disparities | 9 Grants

\$1,250,000

Disrupt Racism | 12 Grants

🍷 FY 2021-22 | \$10,375,000 | 61 Grants



\$5,550,000

Safety Net Infrastructure | 36 Grants

\$2,650,000

Address Social Determinants | 9 Grants

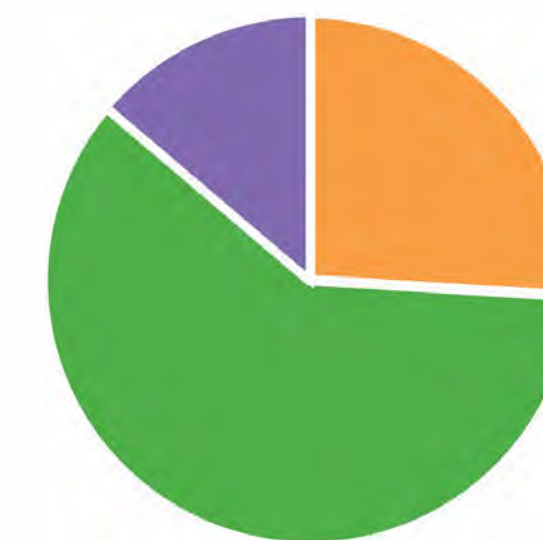
\$1,250,000

End Disparities | 9 Grants

\$925,000

Disrupt Racism | 7 Grants

🍷 FY 2020-21 | \$9,264,150 | 46 Grants



\$2,450,000

Safety Net Infrastructure | 29 Grants

\$5,689,150

Address Social Determinants | 8 Grants

\$1,125,000

Disrupt Racism | 9 Grants

Less than two percent of CHIF was allocated to program and administrative support over the three year period.

COMMUNITY BENEFITS PRIORITIES 2023

1

Safety Net Infrastructure



TRANQUADA XIV
ORAL HEALTH INITIATIVE XIV

2

Address Social Determinants



COMMUNITY WELLNESS
HOUSING STABILITY
ADVANCING ECONOMIC MOBILITY

3

End Disparities



GAAINS II

4

Disrupt Racism



EQUITY & RESILIENCE IV

L.A. CARE'S STRATEGIC VISION 2024

High Quality Network

Invest in providers and practices serving our members and the L.A. County safety net.

Member Centric Care

To provide services and care that meet the broad health and social needs of our members.

Health Leader

Drive change to advance health and social services for our members and the community.

Member Centric Care

Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.



SAFETY NET INFRASTRUCTURE



Support the health care safety net to improve infrastructure and address racial inequities

\$12,675,000

FY 2020-2023

96

Awards

PORTFOLIO IMPACT

just launched

18,937

Diverse, under-resourced and/or unhoused patients have

- Accessed culturally congruent services
- Experienced integrated personalized care
- Improved HbA1c, blood pressure, screening rates
- Heightened dental, mental, and behavioral health

in progress

13,830

Under-resourced, culturally diverse, and multi-lingual health care seekers

- Accessed more efficient medical, dental, and behavioral health care through new, trained, and retained frontline staff
- Engaged in improved care models for chronic condition management and disease screenings
- Improved children and parent's mental health assessment scores
- Increased childhood immunization rates
- Experienced shorter wait times and kept appointments more often

achieved

369,000

vaccine hesitant people, including PEH

- Given COVID-19 vaccine doses
- Accessed pulmonary specialist in South LA with multi-disciplinary team
- Completed health risk assessments to prioritize care



After the recruitment and hiring of a bilingual Family Nurse Practitioner (FNP) and bilingual Registered Nurse (RN), one clinic stated:

One patient, a 42-year-old Hispanic male (L.A. Care Medi-Cal patient) presented with *asthma, chronic kidney disease, diabetes, hypertension and psychotic disorder*. The FNP and RN team began to manage the patient, and called in the MD and behavioral health counselor to have weekly case conferences for this patient until he was stabilized. The patient's HbA1c levels have dropped from 13.3 to 6.3, and the patient is now on psychiatric medications. The patient also has a case manager who helps the RN with follow up on any outside referrals. The FNP and RN team continue to manage and follow up with the patient to ensure medication and appointment adherence."



OI XIII - WRC patient examining her smile

Tranquada XI - The Achievable Foundation physician providing primary care

Children's Dental Health Clinic

Meet A.Z.

He is a four year old with Autism, has difficulties swallowing and chewing, and is non-verbal. A.Z. has been in and out of foster care.



CDHC EIP team:

- Provided him with his very first dental visit
- Discovered extensive tooth decay
- Enrolled him into the new EIP Case Log

With new streamlined procedures, he was:

- Provided with a complete diagnostic exam by a Pediatric Dentist
- Six weeks after his initial visit at the CDHC
- Previous wait times averaged three months
- Azul scheduled to receive restorative treatments under general anesthesia



Our Early Intervention Program continues to impact the community that we serve by providing parents/caregivers with preventative oral health education intended to mitigate poor oral health outcomes and prevent dental emergencies."

Tranquada XIII (2021-22)

To address the **substantial turnover of healthcare staff** during the peak of COVID-19, Tranquada XIII grants helped community clinics to **hire and retain non-licensed frontline staff** who directly interacted with clinic patients on-site and in-person.

Recruitment & Retention

393 frontline staff were supported through 18 awarded clinics → **13,400** patients positively impacted

Notable Achievements*



Patient Cycle Times

195%

improvement from 88 min to 45 min



Retinal Exams

for diabetic patients

27% increase from 20% to 47%



Mental Health Status

improvement reported

85%

for children & adults screened positive for depression and received counseling for at least three months

* Results from individual clinics



Workforce Revitalization

Personally, the retention bonus helped me tremendously because I was off for a while due to personal issues and did not have enough hours to cover so when the bonus came in my pay check, I was extremely grateful. We at JWCH do what we can daily for our patients so thank you for the retention program."

- TXIII, JWCH

Tranquada XIV (2022-23)

Building upon the previous year's workforce revitalization efforts, Tranquada XIV aims to bolster community clinics' **recruitment and retention of certified or licensed non-physician staff**, known as mid-levels, and Community Health Workers (CHWs) who engage directly with patients. The goal of this initiative also included **enhancing patient engagement and health outcomes** by recruiting staff that **share the culture, language, gender or sexual orientation of patients**, which has proven to improve patient compliance with treatment.

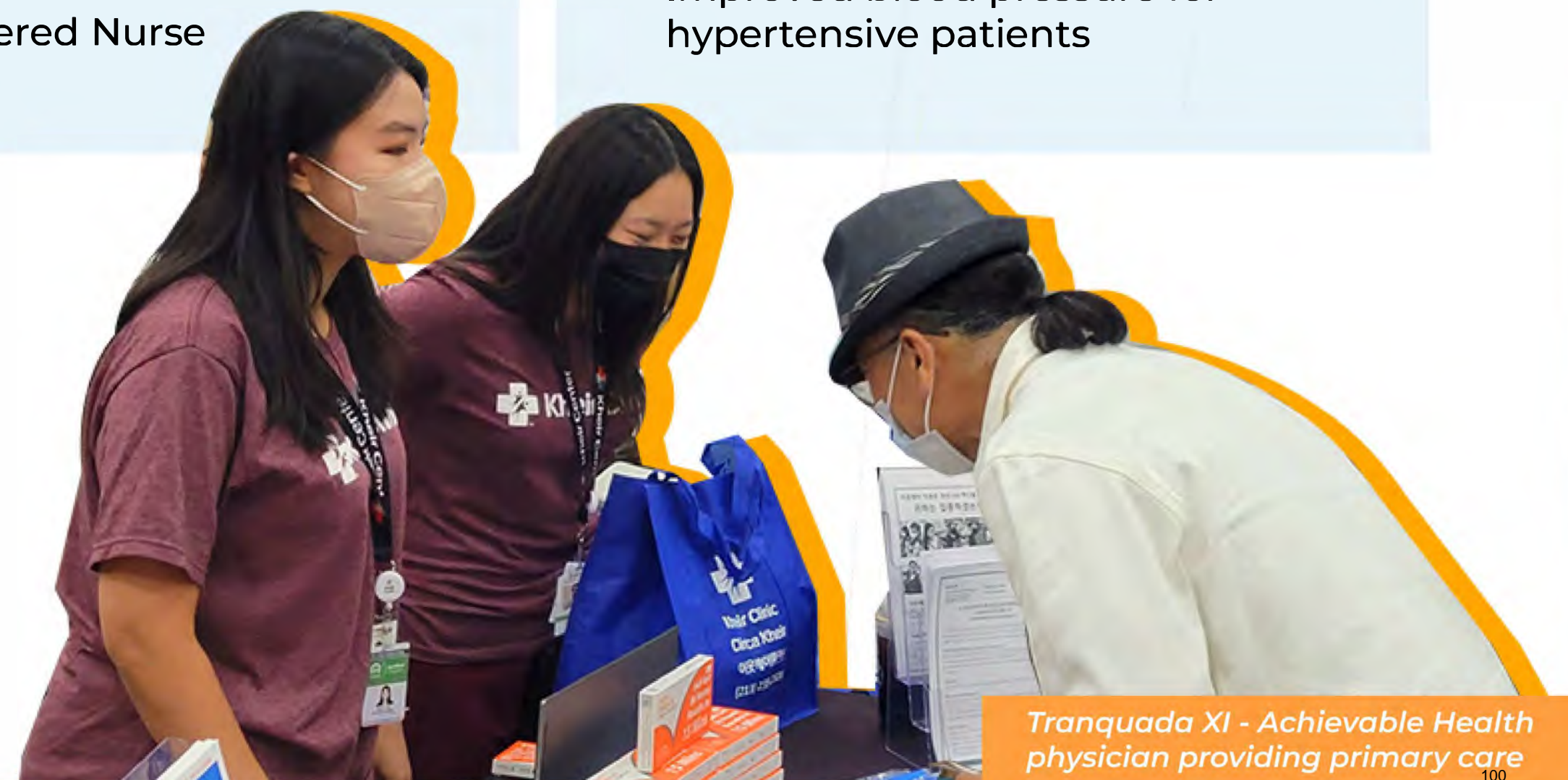
Recruitment & Retention

15 certified or licensed mid-level staff hired

- Licensed Clinical Social Worker
- Nurse Practitioner
- Physician Assistant
- Community Health Worker
- Nutritionist
- Registered Nurse

9,615 patients positively impacted

- through various outcomes such as:
- Reduced HbA1c levels
 - Increased cervical cancer screenings for Hispanic patients
 - Improved blood pressure for hypertensive patients



Tranquada XI - Achievable Health physician providing primary care



IT Career Paths

Typical Career Path



Note: Typically, a B.S. degree is needed to get to this point

1. Working at a service desk or help desk is a popular starting point for IT professionals
2. Following working within at an IT department's service or help desk, it is common for professionals to transition into and
3. Once you have become a subject matter expert (SME) in your domain or multiple, you can then look to move into management or remain technical.
4. After developing an understanding of an organization's technology infrastructure, systems, and operations, in addition to having experience in planning, budgeting, and project oversight then look to be Head of IT.

ADDRESS SOCIAL DETERMINANTS

Address social determinants of health that result in inequities



\$10,889,150

FY 2020-2023

25

Awards

just launched

14,682

- Tenants receiving workshops
- Tenant navigation service & legal references
- **Permanent supportive housing**
- **PSH** Residents & New Staff

in progress

35,450

- Enrolled and Retained **in CalFresh**
- Housing stabilized
- Advanced care planning
- Mental health supported
- Exposed to or trained for health career Pathways with optimized funding to create health equity

achieved

48,566

- Enrolled and retained in CalFresh
- Provided medically tailored meals
- Housing stabilized
- Received economic relief
- Engaged in public budgeting process, with optimized funding to create health equity

Advancing Economic Mobility (AEM)

Helping individuals and families achieve economic security



Students at SoLA Cyber Security Academy study to earn their cyber security network engineering certificates. These students will graduate in just 24 weeks and be eligible for entry level salaries starting at \$75,000.

| | |
|-----------------------------------|-----------------------------------|
| <p>164 Job Seekers</p> | <p>16-30 years old</p> |
|-----------------------------------|-----------------------------------|

Job seekers, including women and youth from 16-30 years old have been trained and placed in **technical and service industry positions** with earnings at or approaching **L.A. County's living wage standard of \$22/hr.**

SoLA has enrolled an additional 60 students who will be trained cyber security or computer engineering. **SoLa graduates will have an opportunity to earn \$25/hour.**

CDU Pipeline Program

428 K-12 grade students

K-12 grade students experienced **medicine-focused STEM concepts** through hands on learning and medical field trips at **Saturday Science Academy.**



CDU's SSA II middle school students learn how to use stethoscopes

"I love learning about the sciences because I will be advanced before taking the class in high school or college."

Food Security

Reducing Poverty & Hunger in L.A.

\$3.8M awarded by L.A. Care since 2020 to support organizations addressing hunger and poverty

Grants awarded to organizations through the California Association of Food Banks ensure **families that likely qualify are assisted to apply for and retain their CalFresh benefits.**

11,196 Low income individuals and families are able to buy food through the CalFresh Program

7+ Grantees partnered with the local food bank to deliver food to community members since the pandemic



1 in 5

One in five, or more than **2 million people** in LA County currently struggle with **food insecurity**

Medically tailored meals combat illness, bring comfort and hope to people affected by life-threatening diseases

170

chronically ill members supported

30K

nutritious meals delivered



by Project Angel Food to help combat illnesses such as HIV/AIDS, kidney disease, uncontrolled diabetes, pulmonary disease and cancer



Providence housing

Housing Stability

Supporting L.A. County residents facing housing security

\$1M

invested over 2 years
2021-22 & 2022-23

*Housing Stability was not offered in 2020-2021

The Liberty Hill Foundation galvanizes the efforts of **13 local advocacy organizations** that provide counsel and advocacy support for **families at risk of eviction**.

300K

LA County Residents

Engaged via virtual and in-person **"Know Your Rights"** workshops, tenant navigation services and limited or full scope legal services.

Notable Achievements

1,000

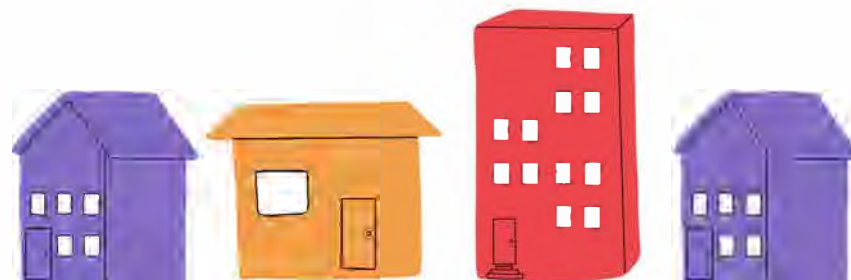
Workshop Participants increased their tenants' rights knowledge

4,500

Tenants received free Legal Representation

2,000

Tenants remained in their homes after settlements



The Stay Housed LA Project is having a systemic effect



Participants learning at Stay Housed LA workshop

Both the County and City of Los Angeles, which supported the project, are in the process of drafting **Right to Counsel ordinances** to secure a codified "right to counsel" for tenants throughout the City of Los Angeles and County unincorporated areas to **avoid future housing displacement**.

Legal representation

Increases a family's chance of avoiding homelessness (due to eviction) by **70%**.



END DISPARITIES

Close health disparities gap



\$2,375,000

FY 2020-2023

18

Awards

**BREASTFEEDING TASK FORCE
OF GREATER LOS ANGELES**

PORTFOLIO IMPACT

just launched

663

Black birthing individuals and extended family assisted through

- Clinical staff and case manager implicit bias & cultural competence training
- Black Doula hotline & client identification
- Perinatal education, baby gear, and family/village life skills & planning
- Financial, career, and mental health counseling
- Holistic & alternative prenatal classes
- Intensive case management and intra-partum education
- Clinical interventions for high risk pregnancies
- Doula, lactation, and birth worker workforce & capacity development

in progress

1,049

Black birthing individuals and extended family assisted through

- In-home postpartum doula services
- Perinatal mood disorder assessment, resource referral & support
- Culturally congruent lactation, nutrition, and perinatal education
- Doula business coaching & client identification
- Medi-Cal Doula preparation & billing support
- Court-ordered systems' navigation classes
- Clinical readiness assessment for birth equity



Breastfeed LA's drop-in infant feeding support group for Black birthing people, Titties n' Tea Babies, hosted a joyful holiday celebration to honor the moms and babies they serve

Culturally congruent strategies reduce the toxic stress of systemic racism

116 out of 116

Live Births to Black Birthing Families

115 out of 116

Birthers Survived Childbirth

In 2021, the maternal mortality rate for Black women in the U.S. was **69.9 deaths per 100,000 live births**, **2.6 times** the 26.6 rate for White women and the 28.0 rate for Latina/Hispanic women.

Specifically, the County's African American infant mortality rate decreased from **9.7 deaths per 1,000 in 2012 to 8.3** in 2021. However, the rate of 8.3 is still **significantly higher** than those for White, Latino, and Asian American infants at **2.7, 4.0 and 2.2** deaths per 1,000, respectively.



INITIATIVE SPOTLIGHT

Generating African-American Infant and Nurterers' Survival Initiative (GAAINS)

The GAAINS Initiative invests in strategies that address the root causes of the health disparity gaps in African American infant and maternal mortality (IMM) rates.



Eisner Health GAAINS II specialist teaching patient about early development

Supporting better birth and postpartum outcomes in the Black community



GAAINS I - Introduction presentation to the African American Maternal and Infant Health Program

“

I'm so very grateful to Frontline Doulas for supporting me from beginning to end of my pregnancy.

To have access to a doula at no charge really helped me to feel supported as I planned for an out of hospital VBAC (vaginal birth after cesarean section). Overall I had a positive experience and would highly recommend Frontline Doulas as a resource to all black mamas!”

Closing the Disparity Gap

\$2.42M invested over two years
2021-22 & 2022-23

*GAAINS was launched in 2021-2022

Notable Efforts



Opening a center that is dedicated to promoting breast feeding and lactation support in the African American community.



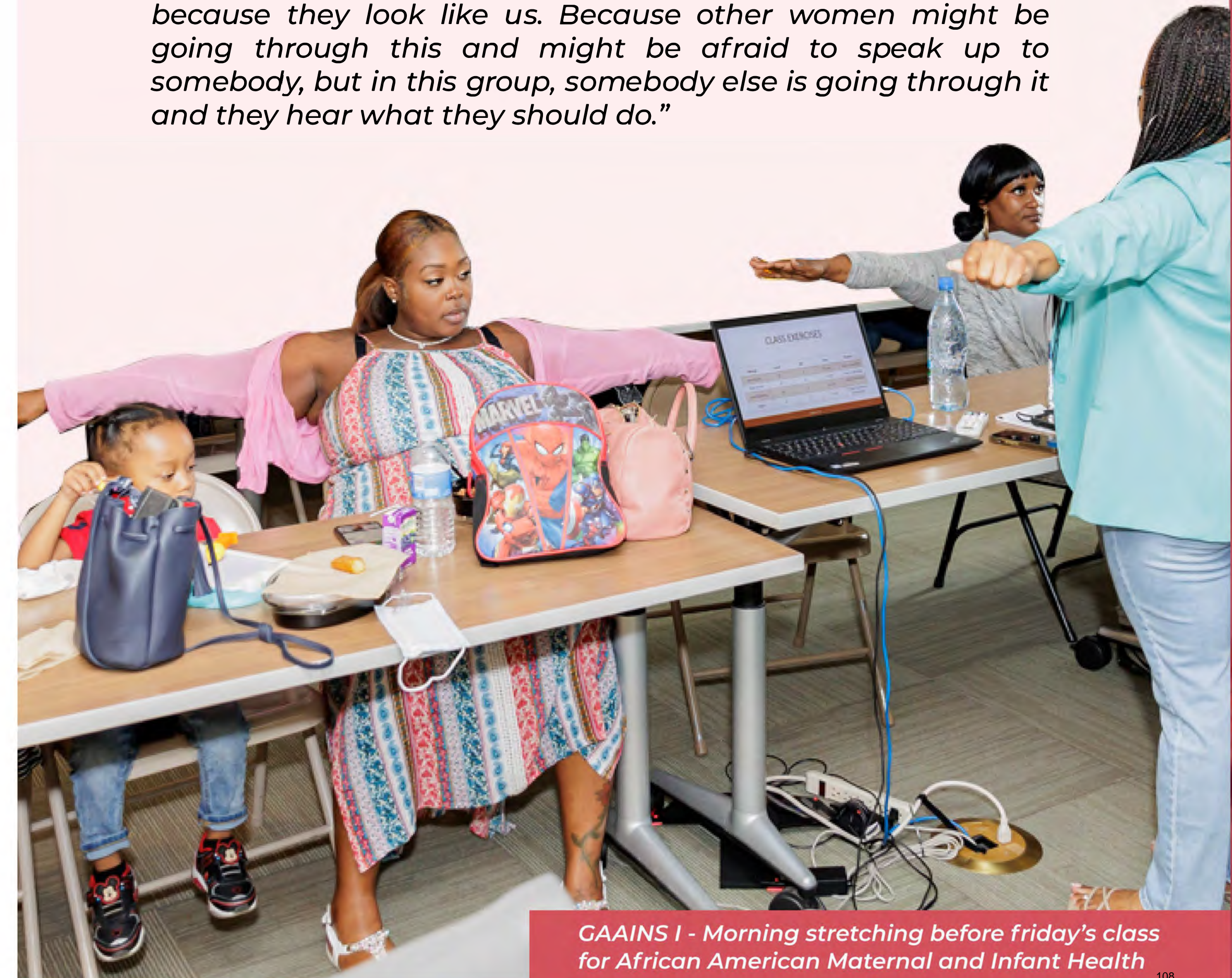
Matching African American mothers with **free-of-charge doulas** that provide culturally centered support through the perinatal journey.



Black women community leaders and hospital executives collaborating to change systems of care and incorporate new practices that meet the unique cultural needs of African American birthers and their families.

“ These (Black birthing) spaces are important because we're already generalized when we go in to have our children, and there's not many people in there that look like us, so the concerns that we have, we don't often voice.

When we have this group, and we have concerns, and we have specialists, and doctors, and people that look like us that we can ask these questions to, it gives us the confidence to ask it because they look like us. Because other women might be going through this and might be afraid to speak up to somebody, but in this group, somebody else is going through it and they hear what they should do.”



GAAINS I - Morning stretching before friday's class for African American Maternal and Infant Health



DISRUPT RACISM

Empower and invest in health/social determinant of health organizations that address systemic racism



\$3,300,000

FY 2020-2023

28

Awards

just launched

7,325 people involved in systems' change

- Coalition building, narrative change, and financial sustainability
- LGBTQ+ counseling and culturally congruent substance use prevention referral
- Environmental justice and land redevelopment for affordable housing
- Youth leadership and returning citizen engagement through arts
- Formerly homeless workforce readiness, life-skills development & mental health and wellness resources

in progress

760 people involved in systems' change

- Parent, youth and community organizing training
- STEM education-based girls' empowerment and development
- Housing barrier reduction and placement
- Local education and policy reform committees
- Career and housing navigation services
- Youth-led psycho-social acculturation & technical skill development for immigrant seniors

achieved

46,186 people involved in systems' change & COVID resource distributions

- Indigenous language translation for COVID and health, legal, social service system navigation
- Supportive transitional housing & permanent housing readiness
- Legislative advocacy and technical assistance for street vendor & small businesses
- Youth leadership development and college readiness
- Court-ordered systems' navigation classes
- Youth systemic justice-based STEAM education to remedy unmet community needs
- Vaccination, food and PPE distribution for immigrants, formerly incarcerated, PEH, non-English speaking, gang-impacted community members

Advocacy for Social & Environmental justice

L.A. Care has developed partnerships with **fourteen trusted community-based organizations** led by and primarily serving people of color, which have historically experienced underinvestment, through its **Equity & Resilience (E&R) Initiative**.

These awards are purposed to enhance their current mission-focused work and strengthen agency infrastructure through providing one-on-one consultant support, technical assistance, an training in key areas.

Engineers from NASA's Jet Propulsion Lab lead a physics activity at 107th Street Elementary



STEM to the Future for EC3 I would have to say is the best one by far.

Students are actively engaged in these lessons. They really enjoyed building their own cars and ramps. We are having much more success this time around. You all are doing a great job bringing us new lessons for these students and it is greatly appreciated!!!



Students at 107th Elementary learn about drag and resistance while designing a prototype

INITIATIVE SPOTLIGHT

Equity & Resilience Initiative IV

In **2022-23**, the fourth cohort of Equity and Resilience Initiative, grantee partners from cohort 1 and 2, are now focused on securing sustainable funding opportunities as they continue to pursue their mission.



Fremont neighbors visit the Fremont Wellness center and community garden

Notable Achievements

7,310



community members engaged by partner organizations

\$2.6M

raised in the first 6 months

5 of 12

grant partners

have begun business planning, including land development ventures and social enterprise, to generate long-term sustainable revenue



The **Creative Acts program** brings incarcerated youth and teaching artists with lived experience of incarceration together with prominent artists and leaders, empowering them to use their voices and their votes to be agents of civic change. Exercises of Theater, poetry, visual arts and music teach youth methods of self exploration, emotional capacity and social engagement.



A participant in the VR Reentry program in Solitary Confinement uses a VR headset

We created a curriculum to address these issues which combined a strong and validated arts-based program with virtual reality, a technology that has been used already to create breakthrough treatments for Post-Traumatic Stress Disorder and is showing promise in the treatment of many other mental health conditions.

The VR scenarios are designed to expose participants to experiences which have been shown to cause anxiety in individuals reentering society after long term incarceration.”

“Because of the support I received and the skills I learned, I am now working in security.

A Step to Freedom even provided me with clothes for my interview! Their Family Reunification Program is helping heal my relationships with my family. I cannot thank them enough.”

-Mr. A, who joined the program in 10/23



Acknowledgements

Review Committee Panelists and Consultants

| | |
|--------------------------------|-----------------------------|
| Alexa Eggleston | Lupe Solorio |
| Amanda Wolarik | Mariah Walton |
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| Lavonna Lewis, Ph.D., MPH | Crenshaw Chick, LLC |
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| Linna Hansen | Jemmott Rollins Group |
| Lori Nascimento | RDP Consulting |

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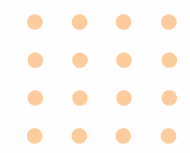
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 Tony Casillas



L.A. Care
HEALTH PLAN®

For All of L.A.



CLOSING

Community Benefits executed sixty (60) Community Health Investment Fund grant awards for \$9,600,000 in 2022-23. Grants were made to health clinics, social service, mental health, homeless service, and community organizing agencies, to erect and sustain programs ending disparities and building equity across Los Angeles County communities.

These community investments create solutions for some of today's and tomorrow's most complicated issues by effectively engaging and nurturing community members to own their health, identify pathways for whole and healthy living, and ascend from generational poverty and hopelessness with the help of trusted partners.



It is a privilege to support the evolution of refined systems as we transition through a one of a kind pandemic in the midst of a person-centered cultural awakening to ensure everyone has opportunities and resources to achieve wellbeing.



L.A. Care
HEALTH PLAN®

For All of L.A.

**Attachment B - Annual Community Health Investment Fund (CHIF) Summary Report
2022-2023**

Active Grants from FY 2020 - FY 2023
Total 167 Grants for \$29,269,150

Fiscal Year 2022-23 - Total of Sixty Awards - \$9,600,000

AD HOC 2022-23 - EIGHT AWARDS - Only Active Grants Are Included in the List

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|---|--------------------------------------|-------------|------------------|------------|--|--|
| 1 | California Association of Food Banks | \$1,300,000 | Ad Hoc 2022-2023 | 2/1/2025 | To identify, support, and train ten nonprofit organizations in L.A. County to provide CalFresh outreach and technical assistance with applications for potentially eligible community members. CAFB will award subgrants to nonprofit organizations ranging from \$100K - \$150K to collectively assist at least 7,500 L.A. County households. | Through a Request For Applications (RFA) process, selected 10 L.A. County nonprofits (sub-grantees) to receive CalFresh outreach & application assistance funding. The selected organizations are: Chinatown Service Center, Help Me Help You, Maternal and Child Health Access, National Health Foundation, Providence Little Company of Mary Foundation, San Antonio College Foundation, Community Services Unlimited, LA Regional Food Bank, Rio Hondo College Foundation and St. Margaret's Center. Their awards range from \$100k to \$150k. The grant period for partners started on January 1, 2023 and ends on December 31, 2024. Collectively, subgrantee partners have submitted 2,697 CalFresh applications to date and assisted 5,065 households receive and retain benefits through post-application assistance including SAR7s, recertifications, and other troubleshooting. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |
| 2 | California Safety Net Coalition | \$300,000 | Ad Hoc 2022-2023 | 12/31/2024 | To assess need and feasibility for legislative proposals to enhance safety net funding through: 1) polling and focus groups; 2) formulating, drafting, and considering proposals to support the healthcare safety net; 3) investigating potential issues associated with the proposals; and 4) investigating alternative proposals. The grant does not support any ballot measure campaign activities; nor any ballot measure campaign activities. | Polled and conducted focus groups and determined that resurrecting the Managed Care Organization (MCO) tax. Proposed legislation that would apply the federal match to Medi-Cal reimbursement for providers, which was a viable path toward securing the health care safety net. Presented the legislation and the California Governor approved the MCO tax in June 2023. |
| 3 | Chinatown Service Center | \$175,000 | Ad Hoc 2022-2023 | 9/15/2025 | To develop and implement a simulation center utilizing virtual reality technology to provide staff training to develop proficient cultural competency skills, improve clinical skill competency and confidence, and outreach to external partners to utilize the simulation center for training. Will increase cervical cancer screening rates for Asian Pacific Islander/Native Hawaiian patients. | Opened Simulation Center in April 2024 and purchased equipment necessary for simulation medical services such as phlebotomy, clinical manikins, and dental equipment. Installed video and audio equipment for staff assessment and evaluations, and have begun clinical simulation trainings. Starting to build external partners including fellow CCALAC FQHC centers to conduct training at the Simulation Center; Buddhist Tzu Chi and Herald Christian Health Center have signed a memorandum of understandings to move forward with these partnerships. <i>Plans to acknowledge L.A. Care in the future on social media . In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|---|-------------------------|-----------|------------------|-----------|--|--|
| 4 | Housing Works | \$150,000 | Ad Hoc 2022-2023 | 3/27/2025 | To recruit and support a contractor and contextual training coach to improve workforce development opportunities. Activities will include updating training curriculum and materials, training at least 70 staff members on best practices whom will demonstrate at least a 40% increase in their knowledge of core competencies. All trainees will pass the field-based training exam. | Has nearly completed updating and finalizing training curriculum, materials and protocols to prepare frontline staff for case management duties with unhoused clients. Has delivered slightly more than one-third of the training sessions to 18 existing and new frontline staff. Administered pre and post-training test instrument with two of the three training cohorts, with an average increase in knowledge of core competencies measuring at 39% to date based on an agency-constructed survey (target is 40% improvement). <i>Acknowledged L.A. Care as a sponsor during its Annual Fundraiser event . In progress</i> |
| 5 | JWCH Institute, Inc. | \$500,000 | Ad Hoc 2022-2023 | 2/15/2025 | To hire a Physician, Medical Assistant, and Behavioral Health Aide to reduce the average wait time of routine medical appointments by 15 days, reduce percentage of patients age 18-74 with an A1c above 9, increase the percentage of patients age 18-84 with blood pressure below 140/90, and increase the percentage of patients 12 and older with appropriate follow up care after a positive depression screening. | Hired staff and reduced average wait time to schedule routine medical appointments at the Lancaster clinics from 46 days to 30 days. Reduced percentage of patients ages 18-74 diagnosed with unctonrolled diabetes from 23.2% to 22.2%. Percentage of adults whose blood pressure is below 140/90 stands at 55%, and 71.3% of patients aged 12 and older receive follow up after a positive depression screening; efforts are underway to increase both percentages, particularly for individuals who were not consistently seeking primary care before the clinic's opening. <i>Acknowledged L.A. Care on social media, website, and at clinic grand opening . In Progress</i> |
| 6 | LA Family Housing | \$100,000 | Ad Hoc 2022-2023 | 9/15/2025 | To recruit a Mental Health Specialist who will rotate between Permanent Supportive Housing (PSH) sites to increase the number of PSH residents engaged in mental health services, increase housing retention rates, increase the number of successful external referrals when a higher level of care is needed, and decrease the overall number of incident reports/crises per year. | Hired an on-site LAFH Mental Health Specialist (MSH) who started employment 1/31/24, and rotates time across PSH sites. Engaged 50 unduplicated PSH residents in Mental Health services, processed 26 external referrals for clients needing higher level of care and has achieved a housing retention rate of PSH residents at 99%. <i>Acknowledged L.A. Care as an Action Sponsor of its Annual Awards Gala in April 2024. In progress</i> |
| 7 | Liberty Hill Foundation | \$500,000 | Ad Hoc 2022-2023 | 2/1/2025 | To support the Stay Housed LA Project, an eviction prevention and defense program that includes a coalition of 12 community-based organizations and 10 legal service providers. Activities include delivery of "Know Your Rights" workshops, tenant navigation services, and legal service referrals to 1,200 L.A. County (non-L.A. City) residents, help at least 18,400 of 23,000 engaged individuals overall remain in their homes, and conduct 25 long form interviews with L.A. Countywide tenants and complete summary report that outlines the impact of the program and recommendations for improvement. | Provided "Know Your Rights" workshops to 813 unique individuals (non-L.A. City residents) in L.A. County who attended 107 workshops to date. Provided tenant navigation services to 405 unique individuals (non-L.A. City residents) in L.A. County. Provided referrals to legal services for a total of 1,649 cases for LA County (non-LA City) tenants (481 full-scope cases and 1,168 limited-scope cases). Helped 293 tenant who received full-scope legal services to remain in their homes as documented by legal settlements. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|--|------------------------------------|-------------|-------------------------------|-----------|--|---|
| 8 | National Medical Fellowships, Inc. | \$150,000 | Ad Hoc 2022-2023 | 5/15/2025 | To support a 200-hour safety net clinic immersion program for underrepresented health professionals that will place ten students targeting 7 medical, 2 osteopathic medical, and 1 physician assistant at three L.A. County based Community Health Centers/Federally Qualified Health Centers during the summer of 2023. Students will actively engage in leadership training, clinical rotations, and service-learning projects designed to enhance care delivery. | Selected 7 MD students, 2 Physician Assistant students, and 1 DO student to participate in a six-week summer immersion experience across five Los Angeles County sites. Scholars actively engaged in leadership training, service learning projects, and healthcare delivery, and received mentorship and access to webinars and other materials to support their practice and leadership development. Results showed that 60% of participants now have interest in working in primary care, 50% have an interest in working in a community health clinic, and 90% reported their experiences with leadership training increased their knowledge in this area. <i>Acknowledged L.A. Care on website and plaque. Closed</i> |
| 9 | Southern California Grantmakers | \$50,000 | Ad Hoc 2022-2023 | 7/1/2024 | To increase the organization's operational capacity, hire Public Policy staff, and facilitate at least five in-person/virtual convenings with at least 100 participants for its Health Funders Group and at least five in-person/virtual convenings with at least 75 participants for its new Workforce Development Funders Collaborative. The organization will also complete a digital survey administered to at least 100 SCG member organizations to get a full scan of funding awarded to BIPOC led nonprofits among its membership. | Hired and onboarded a Public Policy and Government Relations Coordinator who started on 10/16/23. Established the Workforce Development Funders Collaborative in October 2023 and hosted six sessions (three in-person, three virtual) with 95 unduplicated individuals attending these sessions. Hosted six virtual convenings for the Health Funders Group, with 195 unduplicated individuals attending these sessions. In partnership with Candid, collected and analyzed data that summarizes funding directed toward BIPOC-led nonprofits from 62 SCG member organizations. <i>Acknowledged as a sponsor at its Public Policy Conference. Closed</i> |
| Ad Hoc 2022-23 | | \$3,225,000 | | | | |
| ADVANCING ECONOMIC MOBILITY I - THREE AWARDS | | | | | | |
| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
| 10 | New Economics for Women | \$150,000 | Advancing Economic Mobility I | 9/27/2025 | To provide culturally competent, technology-based skills training, and placement in high-demand jobs in the technology and service sectors for, 270 low-to-moderate income women who reside in the San Fernando Valley and greater Los Angeles County through the agency's Workforce Accelerator Program. Fifty percent (50%) of clients placed will retain jobs for a minimum of one year earning a minimum salary of at least \$22.00 per hour. The agency will deliver 500+ job training workshops to 24 cohorts of clients. The agency will also expand the hours of the Prosperity Coach/Case Manager from part-time to full-time and create a Resource Coordinator position. | Provided culturally competent workshops focused on technology and service based job skills training to 176 clients via six cohorts. Sixty-seven low-to-moderate income women (mostly residents of the San Fernando Valley) were placed in high growth technology and/or service based jobs. Through partnership with more than 30 employment partners throughout the San Fernando Valley and greater Los Angeles County, women were placed in jobs that paid at or greater than \$22 per hour. These jobs include fulfillment, hospitality, food services, and tech-related automation. Twenty-nine clients placed in technology and/or service based jobs have maintained employment are on track to maintain employment for at least one year at or above \$22 per hour and with benefits. <i>Acknowledged L.A. Care in various social media posts (LinkedIn and Instagram). In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|---|---------------------|-----------|-------------------------------|-----------|--|---|
| 11 | The SoLa Foundation | \$150,000 | Advancing Economic Mobility I | 9/27/2025 | To train and place 100 clients aged 16 - 30 years old in high demand, tech career fields through its two 18-week workforce development and certification programs: the SoLa Cyber Security Academy and the SoLa Computer Engineering Certificate Program. At least 70 percent of clients completing either program will earn at least \$25 per hour within three months of graduating from the program and at least 80 percent of clients completing either program will earn at least \$25 per hour within six months of graduating from the program. | Enrolled 60 clients aged 16 - 30 years old in the SoLa Cyber Security and Computer Engineering Academy. The program launched March 9, 2024 with 40 clients in Cyber security and 20 clients in the networking track. Job/wage outcomes will be determined once graduates complete the program. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |
| 12 | UNITE-LA, Inc. | \$150,000 | Advancing Economic Mobility I | 9/27/2025 | To train and place 175 clients aged 18 - 25 years old in clean technology jobs through the agency's Cleantech Career Academy. The agency will provide eight-week internships to 175 clients throughout the two-year grant term, with at least 30 percent of clients (52 of 175) completing the internship being placed on a clean tech-based job that will earn at least \$22 per hour and retaining employment for at least six months. The agency will expand hours for two staff positions: Senior Program Coordinator and Research & Evaluation Manager. | Trained and placed 88 clients aged 18 - 25 years old in 8-week, clean technology work-based learning opportunities/internships through the agency's Cleantech Career Academy (Fall 2023 cohort - 41 youth; Spring 2024 cohort - 47 youth). Two students who received an internship in summer 2023 received offers for part-time employment and remain employed, earning \$18-\$21.50/hour at Veolia. Positions include P/T Engineering Tech and Lab Tech. Thirty-five industry professional have been engaged in work/project-based learning opportunities to provide career coaching, mentoring and professional networking in support of Academy students. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |
| Advancing Economic Mobility I | | \$450,000 | | | | |
| EQUITY AND RESILIENCE (E & R) IV - TWELVE AWARDS | | | | | | |
| 13 | A Step to Freedom | \$125,000 | E & R IV | 3/27/2025 | To strengthen organizational capacity to collect, track and manage data in effort to apply for long-term sustainable funding from State and Federal sources. Identify and apply for multi-year private funding sources. Increase ability and tools to improve data to track outcomes and meeting reporting requirements for funders while engaging with advisors to identify at least three long-term funding opportunities and submit an application for at least one of these opportunities; support a Fund Development Coordinators. | Hired two staff to expand its Fund Development Team, identified three long-term funding opportunities, and selected a contractor to upgrade its technology for improved client data tracking. Helped formerly homeless men in interim housing become workforce ready and improve life skills, well-being and mental health through its Workforce Development Program (WDP). Thirty-five clients completed the WDP, and thirteen are either employed or have advanced to higher level job training. <i>Acknowledged L.A. Care at the Workforce Development Program Graduation in May 2024. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|--|-----------|------------|-----------|---|--|
| 14 | California Black Women's Health Project (CABWHP) | \$125,000 | E & R IV | 3/27/2025 | To develop financing expertise and increased capacity through new and current government contracts, consider public sector entities when planning and applying for at least three sustainable funding sources; expand staff capacity to leverage outreach and engagement and training; utilize resources to intentionally explore new funding to ensure that the CA Black Women's Health Project continues their important work, and explore ways to generate funds through the sales of their Black-woman-centered artistry. | Engaged consultant resources to improve business savvy and financial expertise to build its fiscal status and resilience, applied for government contracts and CalAIM Community Supports provider status, and is working to secure intellectual and digital property to launch its expanded training and social enterprise efforts. <i>Plans to acknowledge L.A. Care in the future on social media. In Progress</i> |
| 15 | Creative Acts | \$125,000 | E & R IV | 3/27/2025 | To identify five long-term mission-aligned funding opportunities, prepare three applications and submit at least one to result in long-term sustainable and/or billable funding; expand on current programs to integrate virtual reality to train and prepare young people who will exit the justice system to support more successful integration into society; engage with consultants to strategize and plan out long-term organizational funding goals. | Identified and applied to more than eight mission-aligned funding opportunities and successfully garnered nearly \$950,000. Increased development staffs' hours, hired manager for new program at the D.O.O.R.S., and completed a new virtual reality experience for released participants to improve coping with holiday stressors. <i>Acknowledged L.A. Care on publicly distributed materials, on social media and website, posted signage in the office, and provided L.A. Care information to clients. In Progress</i> |
| 16 | Homies Unidos, Inc. | \$75,000 | E & R IV | 3/27/2025 | To build organizational capacity to identify, apply for and improve their efforts to obtain long-term sustainable funding; with consulting assistance, plan to strengthen organizational infrastructure and abilities so they can continue to provide mission-aligned services including youth leadership and violence prevention programs. | Submitted two proposals and received a multi-year capacity building grant from the Amity Foundation to develop a job readiness program and a social enterprise business for reentry and system impacted citizens. Secured two UCLA MSW interns to help identify requirements and further assess agency's ability to deliver mental health services. Provided more than 6,200 services to youth, families, and community including food distribution, safety assessments and service referrals for PEH, prison outreach, parole preparation, and family support for justice involved youth, and youth leadership/prevention services. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 17 | Inclusive Action for the City | \$125,000 | E & R IV | 3/27/2025 | To identify 4-5 long-term sustainable funding opportunities to maintain operations, programming and expand services through their Access to Capital program while also investing in the creation of innovative programs designed to build wealth through micro-loans with low-income community members and entrepreneurs; prepare and submit 2-3 applications that if approved, would result in long-term organizational funding. | Held event to re-engage institutional and individual supporters and was invited to submit three funding applications. Preparing to recruit a second full time development staff to improve fundraising prospects, and working with the fundraising consultant to identify long-term funding opportunities. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|------------------------------------|-----------|------------|-----------|--|---|
| 18 | Khmer Girls in Action | \$75,000 | E & R IV | 3/27/2025 | To hire a development staff person to support their long-term sustainable funding efforts and implement a government contract to work with youth on the Youth Strategic Plan. To build youth advocacy and Invest in Youth Campaign; Build capacity and work with consultants to expand funding awareness and follow up with mission-aligned opportunities. | Identified three potential funding opportunities for long-term sustainable funding and a revenue generating opportunity through meeting room rentals and parking fees. Convened 12 volunteers to serve as Capital Campaign Champions to generate \$2.5M annually for three years toward the campaign. Working with consultant to identify development and fundraising training and to submit upcoming applications. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 19 | Kutturan Chamoru Foundation | \$75,000 | E & R IV | 3/27/2025 | To identify three long-term mission-aligned funding opportunities, prepare three applications and submit at least one that if awarded, will result in billable, long-term organizational funding; strengthen organizational capacity through staff engagement with consultants. | Hired a Project Manager and formed a grant writing team with existing staff to create funder fact sheets. Working to build funder relationships with the guidance of consultants and local political leaders. Attended two trainings through LA County and expect to submit one application during the next reporting period with the potential of providing stable revenue for the organization. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 20 | LA Commons | \$125,000 | E & R IV | 3/27/2025 | To diversify and establish more long-term sustainable funding; build and deepen cross-sector relationships; research at least three city and county funding opportunities and expand mission-aligned contracts with arts-focused entities; establish own 501c3 status. | Enlisted Communications consultant and funding coach to develop fundraising campaigns with development staff, leveraging 25th anniversary, and identified more than six long-term funding opportunities. Secured two LA County multi-year funding opportunities over \$1.2M and engaged attorneys to file for 501c3 aligned with separation plan. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 21 | Latino Equality Alliance | \$125,000 | E & R IV | 3/27/2025 | To enhance client outreach and services, particularly in their new location of Bell, to support low-income LGBTQ youth and grow their services through identifying, applying for and securing additional long-term funding streams; develop a data system to track funding opportunities and application processes and progress with the aim to identify 14 potential funding opportunities, prepare 7 applications and submit at least one. | Educated 50 youth and families about healthy communication, and affirmed Latinx LGBTQ identity with local government and agency leadership. Joined two partnerships to build organizational capacity and eligibility for federal funding. Identified 22 grant opportunities and applied for 13, three were awarded and seven are pending decisions. Transitioning to iZone CRM to better track and engage donors. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 22 | Southeast Asian Community Alliance | \$75,000 | E & R IV | 3/27/2025 | To explore long-term funding to support services with affordable housing developers on various initiatives; and strategically move towards becoming a community development corporation to provide affordable housing with a focus on the Chinatown community; Identify at least three long-term funding opportunities with a project timeline in effort to achieve long-term mission-aligned funding; engage with consultants and advisors to prepare three funding applications and submit at least one. | Entered into a joint venture agreement with a Santa Monica developer to redevelop land in Chinatown into at least 300 units of affordable housing and secure an ongoing source of funding for SEACA through community engagement and residential services; provided rental assistance to low-income seniors, disabled tenants, and families; provided healthy food and public health information to local residents, and submitted three funding proposals for long-term sustainable revenue. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|--|--|-------------|------------|------------|---|--|
| 23 | Southern California Pacific Islander Community Response Team | \$75,000 | E & R IV | 3/27/2025 | To maintain and grow organizational sustainability plan, which has been successful since their 2020 inception as they brought on staff and coordinated fundraising to support their clients; build capacity of staff through professional development and training; support development of various new partnerships and funding streams including corporate/academic partnerships, donor plans, selling merchandise and fee-for-service trainings; with financial and directed consultation support, build a longer-term sustainability plan. | Executive Director, submitted five grant applications and were successfully awarded two grants from The California Endowment (\$200,000) and the Center for Nonprofit Management (\$268,000), focused on narrative change, strengthening coalition network/partnerships, expansion of our client navigation, resource referrals, and outreach. Engaged 60 individuals through its Pacific Pathways (Substance Abuse Prevention and Referrals) and Pacific Power (Environmental Justice) programs. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 24 | STEM to the Future | \$125,000 | E & R IV | 3/27/2025 | To build on previous success to extend their STEAM programming to youth in BIPOC communities; continue to branch out programming to new schools using their effective pedagogy; Identify at least 3 long-term funding opportunities and organizational leadership will engage with advisors to explore 5 funding opportunities and apply for at least one; also, leadership will focus on relationship building, ambitious to cover more fee-for-services, and attend at least 3 conference to meet and follow up with potential partners. | Presented at two of three education sector conferences attended, and provided 8-weeks of its social-justice and STEAM programming for 1,000 youth at four charter school partners' sites. Identified two mission-aligned agencies to establish long-term funding partnerships, expanded existing earned revenue partnerships with Partnership for LA Schools, engaged with consultant to identify additional sustainable funding and revenue. Attended three and presented at two education sector conferences, and provided 8-weeks of its social-justice and STEAM programming for 1,000 youth at four charter school partners' sites. <i>Acknowledged L.A. Care on social media and website. In Progress</i> |
| total ER IV | | \$1,250,000 | | | | |
| GENERATING AFRICAN AMERICAN INFANT AND NURTURERS SURVIVAL (GAAINS) II | | | | | | |
| 25 | Antelope Valley Partners for Health | \$100,000 | GAAINS II | 11/15/2024 | To provide intensive education and supportive services to 25 African American birthers/nurturers through a customized, African-American focused peer health worker program, and provide resource referrals/linkages to 75 African American birthers/nurturers. Additionally, AVPH will conduct twelve network collaborative meetings with at least 20 organizations focused on the Antelope Valley region, policy and system change, and advocacy work related to African American infant and maternal health and decreasing mortality rates. | Hired and trained an African-American Project Coordinator who started in October 2023. Enrolled and provided weekly intensive education and supportive services to 25 African American birthers/nurturers. Provided resource referrals/linkages to 75 African-American birthers/nurturers. Conducted three monthly network collaborative meetings, consisting of 21 faith-based organizations to date. Twenty-two (22) clients that have experienced birth to date, with three currently pregnant, and 100% survival rate for all mothers and babies. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 26 | Beauty for Ashes Maternal Wellness Inc. | \$75,000 | GAAINS II | 11/15/2024 | To expand a pilot program called the Community Doula Hub and leverage funding from the Black Maternal Health Center of Excellence (BMHCE) at Charles Drew University to provide technical assistance and capacity building training for 25 doulas working in SPAs 6, 8, and to help them connect clients with culturally congruent support, and navigate and establish timely Medi-Cal billing/compensation practices through insurance, including the new Medi-Cal Doula Benefit. The project will ensure that at least 20 of 25 doulas (80%) earn wages that exceed the L.A. County Living Wage Standard, and provide doula services for 200 perinatal African American birthers/nurturers and their babies, with 95% of them experiencing a successful live birth and postpartum survival for up to one year. | Secured 12 Black doulas, three of which are Medi-Cal/ PAVE approved. Secured a physical space in SPA and in discussions with a CBO in SPA 1 to establish the satellite hub. Contracted with Charles Drew University to serve as fiscal intermediary and provide a cost effective option to support the expansion of its perinatal support offerings to clients, while contracts with Blue Cross/Blue Shield and Rich with Attitude (CBO) are pending. All 12 doulas are earning wages that exceed the L.A. County Living Wage Standard. The doulas have supported 28 pregnancies, all of which have resulted in live births and survival for mothers and babies to date. <i>Acknowledged L.A. Care in various social media posts (Instagram) and a Doula Speed Date event. In progress</i> |
| 27 | Breastfeeding Task Force of Greater Los Angeles | \$125,000 | GAAINS II | 2/15/2025 | To increase access to culturally congruent lactation support with a Black/African American lactation professional for at least 50 additional Black/African American clients and community members living in the South Bay communities of L.A. County. Additionally, the project aims to ensure at least 350 unique lactation consultation/and or prenatal lactation service encounters with Black/African American families and increase knowledge and implementation of breastfeeding among at least 90% (45 out of 50) Black/African American mothers/birthers participating in the program. | Provided lactation consultation/and or prenatal lactation education and services to 58 Black parents (60 Black infants). Of these families, there have been 403 unique lactation consultation/and or prenatal lactation service encounters. All 58 Black mothers have expressed their intention to breastfeed as documented in EMR. Of all 58 Black families served to date, 100% have experienced live birth and survival. <i>Acknowledged L.A. Care in various social media posts (Instagram). In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 28 | California Coalition for Black Birth Justice | \$150,000 | GAAINS II | 11/15/2024 | To prepare a full L.A. County landscape analysis that includes findings from conducting at least one roundtable convening with at least 15 clinics, at least two clinic site visits, and at least one focus group with 15 clinical staff to solicit input and assess the needs and readiness of hospitals and clinicians to engage in micro and macro level efforts to sustain and advance existing birth equity efforts for Black mothers and families targeting South L.A., the South Bay, and the Antelope Valley. | <p>Grantee hosted the clinic roundtable discussion on April 30, 2024 that included nine represented organizations (19 individual attendees).The roundtable convening was done in partnership with AAIMM leadership to identify needs and areas of opportunity for outpatient clinics to improve quality of perinatal care for Black mothers and families in L.A. County. Grantee completed two clinic site visits using previously developed observational protocol and engaged in exploratory discussions of approaches that can increase the readiness of outpatient clinics to engage in systems-level quality improvement efforts for Black mothers and families. Grantee has conducted one focus group with 15 interdisciplinary clinical staff from across California to solicit input, assess the readiness of health systems, hospitals, and clinicians to engage in Black birth equity promoting work. With the completion of the site visits, focus groups, and roundtable, grantee has completed approximately 75% of the landscape analysis, specifically with literature reviews being structured and developed. Both the landscape and literature reviews are in stages of being edited by grantee’s strategic advisors and web-developers are currently being considered for the planned mapping platform.</p> <p><i>Acknowledged L.A. Care in a social media post (Facebook) and various printed marketing materials. In progress</i></p> |
| 29 | CinnaMoms - Heluna Health | \$100,000 | GAAINS II | 11/15/2024 | To provide direct breastfeeding and nutrition education services to 130 African American/Black prenatal to postpartum nurturers. Additionally, a dedicated space in the Crenshaw District within a nontraditional WIC center will be opened that specifically caters to African American/Black families and nurturers. Liaison support will improve breastfeeding rates for 80% of participants and improve infant survival and health outcomes. | <p>Opened a dedicated space in the Crenshaw District within a nontraditional WIC center that specifically caters to African American/Black nurturers in June 2023. Recruited and trained 12 CinnaMoms Liaisons, who are WIC staff, who provide direct breastfeeding and nutrition education services to clients. Liaisons have successfully provided breastfeeding and nutrition contacts to 135 Black/African American nurturers and their families and connected them to other providers such as: AAIMM, iDream, BIH, and more. To date, 127 of 135 clients have experienced live births, three are currently pregnant, and five clients have experienced miscarriages.</p> <p><i>Acknowledged during one year anniversary event for Crenshaw site. In progress</i></p> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 30 | Diversity Uplifts, Inc. | \$150,000 | GAAINS II | 11/15/2024 | To provide doula services for 50 African American birthing and postpartum families/nurturers to include: hotline calls, culturally congruent online education and pregnancy support kits. This project will also develop the doula workforce by providing 10 monthly Black Birthworker Forum Mentorship/Training Sessions for local Black doulas, and culturally responsive doula training and coaching for a cohort of eight doulas who desire to become Medi-Cal approved providers. | Black Doula-led Frontline Hotline Calls have been provided to 58 Black birthers/nurturers, where they receive client-centered doula support and access to evidence-based and culturally congruent online education. Conducted four monthly meetings for its Frontline Doula Hotline mentoring cohort (4 doulas). Average attendance at meetings is 90 percent. Conducted four monthly Monday mentoring calls with Frontline Doulas leadership team (8 DHCS Medi-Cal Doula enrollees), with 90 percent average attendance rate of doulas. Conducted four monthly Saturday Black Women Birthing Justice Forum meetings for DHCS Medi-Cal Doula enrollees and other Community Black Doulas (eight) with an average doula attendance rate of 85 percent. Black Doula Mentoring Cohort of Excellence has provided support for 14 Black Medi-Cal covered birthing persons/nurturers and 14 Black non Medi-Cal birthing persons/nurturers. To date, eighty-six (86) Black birthers have been supported through the doulas. <i>Acknowledged L.A. Care in various social media posts (Instagram). In progress</i> |
| 31 | Happy Mama Healthy Baby Alliance | \$150,000 | GAAINS II | 11/15/2024 | To provide up to 24 hours of postpartum doula in-home supportive services and support by African American certified postpartum doulas for 90 African American birthers/nurturers and infants from two days through eight weeks postpartum. Assist at least 70% of clients to use this feeding method for a minimum of six months and assess clients for perinatal mood and anxiety disorders making referrals for mental health services, if needed. | Hired all three positions for its project (two doulas and a Fatherhood Support Coordinator). Three of a targeted 90 postpartum African American mothers have been assigned to a postpartum doula and receiving in-home supportive services. To date, all three women enrolled are breastfeeding, although their babies are not yet six months old. <i>Acknowledged L.A. Care in social media posts (Instagram and Facebook). In progress</i> |
| 32 | Maternal Mental Health NOW (Community Partners) | \$150,000 | GAAINS II | 11/15/2024 | To hire one peer supporter who will provide support services, systems navigation services, and facilitation of support groups focused on improving Black infant and maternal health for up to 300 African American prenatal and postpartum birthers/as part of the L.A. Countywide Perinatal Peer Support project. The aim is to increase social support and connections with culturally congruent perinatal mental health care services among seventy-five percent (75%) of program participants. | Hired one peer supporter in July 2023 who provides peer support and systems navigation services to Black prenatal and postpartum birthers and their nurturers across L.A. County. Grantee has provided peer support, systems navigation services, and perinatal mental health resources to 34 African American prenatal and postpartum birthers, 13 of which attended the Emotional Wellness During Pregnancy and Postpartum' session, held in partnership with AAImm on 12/9/2023. Facilitated weekly perinatal support groups and other events for 125 Black prenatal and postpartum birthers and their nurturers via events such as four resource-sharing and support groups, a celebratory dinner to highlight and honor contributions of 12 BBW Advisory Council members, a half-day yoga/wellness retreat, a private R&B yoga session, and a family hike. <i>Plans to acknowledge L.A. Care in the future. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 33 | St. John's Well Child and Family Center | \$125,000 | GAAINS II | 11/15/2024 | To provide services through the Committed to Black Wellness & Health Program (CBWH) program to at least 50 pregnant and postpartum African American youth 13-17 years old and their nurturers who reside in South L.A. Services will include group and individual education and life planning led by racially and culturally concordant staff to ensure at least 40 of 50 (80%) program participants complete the program, and of program birthers, and nurturers, 87% demonstrate improved resilience and stress reduction skills. | Nineteen (19) AA birthing and postpartum youth have been enrolled in grantee's Black Wellness and Health (CBWH) program, with six participants being L.A. Care members. Seven youth participants have completed the CBWH Program. Seventeen of 19 enrolled participants have demonstrated improvement on measures of resiliency, health and well-being, and adoption of stress reduction strategies as measured through observations at weekly check-ins with the CM, changes in demeanor, and increased participation in class. Six nurturers (male partners, mothers, aunts, siblings) of youth participants have demonstrated increased knowledge and adoption of stress reduction strategies and specifically have provided positive feedback and reassurance while affirming their loved one's strength and resilience, and praising efforts to take care of themselves and the baby. Fourteen (14) of 15 youth participants have given birth since the start of their participation, with one youth participant suffering a third trimester pregnancy loss. <i>Acknowledged L.A. Care in a social media post (Instagram). In progress</i> |
| Total GAAINS II | | \$1,125,000 | | | | |
| ORAL HEALTH Initiative XIV - FIFTEEN AWARDS (All Active in 2022-23) | | | | | | |
| 34 | Children's Dental Health Clinic | \$100,000 | Oral Health XIV | 8/15/2024 | To increase access to pediatric oral health screenings by expanding staff work hours and operating hours of the Oral Health Education Center's Early Intervention Program to five days per week and serve a minimum of 320 new pediatric dental patients, including oral health screenings for kindergarten-aged children to prevent negative dental outcomes in those returning for future visits. | Restored existing two-day-per-week Early Intervention Program (EIP) to a five day-per-week operation. Enrolled 300 new dental patients in the EIP program, and provided oral health screenings to 147 children, 4-6 years old. Enrolled 105 highest risk patients, ages 4-6, at risk for tooth decay and caries into a recall system. Of children ages 4-6 who are at highest risk for tooth decay and caries and returned for a three-month follow up, 11% modified at least one behavior known to have negative effects on dental outcomes. <i>Acknowledged L.A. Care on written public material and at community events. In progress</i> |
| 35 | Community Medical Wellness Centers USA | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by adding two dental operatories to expand patient capacity and purchase equipment to conduct on-site oral health education and screenings at local schools and senior community centers, serve a minimum of 2,400 dental patients, refer patients to medical, behavioral, vision, chiropractic or acupuncture departments, and reduce presence of dental caries at follow-up visits. | Purchased two dental operatories and provided dental services to 1,638 unduplicated patients. Implemented staff questionnaire to refer patients in-house and referred 700 dental patients to primary medical care, behavioral health, vision, chiropractic or acupuncture services. Provided education for oral hygiene and dietary and nutritional counseling to 800 individuals through outreach and on-site community work. Reduced presence of new dental caries at follow-up appointments for 25% of overall patients. <i>Acknowledged L.A. Care on social media. In progress</i> |

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| 36 | Eisner Pediatric and Family Medical Center | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a dentist to increase pediatric dental screenings within pediatric medical department to serve a minimum of 675 new pediatric dental patients, reduce percentage of children at high risk of cavities, and increase the percentage of children who complete treatment prior to recall appointments. | Hired two dentists and referred 445 pediatric medical patients for dental services. Screening at the pediatric clinic takes place twice a week, and have administered 454 screenings. Administered 274 Caries Risk Assessments and will report on results by next report. Of patients screened, 95% do not require treatment and recently implemented a new system to better track and report on results for those that do require additional treatment. <i>Acknowledged L.A. Care on website as funder/sponsor. In progress</i> |
| 37 | Family Health Care Centers of Greater Los Angeles | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a general dentist to increase service capacity and serve a minimum of 1,800 new dental patients, develop a workflow with medical staff to provide warm hand-offs to dental department, and increase the percentage of children ages 6-9 that receive dental sealants. | Hired a 1.0 FTE dentist for the Commerce clinic. Served 2,579 new dental patients and referred 96% of the new dental patients to other FHCCGLA services. Served 89 children ages 6-9 and 14 have received a dental sealant. <i>Acknowledged L.A. Care on website, social media, and clinic brochures. In progress</i> |
| 38 | Garfield Health Center | \$100,000 | Oral Health XIV | 8/15/2025 | To strengthen the integration of medical and dental delivery of care by hiring a registered dental assistant, dental outreach worker, and patient navigator to increase service capacity and serve a minimum of 896 new dental patients, provide oral health screenings for kindergarten-aged children, educate patients on integrated services, and increase percentage of dental patients that maintain adequate oral health care requiring no emergency dental care. | Hired a dentist and dental assistant scheduled to start May 2024. The new Rowland Heights dental clinic has been delayed due to city permits, but is expected to open May 2024. Developed bilingual Chinese/English flyers to promote the new dental services and will distribute them around the Rowland Heights area. <i>Acknowledged L.A. Care on internal newsletter. In progress</i> |
| 39 | Northeast Valley Health Corporation | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by purchasing 12 dental chairs for the new Santa Clarity Valley Dental & Wellness Center to provide care for prenatal/obstetrics and diabetic patients and serve a minimum of 1,170 new dental patients, conduct oral health screenings for kindergarten-aged children, host vaccination clinics for children on-site, and increase percentage of children ages 6-9 that receive dental sealants. | Purchased 12 dental chairs and provided dental services to 1,435 patients, 228 of which were new. Performed 140 oral health screenings for kindergarten-aged children, increased sealant utilization from 63.4% to 80.6% for dental patients ages 6-9, hosted 8 vaccinations clinics that resulted in 38 patients with a Flu shot as well as COVID-19, TDAP, and HPV vaccines. Provided dental care for 78 prenatal/OB patients. <i>Acknowledged L.A. Care on social media. In progress</i> |
| 40 | San Fernando Community Hospital (dba San Fernando Community Health Center) | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by expanding service capacity of a dental assistant/patient experience navigator and QI analyst to serve a minimum of 425 new dental patients, convert medical history form into an online form, insert a work flow template and pre-kindergarten screening tool into EMR to increase referrals and better coordinate treatment for diabetic, obstetric, and patients under 12, and decrease fear of dental care in pregnant patients. | Hired a dental assistant/patient experience navigator and QI analyst, and served 2,529 dental patients. Served 80 unique pregnant patients, 60 of which were referred to the dental clinic. Implemented State-authorized Pre-Kindergarten Screening Tool into their Dental Provider Workflow within their EMR and completed 20 screenings with forms given to parents to use for school enrollment. Increased referrals of diabetic patients to dental by 10% and children under 12 to dental by 15%. <i>Acknowledged L.A. Care on social media and press releases. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 41 | South Central Family Health Center | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a pediatric dentist to increase capacity to refer at least 500 medical patients to dental department through a warm hand-offs workflow, increase amount of medical patients ages 0-6 utilizing dental services, Increase yearly fluoride treatments for patients 0-6 years old, and decrease the incidence of dental caries at recall examination. | Hired a pediatric dentist and referred 249 pediatric patients for dental services. Increased utilization of dental services for medical patients ages 0-6 from 12.8% to 18.4%, and increased fluoride application in children ages 0-6 from 14% to 21.5%. Decreased incidence of dental caries at recall examination after medical-dental referral from 43% to 28%. <i>Acknowledged L.A. Care on website and at outreach events . In progress</i> |
| 42 | St. John's Well Child and Family Center | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a dental call operator, dental coordinator, and pedodontist to establish and develop a workflow to facilitate same-day medical and dental appointments for pediatric patients and serve a minimum of 500 pediatric medical patients in the dental clinic, conduct oral health screenings for kindergarten-aged children, provide nutritional counseling, and oral hygiene instructions, and decrease percentage of pediatric dental patients with 1 or more caries at recall appointments. | Hired a dental call operation and dental coordinator, and increased hours of a pedodontist. Provided 2,775 oral health screenings for patients 0-17 years old, 628 of which were for patients 4-6 years old, and 336 were on the same day as a medical visit. Completed caries risk assessment, nutritional counseling, and oral hygiene instructions for 100% of parents and patients 0-17 years old. Decreased percentage of pediatric dental patients ages 0-17 who have one or more caries at their recall visit from 28% to 26%. <i>Acknowledged L.A. Care on website. In progress</i> |
| 43 | T.H.E. Clinic, Inc. dba T.H.E. (To Help Everyone) Health and Wellness Centers | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a registered dental assistant/case manager and purchase dental equipment for off-site screenings and serve a minimum 350 new pediatric dental patients, conduct oral health screenings for kindergarten-aged students, and increase the amount of kindergarten-aged children that receive fluoride varnishes. | Hired and onboarded a Registered Dental Assistant/Case Manager and provided 250 oral health screenings for Lennox School District preschool, transitional, and kindergarten students and 100 onsite screenings for Lennox Health Center pediatric patients ages 4-6. Linked at least 250 Lennox School District students to dental services at Lennox Health Center, and increased the amount of Lennox School District and Lennox Health Center pediatric patient ages 4-6 that received fluoride varnishes by 80%. <i>Acknowledged L.A. Care on printed materials, website, and social media. In progress</i> |
| 44 | Venice Family Clinic | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by expanding service capacity of two registered dental assistants and purchasing dental equipment to increase oral health screenings and silver diamine fluoride treatments for seniors and children under six and serve a minimum of 475 new dental patients, apply at least one sealant to 220 children, improve tooth sensitivity in seniors and children treated with silver fluoride treatments. | Purchased intraoral cameras and trained registered dental assistants to take pictures of lesions. Trained dentists to apply silver diamine fluoride and created non-billable codes to track patients who show improvement post-treatment. Applied at least one sealant to 245 children, and applied silver diamine fluoride to 78 children under 6 and seniors 65 or older. Provided oral health education to 18 primary care patients, presenting at three community events. Improved tooth sensitivity in 27% of senior patients treated with Silver Diamine Fluoride, and arrested caries lesions in 13% of children under 6 years old treated with Silver Diamine Fluoride. <i>Acknowledged L.A. Care as sponsor at Art Walk and Auctions event. In progress</i> |

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| 45 | Via Care Community Health Center | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by increasing hours for two dentists, one registered dental assistant, and one dental assist to expand weekend service hours, purchasing a new dental interface to facilitate integration of care with medical department to serve a minimum of 408 new dental patients, incorporate warm hand-offs, perform oral health screenings for kindergarten-aged children, and reduce amount of patients presenting with dental caries. | Expanded weekend service capacity by increasing hours for two dentists, one registered dental assistant, and one dental assist and completed integration of medical electronic health records with Dexis. Linked 1,509 primary medical patients to dental services, and provided 159 children with warm hand-offs to dental. Completed 83 oral health screenings for children ages 4-6, 24 of which had follow up treatment including cleanings and sealants. Reduced dental caries for children ages 4-6 with 2 or more dental carries by 4.5% and 9.5% for ECM patients. <i>Acknowledged L.A. Care on social media, website, and Annual Report. In Progress</i> |
| 46 | Westside Family Health Center | \$100,000 | Oral Health XIV | 8/15/2024 | To increase access to oral health screenings by hiring two dental assistants and further optimize clinic workflow and conduct oral health screenings for at least 100 kindergarten-aged children, provide follow-up treatment for screenings, and increase the percentage of children who receive a sealant on a first permanent molar. | Hired two Dental Assistants, completed 112 oral health screenings for children ages 4-6, provided follow up treatment including cleanings and sealants to 62% of children screened, and referred 204 dental patients to primary medical care services. Increased percentage of children at moderate to high risk of caries who received a sealant on the first permanent molar to 99%. <i>Acknowledged L.A. Care on social media . In Progress</i> |
| 47 | White Memorial Community Health Center | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a dentist and population health care coordinator to enhance clinic workflow and serve a minimum of 700 new dental patients, conduct oral health screenings for kindergarten-aged children, provide follow-up treatment for screenings, and decrease the number of new caries in children who receive sealants. | Hired a dentist and population health care coordinator, and served 1,526 new patients. Completed 840 oral health screenings for children aged 4-6, provided follow up care to 95% of children screened, and decreased the number of new caries in children 6-9 years old who received sealants by 70%. <i>Acknowledged L.A. Care on website and social media. In Progress</i> |
| 48 | Wilmington Community Clinic | \$100,000 | Oral Health XIV | 8/15/2024 | To strengthen the integration of medical and dental delivery of care by hiring a dental patient navigator and dental hygienist to increase service hours during evenings and weekends and serve a minimum of 400 new dental patients, perform dental services on first time patients referred from medical, behavioral, and pediatric departments, and reduce presence of bleeding gums after initial visit. | Hired a patient navigator and have expanded clinic hours. Referred 351 new patients to dental services from primary care and behavioral health who were not previously been seen by the dental clinic. Provided preventive care to 152 pediatric patients, 39 of which were referred to from their pediatric program. <i>Acknowledged L.A. Care on digital screen announcements . In Progress</i> |
| Total OHI XIV | | \$1,500,000 | | | | |
| ROBERT E. TRANQUADA, M.D., SAFETY-NET INITIATIVES (TRANQUADA) - TWELVE AWARDS (All Active in 2022-23) | | | | | | |
| 49 | Asian Pacific Health Care Venture, Inc. | \$160,000 | Tranquada XIV | 7/15/2025 | To recruit one Licensed Nurse Practitioner to increase well child visit rate, cervical cancer screening, and breast cancer screenings for Hispanic patients, and serve 300 new, unique patients. | Hired a bilingual Nurse Practitioner. Increased cervical cancer screening rate for Hispanic patients from 69.2% to 74.2%, and increased breast cancer screening rate for Hispanic patients from 75.2% to 81%. Provided clinical services to 669 patients <i>Acknowledged L.A. Care on website and on plaques/decals. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|--|-----------|---------------|-----------|--|---|
| 50 | Garfield Health Center | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit one Licensed Family Nurse Practitioner to maintain controlled levels for Latino and Asian patients with uncontrolled diabetes and uncontrolled hypertension for six months, and serve 1,225 new, unique patients. | Hired a Family Nurse Practitioner. Sixteen Asian and Latino patients with uncontrolled diabetes demonstrated controlled levels for 6 months, and six with uncontrolled hypertension demonstrated controlled levels for 6 months. Provided care for 551 new, unique patients. <i>Planning to acknowledge L.A. Care in the future. In Progress</i> |
| 51 | Harbor Community Clinic | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit two Licensed Clinical Social Workers to improve mental health care access for Latinx patients, assess low-income or unhoused patients for Substance Use Disorder (SUD), provide SUD medication and harm reduction supplies including Narcan, and serve 130 new unique patients. | Hired two bilingual Licensed Clinical Social Workers, assessed mental health care for 520 Latinx patients for the first time, and assessed 3,693 low-income or unhoused patients for Substance Use Disorder. Served 886 new unique patients, <i>Acknowledged L.A. Care on website and social media . In Progress</i> |
| 52 | Los Angeles Christian Health Centers | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit two Licensed Clinical Social Workers to improve mental health care access for Latinx patients, assess low-income or unhoused patients for Substance Use Disorder (SUD), provide SUD medication and harm reduction supplies including Narcan, and serve 130 new unique patients. | Hired a Physician Assistant who is currently in training and will begin serving patients at the end of February. Increased Colon Cancer screenings at Joshua House Health Center from 23% to 30%. <i>Planning to acknowledge L.A. Care in the future . In Progress</i> |
| 53 | Northeast Valley Health Corporation | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit a Licensed Registered Nurse to improve access and health outcomes for patients enrolled in the Pacoima Health Center's Medication Assisted Treatment (MAT) program. Will increase percentage of patients with medication reconciliation, reduce appointment no-show rate, and enroll 30 new, unique patients, 65% of which will be retained by receiving MAT services after 30 days of initial treatment. | Hired a 0.6 FTE Medication Assisted Treatment (MAT) Registered Nurse (RN) who is starting at the end of January. The MAT RN will provide nursing care for homeless MAT patients. <i>Acknowledged L.A. Care on social media. In Progress</i> |
| 54 | Gracelight Community Health | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit a Registered Dietitian Nutritionist to maintain controlled levels of diabetes for Latino patients with uncontrolled diabetes for six months, train 15 providers on nutrition literacy, and serve 1,000 new, unique patients. | Hired a bilingual Registered Dietician Nutritionist, provided service and support to 97 new patients which included 61 personalized initial nutrition consultations, alongside a variety of nutrition classes at two different locations which resulted in 36 educational encounters. Enrolled 32 Latino patients with uncontrolled diabetes into program. <i>Acknowledged L.A. Care on social media and as a sponsor at the Bridging the Gaps: Community Health Event . In Progress</i> |
| 55 | San Fernando Community Hospital (dba San Fernando Community Health Center) | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit a Licensed Registered Nurse and a Certified Community Health Worker to reduce Body Mass Index in Hispanic/Latino patients, increase Chronic Kidney Disease screenings, increase blood pressure control rate, and serve 230 new, unique patients. | Hired a Registered Nurse and Community Health Worker. Improved BMI in 32 obese Hispanic/Latino patients, increased health center blood pressure control rate and Chronic Disease Kidney screenings from 75% to 76%. Provided care to 68 unique patients. <i>Plans to acknowledge L.A. Care in the future. In Progress</i> |
| 56 | Southern California Medical Center | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit two Licensed Nurse Practitioners to reduce A1c to under 9 for Latinx patients, increase depression screenings and diversion to counseling for Latinx patients, increase HIV screenings and dispense PrEP to HIV negative Latinx and Cambodian patients, and serve 4,500 new, unique patients. | Hired a bilingual Nurse Practitioner and Physician Assistant. Reduced A1c levels for 66 Latinx patients, increased depression screenings and diversions to counseling for 155 Latinx and Cambodian patients, and increased HIV screening and dispensed PrEP to 126 HIV negative Latinx and Cambodian patients. Provided care to 3,823 new, unique patients. <i>Acknowledged L.A. Care on website and at 2023 Annual Gala . In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|---|---|-------------|---------------|-----------|--|---|
| 57 | St. John's Well Child and Family Center | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit one Licensed Nurse Practitioner to provide well child exams for 507 new, unique patients 0-5 years of age. Eighty-five percent (85%) of those patients will be screened using standardized tools for early childhood developmental disorder screenings. Eighty-five percent (85%) of children that screen positive for developmental disorders or delays will receive IBH developmental services. | Hired a Family Nurse Practitioner and two Medical Assistants for pediatric medical services. Provided well child exams to 50 patients ages 0-5, screened 14 patients 0-5 years old for early childhood developmental disorders. One patient screened positive, but was not preferred for services because provider wants to reassess at their next well child visit. <i>Acknowledged L.A. Care on website and plan to recognize at Annual Moveable Feast in September 2024 . In Progress</i> |
| 58 | The Achievable Foundation | \$140,000 | Tranquada XIV | 7/15/2025 | To recruit one Community Health Worker to reduce the percentage of Latinx patients with uncontrolled diabetes, and serve 200 new, unique patients. | Hired a bilingual Community Health Worker (CHW) who began employment in January. Planning to provide training in diabetes education and CHW will begin working with the care team to develop and implement care plans to improve disease management, engage and facilitate access to care, and conduct outreach and in-reach, among other activities. <i>Acknowledged L.A. Care on website and is planning to post on social media. In Progress</i> |
| 59 | Venice Family Clinic | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit one Licensed Registered Nurse to increase percentage of child immunizations, colorectal cancer screenings, breast cancer screenings, hypertensive patients with controlled blood pressure in Black/African American patients, and serve 667 new, unique patients. | Hired a Licensed Registered Nurse, fully immunized 8 Black/African American patients by their second birthday, screened 261 Black/African American patients ages 45-75 for colorectal cancer, and screened 131 Black/African American patients ages 50-74 for breast cancer. Increased percentage of hypertensive Black/African American patients with controlled blood pressure from 56% to 59%. Provided care to 1,775 new, unique patients, <i>Acknowledged L.A. Care on social media . In Progress</i> |
| 60 | Via Care Community Health Center | \$175,000 | Tranquada XIV | 7/15/2025 | To recruit one Licensed Family Nurse Practitioner and one Licensed Registered Nurse to increase amount of controlled hypertension among patients ages 18-84, increase amount of patients with controlled HbA1c levels among patients ages 18-74, reduce wait time by 10 minutes, and serve 1,800 new, unique patients. | Hired a Licensed Family Nurse Practitioner (FNP) and Licensed Registered Nurse and provided care to 234 new patients. Recently implemented new Azara system to help more accurately track clinical data and will report data by next report. <i>Plans to acknowledge L.A. Care in the future . In Progress</i> |
| Tranquada XIV | | \$2,050,000 | | | | |
| f Sixty-One Awards - \$10,350,000 | | | | | | |
| AD HOC 2021-22 - FIFTEEN AWARDS (All Active in 2022-23) | | | | | | |
| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|---|-------------|------------------|-----------|--|---|
| 61 | Asian Pacific Community Fund of Southern California | \$125,000 | Ad Hoc 2021-2022 | 3/28/2024 | To upgrade Salesforce tools to manage grant making, donor services, program management, and constituent engagement business processes; simplify the grant application process by creating a new customer relations management (CRM) system with a third party application portal; and increase application submission from, and satisfaction with new Salesforce/CRM users, especially smaller API nonprofits. | Completed comprehensive redesign and implementation of Salesforce to strengthen management of grantmaking, donor services, program management and constituent/donor engagement business processes. The CRM system is now completely managed by APCF designated staff. Simplified grant application process along with improving the member and grantee experience to better support AAPI nonprofits. Secured other funding sources to support the continued work on the CRM system. <i>Recognized in 2023 Gala program book and 2023 annual impact report. Also listed on website as donor of the Capacity Building Program. Closed</i> |
| 62 | California Association of Food Banks | \$1,300,000 | Ad Hoc 2021-2022 | 2/1/2024 | To select, support, and train nine nonprofit organizations in L.A. County to provide CalFresh outreach and technical assistance with applications for potentially eligible community members. CAFB will award subgrants to nonprofit organizations ranging from \$100K - \$150K to collectively assist at least 5,600 low-income individuals and families. | Through a Request For Applications (RFA) process, selected nine L.A. County nonprofits (sub-grantees) to receive CalFresh outreach & application assistance funding. Of the nine subgrantees, they have been responsible for the submission of 3,512 CalFresh applications submitted to date. Additionally, 1,059 SAR 7s have been submitted, 831 recertifications submitted, and 4,286 cases have been advocated for. <i>Recognized via website. In addition, some sub-grantees recognize via social media accounts, websites, newsletters, and logo display in lobby areas. Closed</i> |
| 63 | Charles R. Drew University of Medicine and Science | \$125,000 | Ad Hoc 2021-2022 | 3/15/2024 | To support the Saturday Science Academy II (SSA II), a year-round Science, Technology, Engineering, Mathematics, and Medicine (STEMM) pipeline program to motivate and help prepare at least 200 Pre-K through 12th grade youth of color in South Los Angeles to pursue careers in the healthcare field. | Increased the number of participants in the SSA II program from 152 to 498. Hosted four field trips: Annual Let's Move event where students visited the CDU Medical Simulation Center, a trip to Amgen, located in Thousand Oaks, CA, a trip to the California Science Center in Los Angeles, a trip to the Columbia Space Center (pre-K – 4th grade students), and a trip to while the Annual Black Men in White Coats Youth Summit event (5th – 12th grade students). All SSA II students have advanced to the next grade. <i>Recognized during the 2023 SSA II Let's Move event, and also during the 24th Annual Junior White Coat Ceremony. Also listed as one of the funders on the Pipeline webpage . Closed</i> |
| 64 | Community Clinic Association of Los Angeles County (CCALAC) | \$200,000 | Ad Hoc 2021-2022 | 4/15/2025 | To facilitate two Learning Collaboratives per year over a two-year period for a total of four collaboratives resulting in needs assessments for up to 20 clinics regarding achieving human resources, recruitment, and retention goals. The aim is for 85% of the 20 participating clinics to successfully implement at least one intervention to increase knowledge, recruitment, and retention and 84% of newly trained clinic managers and supervisors to implement at least one new strategy to improve staff retention. | Recruited 23 clinics to participate in a recruitment and retention learning collaborative. Of those, 11 clinics have reported improved knowledge of recruitment and retention practices as reported by posting training surveys and polls. Twenty-two health center staff participating in a new manager management training/coaching cohort reported successful implementing at least one new strategy that would improve their health centers recruitment and retention efforts. <i>Acknowledged L.A. Care on presentation materials and verbally during sessions and orientations. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|---|-----------|------------------|----------|--|--|
| 65 | AltaMed Health Services Corporation | \$150,000 | Ad Hoc 2021-2022 | 1/1/2025 | To implement and assess a Dental Assistant Apprenticeship Program designed to address dental workforce shortages. ChapCare will recruit and hire six new dental assistant apprentices; facilitate and provide financial assistance for at least five apprentices to obtain Dental Assistant Certification; and increase the number of dental assistants employed at the clinic by 70% by hiring five new Certified Dental Assistants. | Hired three Dental Trainees; One dental assistant has completed certification and continued to work for ChapCare Dental, and another has completed the initial probationary period and has enrolled in the certification program. Provided dental services to 3,350 unduplicated dental patients. <i>This project was acquired by AltaMed Health Service Corporation following the closure of Community Health Alliance of Pasadena (CHAP) Care. In Progress</i> |
| 66 | Liberty Hill Foundation | \$500,000 | Ad Hoc 2021-2022 | 3/1/2024 | To support infrastructure development and program sustainability of its Stay Housed LA Project, an eviction prevention and defense program that includes a coalition of 13 community-based organizations and legal service providers. Services are focused on preventing evictions through education and advocacy services for up to 52,800 housing insecure tenants in L.A. County and help 80% of them remain housed or avoid homelessness. | Disbursed nearly \$367,000 in grants to Stay Housed LA (SHLA) organizations to date. Of those who receive outreach, education and advocacy services, 298,333 individuals were referred to one of the project service partners to receive follow-up support and appropriate assistance. Engagement included virtual and in-person workshops and clinics, “know your rights” information, legal clinics, and limited or full scope legal services in Pomona, Long Beach, Antelope Valley, and in the City of Los Angeles. Pre- and post-surveys revealed that the percentage of people who stated that they were very or extremely familiar with tenant protections went up by 37% after they attended a Stay Housed L.A. workshop. Of the 4,600 tenants who receive full-scope legal services, 1,744 individuals remained in their homes. <i>Acknowledged L.A. Care in its external communications and named in materials for the Upton Sinclair annual gala in April 2023 . Closed</i> |
| 67 | Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF) | \$250,000 | Ad Hoc 2021-2022 | 7/1/2024 | To enhance by 40% the number of patients enrolled in Grantee’s Diabetes Management Center of Excellence (DMCE) to reduce Emergency Department visits and hospitalizations by at least 3% when compared to non-enrolled diabetic patients, and improve A1c and blood pressure levels by at least 3% when compared to non-enrolled DMCE patients through coordinated care management by a multidisciplinary team. | Increased the number of enrolled patients living with diabetes in the Diabetes Management Center of Excellence program from 500 to 981. Patients enrolled for intense management had at least a 3% lower rate of hospitalization and at least a 13% lower rate of emergency department utilization when compared to patients receiving more routine diabetes care. Improved A1c and blood pressure levels of enrolled patients by 3%, respectively. <i>Acknowledged L.A. Care as sponsor at The Dream Show and on website and social media . In Progress</i> |
| 68 | National Medical Fellowships, Inc. | \$150,000 | Ad Hoc 2021-2022 | 5/1/2023 | To support a 200-hour safety net clinic immersion program for underrepresented health professionals that will place seven students targeting 3 medical, 2 graduate nursing, and 2 physician assistant at four L.A. County based Community Health Centers during the summer of 2022. Students will design and complete CHC-centered service learning projects working closely with their site mentor and faculty advisor to prepare them for the health care workforce and 80% of students will express interest in working in the safety net following graduation. | Supported seven underrepresented students in medicine and health professions and exposed them to primary care practice in a community health setting in LA County. Scholars completed all PCLP activities and requirements including service-hours with their assigned community clinics, experienced leadership trainings and administrative meetings, and conducted a site-directed, team-based, service-learning project. <i>Acknowledged L.A. Care at Learning Day Sessions and scholar orientation. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|---|-----------|------------------|-----------|---|---|
| 69 | Los Angeles Network for Enhanced Services (LANES) | \$500,000 | Ad Hoc 2021-2022 | 8/1/2023 | To modernize LANES' health information exchange platform and interoperability infrastructure to the Google Big Query cloud based platform enabling clinical insights in FHIR (Fast Healthcare Interoperability Resources®) format with access to pharmaceutical and COVID-19 vaccination registry data, to facilitate care coordination across entities providing clinical, behavioral, and social services in real time. | Built, tested and operationalized Google FHIR CDR platform. Ingested ADT and Lab data into Google Big Query Platform for 17 hospitals, 33 clinics and 4 IPAs, and completed operationalizing the ingestion of RxFill data by file type by Payor into the Google Big Query Platform. Reached functional parity for LANES services in the new platform to include all inbound messages, DQ/DR, outbound transactions, portal access, and third party data. <i>Acknowledged L.A. Care during bi-monthly Board of Directors meetings and to the County's CEO Office. Closed</i> |
| 70 | Plunum Health | \$500,000 | Ad Hoc 2021-2022 | 3/15/2024 | To integrate the Medical Home Network Connect platform and other healthcare and social service feeds into three health centers' EMR systems, hire at least ten care management staff, conduct a minimum of 3,000 health risk assessments, and implement the Care Transformation Program (CTP) with at least 1,000 rising risk patients to improve their health and social outcomes, and to prevent hospital readmissions. | Hired and on-boarded ten care coordinators across the three partner clinics. Integration of data feeds from L.A. Care is completed and is in process for two of three health centers for LANES integration. Completed 2,477 Health Risk Assessments and each patient is risk stratified and assessed for SDOH needs, offered connection to services, including community services, behavioral health and referrals to Enhanced Care Management when appropriate. Provided extra assistance, referrals and care coordination to address identified risks and needs to the top 5% of assessed patients who are found to be primarily Spanish-speaking, housing insecure, and food insecure. <i>Acknowledged L.A. Care on letterheads and internal and external presentations. Closed</i> |
| 71 | Positive Results Center | \$50,000 | Ad Hoc 2021-2022 | 3/28/2024 | To complete a comprehensive capacity building series with assessment/training/coaching for at least two permanent staff, including the Executive Director, to develop and implement at least one organizational change and to improve the organization's development capacity. | Completed minimum of ten trainings as part of an ongoing series of comprehensive capacity building training/coaching series for the Executive Director and Director of Programs. Completed trainings through Black Equity Collective, Annenberg Alchemy for Black Led Nonprofits, Center for Nonprofit Management, and others. Purchased GrantStation subscription which helped build a grant database to effectively and timely research grants that focus on its mission. Also purchased Airtable, a cloud-based work collaboration platform, trained its team, and now use it exclusively to track its work, workshops, clients and outcomes of the workshops and program (125% of objective #2). Improved the organization's development functionality as evidenced by its securing 13 of 18 grants applied for in 2023, increasing its operating budget from \$646K to \$1,182,166. <i>Acknowledged L.A. Care during Prom Dress Gift Away event, included logo on website, and posted logo on its Story and page on social media (Facebook and Instagram). Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|-----------------------------------|-----------|------------------|-----------|---|--|
| 72 | AC Care Alliance | \$150,000 | Ad Hoc 2021-2022 | 9/15/2024 | To support the replication of the AC Care Alliance's Advanced Illness Care Program in Los Angeles County, a lay care navigation program in partnership with faith- and community-based organizations, including healthcare entities working together to bridge gaps in services for individuals facing advanced illness and their caregivers. The Alliance will provide at least 225 individuals facing advanced illness and their caregivers with personalized advanced illness care, with at least 40% of participants achieving their individualized advance care planning milestones. | Hired and trained six Care Navigators for the expansion work to LA. All CNs received the 80-hour onboarding training, with regular monthly trainings occurring virtually. One hundred seventy-four (174) individuals enrolled in the AICP with more than 500 visits completed with enrolled participants. Ninety (90) participants have completed at least one of the advanced care plan milestones. UC Davis has been enlisted as external evaluator for the program. The annual evaluation review was launched in January 2024 and is on track to be completed by the end of grant term. <i>Acknowledged L.A. Care on its website and listed in signage and materials for various community events/health fairs in which the organization had a booth.</i> In progress |
| 73 | Social Justice Learning Institute | \$100,000 | Ad Hoc 2021-2022 | 3/15/2024 | To support SJLI's Urban Health Fellowship (UHF), a year-long, academic credit-bearing, high school-based, healthcare career pipeline program for up to 25 Black and Latino youth ages 13 to 18, and assist 50% of UHF students to secure an internship in the healthcare field by the end of the grant term. | During the 2022-23 academic year, facilitated Urban Health Fellows programming to 25 unduplicated student participants, with 23 of them completing the program. All students were guided toward identifying an allied health or medical field career pathway. Four of these students graduated from high school and all four are actively enrolled in postsecondary institutions pursuing allied health pathways. The four students received \$5,500 in collective scholarships toward their endeavors. During the current 2023-2024 academic year, SJLI is currently serving 20 additional students engaged in UHF programming at Augustus Hawkins High School. At least 65% of the UHF participants are on track to complete a paid or non-paid internship in partnership with Charles Drew University and/or UCLA, with 13 juniors having completed the internship application process. <i>Acknowledged L.A. Care as a prominent partner on its website, in newsletters (which is distributed to more than 10,000 readers), and during its annual Urban Scholars Culmination event in May 2024 .</i> Closed |
| 74 | Southern California Grantmakers | \$25,000 | Ad Hoc 2021-2022 | 7/1/2023 | To support at least seven programs addressing topics related to health equity and advancing wellness for at least 125 participants, and support three convenings to increase investments and support for systemic change through public policy education and advocacy on health equity related topics for at least 300 participants to build the will of grantmakers and the philanthropic community to support health equity and wellness through systemic change. | One hundred eighty (180) participants (virtual and in-person) have attended eight sessions focused topics related to health equity and advancing wellness in order to increase their knowledge, perspectives, and skills for their health and wellness grantmaking. At its annual conference, 438 people attended including grantmakers and policymakers to engage on issues relating to health equity in order to increase their knowledge, perspectives, and skills for systemic change through public policy education/advocacy. The Public Policy Conference had 309 attendees, featuring government and policy makers as speakers and participants, including Assemblymember Isaac Bryan and L.A. Mayor Karen Bass. Additionally, grantee participated in Foundations on the Hill, including 15 legislative meetings. <i>Acknowledged L.A. Care as a Changemaker Sponsor during its 2022 Annual Conference and as a Community Sponsor during its 2023 Public Policy Conference. Additionally, logo displayed on its website, included in email marketing, and day-of digital and print programming.</i> Closed |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|---|---------------------------------|-------------|------------------|-----------|---|---|
| 75 | Westside Infant-Family Network | \$100,000 | Ad Hoc 2021-2022 | 7/1/2024 | To conduct ACEs screenings for 165 new families with young children and provide case management and 40 clinical therapy sessions annually to 42 new families whose child(ren) are high risk for later health conditions. The aim is to help 70% of children demonstrate secure attachments in one or more identified areas of concern and 70% of parents/primary caregivers demonstrate reduction in parental stress. This project also focused on establishing the Los Angeles Resilience Network (LARN) to disseminate best practices for streamlined ACEs screenings and referrals for toxic stress management to a minimum of four FQHC clinical partner sites. | Provided ACEs screenings to 648 families with young children. Provided post ACEs screening, case management and clinical therapy services to 59 new families. Sixty percent (60%) of children being served demonstrated secure attachment with the parents/primary caregivers. Sixty-seven percent (67%) of parents showed reduced stress, achieving 86% progress toward target. Along with the Los Angeles Resilience Network (LARN), successfully implemented newly designed best practices for ACEs screenings and toxic stress management at four clinical partner sites: Westside Family Health Center, St. John's Community Health, Venice Family Clinic, and UMMA Community Clinic. <i>Acknowledged L.A. Care through a press release, a newsletter to supporters, and posting on its social media accounts. Closed</i> |
| Ad Hoc 2021-22 | | \$4,225,000 | | | | |
| & R) III - FIVE AWARDS (All Active in 2022-23) | | | | | | |
| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
| 76 | Alliance for a Better Community | \$150,000 | E & R III | 9/25/2024 | To provide leadership and advocacy training for up to 100 parents to identify at least 10 parent health ambassadors, and advocate to increase sustainable and culturally competent health services in Southeast Los Angeles (SELA) schools, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and program operations. | Trained and mobilized an additional 263 parents to be health advocates for increase of services in the East LA/Southeast LA region of LAUSD via its Parent Action Network, which shares information about issues such as health, education, economic prosperity, and civic engagement. Convened 29 key partner organizations with a total of 45 leaders at meetings to discuss, develop and implement a plan to increase health services for students and families. Established an advisory group made up of nine community partner organizations that will convene starting summer 2023 to discuss common concerns, identify possible solutions based on aligned values. <i>Acknowledged L.A. Care as a funder and supporter of the Platicas during the Parent Academy orientation and POSA sessions. In progress</i> |
| 77 | DIY Girls | \$150,000 | E & R III | 9/25/2024 | To provide hands-on STEM-based programs for up to 1300 5th-12th grade primarily Latina students; achieve 80% rate of perseverance following failed attempt; and motivate all participating seniors to plan to enroll in university/college, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations. | Provided STEM programming to 1,027 predominantly Latina girls and gender-expansive youth in grades 5 through 12 at six partner middle and high schools. Eighty-six percent (86%) of participants reported when they do not get something right the first time, they will keep trying; 85% feel comfortable asking for help to solve a problem they are working on; and after one year of program participation, 50% of seniors plan to enroll in college. To bolster program impact, introduced Social Emotional Learning training to staff, hired a consultant to assist agency staff to develop curriculum for year 3 and 4 high school students and to revise the middle school curriculum, and initiated the process of migrating program data to a new customer relations management platform. <i>Acknowledged LA Care as a Platinum Sponsor at the DIY Gala in September 2023. In progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 78 | Fathers and Mothers Who Care, Inc., dba FMWC, Inc. | \$150,000 | E & R III | 9/25/2024 | To provide housing barrier reduction services for at least 150 clients, place at least 70 individuals in temporary or permanent housing, and at least 50 in permanent employment in the Homeless Services Sector, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations. | Served 270 houseless individuals; reduced housing barriers for 115 enrolled program participants, of which 90 participants were issued housing vouchers or enrolled into a housing subsidy program, including 35 that were permanently housed. Through continuous training and infrastructure development, Housing Navigators have reduced placement cycle time and are able to negotiate difficult placement conversations with landlords. Seventy-four percent of all housed, remained housed for at least three months. Thirty-two of the 40 receiving career training were hired in permanent positions in the Homeless Services Sector. Met goal to raised \$10,000 through its first annual gala, grants and individual donors working with Board members. <i>Acknowledged L.A. Care by placing its logos on grant supported computer equipment. Recognized during December 2022 holiday event and at the 2023 Back to School event. In progress</i> |
| 79 | Gente Organizada | \$150,000 | E & R III | 9/25/2024 | To provide systems' change trainings for at least 35 parents, provide wellness resources and training for at least 55 LGBTQ youth, and engage and educate system leaders at Pomona City and Pomona Unified School District on issues that matter to parents and youth, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations. | Provided wellness resources and systems change training to 60 parents related to early childhood education, education systems, the carceral system, and health and wellness; seventy-five youth received wellness resources and were and training in systems change through research internships, a statewide youth public policy conference, and an LGBTQ + wellness resources and advocacy teach in. Of parent (21) and youth (38) respondents to a program evaluation, 100% of parents and 89% of youth indicated that they know of resources that can be beneficial to them or someone they know. Four meetings and two organization wide actions were held to engage and educate Pomona system leaders on community-derived issues. Nine of the agency's eleven member board participated in a strategic assessment training and a self-assessment was completed. <i>Acknowledge L.A. Care on social media, program materials and flyers. In progress</i> |
| 80 | SAAHAS for Cause | \$150,000 | E & R III | 9/28/2024 | To support South Asian Immigrants (SAI) by reducing negative mental health outcomes like anxiety; hire a Youth Program Coordinator and provide programming to help 75% of SAI youth participants show improvement on a Youth Wellbeing Measurement Tool; and work with a financial management (FM) consultant to design FM systems and train up to four staff on Quick Books; while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations. | Hired a Youth Program Coordinator and increase participation from 30 to 54 South Asian Immigrant (SAI) youth through five outreach events; developed a culturally congruent Youth Wellbeing Measurement (YBM) Tool for SAI, which showed 88% of SAI youth had improved wellbeing after one year; and helped Seniors with computer awareness and technical skills through youth facilitated sessions and technical assistance through an agreement with the local library. Four finance staff have received training on Quick Books, and assessment shows improvement or competency on 16/19 functions building organizational infrastructure. <i>Acknowledged L.A. Care at 2023 annual youth appreciation event on event swag bags, named scholarship award LA Care Saahas scholarship; added logo in social media promotions; and added on website sponsors list. In progress</i> |
| Total E & R III | | \$750,000 | | | | |
| EARS' SURVIVAL (GAAINS) I - EIGHT AWARDS (All Active in 2022-23) | | | | | | |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| # | Organization | Amount | Grant Type | Report Due Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
| 81 | Breastfeeding Task Force of Greater Los Angeles | \$100,000 | GAAINS I | 1/1/2024 | To host at least 12 culturally congruent prenatal lactation education classes in partnership with My Pediatric Clinic (MPC), and provide lactation consultation for 350 Black MPC patients. Assist MPC to implement best practices for improving and creating a clinical environment that fosters chest/breastfeeding, and to establish a system to track and audit chest/breastfeeding rates among patients. Provide up to two Black lactation specialist students required clinical practice hours to sit for the International Board-Certified Lactation Consultant (IBCLC) exam. | Provided lactation consultation/and or prenatal lactation education via 360 encounters with 88 Black parents and 91 Black infants. All clients have experienced live birth and survival through the 1st birthday (91 out of 91 clients). Provided diversity, equity and inclusion training to 95% of providers at My Pediatric Clinic and Humbled By Motherhood. Ensured 100% of clients have documentation in the EMR for their intention to breastfeed and the actual infant feeding method is being tracked at every visit. <i>Acknowledged L.A. Care on outreach fliers as well as community engagement events such as KJLH Women's Health Expo, virtual booth at the USBC Summit, Infant Feeding Equity Summit, and 2023 KJLH Taste of Soul. Closed</i> |
| 82 | California Black Women's Health Project | \$100,000 | GAAINS I | 1/1/2024 | To Increase the capacity of 15 birth workers to develop sustainable businesses and professional practices to engage 90 African American birthers and their extended family/village. Provide tangible contributions and culturally congruent service linkages to improve the birther's and family's ability to address family and community stress and trauma through six Showering the Village sessions. Minimize the impact of racism and bias within medical settings by enhancing efficacy and communication skills and reducing the number of birth workers' clients with preterm and cesarean births. | Hosted five out of six Showering the Village events and supported 60 unique families, 77 Birthworkers and 5 physicians. <i>Acknowledged L.A. Care on event flyers and photos. In progress</i> |
| 83 | CinnaMoms - Heluna Health | \$100,000 | GAAINS I | 1/1/2024 | To promote and increase breastfeeding and increase access to breastfeeding support for 1,000 African American mothers, including 150 new unduplicated mothers. Services aim to help participants navigate the WIC process by facilitating bi-weekly virtual support circles. This project also aims to increase WIC staff engagement with African American families and nurturers and enrich WIC staff awareness of the root causes of health inequities through training and coaching. | Supported 430 African American mothers/nurturers. Hired and integrated part-time Project Specialists and trained CinnaMoms liaisons (15 additional hires total) into three new WIC service sites, which strengthened its capacity to engage families with CinnaMoms support circles. Increased access and connection to resources and removed barriers surrounding the WIC certification process for at least 75 CinnaMoms participants. Referred 52/75 (69%) of prenatal and birthing clients to the Breastfeeding Peer Counselor program. <i>Acknowledged L.A. Care during two conferences in January 2023, monthly newsletters, and its Annual Report. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|--|-----------|------------|----------|--|---|
| 84 | Communities Lifting Communities | \$150,000 | GAAINS I | 1/1/2024 | To convene and facilitate a network of 40 hospitals, health and public health systems, and health plans, in partnership with Black Community Advisors to co-design systems-change solutions at the clinical, institutional, and community levels to reduce Black infant deaths and improve maternal experiences and safety among Black mothers and birthing people. Increase the number of delivery hospitals that are actively identifying and implementing systems change strategies to reduce birth inequities among Black families by at least 20% and increase the number of hospitals that demonstrate at least one clinical, institutional, or community level improvement to improve birth outcomes. | Hosted two workshops with 58 organizations represented, focused on increasing knowledge to address implicit bias and institutional racism that affects Black birth outcomes and building capacity among local service providers. Five hospitals across South LA, the South Bay, and the Antelope Valley communities of Los Angeles County have submitted implementation plans to address implicit bias and institutional racism that affect Black maternal and infant health. The July 2023 Hospital Cohort Evaluation Plan and the 2023 Cherished Futures Cohort II Implementation Year Report provide details of the implementation plans. <i>Acknowledged in August 2023 press release, during December 2023 Year-End Closing Celebration, and in December 2023 event press release. Closed</i> |
| 85 | Diversity Uplifts, Inc. | \$150,000 | GAAINS I | 1/1/2024 | To provide 50 Black pregnant and/or postpartum families with a Black doula during birth, provide support and referrals to 50 birthers through Frontline Hotline telehealth doula sessions with Black Doulas. This project also aims to identify and present 50 Frontline Doula Scholarships to Black Birth and Postpartum Doulas and to mentor and train doulas in culturally responsive doula practices to enhance doula scholars' service impact. Lastly, monthly mentorship and training sessions for the project's Black Doula cohort were facilitated to improve utilization of knowledge, skills, and tools offered by Doulas. | Fifty Black birthers/nurturers Frontline Hotline Callers received client-centered support from a Black Doula including emotional, psychosocial, informational, referrals and/or advocacy support. Access to doula training and mentorship increased by 50%. Black Doula Scholarship Awardees attended at least 53% of Monthly Black Birthworker Forum Mentorship/Training Sessions. Fifty Black birthing families connected with 10 Black Doula Scholarship Awardees with live births among the 50 families at 100%. Forty-nine out of 50 Black families have sustained doula contact (prenatal, birth and postpartum support through the Black Doula Scholarships) and had a positive birth outcome, defined as a live birth with maternal survival. <i>Acknowledged L.A. Care on both the Frontline Doula Hotline and Black Doula Match websites, along with inclusion in 2020-2022 Frontline Doulas Impact Report. Closed</i> |
| 86 | Eisner Pediatric and Family Medical Center | \$150,000 | GAAINS I | 1/1/2024 | To hire a culturally concurrent care coordinator and provide intrapartum care and intensive case management to ensure that at least 450 Black women at the highest risk of poor birth outcomes and maternal mortality receive the proper level of care, including low-dose aspirin, mental health support, and midwifery care, to improve medical outcomes of mother/birthers and their newborn, and patient satisfaction and efficacy. | Hired and retained patient care coordinator. Thirty out of 47 of Eisner's African American birthing patients are taking low-dose aspirin. All patients have demonstrated increased knowledge, comfort, and preparedness levels for birth experience and feel fully involved in planning. About 70% of African American patients noted they were "very satisfied" with their childbirth preparation, with the other 30% noting that they are "somewhat satisfied." Eighty-six percent (86%) of African American respondents also noted that they were "very satisfied" with the prenatal programs available to them and they "strongly agree" that the Health Care Team showed compassion and understanding. <i>Acknowledged L.A. Care on website and as a partner during Sunset Social Gala in October 2023 and Winter Festival in December 2023. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 87 | Project Joy Inc. | \$100,000 | GAAINS I | 1/1/2024 | To provide perinatal education and new tools to 40 African American mothers/women to reduce SIDS and infant death by providing child safety training and group therapy interventions from licensed Black mental health professionals. This project aims to increase self-advocacy and awareness of positive, culturally responsive parenting strategies, reduce mental and physical stress to improve birthing outcomes for mother/birther and infants through perinatal yoga and art therapy sessions for nurturers, and build employment skills for mothers/nurturers to help ensure families' long-term resiliency. | Provided perinatal education, life skills, advocacy training and/or therapeutic interventions to services (e.g., perinatal yoga, doula and lactation support, Baby & Me classes, etc.) for 213 Black families (birthiers and nurturers) via virtual and in-person sessions through its Black Maternal Alternative Care Alliance (The Alliance) that includes the following organizations: In Due Time, EmpowerTHEM, Ohana Center, Luna & Sol, and Project Joy. At least 80% of participants have reported feeling better supported since receiving services from the Alliance. <i>Acknowledged L.A. Care with logo added to its website and inclusion in event marketing materials, brochures, etc. Closed</i> |
| 88 | St. John's Well Child and Family Center | \$150,000 | GAAINS I | 1/1/2024 | To improve Black maternal and infant health (MIH) for at least 250 Black birthing patients and, improve the health and quality of life of their babies by piloting a group-based approach with participant-centered life planning, in a culturally affirming environment, led by racially concurrent, culturally supportive staff, including a Certified Nurse Midwife (CNM), and an Associate Clinical Social Worker (ACSW), and improve measures of patient resiliency, heighten adoption of stress reduction strategies and healthy behaviors, and reduced depression symptoms among Black mothers/nurturers. | Enrolled 309 clients in the Maternal & Infant Health Program (MIHP). Of those, 31 have completed the entire program (16 classes) and 65 have completed the first eight prenatal classes. The remaining enrolled participants are in various stages of the series and receiving case management or have transitioned out of the program for various reasons. All 31 clients that have completed the CBWH program reported adoption of stress reduction strategies as assessed by responses to a self-employed questionnaire developed by CBWH. Based on the standardized PHQ9 assessment, 28 of 31 (90%) patients completing the program in its entirety have shown a decrease in depression and anxiety. Birth outcomes include 32 deliveries, of which 31 were born at a healthy birthweight, three clients experienced miscarriages, and one baby was stillborn. <i>Acknowledged L.A. Care on its website specifically for its Committed to Black Wellness & Health Program (CBWH) program. Listed as donor in 2022 annual impact report. In progress</i> |
| Subtotal GAAINS I | | \$1,000,000 | | | | |
| III - TWELVE AWARDS (All Active in 2022-23) | | | | | | |
| 89 | Central City Community Health Center | \$125,000 | Oral Health XIII | 4/15/2025 | To (1) expand dental service hours by 8 hours per week in RCAC 6 by increasing the hours of an existing General Dentist by 0.20 FTE and two Dental Assistants by 0.20 FTE each; (2) provide a comprehensive oral health exam to a minimum of 400 new dental patients; (3) and increase the percentage of children, 6-9 years of age at moderate to high risk for caries, who receive a dental sealant on a permanent first molar from 0% (baseline) to 25% (target) by the end of the grant term. | Expanded service hours to two current dentists at the South LA Clinic increasing provider access by 8 hours per week, and further expanded dental capacity by increasing two existing Dental Assistants to support the two dentists. Provided comprehensive preventative dental exams to 296 new, unduplicated dental patients. Increased the percentage of children 6-9 years old that received a dental sealant on a permanent first molar by 25%. <i>Acknowledged L.A. Care in electronic newsletter. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|----|---|-----------|------------------|-----------|---|--|
| 90 | Chinatown Service Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 600 new dental patients and provide a range of dental/oral health care services; and (3) ensure at least 75% of our overall dental patients require no emergency dental care by the end of the grant term. | Hired 1.0 FTE dentist, serviced 2,052 new patients, and 63% of overall patients have completed their treatment plans with no emergency dental care. Referred 913 dental patients to other Chinatown Service Center services – 701 to medical clinics and 212 to behavioral health clinics. Increased overall dental patient percentage that have completed at least one medical well visit in their primary care clinical setting from 25% to 49%. <i>Acknowledged L.A. Care at medical and dental fairs and as a sponsor at Annual Gala. Closed</i> |
| 91 | Westside Regional Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 16 hours per week by increasing the hours of an existing Attending Dentist and enlisting two Dental Residents that will provide 8 hours of service each; (2) serve a minimum of 120 new developmentally disabled dental patients and provide a range of dental/oral health care services; and (3) decrease severity of gingivitis and periodontal disease for all IDD dental patients served from 100% to 50% by the end of grant term. | Expanded dental service capacity by an additional 16 hours per week; increased frequency of hygiene services to 329 new and existing patients with developmental disabilities with elevated periodontitis/gingivitis; and at least 218 patients have seen clinical improvement in their oral health. Decreased severity of gingivitis and periodontal disease for all IDD dental patients from 100% to 70%; <i>Acknowledged L.A. Care during Board of Directors and All-Staff meetings, and at a fundraising gala. Closed</i> |
| 92 | East Valley Community Health Center, Inc. | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 8 hours per week by increasing the hours of an existing Pediatric Dentist by 0.40 FTE; (2) serve a minimum of 940 new dental pediatric patients with a range of dental/oral health care services in Pomona Valley and San Gabriel Cities of LA County; and (3) decrease incidence of pediatric cavities for patients ages 6-9 years old from 39% to 29% by end of the grant term. | Expanded current Pediatric Dentist's hours from 8 hours per week to 16 hours per week. Purchased amalgamator and digital x-ray sensor to improve team workflow. Provided full set of pediatric dental services for 1,024 new, unduplicated patients. Dental sealants in children ages 6-9 years old has increased from 72% to 74.7%. Decreased incidence of pediatric cavities for patients ages 6-9 years old from 39% to 17%. <i>Acknowledged L.A. Care on a press release. Closed</i> |
| 93 | El Proyecto del Barrio, Inc. | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 1,200 new dental patients and provide a range of dental/oral health care services; and (3) ensure that its dental patients maintain a dental treatment plan completion rate of at least 70% and require no emergency dental care or experience any dental complications by the end of the grant term. | Hired a dentist for the Arleta dental clinic, and provided care to an additional 5,840 new patients. Improved utilization of preventive services for ages 0-6 from 75% to 98%. Increased interprofessional referrals from 76% to 84% for dental patients who also use their medical setting for primary care, and increased treatment plan completion rate from 60% to 72% and these patients required no emergency dental care. <i>Acknowledged L.A. Care during Board of Directors meetings, at strategic retreat, and community outreach events. Closed</i> |
| 94 | Garfield Health Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 2,034 new dental patients and provide a range of dental/oral health care services; and (3) ensure that 85% of its patients will maintain adequate oral health without need for emergency dental treatment by the end of the grant term. | Hired and onboarded 1 FTE Dentist, 1 FTE dental assistant, and 1 FTE front desk/receptionist. Provided full primary and preventive dental services to 1,044 new, unduplicated low-income children and adults. Of these patients, 94% were provided medical care as well as dental care, and 98% of patients maintained adequate oral health without complications or the need for emergency dental treatment. <i>Acknowledged L.A. Care on internal newsletter. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 95 | JWCH Institute, Inc. | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 80 hours per week by hiring two 1.0 FTE General Dentists; (2) serve a minimum of 2,200 new dental patients and provide a range of dental/oral health care services in the Antelope Valley; (3) ensure that 50% of all dental patients complete Phase I Treatment within 12 months of their initial exam; and (4) increase percentage of patients who return for a recall/follow-up exam who do not have caries from 20% to 30% by the end of grant term. | Hired two FTE Dentists and two Registered Dental A to expand service capacity by 80 hours per week. Provided diagnostic and preventive dental care to 5,326 unduplicated patients. Served 46% of medical patients in the dental clinic, increased percentage of patients who return for a recall appointment who do not have caries from 20% to 30%, and 12% of patients completed Phase I treatment. <i>Acknowledged L.A. Care on website, at grand opening of new Health and Wellness 2 Center, and at Annual Benefit Dinner and Dance. Closed</i> |
| 96 | Los Angeles Christian Health Centers | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist and a 0.75 FTE Dental Assistant; (2) serve a minimum of 600 new dental patients and provide a range of dental/oral health care services; and (3) improve Phase I treatment completion measure for dental patients from 63% (baseline) to 68% by the end of the grant term. | Expanded 24 service hours by hiring a dentist and dental assistant. Offered dental services to 2,843 unduplicated homeless and underserved patients in Skid Row and South LA. Improved Phase 1 treatment completion rate from 63% to 80%. Referred 24.2% of medical patients seen at Angeles House to the dental clinic. <i>Acknowledged L.A. Care on website, social media, Annual Report, and at Spirit of Healing Gala. Closed</i> |
| 97 | Pomona Community Health Center dba ParkTree Community Health Center (ParkTree) | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 950 new dental patients and provide a range of dental/oral health care services; and (3) increase Phase I treatment plan completion from 30% to 40% for dental patients (of all ages) resulting in reduced incidence of any dental complications that require emergency treatment by the end of the grant term. | Hired a general dentist, and provided general dentistry to 950 new clients of all ages. Increased percentage of dental patients that utilize medical and behavioral health care clinics from 18.5% to 30%. Increased Phase 1 treatment plan completion from 30% to 40%. <i>Acknowledged L.A. Care on website, social media, and plaque on display at Holt Dental Clinic. Closed</i> |
| 98 | St. John's Well Child and Family Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist, a 0.75 FTE Registered Dental Assistant, and a 0.75 FTE Dental Assistant; (2) serve a minimum of 1,000 new dental patients and provide a range of dental/oral health care services in South Los Angeles; and (3) all dental patients at the new site will have received treatment resulting in no more than 50% of patients needing emergency dental treatment during the grant term. | Hired a general dentist, registered dental assistant, and a dental assistant to staff the new dental clinic at the Avalon Community Health & Homeless Drop-In Center in South LA and expanded service hours to five days per week. Provided prophylactic oral health services to 1,565 new, unduplicated pediatric and adult patients. Referred all dental patients to and/or from primary medical clinic resulting in 22% of overall dental patients completing at least one medical well visit in their medical clinic. 151 dental patients received emergency treatment, and only 11 required additional emergency services at their next dental visit. <i>Acknowledged L.A. Care on website. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 99 | Via Care Community Health Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 750 new dental patients and provide a range of dental/oral health care services; and (3) ensure at least 90% of its dental patients maintain adequate oral health care that requires no emergency dental care during the grant term. | Hired a 1.0 FTE General Family Dentist, and served 1,147 unduplicated, low-income individuals. Increased overall dental patients maintaining adequate oral health care that require no emergency dental care from 80% to 90%. Increased proportion of children ages 6-9 at elevated risk who received a sealant on a permanent first molar tooth from 80% to 100%. <i>Acknowledged L.A. Care on website, social media, donor wall, Annual Report, and at 507 Center Grand Opening. Closed</i> |
| 100 | White Memorial Community Health Center | \$125,000 | Oral Health XIII | 4/15/2024 | To (1) expand dental service hours by 40 hours per week by hiring a 0.70 FTE General Dentist and a 1.0 FTE Registered Dental Assistant; (2) serve a minimum of 500 new dental patients and provide a range of dental/oral health care services; and (3) increase the percentage of children, 6-9 years of age, at moderate to high risk for caries who received a dental sealant on a permanent first molar from 23% (baseline) to 50% by the end of the grant term. | Hired a 0.7 FTE dentist and 1.0 FTE registered dental assistant, and served 2,901 new, unique patients. Increased the percentage of children ages 6-9 at risk for dental caries receiving dental sealants from 23% to 71%; also increased percentage of medical pediatric patients who have established WMCHC as their permanent dental home from 12.5% to 22.6%. <i>Acknowledged L.A. Care on website and social media, and verbally to patients. Closed</i> |
| al OHI XIII | | \$1,500,000 | | | | |
| TRANQUADA) III - EIGHTEEN AWARDS (ALL ACTIVE IN 2022-23) | | | | | | |
| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
| 101 | AltaMed Health Services Corporation | \$150,000 | Tranquada XIII | 8/15/2024 | To retain 42 non-licensed frontline Medical Assistants by creating a career ladder from MA II to MA III with paid certifications and training and promotion opportunity for 20 MA II's within six months of completion. | Enrolled 42 Medical Assistant (MA)-IIs in the Certified Phlebotomy training through Regan Career Institute (RCI) to incentivize, advance and retain existing MAs. Trained CPT MAs provided diagnostic testing (HbA1c levels) on 4,124 patients during their clinical externship, 1,980 of which tested with abnormal HbA1c levels and 2,145 tested with normal HbA1c levels. Provided promotions or increased earnings for 15 MA-IIs and an additional 13 are currently in the process of similar advancements. <i>Acknowledged L.A. Care on social media. In Progress</i> |
| 102 | Angeles Community Health Center (Health Access for All Inc. dba Angeles Community Health Center). | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit two new Medical Assistants and one front office staff, and retain ten medical assistants through performance bonuses. | Hired two FTE medical assistants and a FTE front office staff and distributed 10 performance bonuses of up to \$3,500 for medical assistants, to retain existing staff. Due to increased frontline staff, approximately 6% of patients living with diabetes have demonstrated improvement from the previous year based on HbA1c measurements. <i>Acknowledged L.A. Care on signage in clinics . In Progress</i> |
| 103 | Asian Pacific Health Care Venture, Inc. | \$150,000 | Tranquada XIII | 8/15/2024 | To retain Front Office Staff, Medical Interpreters, Medical Assistants, and Enrollment Workers by offering merit increases for 82 of these non-licensed staff and provide staff retention bonuses 12 months after merit date with tuition reimbursement/paid professional development and performance bonuses. | Provided performance bonuses to five enrollment workers, two front office staff, thirty-five medical assistants, and eleven medical interpreters totaling 52 staff; retained all staff that received incentives. Provided professional development support to one medical interpreter. CAHPS Overall Rating of health care increased from 65.3% to 71.4%. <i>Acknowledged L.A. Care on website and Annual Report. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 104 | Chinatown Service Center | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain one full-time Front Desk Worker and a part-time Case Manager with professional development training and offer tuition reimbursement to front line staff with at least two years' service. | Hired one full-time case manager/coordinator and subsidized salaries of two part time case aide positions. Increased the number of patients receiving case management services by 410, bringing their current total to 1,340 as a result of added frontline staff. Two staff provided training opportunities and earned a certification of DOJ Accreditation for serving patients with immigration form assistance and case management, and each have been provided an incentive. Retained all staff since hire/incentive date. <i>Acknowledged L.A. Care on flyers for community events . In Progress</i> |
| 105 | Comprehensive Community Health Centers, Inc. | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain five new, non-licensed Medical Assistants for at least one-year in each of its five clinical sites. | Hired five Medical Assistants (MA), all of which have been retained. Provided a retention bonus to the lead MA. Of over 5,000 patients surveyed, 63% reported satisfactory wait times and 82% reported having been discharged within the allotted timeframe. <i>Acknowledged L.A. Care as a sponsor at Multicultural Health Fair and Children's Appreciation Day . In Progress</i> |
| 106 | East Valley Community Health Center, Inc. | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit one new, full-time non-licensed Medical Assistant (MA) and provide tuition reimbursement and paid professional development training for 60 existing, non-licensed MAs. | Hired one medical assistant (MA) who has since become a Lead MA. Retained forty MAs for over twelve months since start of grant. Established an agreement with American Career College and two student rotations have taken place. Increased the rate of retinal exams for diabetic patients from 20% to 35%. <i>Acknowledged L.A. Care on website, public information campaigns, and flyers to MAs regarding the opportunity. In Progress</i> |
| 107 | Garfield Health Center | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain a full-time, non-licensed Medical Assistant position and a full-time Receptionist at its Rosemead Health Center to support general front-line services, along with providing a recruitment bonus and advancement training for each position. | Hired one receptionist and one medical assistant, both are multilingual and support the integrated behavioral health therapists and chiropractors. Eighty-five percent of children and adults who screen positive for depression and receive counseling from the integrated behavioral health therapist for at least three months report an improvement in their mental health status as measured by PHQ-9. <i>Acknowledged L.A. Care on internal newsletter. In Progress</i> |
| 108 | Harbor Community Clinic | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit two full time Medical Assistants (MAs), and provide professional development and continued education or increase earnings for up to 16 MAs to retain all for 12 months following incentive. | Hired two Level II Medical Assistants (MAs). All MAs receive monthly training by a Nurse Practitioner on critical topics such as blood pressure, normal vital statics, and oxygen and a CPR instructor is available at the facility to train MAs every other month. Three MAs received a retention bonus, two MAs received their phlebotomy certificate, and nineteen MAs have been retained. Increased percentage of diagnosed hypertension patients 18-85 years old with controlled blood pressure by 7%. <i>Acknowledged L.A. Care on social media and website. In Progress</i> |
| 109 | JWCH Institute, Inc. | \$150,000 | Tranquada XIII | 8/15/2024 | To retain up to 70 non-licensed, Receptionists, Medical Assistants, Receptionists, and Benefits Counselors through providing performance bonuses, tuition reimbursement and, educational loan repayments, 56 of which will be retained 12 months after the incentive date. | Established retention bonus eligibility criteria and provided 116 staff with retention bonuses and/or incentives, including workforce training and development; 109 staff received a second bonus, and 100 staff received a third bonus. Retained 91% of staff that received incentives. Improved employee turnover rate from 21% to 17% since the project start date. Reduced clinic cycle time by 87 minutes. <i>Acknowledged L.A. Care on website and as a donor at Annual Benefit Dinner and Dance. In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
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| 110 | KHEIR Center | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit two bilingual Enrollment Specialist and a culturally competent Translator and provide free professional development training and tuition reimbursement for up to 43, non-licensed front line staff to retain 32 staff at least 12 months after the incentive date. | Hired a bilingual enrollment specialist providing enrollment services, in-language health education, and community outreach to Bengali-speaking residents. Hired a bilingual patient services representative, who has collaborated with PCPs and NPs to ensure monolingual Korean patients receive interpretation assistance for clinical services. Provided staff with professional development trainings, tuition reimbursement, 75% of staff with retention bonuses, and 80% of staff with increased earnings. <i>Acknowledged L.A. Care on website, social media, and at Anniversary and Awards Dinner. In Progress</i> |
| 111 | Los Angeles Christian Health Centers | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain two full-time Medical Assistant, and provide eleven staff incentives, including covered professional development training to retain all at least 12 months after hire/incentive date. | Hired two Medical Assistants (MAs) and enrolled additional staff for courses, certifications, and trainings as incentives, including a team-building course and a Spanish Medical Terminology course. Retained 73.5% of existing MAs. Improved MA intake cycle time by 25%. <i>Acknowledged L.A. Care on website, social media, and Annual Report . In Progress</i> |
| 112 | Northeast Valley Health Corporation | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit one new, full-time MA position and retain 10 Medical Assistants through promotion and/or increased earnings | Hired a Medical Assistant (MA) II Floater and promoted 10 MA III personnel. Retained ten MAs. Provided numerous trainings to MA IIIs including clinic work flow trainings and important touchpoints or milestones an MA needs to engage with during a clinic visits. The MA II has provided relief time from the clinic floor for MA IIIs that are participating in the trainings. <i>Acknowledged L.A. Care on social media and at Anniversary Gala. In Progress</i> |
| 113 | Pomona Community Health Center dba ParkTree Community Health Center (ParkTree) | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain two full-time Outreach and Enrollment Specialists, and provide professional development training and tuition reimbursement to retain up to 18 front line, non-licensed staff for at least 12 months after hire/incentive received. | Hired two new Outreach and Enrollment Specialists, one of which was promoted to a lead position, and utilize PointCare interface to identify ParkTree's anchored patients who need assistance with their Medi-Cal renewal. Provided 18 staff members with tuition reimbursement and enhanced training opportunities. Served 2,116 new managed care patients, 72.9% of which did not return with a new chronic disease. <i>Acknowledged L.A. Care on website and social media. In Progress</i> |
| 114 | St. Anthony Medical Centers | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit four Medical Assistant positions with sign-on bonuses and retain each staff for at least 12 months after hire with bonuses and career advancement opportunities. | Hired and retained four Medical Assistants (MAs); all are bilingual, received a sign-on bonus and are receiving professional development training. Reduced the number of missed patient appointments by 6.5% compared to the prior year. <i>Acknowledged L.A. Care verbally to patients and planning to acknowledge on website. In Progress</i> |
| 115 | St. John's Well Child and Family Center | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain three new Assistant Clinic Managers with sign-on bonuses, and promote existing non-licensed staff into these positions with training from Clinic Managers and additional support or training to retain each manager for at least 12 months after promotion. | Promoted three staff to DPI Champion Coaches to monitor and evaluate the DPI implementation across nine clinics sites. Retained all Champion Coaches 18 months to date, and each reported increased satisfaction due to knowledge and skills gained via DPI. Reduced patient cycle wait times at all nine clinics from an average of 88 minutes to 45 minutes, and reduced average no-show rate from 14% to 13%. <i>Acknowledged L.A. Care on website . In Progress</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-----|-----------------------------------|-----------|----------------|-----------|---|--|
| 116 | The Achievable Foundation | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit two Medical Assistants and one Assistant Social Worker with sign on bonus after 90 day probation period, and provide seven front line staff retention bonuses, salary increases, and a floating holiday after 12 months additional employment. | Hired two Medical Assistant (MA) and one Associate Clinical Social Worker, and each received a sign-on bonus. Implemented salary increases for nine non-licensed frontline staff members. Supported two MAs to receive certification training, two staff members received customer service training, and seven staff members received community health center on-boarding training. Served 2,752 unduplicated patients and increased the percentage of females 50-74 years old who had a mammogram in the last two years from 49% to 76%. <i>Acknowledged L.A. Care on social media . In Progress</i> |
| 117 | Universal Community Health Center | \$150,000 | Tranquada XIII | 8/15/2024 | To retain four Medical Assistants through four months of training and promotion to Medical Assistant Lead/Care Coordinator and retain at least two of the four position for 12 months after promotion. | Promoted four medical assistants that were previously in budgeted, but unfunded positions. Increased child immunizations have increased from 25% to 31%. Increased screening rates for depression from 85% to 98%, and screened a total of 323 women for mammograms in 2023. <i>Acknowledged L.A. Care on social media, marketing campaigns, and planning a plaque. In Progress</i> |
| 118 | Via Care Community Health Center | \$150,000 | Tranquada XIII | 8/15/2024 | To recruit and retain three Outreach and Enrollment Specialist and provide incentive on their 12 month work anniversary to retain each new hire for 12 months. | Hired 3.5 FTE Outreach, Enrollment and Retention Specialists (OERS), all of which have received pay increases. The OERS team has assisted over 9,600 individuals with outreach and enrollment support. Received high patient satisfaction ratings with quality of care from over 85% of patients. <i>Acknowledged L.A. Care on website, social media, and Annual Report. In Progress</i> |

| | | | | | | |
|----------------|--------------|--|--|--|--|--|
| Tranquada XIII | \$ 2,700,000 | | | | | |
|----------------|--------------|--|--|--|--|--|

Fiscal Year 2020-21 - Total of Forty-six Awards - \$9,439,150 (10 Active in 2022-23)

AD HOC 2020-21 - NINE AWARDS

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-----|---|-----------|------------------|----------|--|---|
| 119 | Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF) | \$500,000 | Ad Hoc 2020-2021 | 1/1/2025 | To expand the Post Discharge Clinic to provide treatment to 350 additional patients including long-haul COVID, Post-ICU Syndrome, Interstitial Lung Disease, and other patients with diagnoses resulting in limited lung function or significant respiratory symptoms. All patients enrolled in the clinic for at least 6 months will demonstrate pulmonary function or respiratory improvements. Will integrate a care coordinator to improve wait times for biopsies after diagnosis for lung module patients and improve wait times for enrollment in pulmonary rehabilitation care after referral. | Enrolled 241 unique patients in the Complex Pulmonary Disease Clinic, all of which adhered to their treatment plans and demonstrated various levels of improvements. By integrating care coordination into the treatment process, have decreased wait time of biopsies for lung nodule patients by 12.5%, and decreased the time of referrals to pulmonary rehabilitation to enrollment in service from 123.7 days to 37.7 days. Sustained a patient satisfaction rating of "Very good" for at least 80% of patients for both "Overall rating of the care you received" and "Extent to which your care provider coordinates your medical care". <i>Acknowledged L.A. Care on social media, website, and at the Dream Show. In Progress</i> |

| | | | | | | |
|----------------|------------|--|--|--|--|--|
| Ad Hoc 2020-21 | \$ 500,000 | | | | | |
|----------------|------------|--|--|--|--|--|

EQUITY & RESILIENCE INITIATIVE (E & R) II - NINE AWARDS

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-----|------------------------------------|-----------|------------|-----------|---|--|
| 120 | A Step to Freedom | \$125,000 | E & R II | 9/15/2023 | To provide transitional housing to 350 clients and provide at least one new needed program or supportive services to transitional housing program (THP) clients, and ensure 70% compliance among 50% of clients taking prescribed medications. Enhance client database system to track program participation, changes in skills, knowledge and attitudes, and post program status. Increase the number of Board members by two, and provide all appropriate staff training on the use of automated financial systems. | Housed, assessed and finalized stable housing plans for 416 adult male clients within one month of intake. More than 91.6% of the Transitional Housing Program (THP) clients participated in the Workforce Development Program. Helped 100% of its clients in the transitional housing program achieve at or above 70% compliance with prescribed medications. Designated staff completed all necessary Salesforce training to facilitate tracking client participation and outcomes. Three new board members with diverse and useful expertise were on-boarded and oriented to the organization. Human Resources and financial management policies were developed and implemented. <i>Recognized L.A. Care as a 2022 Warm the Streets Organizational Capacity Building Sponsor. Closed</i> |
| 121 | Comunidades Indigenas en Liderazgo | \$125,000 | E & R II | 9/15/2023 | To conduct COVID-19 vaccination education to 1,000 hard to reach indigenous migrant communities in L.A. County consistent with L.A. City, County, State and CDC guidelines. Train 50 interpreters to effectively represent speakers of indigenous languages in court, hospitals, and other essential interactions. Develop and gain Board approval of a 2-year strategic plan. | Conducted COVID-19 vaccination education to 1,000 hard to reach indigenous migrant communities in L.A. County consistent with LA City, County, state, and CDC guidelines. Trained 50 interpreters to effectively represent speakers of indigenous languages in court, hospitals, and other essential interactions. Held the Indigenous Literature Conference, attended by 300 people. Provided 1,050 food boxes to Indigenous migrant families, served 1,553 people at the Mexican Consulate, 40% of whom were from an indigenous community, and served 1,112 at the Guatemalan consulate. <i>Acknowledged L.A. Care with signage and logo inclusion during at vaccination clinics. Closed</i> |
| 122 | Creative Acts | \$125,000 | E & R II | 9/15/2023 | To provide civic engagement programming, available to at least 24 incarcerated youth in LA Probation Camps & Halls. Teach and expand virtual reality reentry program to at least 18 people serving life sentences inside prison. Offer past participants training how to facilitate classes and employment following release. Enhance donor database platform and virtual reality equipment. Develop a diverse Board of Directors for 501c3 organization and achieve a diverse operational budget of \$500,000. | Provided civic engagement programming sessions in all LA County Probation Camps and Halls to 50 youth. Provided Virtual Reality re-entry programming to 35 adults serving life sentences at Corcoran State Prison. This program was facilitated by instructors with lived experience, 75% of whom are formerly incarcerated program alumni. Secured 501c3 status and strengthened its board of directors at full membership, accounting processes, established a donor database, hosted a 5-year fundraising event, hired an Office Manager and exceeded operating budget goal, totaling \$750,000 from diverse sources for 2023. <i>Acknowledged L.A. Care as a sponsor/funder in all signage, invitations, program and announcement on stage at 5 Year Event. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-----|-------------------------------|-----------|------------|-----------|--|---|
| 123 | Homies Unidos, Inc. | \$125,000 | E & R II | 9/15/2023 | To partner to vaccinate at least 250 community members for COVID-19 in predominantly immigrant communities and communities impacted by gang violence. Distribute personal protective equipment to at least 1,500 unique individuals and food to at least 18,000 people or families in gang impacted communities to reduce violence related to the stress of COVID's economic fallout. Improve civic engagement and reduce destructive behavior for 45 youth including formerly incarcerated youth and recent immigrants from Central America between the ages of 14 and 24. Develop client tracking database, foster staff and leadership development through a three-day retreat, and enhance board effectiveness through a two-day retreat and training. | Vaccinated 250 community members for COVID-19 in predominantly immigrant communities and communities impacted by gang violence. Distributed personal protective equipment to 13,254 unique individuals and food to at least 19,324 people at 58 different locations within Koreatown, Westlake, Pico-Union and South Central L.A. Engaged 176 youth (including formerly incarcerated youth and recent immigrants from Central America between the ages of 14 and 24) through its Leadership Development program to help improve civic engagement and reduce destructive behavior in the community. <i>Acknowledged and thanked L.A. Care Health Plan in their Strategic Plan document. Closed</i> |
| 124 | Inclusive Action for the City | \$125,000 | E & R II | 9/15/2023 | Provide advocacy support to 2,200 street vendors via the LA Street Vendor Campaign. Assist 125 vendors to reach full compliance with Los Angeles street vendor policies. Successfully implement and integrate use of Customer Relationship Management Software. Hire and empower an Operations and Program Director to manage the expanding programmatic and operational portfolio and produce policy-related impact data by hiring a full-time Policy Associate. | Provided advocacy support, education, and outreach to 170 street vendors via the LA Street Vendor Campaign, working in partnership with LA City Mayor's Office, LA County Public Health, LA County Board of Supervisors and others. Strengthened infrastructure by hiring one full-time Deputy Director and one full time Policy Associate. Implemented new CRM (Salesforce) into existing software and staff workflows for Customer Relationship Management. <i>Acknowledged L.A. Care as core funder in annual report. Closed</i> |
| 125 | Khmer Girls in Action | \$125,000 | E & R II | 9/15/2023 | To provide leadership development training to and improve self-esteem and civic engagement for at least 80 members/clients. Increase the knowledge base of 1,200 community members on social issues impacting their neighborhoods through phone banking and door knocking, following all COVID 19 safety measures. Increase staff competency on PowerBase system and digital organizing and tracking alignment. Engage technical consultant to assess Information Technology (IT) functionality and replace outdated technology with PowerBase. | Provided leadership development training to 68 youth and conducted COVID outreach regarding voter registration, how to stay safe during COVID-19, where to get vaccinated, and find community-supported services to more than 1,700 community members. All 12 of the high school seniors who received leadership development training were accepted into college. Trained staff on additional digital tech processes such as importing and managing database and held first participatory budgeting process with Long Beach youth. They identified a consultant to start recognizing tech needs for a new server to support a hybrid work model. <i>Acknowledged LA Care as a funder through programs, flyers, community events and community outreach efforts. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-----|------------------------------------|-----------|------------|-----------|---|--|
| 126 | Southeast Asian Community Alliance | \$125,000 | E & R II | 9/15/2023 | To deliver food and personal protective equipment to at least 150 community members twice each month. Continually update and provide updated public health information in five languages to 1,000 community members at least four times a year. Provide economic assistance to a minimum of 50 households in the form of cash grants, rental assistance, and/or help applying for COVID-19 relief programs, and empower 10-15 youth to be community leaders, educators, and change advocates for COVID-19 recovery efforts. Hire a consultant to assist in developing an organizational database and work with an accounting firm to improve fiscal management, establish an emergency/reserve fund, and develop a strategy for investing money from reserve funds. | Distributed more than 14,000 pounds of food, assisted more than 400 households in enrolling in various food and rental assistance programs, and distributed more than \$100,000 in cash & rental assistance. Also provided 56 educational workshops and leadership trainings for 93 youth and provided updated public health information to 1000 community members in five languages. <i>Acknowledged L.A. Care on flyers placed into care packages/grocery bags and verbal acknowledgment of L.A. Care during member meetings. Closed</i> |
| 127 | STEM to the Future | \$125,000 | E & R II | 9/15/2023 | To provide after school and camp programs to instruct at least 2,000 Black and Latinx youth how to use Science, Technology, English, Art, and Math (STEAM) to empower their communities. Ensure at least 1,600 Planting the Seed (PTS) participants and 30 participants in the three Brick by Brick (BxB) program feel confident in their ability to use STEAM and fulfill unmet needs in their communities. Train and support at least 300 educators to teach STEAM-based curricula, 240 (80%) of which will feel at least confident in teaching the program and in their ability to help their students see how they can use STEAM to support justice and freedom in the community. Improve client and donor data tracking. Develop partnership to evaluate programs and refine strategies. Achieve donations of \$50,000 from individual donors through Board-led fundraising campaigns. | Served more than 3,000 youth through Planting the Seed Program with 80%+ of them expressing confidence in their ability to use STEAM to uplift their community and creative skills. Trained 300+ educators from Teach for America, Urban Ed Collective, and Cal State University Dominguez Hills to create and implement student-led STEAM based learning experiences rooted in justice and freedom, 85% of whom expressed confident or better in their ability to guide students in learning more about the needs of their school community and work together as they advocate for community informed change. These programs will impact over 30,000 youth in schools across California. Expanded organization's staffing from 2 FT and 3 PT positions to 6 FT and 4 PT positions, including a FT Curriculum Designer and FT Director of Development, and 4 long-term contract workers. Transferred client and donor data to Salesforce for consolidated and accurate data tracking, established a three-year contract with an evaluation organization, and launched a multifaceted end of the year giving campaign through consultant-led Board development and fundraising planning. <i>Acknowledged L.A. Care at Fall 2022 Student Led Events, and December 2022 Roundtable event. Closed</i> |

| # | Organization | Amount | Grant Type | End Date | Grant Purpose | Progress Update and Recognition (<i>in Italics</i>) |
|-------------------------------|------------------------------------|--------------|--------------|-----------|--|---|
| 128 | The Community Action League (TCAL) | \$125,000 | E & R II | 9/15/2023 | To provide employment and leadership training, job coaching services, self-employment, family reunification with the Department of Children and Family Services (DCFS), online training courses, and referral services to at least 450 clients annually, of which 50% will either get employed, or start some form of income generating activity (e.g small business) within the first 6 months of completing one of our programs, and 75% within 12 months. Provide COVID 19 related outreach, engagement and system navigation services to at least 900 unduplicated individuals to overcome vaccine hesitancy and stimulate higher vaccination rates. Acquire a Client Management System to keep track of individual relationships with clients. Conduct a staff and organizational development retreat and provide financial management training for Board leadership. | Provided employment and leadership training, job coaching services, self-employment, family reunification with DCFS, online training courses and referral services to 900 participants. Provided COVID-19 related outreach, engagement and system navigation services to more than 900 unduplicated individuals. Helped approximately 900 people secure employment or start some form of income generating activity within the first 12 months of program participation. Acquired a customized Client Management System to keep track of individual relationships with clients, has completed a series of staff and organizational development trainings, and completed financial management training for 100% of its board members. <i>Acknowledged L.A. Care on website, Black Family Reunion and Youth Leadership event invitations, and as a funder/sponsor at various vaccination clinics and events. Closed</i> |
| Subtotal ER II | | \$ 1,125,000 | | | | |
| TOTAL ACTIVE GRANTS 2020-2023 | | | \$21,400,000 | | | |

Legislative Matrix

Last Updated: September 23, 2024

Bills by Issue

2024 Legislation (60)

| Bill Number | Status | Position |
|---|----------------------|----------------|
| AB 106 | Enacted | Monitor |
| <p>Title Budget Acts of 2022 and 2023.</p> <p>Description AB106, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.</p> <p>Primary Sponsors Jesse Gabriel</p> | | |
| AB 157 | Passed Senate | None |
| <p>Title Budget Act of 2024.</p> <p>Description AB157, Gabriel . Budget Act of 2024. The Budget Act of 2024 made appropriations for the support of state government for the 2024-25 fiscal year. This bill would amend the Budget Act of 2024 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.</p> <p>Primary Sponsors Jesse Gabriel</p> | | |

Bill Number
AB 158

Status
Passed Senate

Position
None

Title

Budget Acts of 2022 and 2023.

Description

AB158, Gabriel . Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors

Jesse Gabriel

Title

Health.

Description

AB 177, Committee on Budget. Health. (1) The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Existing law requires the department, by January 1, 2025, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Existing law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations. Existing law requires the moratorium to end the date the emergency regulations are adopted. This bill would extend the deadline by which the department is required to adopt those regulations to January 1, 2026, and would require the moratorium to end January 1, 2027, or one year after the date the emergency regulations are adopted. (2) Existing law requires a disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for medically necessary treatment of mental health and substance use disorders and cover services identified in a fee-for-service reimbursement schedule published by the State Department of Health Care Services when those services are delivered at schoolsites, regardless of the network status of the local educational agency, institution of higher education, or health care provider. Existing law requires the Insurance Commissioner to issue guidance to disability insurers regarding compliance with these provisions. Existing law, as part of the Children and Youth Behavioral Health Initiative, requires the State Department of Health Care Services to develop and maintain a school-linked statewide provider network of schoolsite behavior health counselors and requires a health care service plan, insurer, or Medi-Cal managed care plan that covers necessary schoolsite services, as specified, to comply with all administrative requirements to cover and reimburse the services set forth by the network administrator. This bill would require the commissioner to additionally issue guidance to disability insurers regarding compliance with provisions regarding administrative requirements to cover and reimburse services under the school-linked statewide behavioral health provider network. (3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program p... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Mental health: impacts of social media.

Description

AB 1282, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. Existing law authorizes the State Department of Public Health to, among other things, enforce its regulations and protect and preserve the public health. This bill would require the department, in consultation with the commission, to report to specified policy committees of the Legislature, on or before December 31, 2026, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which the mental health of children and youth is positively, negatively, or neutrally impacted by use of social media and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services related to social media use. The bill would require the department to explore, among other things, the child and youth populations that use social media, including disproportionate rates and impacts among specific groups, and the negative behavioral health risks, as specified, associated with social media use and misuse among children and youth. The bill would require the department to additionally consult with certain communities in preparing the report, and prior to publication. The bill would repeal these provisions on January 1, 2030.

Primary Sponsors

Josh Lowenthal

Title

Emergency services: psychiatric emergency medical conditions.

Description

AB 1316, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified. Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines "psychiatric emergency medical condition," for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition. This bill would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, under prescribed circumstances. The bill would make conforming and clarifying changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including poststabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits. The bill would require coverage for emergency services necessary to relieve or eliminate a psychiatric emergency m... (click bill link to see more).

Primary Sponsors

Jacqui Irwin, Chris Ward

Title

Health care coverage: Medication-assisted treatment.

Description

AB 1842, Reyes. Health care coverage: Medication-assisted treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would require a group or individual health care service plan or health insurer offering an outpatient prescription drug benefit to provide coverage without prior authorization, step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of 4 designated categories, including medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Reyes

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:00 PM

California Association of Health Plans - Oppose America's Health Insurance Plans - Oppose Association of California Life and Health Insurance Companies - Oppose Support: California Academy of Child and Adolescent Psychiatry - Support California Black Health Network - Support California Hospital Association - Support California State Association of Psychiatrists (CSAP) - Support County Behavioral Health Directors Association of California - Support Ella Baker Center for Human Rights - Support Health Access California - Support Steinberg Institute - Support

Title

Maternal mental health screenings.

Description

AB 1936, Cervantes. Maternal mental health screenings. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would require the program to consist of at least one maternal mental health screening during pregnancy, at least one additional screening during the first 6 weeks of the postpartum period, and additional postpartum screenings, if determined medically necessary and clinically appropriate in the judgment of the treating provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Sabrina Cervantes, Susan Rubio

Title

Medi-Cal: medically supportive food and nutrition interventions.

Description

AB 1975, Bonta. Medi-Cal: medically supportive food and nutrition interventions. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease. Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals. This bill would make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, no sooner than July 1, 2026, upon appropriation and subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require the department to define the qualifying medical conditions for covered interventions and delineate the services included in the definition of a medically supportive food and nutrition intervention. The bill would require a health care provider, to the extent possible, to match the acuity of a patient's condition to the intensity and duration of the covered intervention and to include culturally appropriate foods. The bill would require the department, upon appropriation, to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items, such as the scope of the benefit, among others.

Primary Sponsors

Mia Bonta

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:52 PM
Support: Local Health Plans of California , California Association of Health Plans

Title

Coverage for PANDAS and PANS.

Description

AB 2105, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon and is medically necessary, as specified. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Lowenthal

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:54 PM
Oppose: California Association of Health Plans

Title

Immediate postpartum contraception.

Description

AB 2129, Petrie-Norris. Immediate postpartum contraception. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally regulates contractual provisions between health care service plans and health insurers and their contracting health care providers. This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Cottie Petrie-Norris

Title

Health care services: tuberculosis.

Description

AB 2132, Low. Health care services: tuberculosis. Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is generally a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified. This bill would require a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered tuberculosis screening, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, except as specified. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive. The bill would prohibit a health care provider that fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability, for that failure. The bill would make related findings and declarations. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to adopt an option made available under federal Medicaid law to pay allowable tuberculosis-related services for persons infected with tuberculosis, as specified. This bill would require a Medi-Cal managed care plan to ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, as specified.

Primary Sponsors

Evan Low

Title

Health information.

Description

AB 2198, Flora. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers, commencing January 1, 2024, to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require health care service plans or health insurers, as applicable, to establish and maintain provider access API and prior authorization support API if and when final federal rules are published. This bill would instead require the departments, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and health insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API. The bill, until January 1, 2027, would authorize the departments to issue guidance relating to these provisions not subject to the Administrative Procedure Act, as specified. Because a violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Heath Flora

Title

Children and youth: transfer of specialty mental health services.

Description

AB 2237, Aguiar-Curry. Children and youth: transfer of specialty mental health services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 21 years of age or younger who is receiving Medi-Cal specialty mental health services changes residence from one county to another, the receiving county to provide specialty mental health services to the child or youth, if the transfer of those services from one county to another is not otherwise governed by a process established in statute. The bill also would require the State Department of Health Care Services to collect specified data related to the receipt of specialty mental health services by children and youth who move outside of the county where they originally received specialty mental health services, and to include the data in the department's Medi-Cal specialty mental health services performance dashboard. The bill would require the department to issue guidance, as specified, to define the requirements placed on a receiving county for the continued provision of specialty mental health services, to coordinate and expedite the transfer of services from one county to another, and reduce the burden on children and youth and their caregivers to reestablish services in the receiving county. The bill would authorize the department to implement, interpret, or make specific its provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted, as specified.

Primary Sponsors

Cecilia Aguiar-Curry

Title

Health care coverage: cost sharing.

Description

AB 2258, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual nongrandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would authorize the Insurance Commissioner to impose a civil penalty of not more than \$5,000 against an insurer for each violation of these provisions, or not more than \$10,000 per violation if the violation was willful. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rick Zbur

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:18 PM
California Association of Health Plans - Oppose

Title

Joint powers agreements: health care services.

Description

AB 2293, Mathis. Joint powers agreements: health care services. (1) Existing law, the Joint Exercise of Powers Act, authorizes 2 or more public agencies by agreement to exercise any power common to the contracting parties, subject to meeting certain conditions with respect to that agreement. Existing law authorizes a private, nonprofit corporation, until January 1, 2032, formed for the purposes of providing services to zero-emission transportation systems or facilities, to join a joint powers authority or enter into a joint powers agreement with a public agency to facilitate the development, construction, and operation of zero-emission transportation systems or facilities that lower greenhouse gases, reduce vehicle congestion and vehicle miles traveled, and improve public transit connections. This bill, until January 1, 2034, would authorize one or more private, nonprofit mutual benefit corporations formed for purposes of providing health care services to join a joint powers authority or enter into a joint powers agreement with one or more public entities established under the act, as specified. The bill would deem any joint powers authority formed pursuant to this provision to be a public entity, except that the authority would not have the power to incur debt or to engage in specified other acts, including employing physicians and surgeons or charging for professional services rendered by physicians and surgeons. The bill would require an authority formed to be governed by a board of directors, composed as determined by the participating public agency or agencies. The bill would prohibit the representation of private, nonprofit mutual benefit corporations on the board of directors from exceeding 50%. The bill would define terms for its purposes. (2) Existing law sets forth requirements for the solicitation and evaluation of bids and the awarding of contracts by public entities, including requirements applicable if the public entity is required by statute or regulation to obtain an enforceable commitment that a bidder, contractor, or other entity will use a skilled and trained workforce, as defined, to complete a contract or project. Except as specified, existing law requires that, for workers employed on public works, as defined, not less than the general prevailing rate of per diem wages, determined as provided by the Director of Industrial Relations, for work of a similar character in the locality in which the public work is performed be paid to those workers, as provided. This bill, except as specified, would require a joint powers authority formed pursuant to the bill, when undertaking a project applicable to the construction or refurbishment of health facilities, to obtain an enforceable commitment that any... (click bill link to see more).

Primary Sponsors

Devon Mathis

Title

Hospital and Emergency Physician Fair Pricing Policies.

Description

AB 2297, Friedman. Hospital and Emergency Physician Fair Pricing Policies. Existing law requires a hospital to maintain a written charity care policy and a discount payment policy for uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law requires the written policy regarding discount payments to also include a statement that an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law authorizes an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 350% of the federal poverty level. Existing law defines "high medical costs" for these purposes to mean, among other things, specified annual out-of-pocket costs incurred by the individual at the hospital or a hospital that provided emergency care. This bill would authorize an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level. The bill would also clarify that out-of-pocket costs for the above-described definition of "high medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. Existing law requires a hospital's discount payment policy to clearly state the eligibility criteria based upon income, and authorizes a hospital to consider the income and monetary assets of the patient or the patient's family, as defined, in determining eligibility under its charity care policy. This bill would prohibit a hospital from considering the monetary assets of the patient in determining eligibility for both the charity care and the discount payment policies, but would authorize the hospital to consider the availability of a patient's health savings account held by the patient or the patient's family, as specified. The bill would revise the definition of patient's family, as specified. The bill would instead require that the eligibility for charity care or discounted payments be determined at any time the hospital is in receipt of, among other things, recent pay stubs or income tax returns. The bill would prohibit a hospital or an emergency physician from imposing time limits for applying for charity care or discounted payments, and would prohibit a hospital or emergency physician from denying eligibility based on the timing of a patient's application. The bill would authorize a hospital or emergency physician to waive or reduce Medi... (click bill link to see more).

Primary Sponsors

Laura Friedman

Title

Open meetings: local agencies: teleconferences.

Description

AB 2302, Addis. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in specified circumstances if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction, and the legislative body complies with prescribed requirements. Existing law imposes prescribed restrictions on remote participation by a member under these alternative teleconferencing provisions, including establishing limits on the number of meetings a member may participate in solely by teleconference from a remote location, prohibiting such participation for a period of more than 3 consecutive months or 20% of the regular meetings for the local agency within a calendar year, or more than 2 meetings if the legislative body regularly meets fewer than 10 times per calendar year. This bill would revise those limits, instead prohibiting such participation for more than a specified number of meetings per year, based on how frequently the legislative body regularly meets. The bill, for the purpose of counting meetings attended by teleconference, would define a "meeting" as any number of meetings of the legislative body of a local agency that begin on the same calendar day. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitu... (click bill link to see more).

Primary Sponsors

Dawn Addis

Title

California Dignity in Pregnancy and Childbirth Act.

Description

AB 2319, Wilson. California Dignity in Pregnancy and Childbirth Act. Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality. Existing law makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Existing law requires a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. Existing law requires the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. Existing law requires the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility. Existing law requires the department to track and publish data on pregnancy-related death and severe maternal morbidity, as specified. This bill would make a legislative finding that the Legislature recognizes all birthing people, including nonbinary persons and persons of transgender experience. The bill would extend the evidence-based implicit bias training requirements to specified health care providers at hospitals that provide perinatal care, alternative birth centers, or primary care clinics, as specified. The bill would require an implicit bias program to include recognition of intersecting identities and the potential associated biases. The bill would require initial basic training for the implicit bias program to be completed by June 1, 2025, for current health care providers, and within 6 months of their start date for new health care providers, unless exempted. The bill would require specified facilities to, by February 1 of each year, commencing in 2026, provide the Attorney General with proof of compliance with these provisions, as specified. The bill would authorize the Attorney General to pursue civil penalties for violations of these provisions, as specified. Th... (click bill link to see more).

Primary Sponsors

Lori Wilson, Akilah Weber, Mia Bonta, Steve Bradford, Isaac Bryan, Mike Gipson, Chris Holden

Title

Optometry: mobile optometric offices.

Description

AB 2327, Wendy Carrillo. Optometry: mobile optometric offices. Existing law, the Optometry Practice Act, establishes the State Board of Optometry within the Department of Consumer Affairs and sets forth the powers and duties of the board relating to the licensure and regulation of the practice of optometry. Existing law regulates the ownership and operation of mobile optometric offices, as defined, including, among other things, requiring the owner and operator of a mobile optometric office to file a quarterly report containing specified information. Existing law requires the board, by January 1, 2023, to adopt regulations establishing a registry for the owners and operators of mobile optometric offices, as specified. Existing law prohibits the board, before January 1, 2023, from bringing an enforcement action against an owner and operator of a mobile optometric office based solely on its affiliation status with an approved optometry school in California for remotely providing optometric service. Existing law makes these and other provisions related to the permitting and regulation of mobile optometric offices effective only until July 1, 2025, and repeals them as of that date. This bill would authorize the owner and operator of a mobile optometric office to instead file the above-described quarterly reports as a single, annual report during the first renewal period of 2 years, as specified. The bill would also extend the deadline for the board to adopt the above-described regulations to January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026, or before the board adopts those regulations, whichever is earlier. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.

Primary Sponsors

Wendy Carrillo

Title

Medi-Cal: telehealth.

Description

AB 2339, Aguiar-Curry. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, subject to federal approval, in-person, face-to-face contact is not required under Medi-Cal when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law defines "asynchronous store and forward" as the transmission of a patient's medical information from an originating site to the health care provider at a distant site. This bill would expand that definition, for purposes of the above-described Medi-Cal provisions, to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications. Existing law prohibits a health care provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as specified. Among those exceptions, existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and when established in accordance with department-specific requirements and consistent with federal and state law, regulations, and guidance. This bill would expand that exception to include asynchronous store and forward when the visit is related to sensitive services, as specified. Existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests that they do not have access to video, as specified. This bill would remove, from that exception, the option of the patient attesting that they do not have access to video.

Primary Sponsors

Cecilia Aguiar-Curry

Title

Medi-Cal: EPSDT services: informational materials.

Description

AB 2340, Bonta. Medi-Cal: EPSDT services: informational materials. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions. Existing federal regulations require the state to provide for a combination of written and oral methods designed to inform individuals eligible for EPSDT services, or their families, about the EPSDT program, within 60 days of the individual's initial Medicaid eligibility determination and, in the case of families that have not utilized EPSDT services, annually thereafter, as specified. Under those regulations, required information includes, among other components, the benefits of preventive health care and the services available under the EPSDT program and where and how to obtain those services. This bill would require the department to prepare written informational materials that effectively explain and clarify the scope and nature of EPSDT services, as defined, that are available under the Medi-Cal program. Under the bill, the materials would include, but would not be limited to, the information required in the above-described federal regulations or their successor. Under the bill, the informational materials would also include content designed for youth, for purposes of delivery of that content to a beneficiary who is 12 years of age or older but under 21 years of age. The bill would authorize the department to standardize the materials, as specified, and would require the department to regularly review the materials to ensure that they are up to date. The bill would require the department to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries, in order to ensure that the materials use clear and nontechnical language that effectively informs beneficiaries. The bill would require the department or a Medi-Cal managed care plan, to provide to a beneficiary who is eligible for EPSDT services, or to the parent or other authorized representative of that beneficiary, as applicable, the informational materials within a maximum number of calendar days after that beneficiary's enrollment in a managed care plan or initial Medi-Cal eligibility determination and annually thereafter, as specified by the department.

Primary Sponsors

Mia Bonta

Bill Number
AB 2435

Status
Enacted

Position
Monitor

Title

California Health Benefit Exchange.

Description

AB 2435, Maienschein. California Health Benefit Exchange. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, governed by an executive board, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the executive board. Existing law authorizes the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2025, with the exception of regulations implementing prescribed provisions relating to criminal background history checks for persons with access to confidential, personal, or financial information. Existing law authorizes the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2030. Existing law provides that these extensions apply to a regulation adopted before January 1, 2022. This bill would extend the authority of the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2030, and would extend the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2035. The bill would provide that these prescribed time extensions apply to a regulation adopted before January 1, 2025.

Primary Sponsors

Brian Maienschein

Bill Number
AB 2442

Status
Passed Senate

Position
Monitor

Title

Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care.

Description

AB 2442, Zbur. Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care. Existing law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license, and specifies the manner in which the applicant is required to demonstrate their intent. This bill would also require those boards to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent. The bill would repeal its provisions on January 1, 2029.

Primary Sponsors

Rick Zbur

Title

Medi-Cal: diapers.

Description

AB 2446, Ortega. Medi-Cal: diapers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under existing law, incontinence medical supplies are covered by the Medi-Cal program. This bill would establish diapers as a covered Medi-Cal benefit for a child greater than 3 years of age who has been diagnosed with a condition, as specified, that contributes to incontinence, and for an individual under 21 years of age if necessary to correct or ameliorate a condition pursuant to certain federal standards. The bill would limit the provided diapers to an appropriate supply based on the diagnosed condition and the age of the Medi-Cal beneficiary. The bill would require the department to seek any necessary federal approvals to implement these provisions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and an appropriation by the Legislature.

Primary Sponsors

Liz Ortega

Title

Health care coverage for menopause.

Description

AB 2467, Bauer-Kahan. Health care coverage for menopause. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies. This bill would require a health care service plan contract or health insurance policy, except as specified, to include coverage for evaluation and treatment options for perimenopause and menopause. The bill would require a health care service plan or health insurer to annually provide clinical care recommendations, as specified, for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rebecca Bauer-Kahan

Organizational Notes

Last edited by Joanne Campbell at Aug 21, 2024, 2:59 PM
Oppose: California Association of Health Plans (Removed)

Title

Behavioral health and wellness screenings: notice.

Description

AB 2556, Jackson. Behavioral health and wellness screenings: notice. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan, except as specified, or health insurer to provide to enrollees and insureds a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined, for children and adolescents 8 to 18 years of age. The bill would require a health care service plan or insurer to provide the notice annually. Because a violation of the bill's requirements relative to a health care service plan would be crimes, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Corey Jackson

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:29 PM
California Association of Health Plans - Oppose

Title

Pupil health: oral health assessment.

Description

AB 2630, Bonta. Pupil health: oral health assessment. Existing law requires a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, to present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within the professional's scope of practice, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil, as provided. This bill would define "kindergarten" for these purposes as including both transitional kindergarten and kindergarten, and would require the above-described proof only once during a 2-year kindergarten program. To the extent the bill would impose additional duties on public schools, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Mia Bonta

Title

Federally qualified health centers and rural health clinics: psychological associates.

Description

AB 2703, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires that FQHC services and RHC services be reimbursed on a per-visit basis and defines a visit as a face-to-face encounter, or other modality of interaction, as specified, between a patient and specified practitioners. This bill would add to that list of practitioners a licensed professional clinical counselor. Existing law authorizes an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC and includes in the definition of a change in the scope of services any changes in any of the federally defined FQHC services or RHC services, among other things. Existing law requires an FQHC or RHC that does not provide certain services, including marriage and family therapist services, and later elects to add those services and bill them as a separate visit to process the addition of the services as a change in scope of service, as specified. This bill would remove the requirement for an FQHC or RHC that does not provide marriage and family therapist services, but later elects to add those services and bill them as a separate visit, to file for a change in scope of service. Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit. This bill would add a psychological associate or associate professional clinical counselor to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate or associate professional clinical counselor under those conditions. The bill would make conforming changes with regard to supervision by a licensed behavioral health practitioner, as required by the associate's applicable clinical licensing board.

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Cherie Compartore at Jul 29, 2024, 9:07 PM
Support: Local Health Plans of California

Title

Ralph M. Brown Act: closed sessions.

Description

AB 2715, Boerner. Ralph M. Brown Act: closed sessions. Existing law, the Ralph M. Brown Act, generally requires that all meetings of a legislative body of a local agency be open and public and that all persons be permitted to attend and participate. Existing law authorizes a legislative body to hold a closed session with specified individuals on, among other things, matters posing a threat to the security of essential public services, as specified. This bill would additionally authorize a legislative body to hold a closed session with other law enforcement or security personnel and to hold a closed session on a threat to critical infrastructure controls or critical infrastructure information, as defined, relating to cybersecurity. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose. This bill would make legislative findings to that effect.

Primary Sponsors

Tasha Boerner

Title

California Health Benefit Exchange: financial assistance.

Description

AB 2749, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA authorizes a state to apply to the United States Department of Health and Human Services for a state innovation waiver of any or all PPACA requirements, if certain criteria are met, including that the state has enacted a law that provides for state actions under a waiver. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, upon appropriation by the Legislature, to administer a program of financial assistance beginning July 1, 2023, to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute, as specified. Under existing law, if specified eligibility requirements are met, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute receives the same premium assistance and cost-sharing reductions as an individual with a household income of 138.1% of the federal poverty level, and is also not required to pay a deductible for any covered benefit if the standard benefit design for a household income of 138.1% of the federal poverty level has zero deductibles. Existing law excludes from gross income any subsidy amount received pursuant to that program of financial assistance. This bill would revise various provisions of the financial assistance program, including deleting the exclusion of financial assistance received under the program from gross income, and specifying the criteria required for an individual to be qualified to receive coverage under the program. The bill would specify that an individual would no longer be eligible for financial assistance under the program when the Exchange verifies that employer-provided minimum essential coverage from the employer has been reinstated for the individual and dependents, as specified. The bill would require an employer or labor organization to notify the Exchange before employer-provided coverage is affected by a strike, lockout, or labor dispute, and would authorize the Exchange to contact the employer, labor organization, or other appropriate representative to determine information necessary to determ... (click bill link to see more).

Primary Sponsors

Jim Wood

Title

Financial Solvency Standards Board: membership.

Description

AB 2767, Santiago. Financial Solvency Standards Board: membership. Existing law establishes the Department of Managed Health Care, which, among other duties, ensures the financial stability of managed care plans. Existing law establishes within the department the Financial Solvency Standards Board for the purpose of, among other things, developing and recommending to the director of the department financial solvency requirements and standards relating to health care service plan operations. Existing law requires the board to be composed of the director, or their designee, and 7 members appointed by the director, and authorizes the director to appoint individuals with training and experience in specified subject areas or fields. This bill would instead require the director to appoint 10 members to the board, and would additionally authorize the director to appoint health care consumer advocates and individuals with training and experience in large group health insurance purchasing.

Primary Sponsors

Miguel Santiago

Title

Health care coverage: rape and sexual assault.

Description

AB 2843, Petrie-Norris. Health care coverage: rape and sexual assault. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault. This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after July 1, 2025, to provide coverage without cost sharing for emergency room medical care and followup health care treatment for an enrollee or insured who is treated following a rape or sexual assault for the first 9 months after the enrollee initiates treatment, as specified. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Cottie Petrie-Norris

Title

Licensed Physicians and Dentists from Mexico programs.

Description

AB 2860, Garcia. Licensed Physicians and Dentists from Mexico programs. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed. Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant's place of employment, among various other requirements. This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program. The bill would require the Dental Board of California to, notwithstanding existing requirements to provide specified federal taxpayer information, issue a 3-year nonrenewable permit to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. Commencing January 1, 2025, the bill would authorize the Medical Board of Califor... (click bill link to see more).

Primary Sponsors

Eduardo Garcia

Organizational Notes

Last edited by Cherie Compartore at May 29, 2024, 7:01 PM
Support: Local Health Plans of California, California Primary Care Association (Co-Sponsor), Clinica De Salud Del Valle De Salinas (Co-Sponsor)

Title

Opioid overdose reversal medications: pupil administration.

Description

AB 2998, McKinnor. Opioid overdose reversal medications: pupil administration. Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified. Existing law prohibits a person who has completed that training and who administers, in good faith and not for compensation, naloxone hydrochloride or another opioid antagonist to a person who appears to be experiencing an opioid overdose from being subject to professional review, liable in a civil action, or subject to criminal prosecution for the person's acts or omissions in administering the naloxone hydrochloride or another opioid antagonist, unless the person's acts or omissions constituted gross negligence or willful and wanton misconduct, as provided. This bill would prohibit a school district, county office of education, or charter school from prohibiting a pupil 12 years of age or older, while on a school site or participating in school activities, from carrying or administering, for the purposes of providing emergency treatment to persons who are suffering, or reasonably believed to be suffering, from an opioid overdose, a naloxone hydrochloride nasal spray or any other opioid overdose reversal medication that is federally approved for over-the-counter, nonprescription use, as provided. The bill would prohibit a pupil 12 years of age or older of those local educational agencies who administers those opioid antagonists on a school site or while participating in school activities to a person who appears to be experiencing an opioid overdose, from being held liable in a civil action or being subject to criminal prosecution for their acts or omissions, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. The bill would also prohibit those local educational agencies, or an employee of those local educational agencies, from being subject to professional review, liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering those opioid antagonists, unless an act or omission of the local educational agency, or the employee of the local educational agency, constitutes gross negligence or willful and wanton misconduct connected to the administration of those opioid antagonists.

Primary Sponsors

Tina McKinnor

Title

Human milk.

Description

AB 3059, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime. This bill would specify that a general acute care hospital is not required to have a license to operate a tissue bank to store or distribute pasteurized donor human milk that was obtained from a tissue bank licensed by the State Department of Public Health. The bill would exempt from licensing requirements a hospital storing or distributing human milk obtained from a licensed tissue bank. The bill would require hospitals that collect, process, store, or distribute human milk in any other circumstance to obtain a tissue bank license. To the extent that the bill would expand the class of hospitals subject to tissue bank licensing requirements, thereby expanding a crime, the bill would impose a state-mandated local program. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires health care service plans and health insurers, as specified, to provide certain health benefits and services, including, among others, maternity hospital stays, inpatient hospital and ambulatory maternity services, and maternal mental health programs. Existing law generally requires a health care service plan or health insurance policy to provide an enrollee or insured with basic health care services, as specified. This bill would include, in the above-described basic health care services, medically necessary pasteurized donor human milk obtained from a tissue bank licensed by the State Department of Public Health. Because a violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:10 PM
California Association of Health Plans - Opposed

Title

Pharmacies: compounding.

Description

AB 3063, McKinnor. Pharmacies: compounding. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy to license and regulate the practice of pharmacy by pharmacists and pharmacy corporations in this state. Existing law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. Existing law requires the compounding of drug preparations by a pharmacy for furnishing, distribution, or use to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance. Existing law authorizes the board to adopt regulations to impose additional standards for compounding drug preparations. This bill would, for purposes of those provisions, specify that the addition of a flavoring agent to a conventionally manufactured product is not considered compounding if certain conditions are met, including that the flavoring agent does not alter a medication's concentration beyond the level of variance accepted by the United States Pharmacopeia. The bill would require the addition of the flavoring agent to be documented in the prescription record, as specified. The bill would make those provisions operative until January 1, 2030. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Tina McKinnor

Title

Medi-Cal managed care plans: enrollees with other health care coverage.

Description

AB 3156, Joe Patterson. Medi-Cal managed care plans: enrollees with other health care coverage. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing federal law, in accordance with third-party liability rules, Medicaid is generally the payer of last resort if a beneficiary has another source of health care coverage in addition to Medicaid coverage. Under this bill, in the case of a Medi-Cal managed care plan enrollee who also has other health care coverage and for whom the Medi-Cal program is a payer of last resort, the department would be required to ensure that a provider that is not contracted with the plan and that is billing the plan for Medi-Cal allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system. Under the bill, in the case of an enrollee who meets those coverage criteria, except as specified, a Medi-Cal fee-for-service provider would not be required to contract as an in-network provider with the Medi-Cal managed care plan in order to bill the plan for Medi-Cal allowable costs for covered health care services. The bill would authorize a Medi-Cal managed care plan to require a letter of agreement, or a similar agreement, under either of the following circumstances: (1) if a covered service requires prior authorization, or if a service is not covered by the other health care coverage but is a covered service under the plan, as specified, or (2) if an enrollee requires a covered service and meets the requirements for continuity of care or the completion of covered services through a Medi-Cal managed care plan pursuant to specified provisions under existing law regarding services by a terminated or nonparticipating provider. The bill would require the department to solicit input from specified stakeholders regarding the coordination of payment for services between Medi-Cal enrollees' other commercial health care coverage and their Medi-Cal managed care plans, with a specific emphasis on Medi-Cal recipients receiving regional center services. The bill would require the department to include an item on the agenda of the first meeting of the Medi-Cal Managed Care Advisory Committee of 2025 to discuss this topic and, within 6 months of the advisory committee meeting, take the actions that it deems necessary to provide clarificati... (click bill link to see more).

Primary Sponsors

Joe Patterson, Stephanie Nguyen

Title

Department of Managed Health Care: review of records.

Description

AB 3221, Pellerin. Department of Managed Health Care: review of records. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (hereafter the act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program. Existing law requires the department to conduct periodically an onsite medical survey of the health delivery system of each plan. Existing law requires the director to publicly report survey results no later than 180 days following the completion of the survey, and requires a final report to be issued after public review of the survey. Existing law requires the department to conduct a followup review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report. This bill would state that nothing in those provisions prohibits the director from taking any action permitted or required under the act in response to the survey results before the followup review is initiated or completed, including, but not limited to, taking enforcement actions and opening further investigations. The bill would declare that these provisions are declaratory of and clarify existing law with regard to the director's enforcement authority. Existing law enumerates acts or omissions... (click bill link to see more).

Primary Sponsors

Gail Pellerin

Organizational Notes

Last edited by Joanne Campbell at Feb 28, 2024, 9:06 PM
National Union of Healthcare Workers, Sponsor

Title

Coverage for colorectal cancer screening.

Description

AB 3245, Joe Patterson. Coverage for colorectal cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test assigned either a grade of A or a grade of B by the United States Preventive Services Task Force and for a required colonoscopy for a positive result on a test with those grades. This bill would additionally require that coverage if the screening test is assigned either a grade of A or a grade of B, or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency approved by the California Health and Human Services Agency.

Primary Sponsors

Joe Patterson

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 5:03 PM
California Association of Health Plans - Opposed (removed)

Title

Health care coverage: claim reimbursement.

Description

AB 3275, Soria. Health care coverage: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under existing law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under existing law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. Commencing January 1, 2026, this bill instead would require a health care service plan, including a Medi-Cal managed care plan, or health insurer to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for a complete claim or portion thereof, to notify the claimant as soon as practicable, but no later than 30 calendar days that the claim or portion thereof is contested or denied. The bill would authorize the departments to issue guidance and regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027. Existing law requires health care service plans to establish a grievance process, as specified. This bill would require a complaint made by an enrollee to a health care service plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local a... (click bill link to see more).

Primary Sponsors

Esmeralda Soria, Robert Rivas

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:03 PM
Oppose: Local Health Plans of California, California Association of Health Plans

Title

Medi-Cal: managed care organization provider tax.

Description

SB 136, Committee on Budget and Fiscal Review. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program. Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year. This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Senate Budget and Fiscal Review Committee

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:17 PM
California Association of Health Plans - Support

Title

HIV preexposure prophylaxis and postexposure prophylaxis.

Description

SB 339, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met. This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by October 31, 2024. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years, except as specified. Existing law provides for the Medi-Cal program administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit, except as specified. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated I... (click bill link to see more).

Primary Sponsors

Scott Wiener, Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Jan 11, 2024, 5:48 PM
California Association of Health Plans: Oppose Unless Amended

Title

Health care coverage: treatment for infertility and fertility services.

Description

SB 729, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. This bill would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after July 1, 2025, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Caroline Menjivar, Buffy Wicks

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: certification.

Description

SB 819, Eggman. Medi-Cal: certification. Existing law requires the State Department of Public Health to license and regulate clinics. Existing law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Existing law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department) and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under existing law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under existing law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units. The bill would make legislative findings stating that this bill is declaratory of existing law, as specified.

Primary Sponsors

Susan Eggman

Title

Pharmacy benefits.

Description

SB 966, Wiener. Pharmacy benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined, to apply for a license from the Department of Insurance to operate as a pharmacy benefit manager no later than January 1, 2027. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Account in the Insurance Fund, to be available to the department for use, upon appropriation by the Legislature, as specified, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. The bill would specify that the contents of the reports are not to be disclosed to the public. The bill would require the department, at specified annual intervals, to prepare 2 reports based on the reports submitted by pharmacy benefit managers, and would require the department to post its reports on the department's internet website. This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts. The bill would require a pharmacy benefit manager to disclose to the Department of Insurance all types of fees it receives and how the fees are calculated. The bill would make a violation of the above-specified provisions subject to specified civil penalties. The bill would establish various filing and service requirements when a proceeding is brought for a violation of specified requirements by a pharmacy benefit manager. The bill would create the Pharmacy Benefit Manager Fines and Penalties Account in the General Fund, into which fines and administrative penalties would be deposited. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certa... (click bill link to see more).

Primary Sponsors

Scott Wiener, Aisha Wahab, Devon Mathis

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:12 PM
California Association of Health Plans - Oppose

Title

Hospitals: seismic compliance.

Description

SB 1119, Newman. Hospitals: seismic compliance. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes a program of seismic safety building standards for certain hospitals. Existing law requires hospitals that are seeking an extension for their buildings to submit an application to the Department of Health Care Access and Information by April 1, 2019, subject to certain exceptions. Existing law requires that final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. Notwithstanding the above provisions, existing law authorizes the department to waive the requirements of the act for the O'Connor Hospital and Santa Clara Valley Medical Center in the City of San Jose if the hospital or medical center submits a plan for compliance by a specified date, and the department accepts the plan based on it being feasible to complete and promoting public safety. Existing law requires, if the department accepts the plan, the hospital or medical center to report to the department on its progress to timely complete the plan by specified dates. Existing law imposes penalties to a hospital that fails to meet its deadline. This bill would additionally authorize the department to waive the requirements of the act for Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana. The bill would specify additional dates for the hospital or medical center to report to the department on its progress, would authorize the department to grant no more time than is necessary for the hospital to fully comply with the standards, and would impose a fine of \$5,000 per calendar day if the hospital fails to comply with specified requirements or demonstrate adequate progress, as specified. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Josh Newman

Title

Health care coverage: utilization review.

Description

SB 1120, Becker. Health care coverage: utilization review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or disability insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or disability insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or disability insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the artificial intelligence, algorithm, or other software tool bases its determination on specified information and is fairly and equitably applied, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Becker

Organizational Notes

Last edited by Cherie Compartore at Jul 9, 2024, 5:26 PM
Oppose Unless Amended: California Association of Health Plans

Title

Medi-Cal providers: family planning.

Description

SB 1131, Gonzalez. Medi-Cal providers: family planning. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, under the Medi-Cal program, the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department. Under Family PACT, comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level and who meets other eligibility criteria to receive those services. Existing law makes the Family PACT Program inoperative if the program is determined to no longer be cost effective, as specified. If the program becomes inoperative, existing law requires all persons who have received, or are eligible to receive, comprehensive clinical family planning services pursuant to Family PACT to receive family planning services under other specified provisions of the Medi-Cal program or under the State-Only Family Planning Program, which is also established within the department. Existing law requires enrolled providers in the Family PACT Program or the State-Only Family Planning Program to attend a specific orientation approved by the department and requires providers who conduct certain services to have prior training in those services. This bill would, for the Family PACT Program, require a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, to be a clinician who oversees the provision of Family PACT services and would authorize certain clinic corporations to enroll multiple, but no more than 10, service addresses under one site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, including, among others, being offered through a virtual platform and being offered at least once every other month. For purposes of both of the above-described programs, existing law requires the program to disenroll as a program provider any individual who, or any entity that, has a license, certificate, or other approval to provide health care that is revoked or suspended by a federal, California, or other state's licensing, certification, or other approval authority, that is otherwise lost, or that is surrendered while a disciplinary hearing is pending, as specified. This bill would authorize the department to elect to not disenroll an individual or entity as a program provider if the revocation, suspension, loss, ... (click bill link to see more).

Primary Sponsors

Lena Gonzalez

Title

Health care coverage: emergency medical services.

Description

SB 1180, Ashby. Health care coverage: emergency medical services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount that they would pay for the same covered services received from a contracting program. The bill would prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan's or health insurer's usual and customary charges for services rendered. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Angelique Ashby

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:14 PM
California Association of Health Plans - Oppose

Title

Mental health: involuntary treatment: antipsychotic medication.

Description

SB 1184, Eggman. Mental health: involuntary treatment: antipsychotic medication. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Existing law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Existing law establishes a process for hearings to determine a person's capacity to refuse the treatment. Existing law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Existing law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Existing law authorizes the hearing to be postponed in certain circumstances, but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the treating physician that it is necessary for the person to be detained for a subsequent detention period and their capacity has not been restored. The bill would require, under exigent circumstances, the hearing to determine a person's capacity to refuse treatment to be held as soon as reasonably practicable and within 24 hours. The bill would require, under exigent circumstances, an order for treatment with antipsychotic medication to remain in effect at the beginning of the 14-day period, or the additional 30-day period after the 14-day intensive treatment period, or the second 30-day period, provided that a petition for a new determination on the question of capaci... (click bill link to see more).

Primary Sponsors

Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:11 PM
California State Association of Psychiatrists (sponsor) - Support Psychiatric Physicians Alliance of California - Support Disability Rights California - Oppose

Title

Health care programs: cancer.

Description

SB 1213, Atkins. Health care programs: cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis. This bill would provide that, commencing no later than July 1, 2026, an individual is eligible to receive treatment services if the individual has a family income at or below 250% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Primary Sponsors

Toni Atkins, Anthony Portantino

Title

Health facilities.

Description

SB 1238, Eggman. Health facilities. (1) Existing law defines “health facility” to include a “psychiatric health facility” that is licensed by the State Department of Health Care Services and provides 24-hour inpatient care for people with mental health disorders. Existing law requires that such care include, but is not limited to, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and food services for persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. This bill would expand the definition of “psychiatric health facility” to also include a facility that provides 24-hour inpatient care for people with severe substance use disorders, or cooccurring mental health and substance use disorders. The bill would expand that 24-hour inpatient care also include substance use disorder services, as medically necessary and appropriate. The bill would specify that psychiatric health facilities to only admit persons with stand-alone severe substance use disorders involuntarily pursuant to specified requirements. The bill would authorize a psychiatric health facility to admit persons diagnosed only with a severe substance use disorder when specified conditions are met. The bill would authorize the department to implement, interpret, or make specific these provisions, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, until the time when regulations are adopted no later than December 31, 2027. (2) Under existing law, regulations adopted by the department are to include standards appropriate for 2 levels of disorder: (1) involuntary ambulatory psychiatric patients, and (2) voluntary ambulatory psychiatric patients. This bill would instead require regulations to include standards appropriate for 3 levels of disorder: (1) involuntary ambulatory patients receiving treatment for a mental health disorder, (2) voluntary ambulatory patients receiving treatment for a mental health disorder, and (3) involuntary ambulatory patients receiving treatment for a severe substance use disorder. (3) Existing law requires the program aspects of a psychiatric health facility to be reviewed and approved by the department to include, among others, activities programs, interdisciplinary treatment teams, and rehabilitation services. Existing law requires proposed changes in the standards or regulations affecting health facilities that serve persons with mental health disorders to be effected only with review and coordination of the California Health and Human Services Agency. This bill would expand these program aspects to also include substance use disorder services, if the psych... (click bill link to see more).

Primary Sponsors

Susan Eggman

Title

Medi-Cal: call centers: standards and data.

Description

SB 1289, Roth. Medi-Cal: call centers: standards and data. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various responsibilities for counties relating to eligibility determinations and enrollment functions under the Medi-Cal program. Existing federal law sets forth Medicaid reporting requirements for each state during the period between April 1, 2023, and June 30, 2024, inclusive, relating to eligibility redeterminations, including, among other information, the total call-center volume, average wait times, and average abandonment rate for each call center of the state agency responsible for administering the state plan, as specified. The bill would require a county with a call center as described above, commencing on January 1, 2026, and each month thereafter, to collect and submit to the department call-center data metrics, including, among other information, total call volume, average call wait times by language, and average call abandonment rate. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program. The bill would require the department to prepare a report, excluding any personally identifiable information, on call-center data. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2026. The bill would require the department to implement these provisions, without taking any regulatory action, by means of an all-county letter or similar instruction. The bill would require the department to adopt regulations thereafter in accordance with certain provisions. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Richard Roth

Title

Health facility closure: public notice: inpatient psychiatric and perinatal services.

Description

SB 1300, Cortese. Health facility closure: public notice: inpatient psychiatric and perinatal services. Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital. This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric unit or a perinatal unit from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would require the health facility to provide public notice of the proposed elimination of the supplemental service of either inpatient psychiatric unit or perinatal unit, as specified. The bill would require the health facility to conduct at least one noticed public hearing within 60 days of providing public notice of the proposed elimination of the inpatient psychiatric unit or perinatal unit and would require the health facility to accept public comment. The bill would require the health facility to post the public hearing notice and the agenda along with the public notice. The bill would require the health facility holding the public hearing to meet prescribed requirements, including notifying the board of supervisors of the county in which the health facility is located when a public hearing is scheduled and inviting the board of supervisors to provide testimony on the impacts of the elimination of the services to the county and community health systems. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Dave Cortese

Title

Mental health and substance use disorder treatment.

Description

SB 1320, Wahab. Mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would require a plan or insurer subject to the above-described coverage requirement, and its delegates, to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Aisha Wahab

Title

Long-term health care facilities: payment source and resident census.

Description

SB 1354, Wahab. Long-term health care facilities: payment source and resident census. Existing law provides for the licensing and regulation of long-term health care facilities, including, among others, skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. A violation of those provisions is generally a crime. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified. This bill would require the facility to provide aid, care, service, and other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. The bill would find and declare that this requirement is declaratory of existing law and thus not reimbursable under the Medi-Cal Long-Term Care Reimbursement Act or any other Medi-Cal ratesetting provisions, as specified. The bill would specify that if reimbursement is found to be required by state or federal law or regulation, as specified, the above requirement shall only become operative upon appropriation by the Legislature. The bill would also provide that this requirement and the above-described prohibition against discrimination on the basis of payment source be implemented only to the extent that these provisions do not conflict with federal law, that any necessary federal approvals are obtained, and that federal financial participation for the Medi-Cal program is available and is not otherwise jeopardized. Existing federal regulations require certain nursing facilities to post their resident census and specified nurse staffing data on a daily basis. This bill would require a skilled nursing facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census and nurse staffing data, as defined. The bill would require the facility to make the information a... (click bill link to see more).

Primary Sponsors

Aisha Wahab

Title

Dental providers: fee-based payments.

Description

SB 1369, Limón. Dental providers: fee-based payments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after April 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a health care service plan, health insurer, or contracted vendor to obtain written authorization from a dental provider opting in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written authorization to the health care service plan, health insurer, or contracted vendor. The bill would require a health care service plan, health insurer, or contracted vendor that obtains written authorization to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Monique Limón

Title

Medi-Cal: community health workers: supervising providers.

Description

SB 1385, Roth. Medi-Cal: community health workers: supervising providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, community health worker services are a covered Medi-Cal benefit subject to any necessary federal approvals. Under existing law, a community health worker is a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. Existing law requires a Medi-Cal managed care plan to engage in outreach and education efforts to enrollees, and to notify providers, about the community health worker services benefit, as specified. This bill would require a Medi-Cal managed care plan, no later than July 1, 2025, to adopt policies and procedures to effectuate a billing pathway for supervising providers to claim for the provision of community health worker services to enrollees during an emergency department visit and as an outpatient followup to an emergency department visit. The bill would require that the policies and procedures be consistent with guidance developed by the department for use by supervising providers to claim for community health worker services to Medi-Cal members in the fee-for-service delivery system in the settings described above. The bill would define a “supervising provider” for purposes of these provisions as an enrolled Medi-Cal provider that is authorized to supervise a community health worker pursuant to the federally approved Medicaid state plan amendment and that ensures that a community health worker meets the qualifications as required by the department, as specified.

Primary Sponsors

Richard Roth

Title

Health omnibus.

Description

SB 1511, Committee on Health. Health omnibus. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law defines a “group contract,” for purposes of the act, as a contract that by its terms limits the eligibility of subscribers and enrollees to a specified group. This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program. (2) Existing law, the Compassionate Access to Medical Cannabis Act or Ryan’s Law, requires specified health care facilities to allow a terminally ill patient’s use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires the State Department of Public Health to enforce the act. Existing law prohibits a general acute care hospital, as specified, from permitting a patient with a chronic disease to use medicinal cannabis. This bill would authorize a general acute care hospital to allow a terminally ill patient, as defined, to use medicinal cannabis. (3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes the Administrative Claiming process under which the department is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Existing law requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Existing law requires the department to issue and regularly maintain a program guide for the LEA Medi-Cal Billing Option program. Existing law requires the department to file an annual report with the Legislature that includes, among other... (click bill link to see more).

Primary Sponsors

Senate Health Committee

**CHIEF
MEDICAL
OFFICER'S
REPORT**

Collaboration with LA County Fire Department's Advanced Provider Response Units (APRU)



L.A. Care
HEALTH PLAN[®]

For All of L.A.



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

APRU Overview

LA County Fire Department Pilot Program - Launched February 2023



- **Dr. Clayton Kazan**, Medical Director for LA County Fire Department
- **Program Goal:**
 - **Increase surge capacity** in Emergency Departments for true emergencies
 - **Improve health outcomes** in areas where patients historically lack access to medical services
 - Provide **alternative** care options, **access** to health care services for patients with minor medical needs, and better **availability** of ambulances and paramedic units in those communities
- **Program Objective:**
 - **Reduce** use of **emergency systems** for patients with high 911 utilization with low acuity health issues
 - **Improve** the **quality of care** and appropriateness of levels of care for patients with behavioral health needs and limited health care access



LA Care's Care Management Continuum

ECM

- Delivered through a network of external ECM

Complex Care Management

- Delivered by an internal team of RNs, LCSWs, CHWs, and Coordinators

Basic PHM

- Delivered at the PCP office or IPA

Medi-Cal MCP Care Management Continuum

ECM is the **highest tier of care management** for MCP Members.

ECM

Complex Care Management

For MCP Members with higher- and medium-rising risk

Basic Population Health Management

For all MCP Members

Transitional Care Services
For all MCP Members transitioning between care settings

How APRU Supports LA Care Members

Connecting Members to Alternative Care Options

- **Low Risk** Case Management Model
 - Members with **minor** to **moderate** complaints (e.g. general sickness, medication refills, etc.)
 - Focus on connecting member to their **PCP** or **Urgent Care**
- **Advanced Providers:**
 - Nurse Practitioner
 - Physician Assistant
 - Physician
- High utilizers of 911 with complex **medical** and **behavioral health** needs
- 911 calls routed to APRU team to conduct a **home visit**



ECM Member Success Story

ECM Member:

- 29-year-old, Latino, Male

ECM Provider:

- Didi Hirsch

Diagnoses and symptoms:

- Asthma, mood disorder (depression), anxiety disorder, panic attacks, benzodiazepine dependence, shortness of breath

Concerns identified:

- One of the highest 911 callers in LA County and often found to have lower acuity needs (e.g., panic attacks causing shortness of breath)
- Evidence of challenging behaviors: On 9/12/24, the member threatened physical violence when denied benzodiazepines

Barriers:

- Member is transient, reports homelessness, though 911 records suggest stable residence
- When the Fire Dept. team responds, the member frequently insists on being transported to the ER, leading to high utilization despite efforts to divert to lower levels of care



ECM Member Success Story: Interventions and Action Plan

Didi Hirsch Interventions:

- Held a **case conference** with the L.A. Care ECM team and Fire Dept. 911 team to discuss challenges and explore care coordination opportunities
- Lead Care Manager (LCM) will use **motivational interviewing** to engage the member on housing and mental health resources to address homelessness and behavioral health symptoms (e.g., anxiety, panic attacks)
- Offer **inpatient detox** for benzodiazepine dependency
- LCM will conduct **in-person outreach and visits**, including accompanying the member to PCP appointments
- **Collaborate** with the member's FSP therapist to ensure behavioral health support is provided in person

Collaborative Efforts with APRU:

- Didi Hirsch LCM will coordinate a home visit with the APRU team to meet the member and provide joint support
- Encourage regular collaboration and case conferences between the APRU team and Didi Hirsch LCM to discuss the member's needs

Outcome:

- A **case conference** between L.A. Care, the ECM provider, and the 911 team improved collaboration after a period of limited communication, resulting in a clear **action plan** that is currently being executed to support the member in the community



Board of Governors Monthly Meeting

Performance Monitoring September 2024



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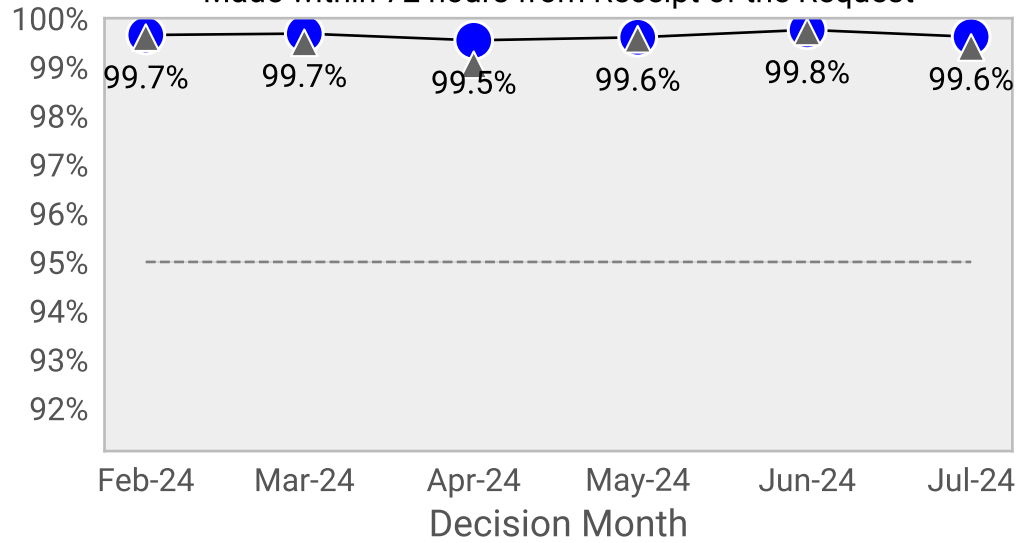


Medical Management

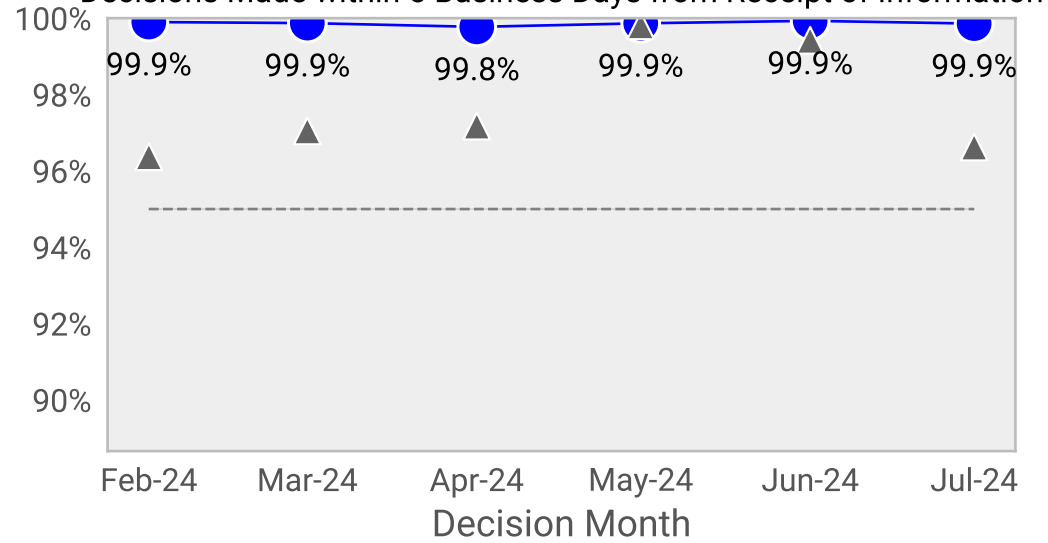


MCLA Authorization Processing Timeliness

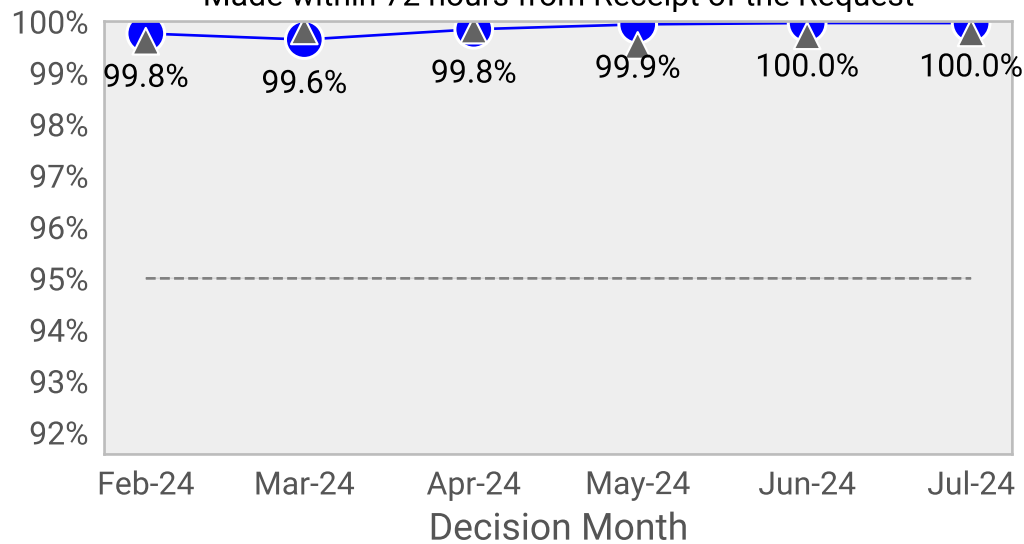
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



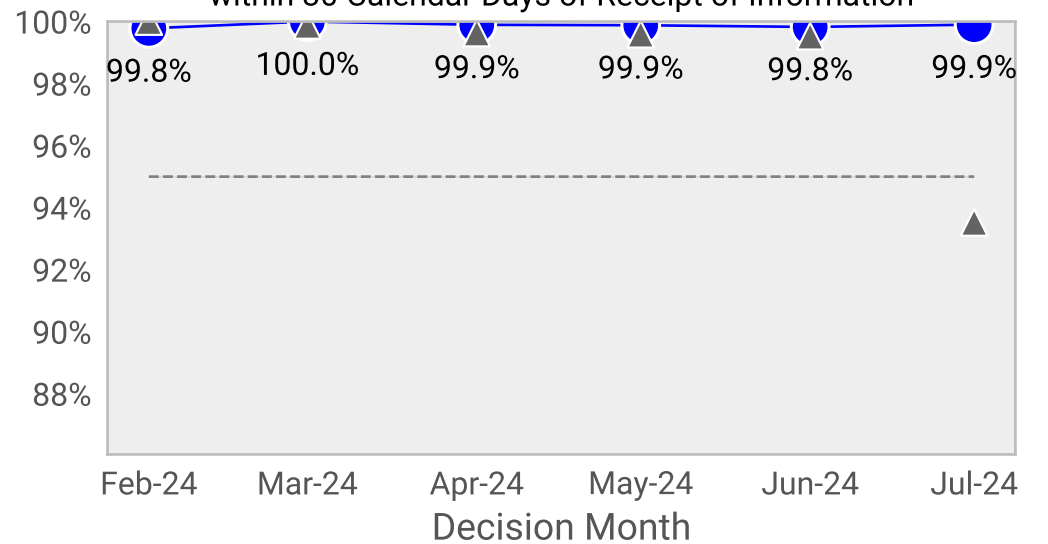
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



Expedited/Urgent Concurrent Service Request Decisions Made within 72 hours from Receipt of the Request



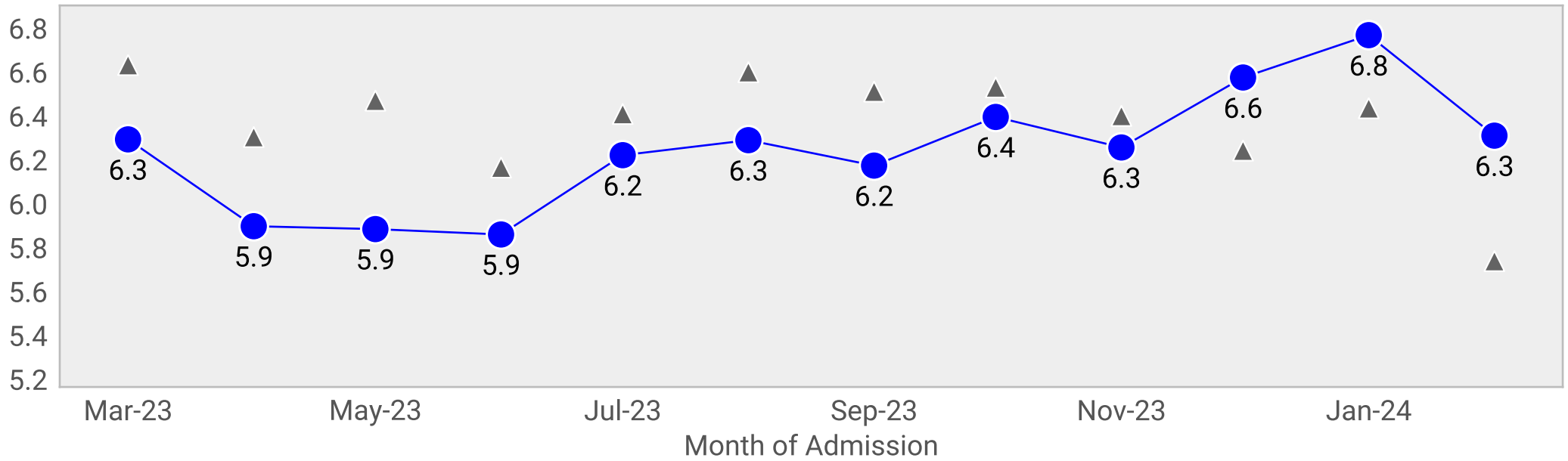
Post Service Request Decisions within 30 Calendar Days of Receipt of Information



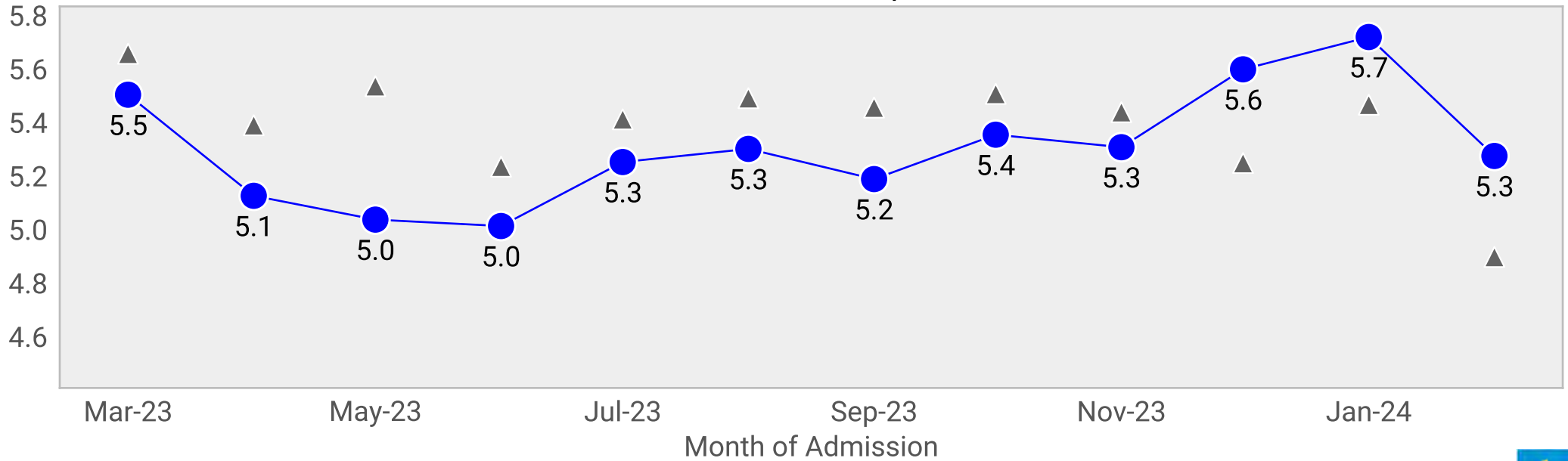
Triangles display the previous year's performance for the same month.

Only includes authorizations processed directly by L.A. Care.

Total MCLA In-Patient Hospital Admissions PTMPM



Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



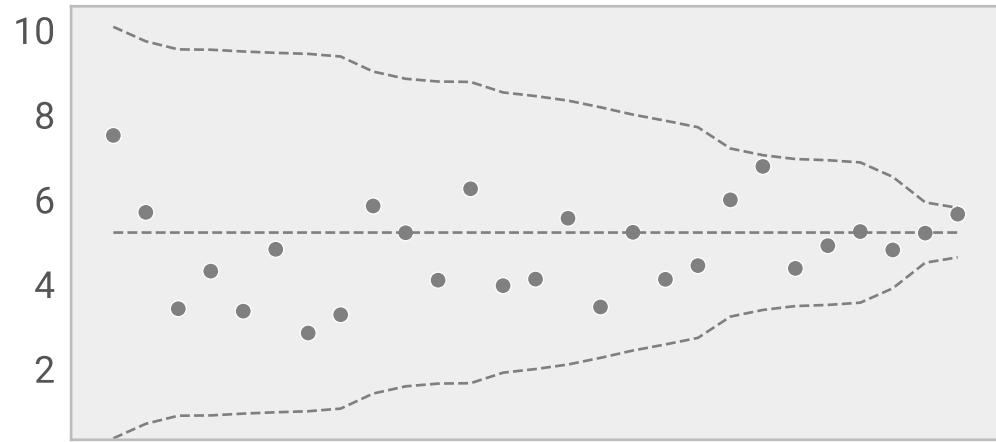
Triangles display the previous year's performance for the same month.

MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG

U' Charts

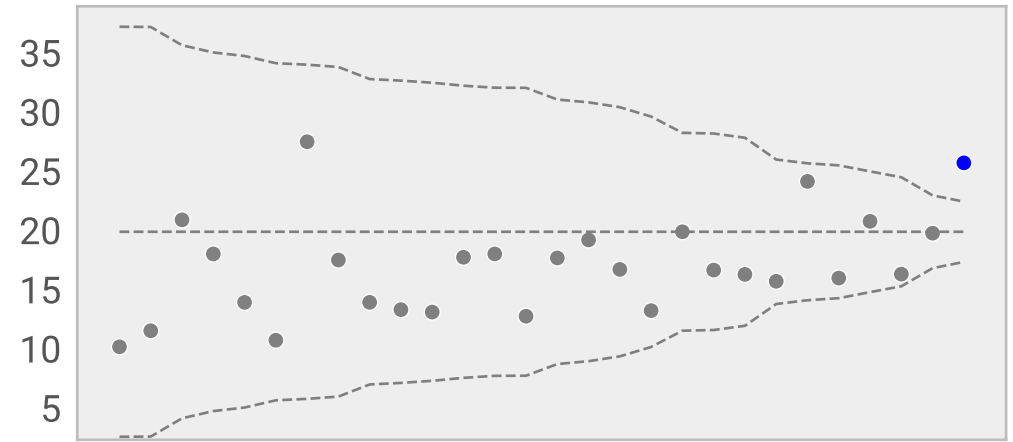
Assessment Period: Mar 2023 through Feb 2024

MCE



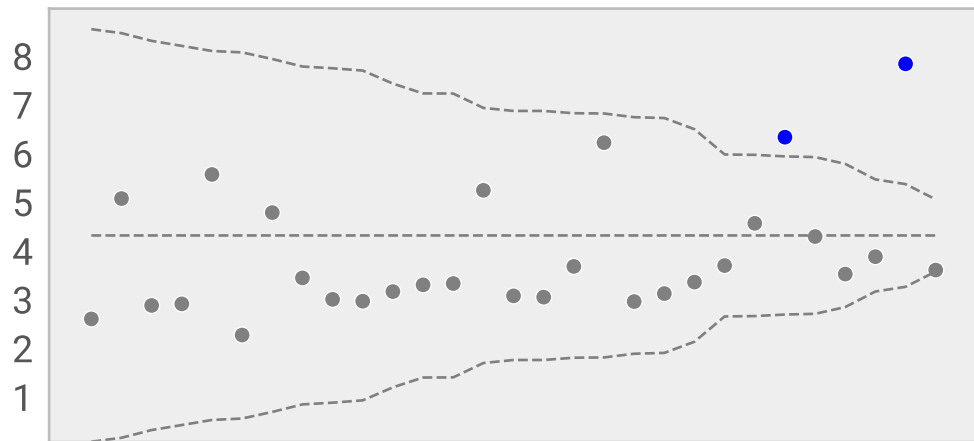
PPGs Sorted from Smallest to Largest Member Months

SPD



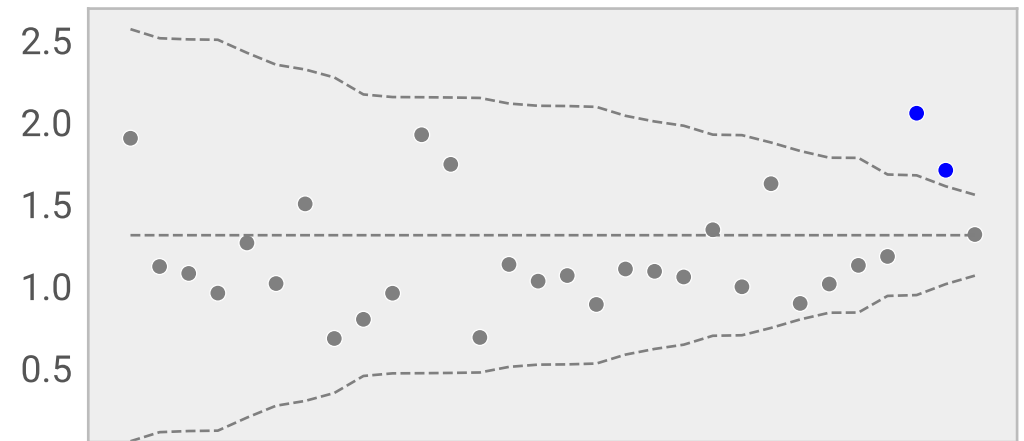
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



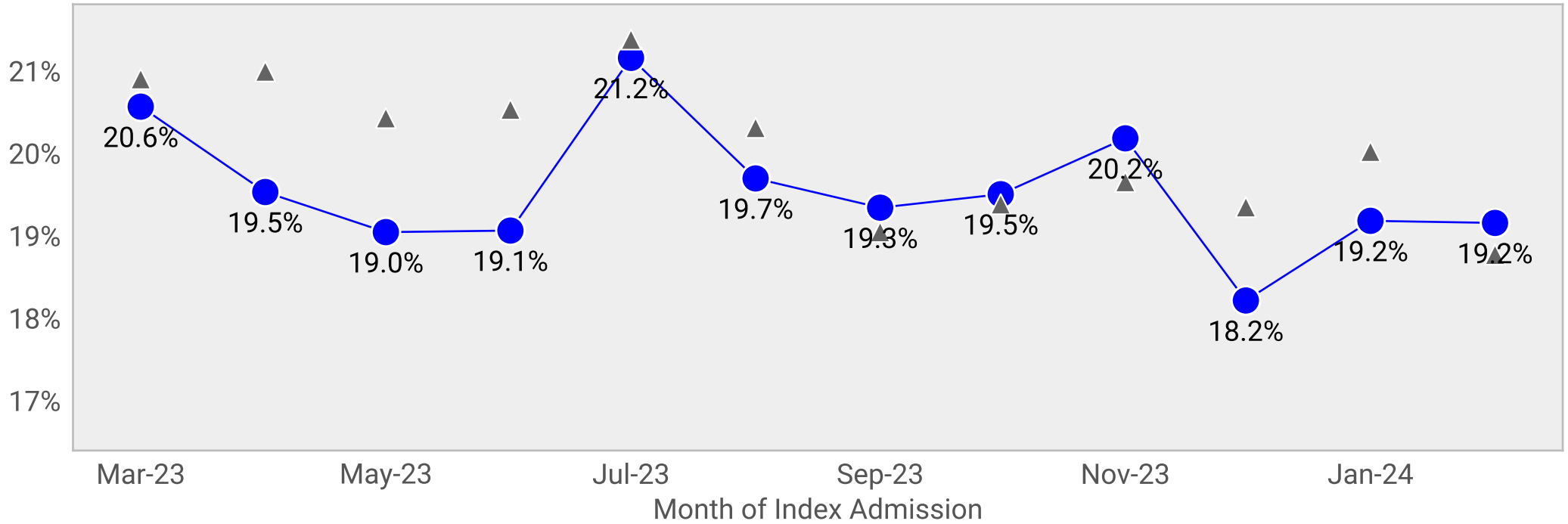
PPGs Sorted from Smallest to Largest Member Months

TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Total MCLA In-Patient Hospital 30-Day Re-admission Rates



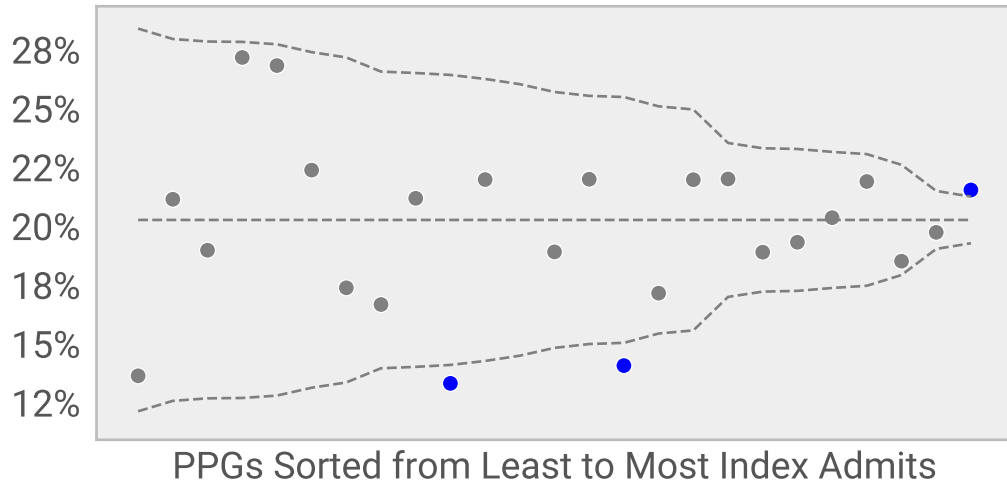
Triangles display the previous year's performance for the same month.

MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

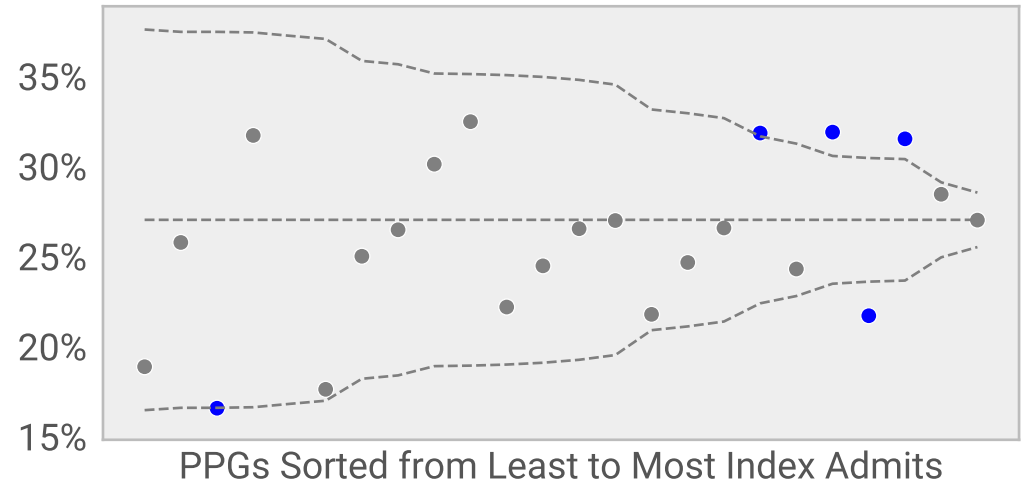
P Charts

Assessment Period: Mar 2023 through Feb 2024

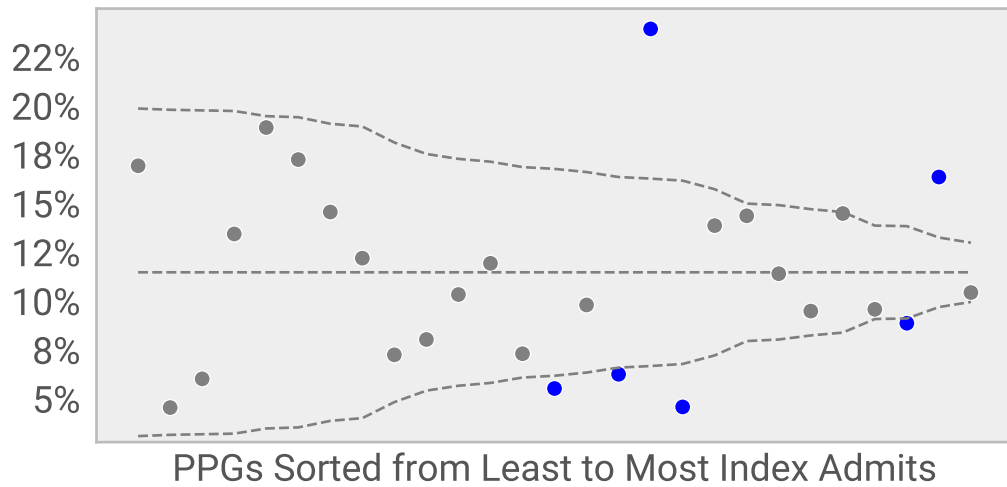
MCE



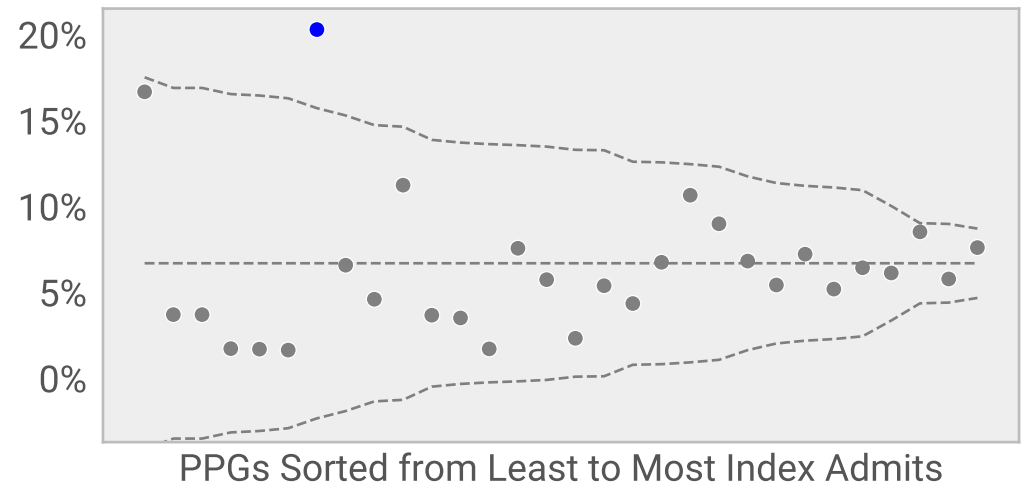
SPD



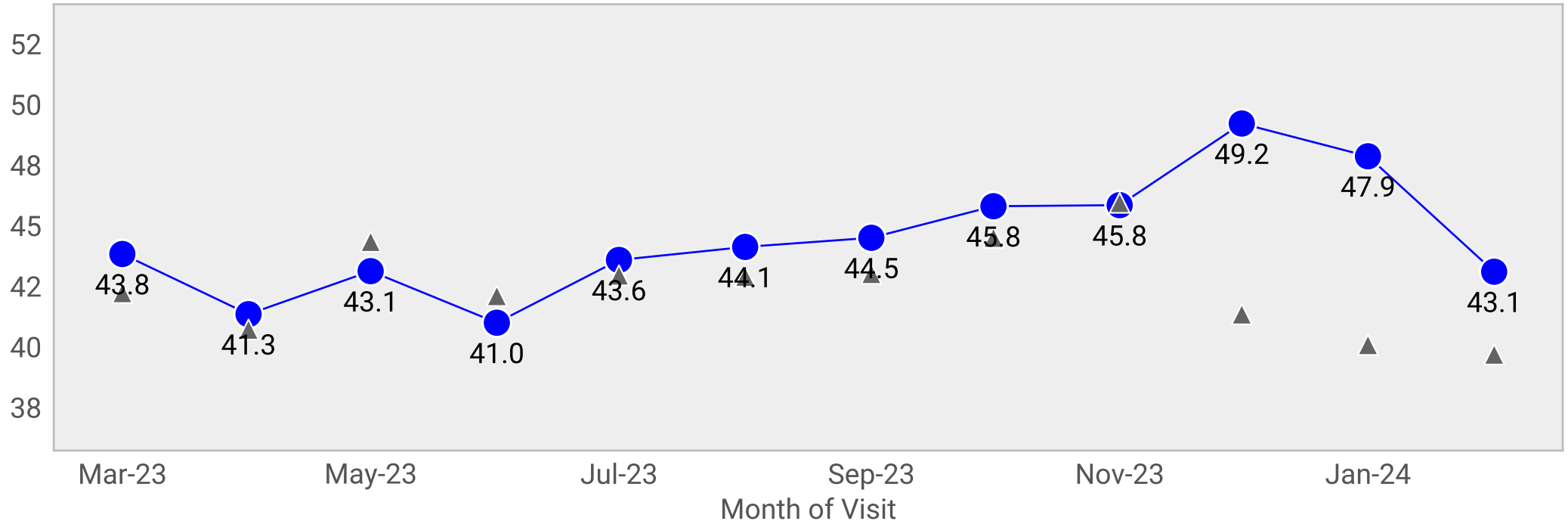
TANF - Adult



TANF - Child



Total MCLA Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

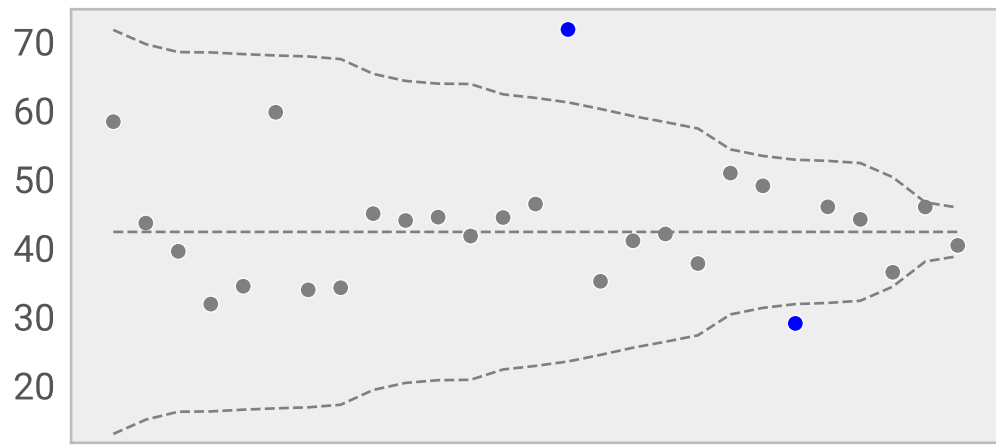
Triangles display the previous year's performance for the same month.

Total MCLA Emergency Department Visits PTMPM by Segment and PPG

U' Charts

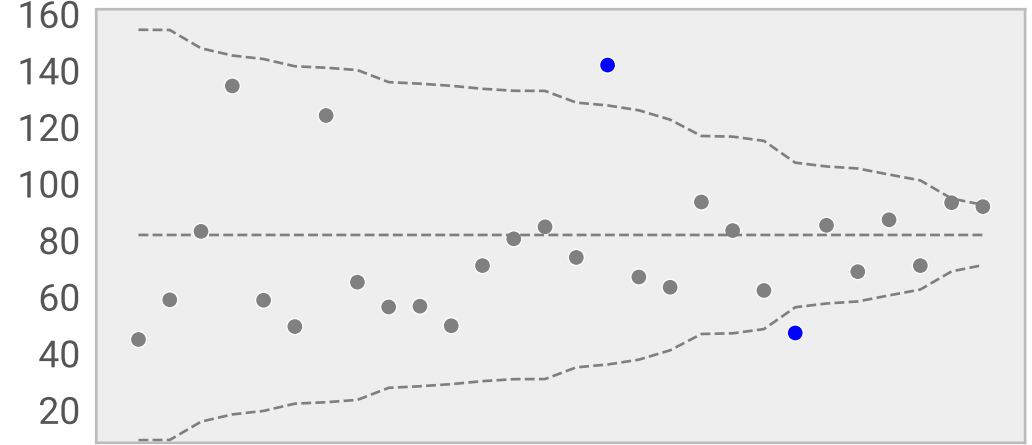
Assessment Period: Mar 2023 through Feb 2024

MCE



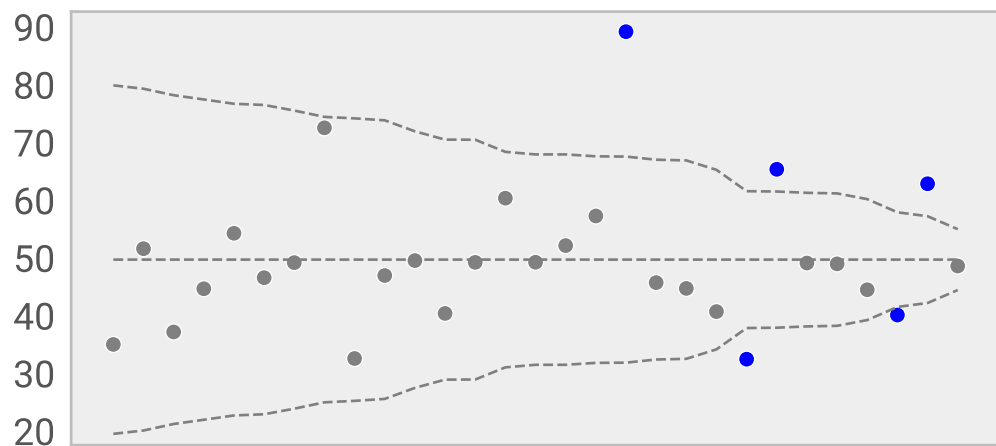
PPGs Sorted from Smallest to Largest Member Months

SPD



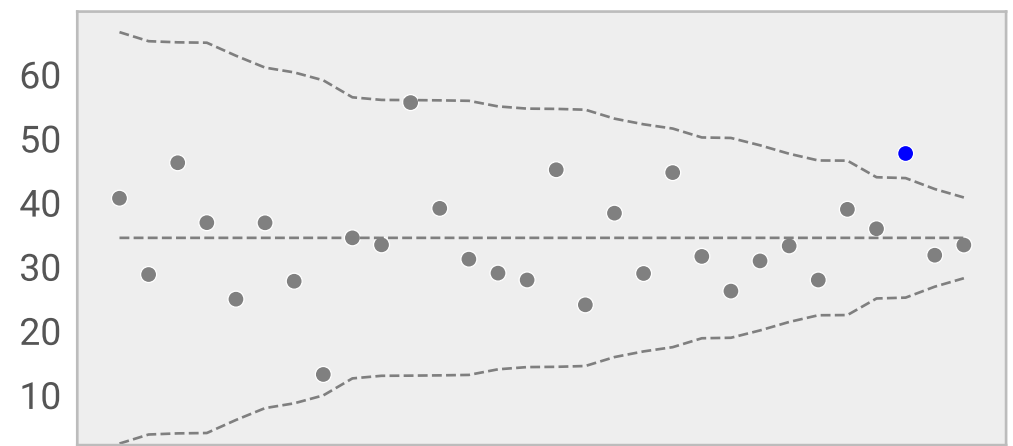
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

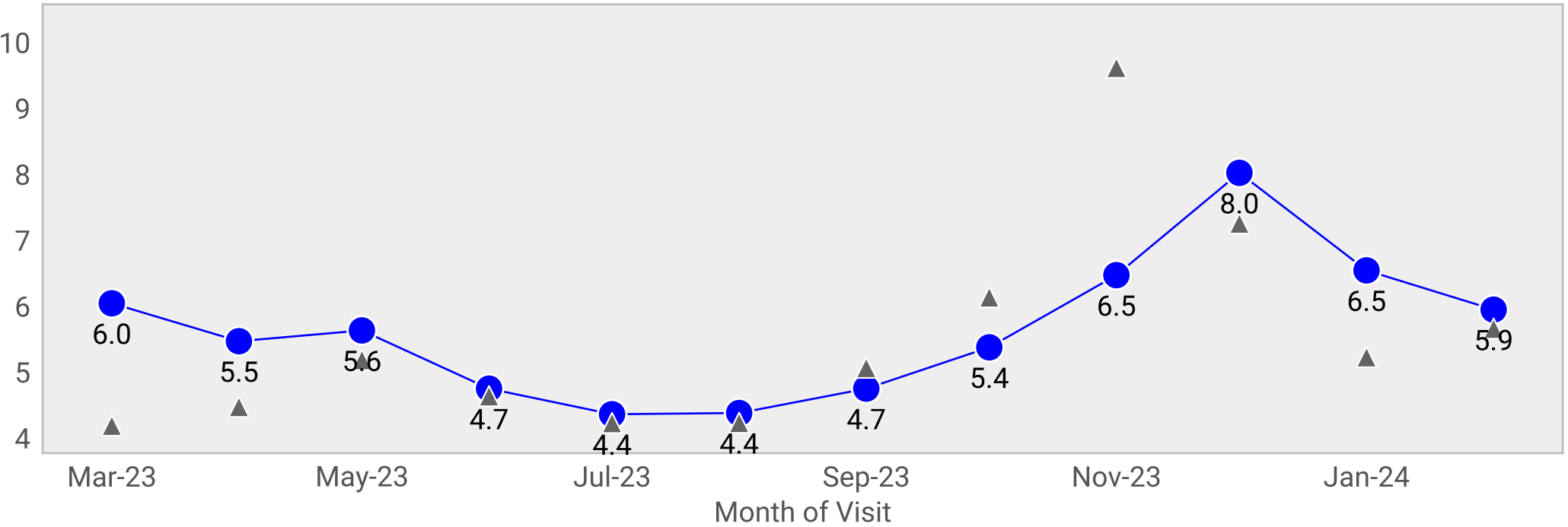
TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

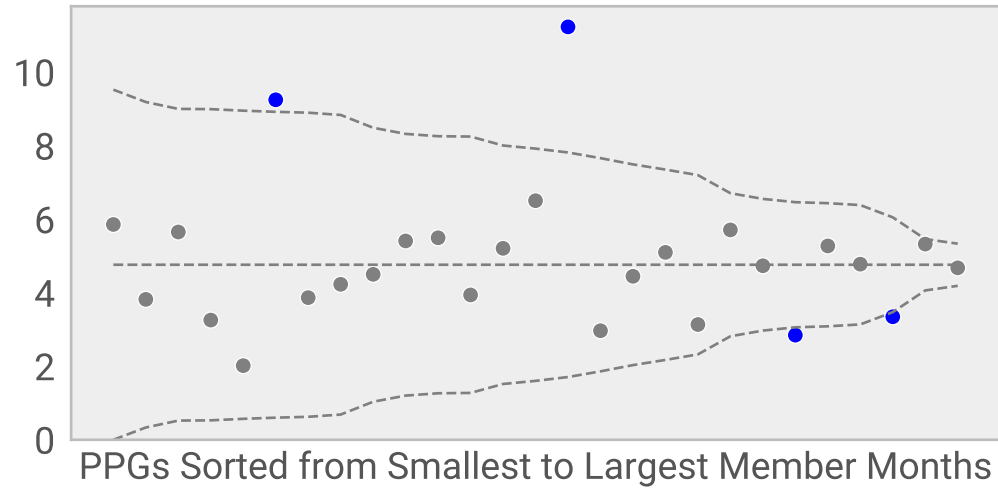
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

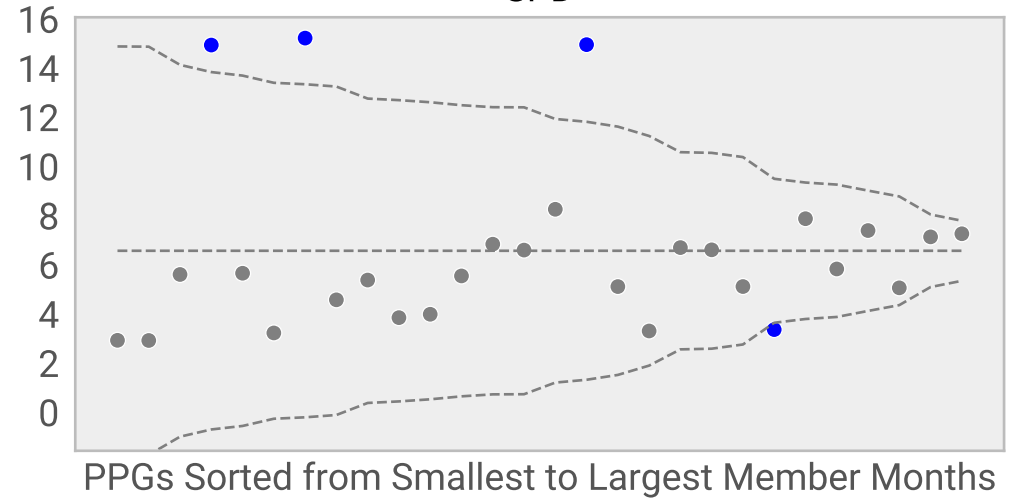
U' Charts

Assessment Period: Mar 2023 through Feb 2024

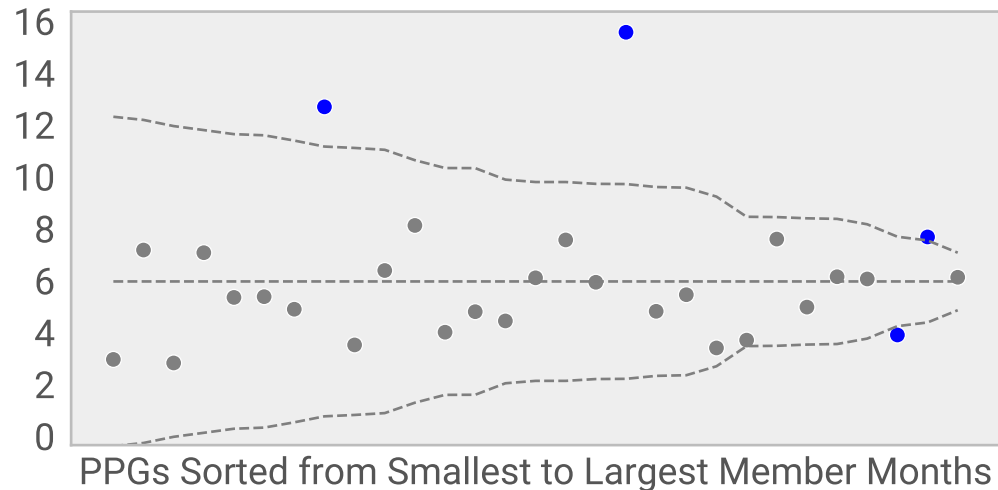
MCE



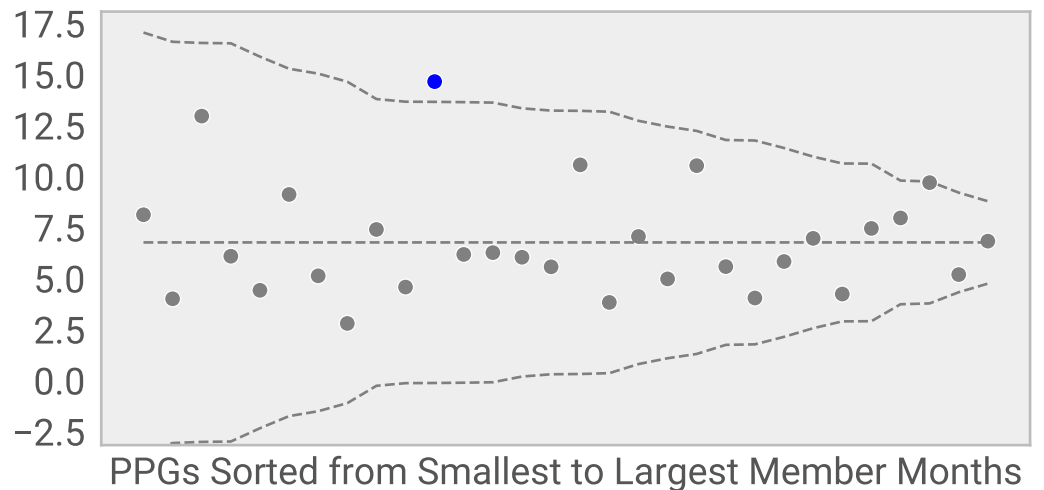
SPD



TANF - Adult



TANF - Child



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

L.A. Care Provider "Face Sheet" Measures

Providing a single view of PPG performance across critical Quality, Medical Management, and Member Experience metrics.

Quality

| |
|---|
| Breast Cancer Screening |
| Cervical Cancer Screening |
| Child and Adolescent Well-Care Visits |
| Childhood Immunization Status |
| Controlling High Blood Pressure |
| Developmental Screening in the First Three Years of Life |
| Follow-Up After ED Visit for Substance Abuse: 30 days |
| Immunizations for Adolescents: Combo 2 |
| Initial Health Screening |
| Lead Screening in Children |
| Prenatal & Postpartum Care: Postpartum Care |
| Prenatal & Postpartum Care: Timeliness of Prenatal Care |
| Topical Flouride for Children |
| Well-Child Visits in the First 30 Months of Life: First 15 Months |
| Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months |

Medical Management

| |
|--|
| % of Members Utilizing Primary Care |
| Professional Follow-Up Visits after In-Patient Hospital Discharge Rate |
| Total Emergency Department Visits PTMPM |
| Potentially Avoidable Emergency Department Visits PTMPM |
| Total In-Patient Admissions - Observed-to-Expected Ratio |
| Total non-Obstetric In-Patient Admissions - Observed-to-Expected Ratio |

Member Experience

| |
|---|
| Access Grievance Data |
| Care Coordination (CG-CAHPS) |
| Getting Appointments and Care Quickly (CG-CAHPS) - Adults |
| Getting Appointments and Care Quickly (CG-CAHPS) - Children |
| PAAS - After Hours Access |
| PAAS - After Hours Call-Back Timeliness |
| PAAS - PCP Routine Appointment |
| PAAS - PCP Urgent Appointment |
| PAAS - Preventive Check-Up, Adult Well-Woman Exam |
| PAAS - Preventive Check-Up, Well-Child Exam |
| PAAS - Specialty Initial Prenatal Visit |
| PAAS - Specialty Routine Appointment |
| PAAS - Specialty Urgent Appointment |



Total Members Receiving CalAIM Community Support Services from January 2024 to June 2024: 19,473

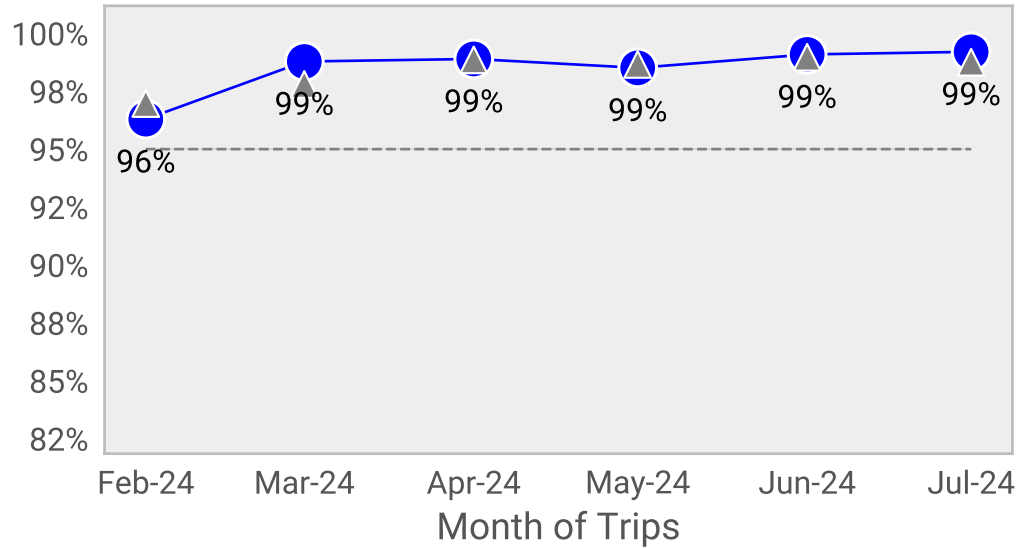


Call the Car

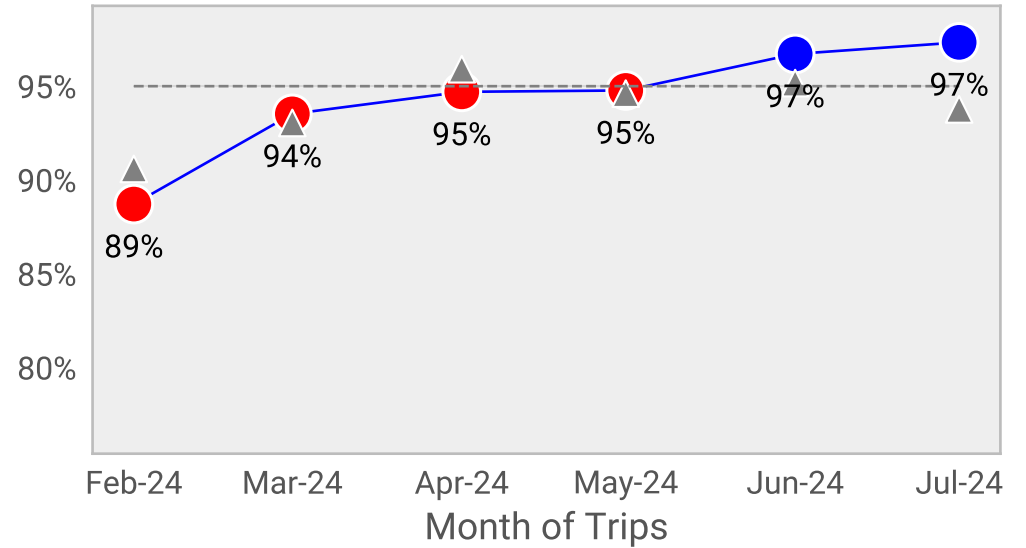


Call the Car On-Time Pick-Up Performance

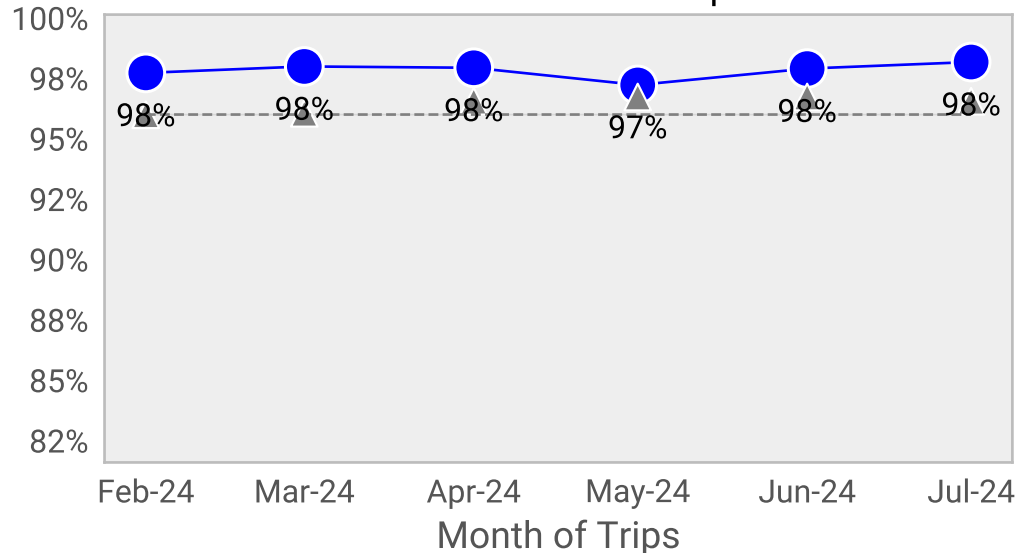
Call the Car Discharge Trips Rate



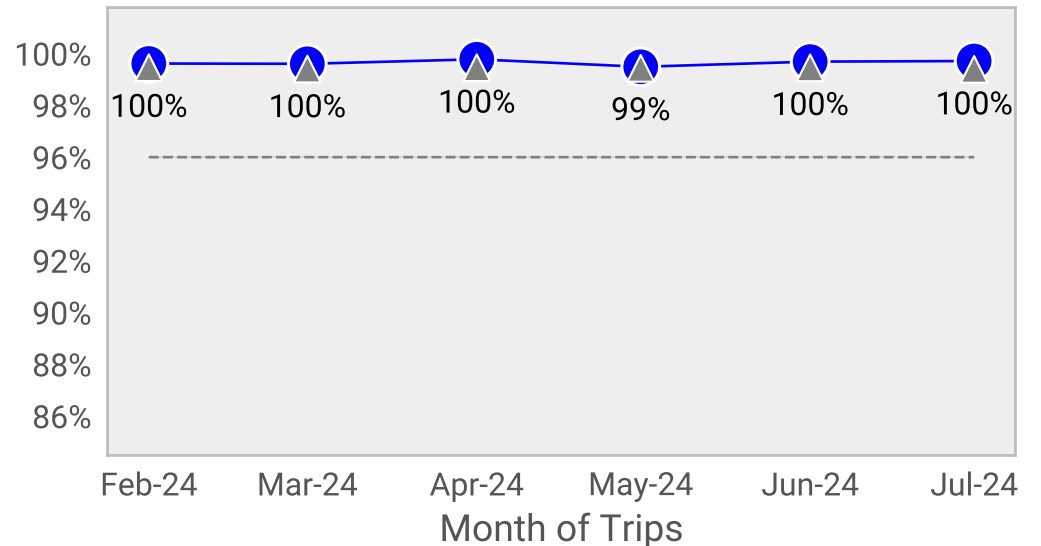
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate

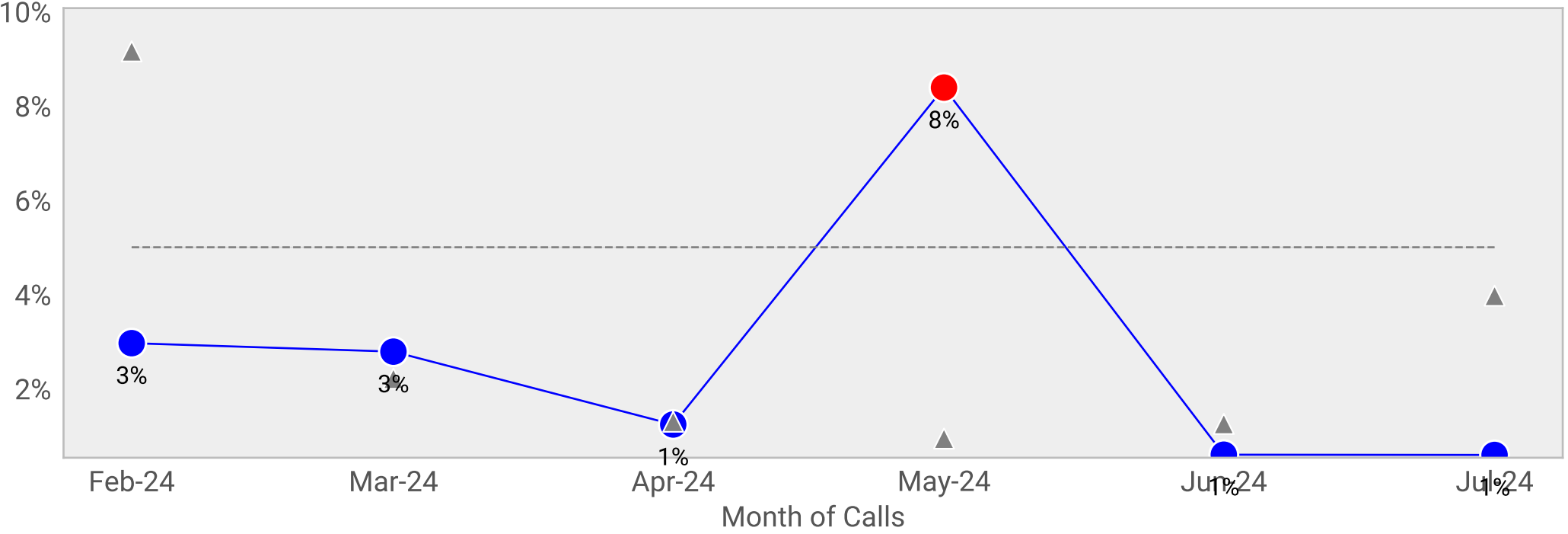


Call the Car Will Call Trips Rate



Triangles display the previous year's performance for the same month.

Call the Car Abandonment Rate



Triangles display the previous year's performance for the same month.

Claims Operations

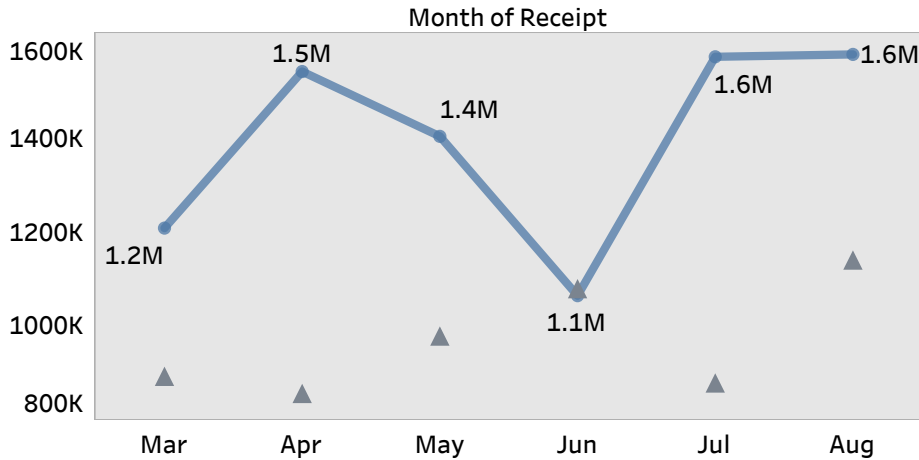




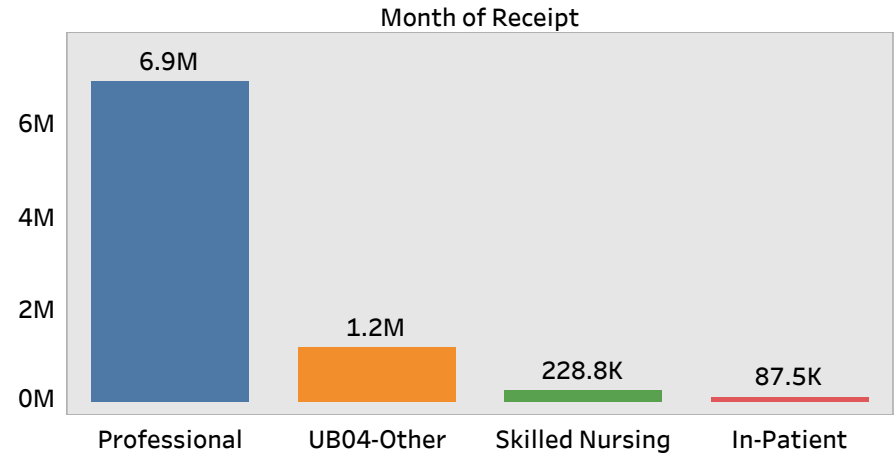
MCLA Claims Received

Line of Business: MCLA Assigned Provider Group: All Pay to Provider Name: All

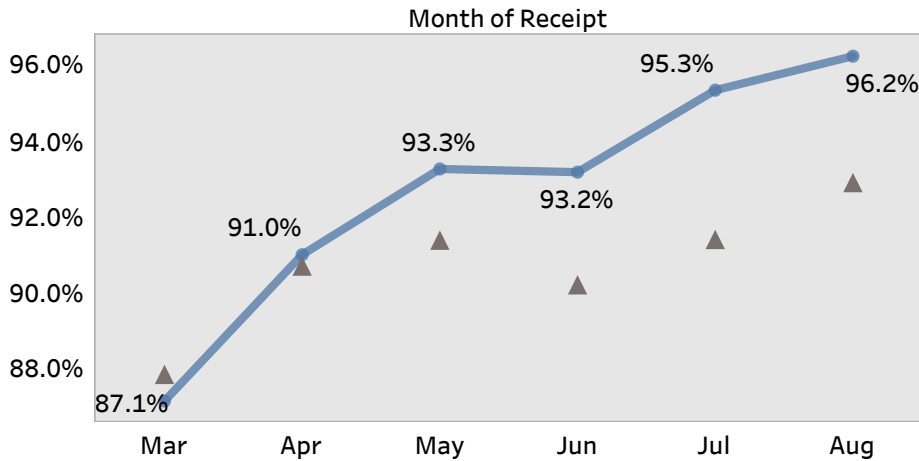
Total Claims Volume Received: **Mar-2024 to Aug-2024**



Most Recent 6 months' Volume by Service Type: **Mar-2024 to Aug-2024**



% of Claims Submitted Electronically: **Mar-2024 to Aug-2024**



Triangles display the previous year's performance for the same month.



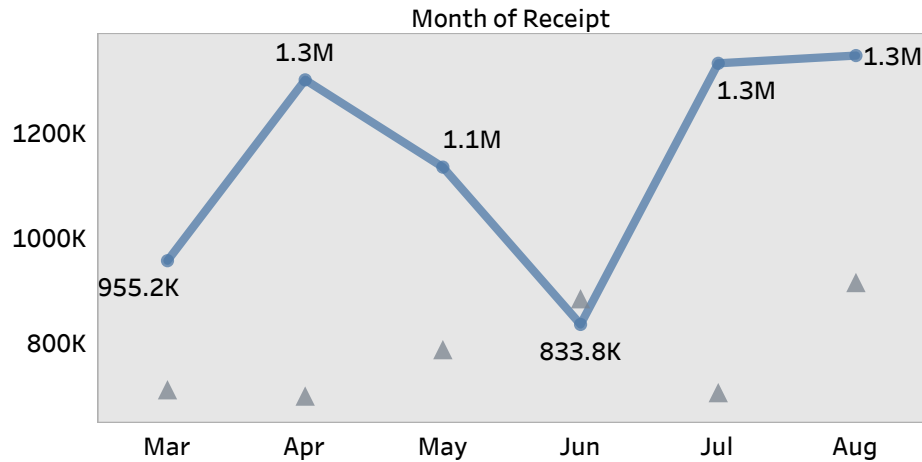
MCLA Claims Volume Received by Service Type

Line of Business
MCLA

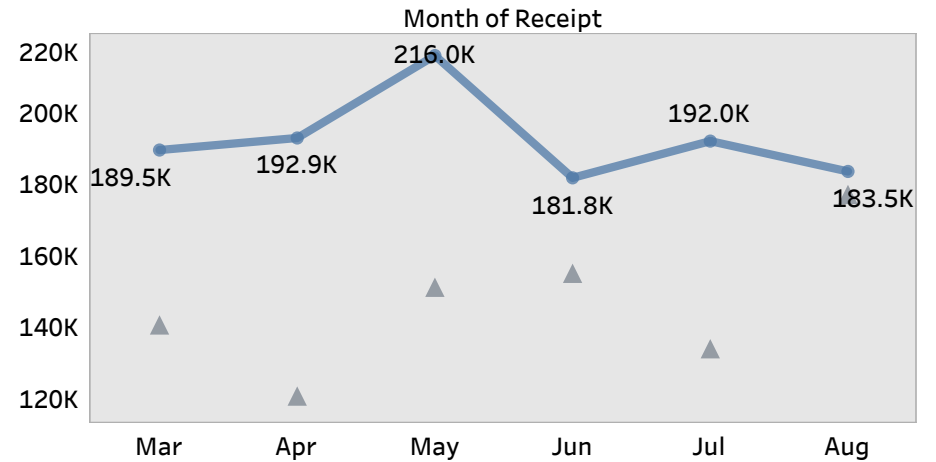
Assigned Provider Group
All

Pay to Provider Name
All

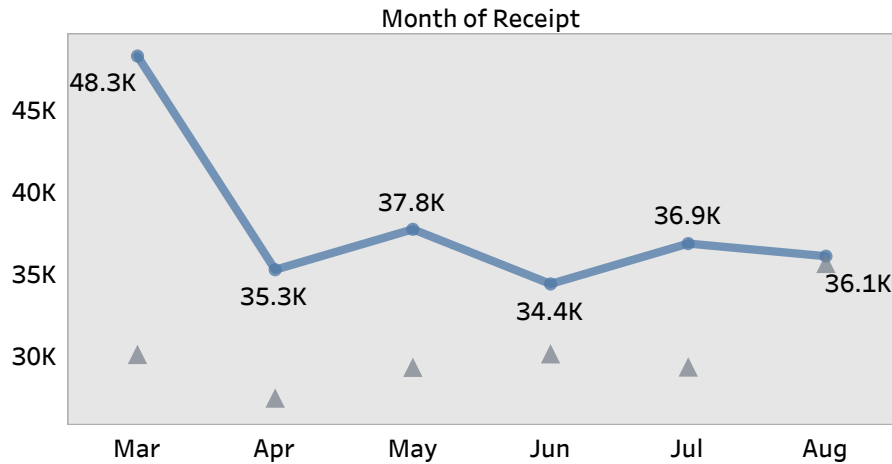
Professional - Mar-2024 to Aug-2024



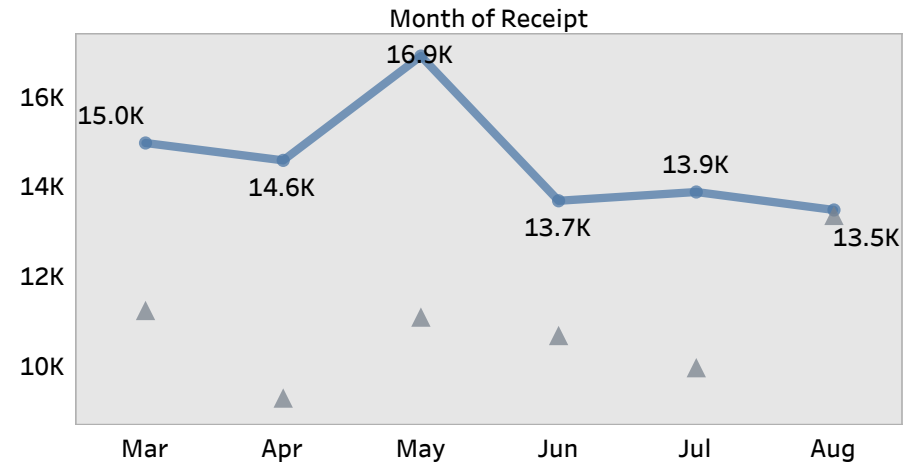
UB04 Other - Mar-2024 to Aug-2024



Skilled Nursing - Mar-2024 to Aug-2024



In-Patient - Mar-2024 to Aug-2024



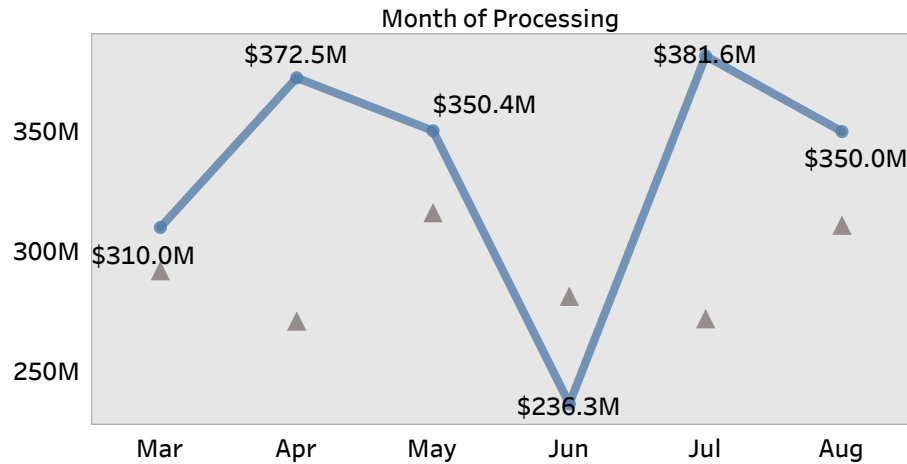
Triangles display the previous year's performance for the same month.



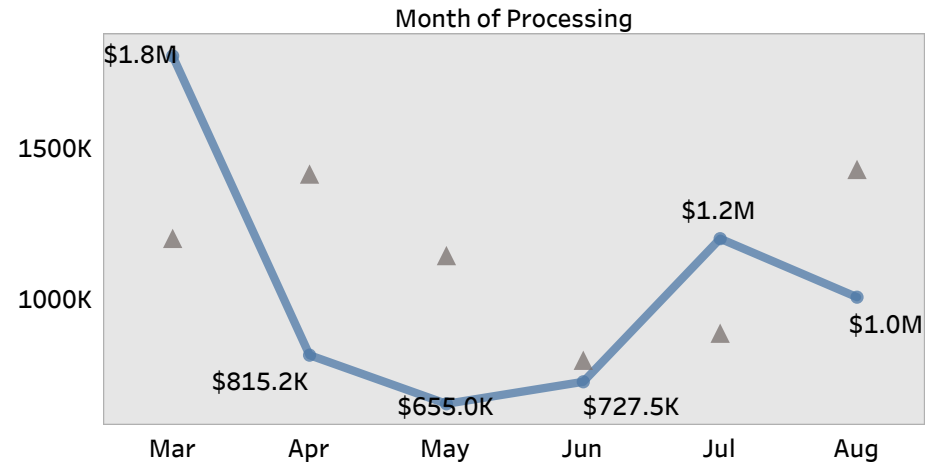
MCLA Payment Processing

Line of Business: MCLA Assigned Provider Group: All Pay to Provider Name: All

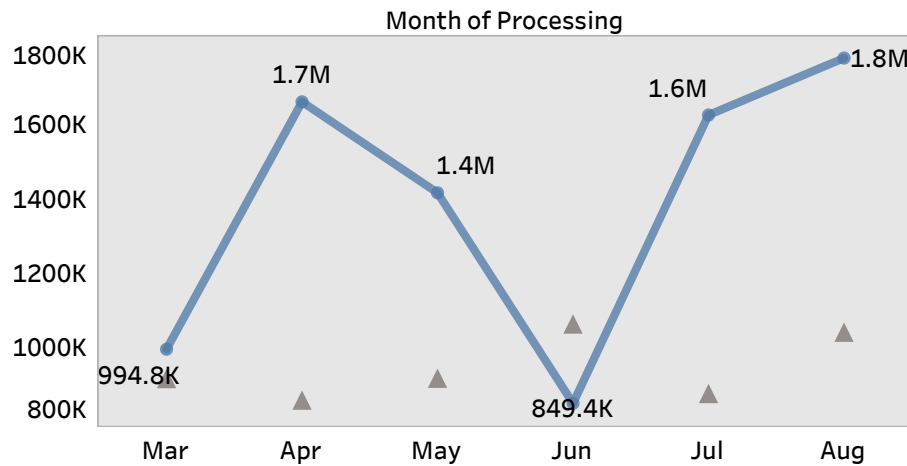
Total Paid (including Interest) - Mar-2024 to Aug-2024



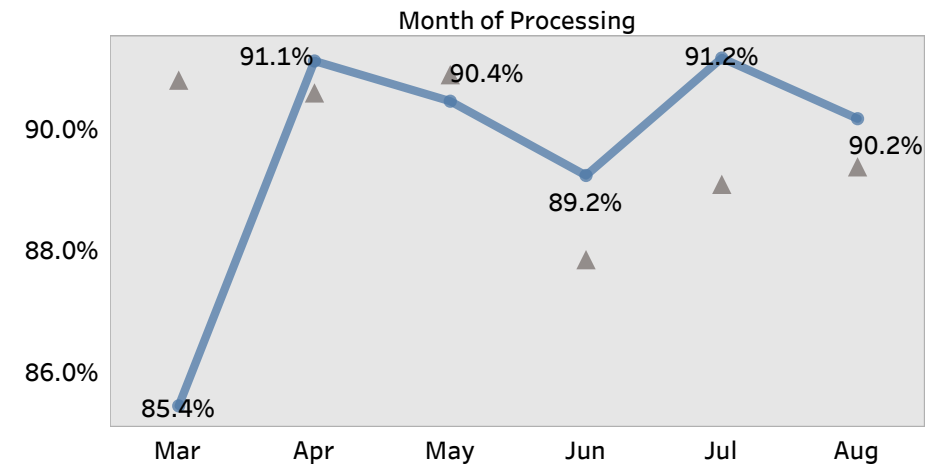
Total Interest Paid - Mar-2024 to Aug-2024



Total First-Pass Adjudicated Claims Volume - Mar-2024 to Aug-2024



% of First-Pass Claims Auto-Adjudicated - Mar-2024 to Aug-2024



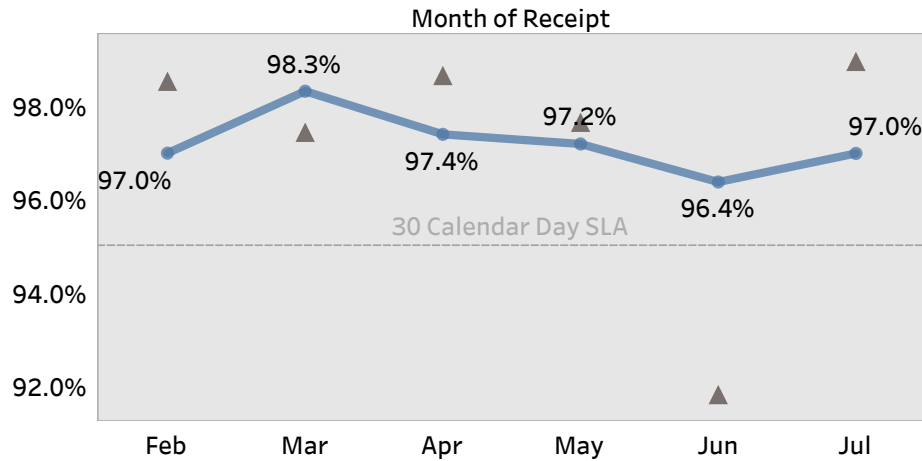
Triangles display the previous year's performance for the same month.



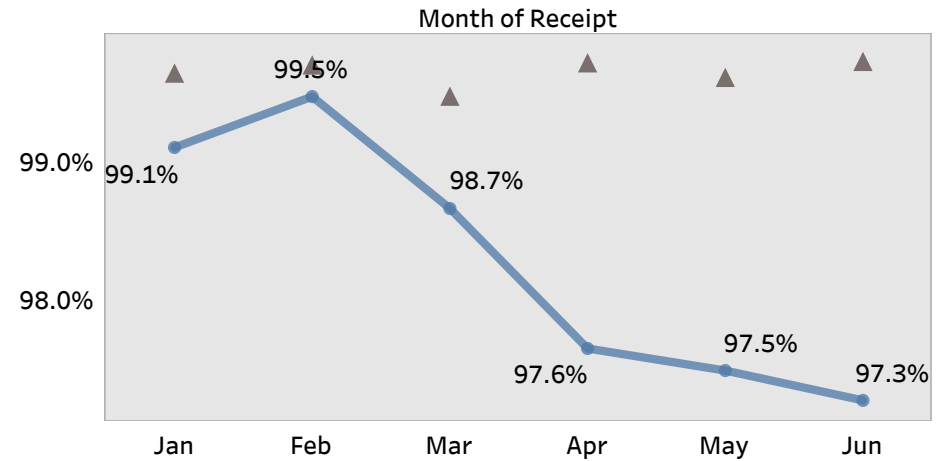
MCLA Claims Processing Timeliness

Line of Business: MCLA Assigned Provider Group: All Pay to Provider Name: All

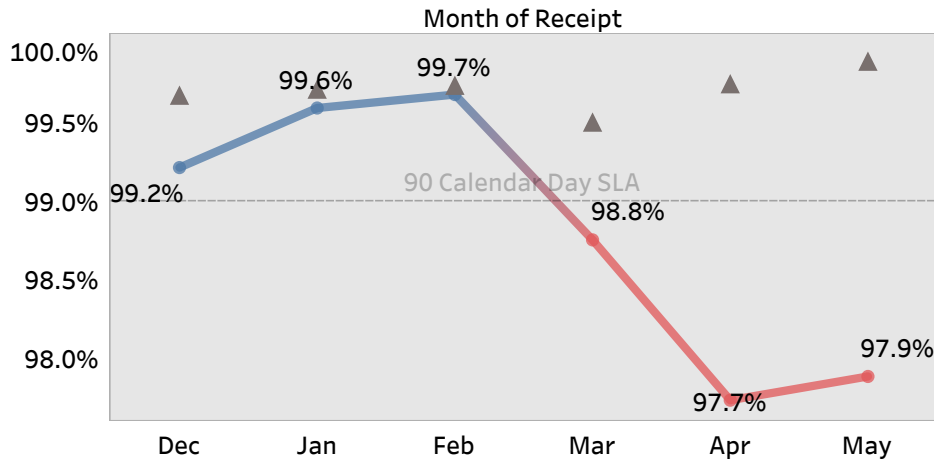
% Processed within 30 Calendar Days - Feb-2024 to Jul-2024



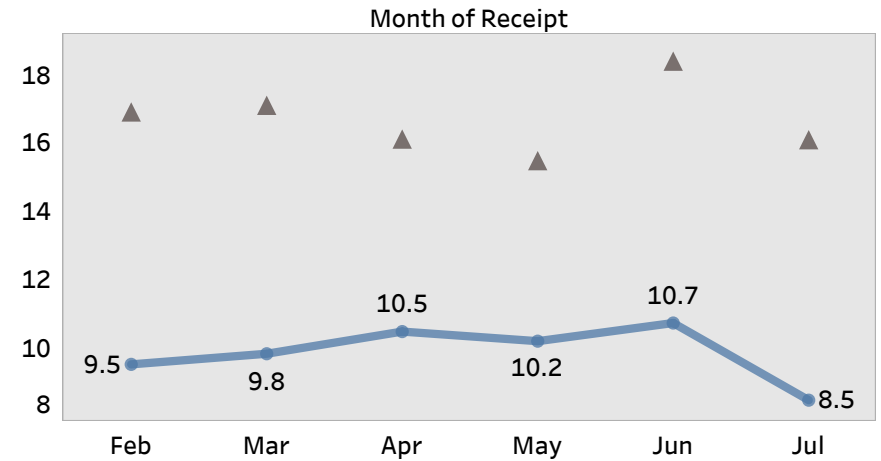
% Processed within 45 Business Days - Jan-2024 to Jun-2024



% Processed within 90 Calendar Days - Dec-2023 to May-2024



Average Calendar Days to Process - Feb-2024 to Jul-2024



Triangles display the previous year's performance for the same month.

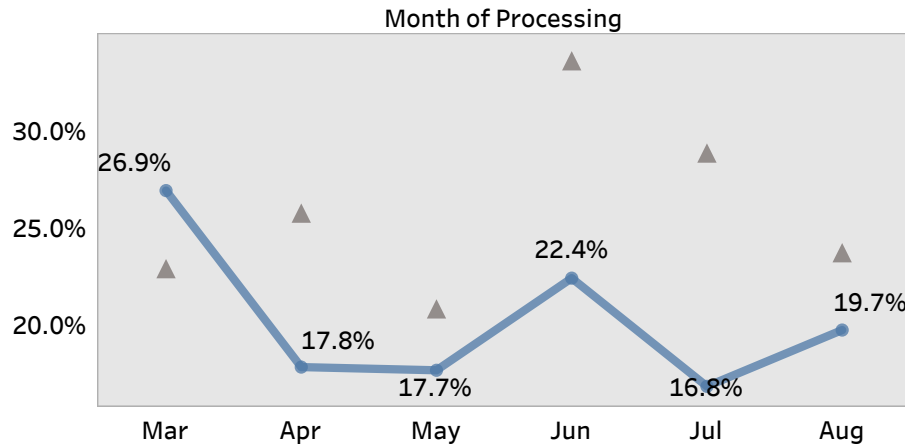
The most recent 6 months displayed is different for each plot, accounting for the time needed to maturely report each measure.



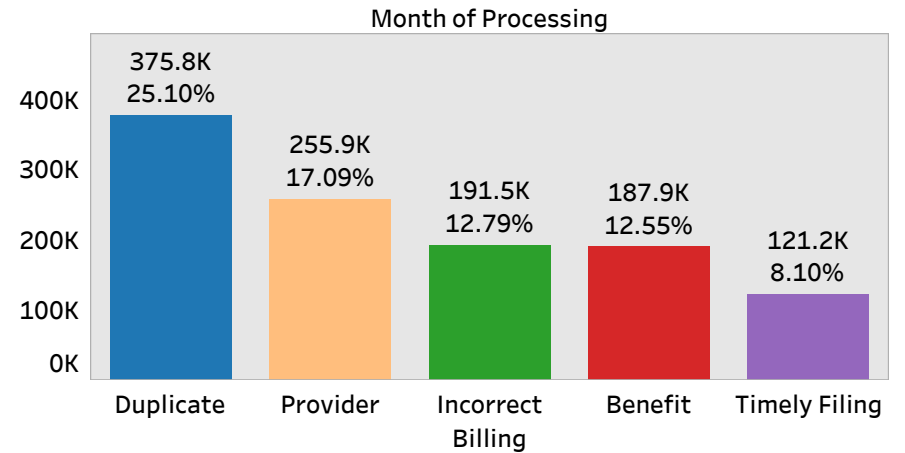
MCLA Claims Denials and Adjustments

Line of Business: MCLA
 Assigned Provider Group: All
 Pay to Provider Name: All

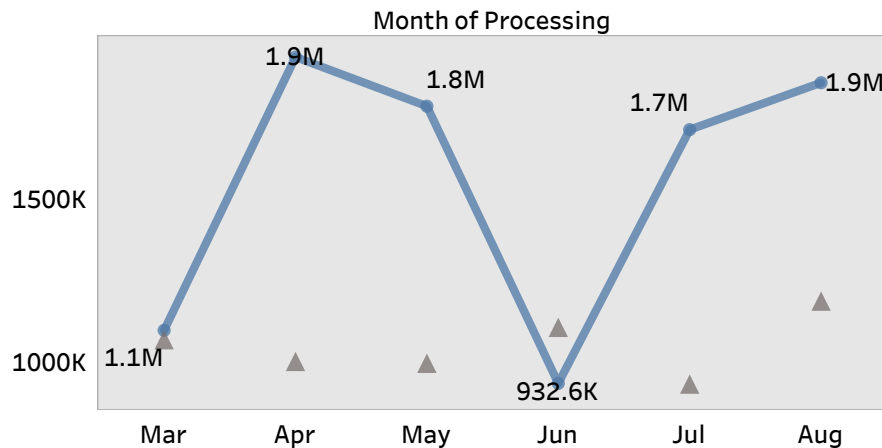
First-Pass Claims Denial Rate - Mar-2024 to Aug-2024



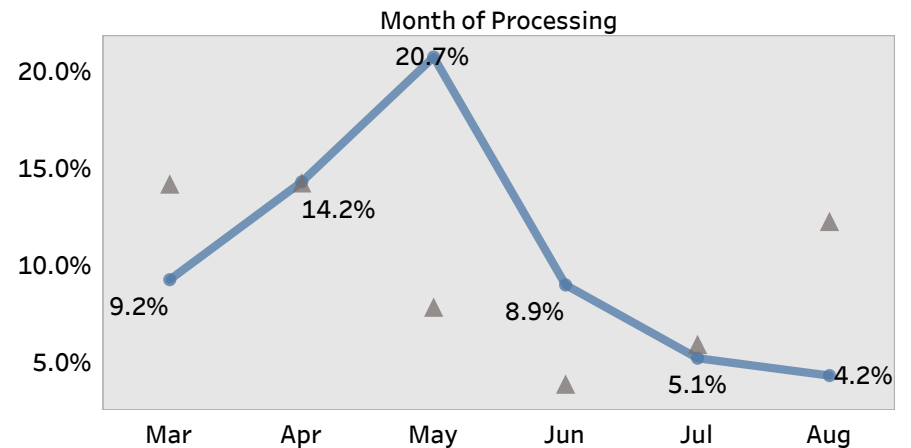
Most Recent 6 months' Denial Volume by Reason: Mar-2024 to Aug-2024



Total Claims Processed (Originals + Adjustments) - Mar-2024 to Aug-2024



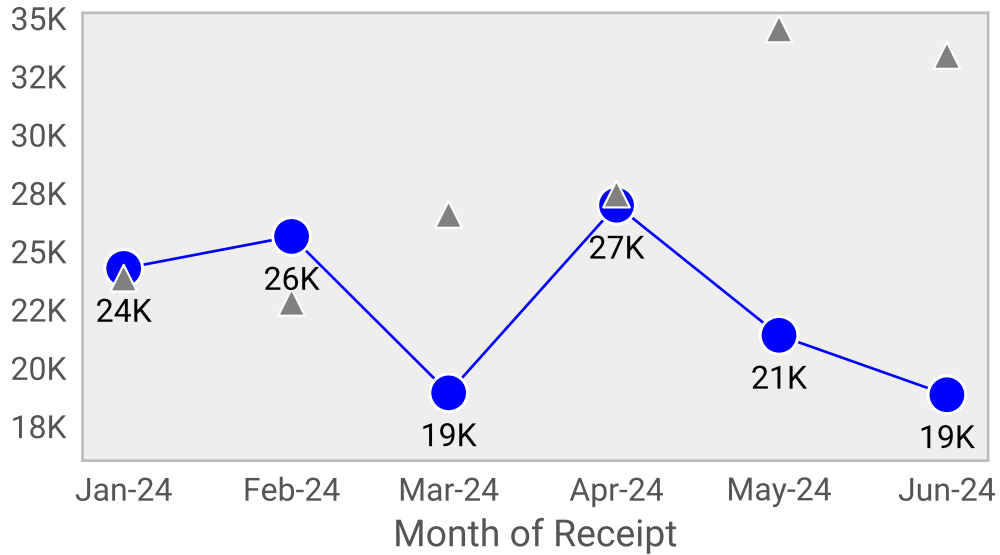
% of Total Claims Processed that are Adjustments - Mar-2024 to Aug-2024



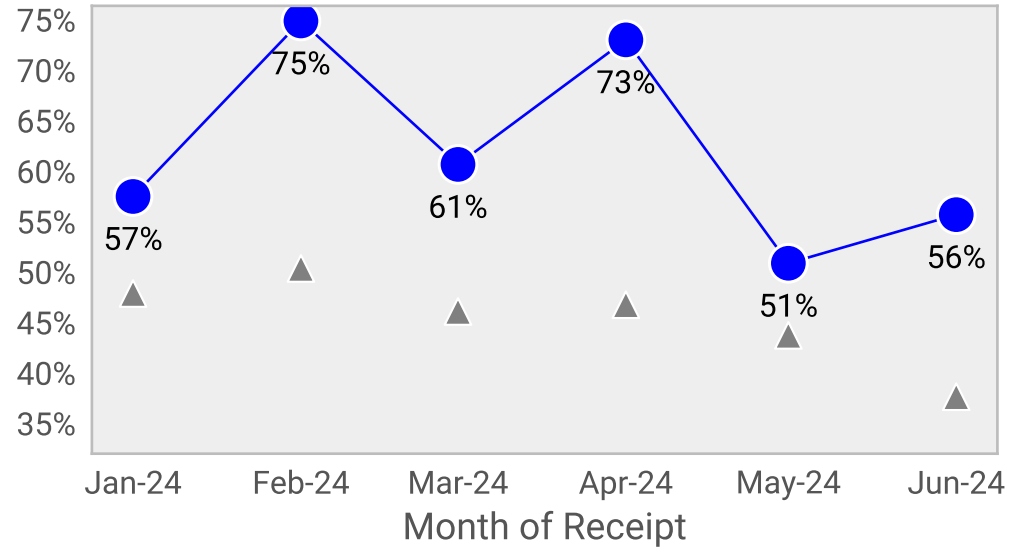
Triangles display the previous year's performance for the same month.

MCLA Provider Dispute Resolution Processing

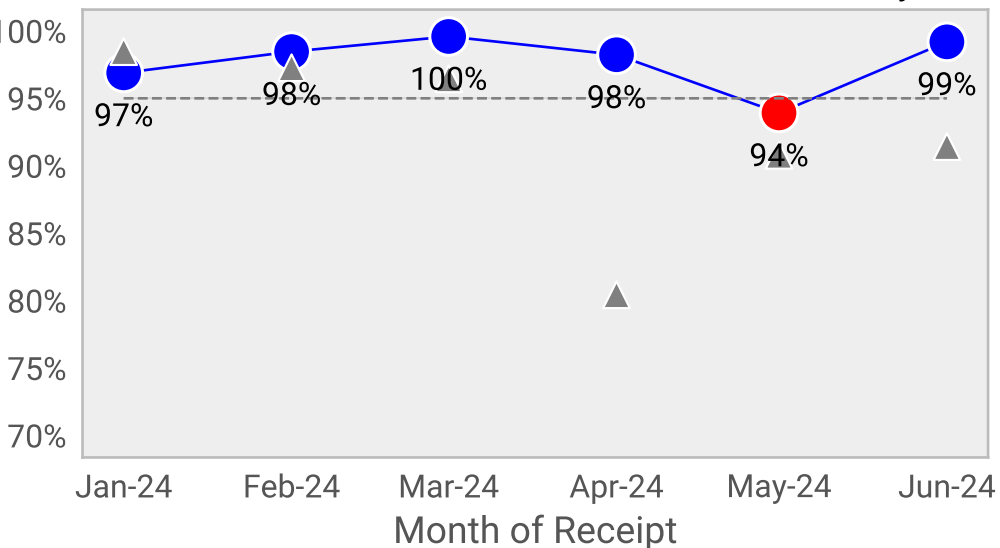
PDR Volumes Received



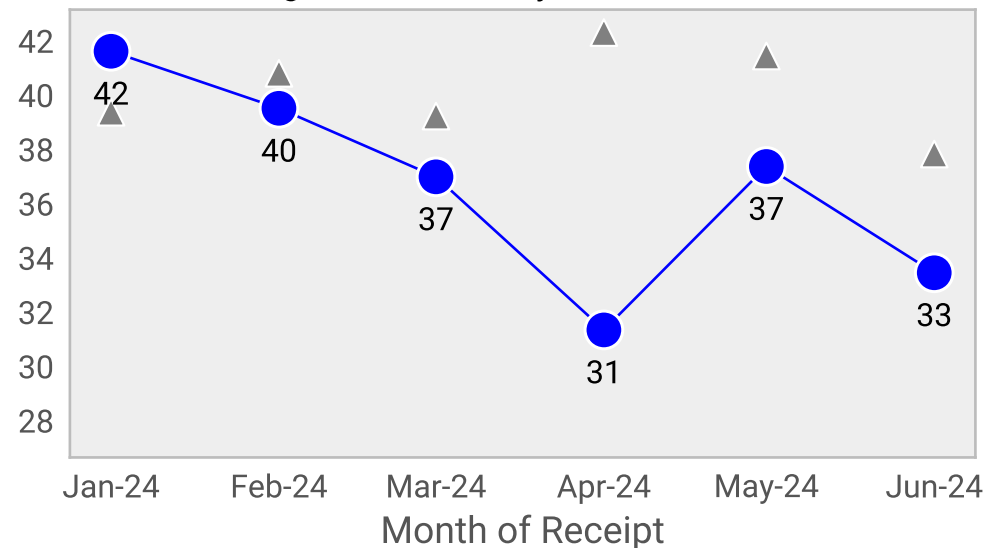
% of Closed PDR Cases that are Upheld



% of PDR Cases Closed within 45 Business Days



Average Business Days to Process PDRs



Triangles display the previous year's performance for the same month.

PUBLIC ADVISORY COMMITTEES

- **Temporary Transitional
Consumer Advisory
Committee**
- **Children's Health Consultant
Advisory Committee**
- **Technical Advisory
Committee**



L.A. Care
HEALTH PLAN®

For All of L.A.

Automatic Door / Board Summary



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Automatic Door Update

- The current swinging entry doors at our Community Resource Centers (CRCs) comply with all state and federal laws and regulations.
- Currently, there are no automatic doors installed at any of our 13 CRCs.
- Since construction has not yet begun at our Lincoln Heights CRC we could install an automatic door for an additional \$25,000.
- The 13 other CRC locations would require a retrofit with an estimated cost of \$37,600 per location for a total of over \$488,000.
- In terms of industry standards, we did not find examples of buildings with automatic doors on restrooms. Doing so also creates privacy issues as the doors swing all the way open and stay open longer than they otherwise would. And, while open they block the adjacent hallway. As such, we do not recommend adding them to any of our restrooms.

Below are pro's and con's of automatic swinging door openers:

Pros:

- Improves access for those who may have difficulty opening a traditional door.
- Reduces physical contact with door handles (must still push button).
- After the hold open period, the door automatically returns to the closed position.

Cons:

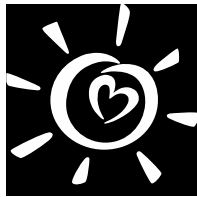
- Door can be harder to operate manually when out of service (e.g., power outage).
- Not suitable for locations requiring security because they open for anyone.
- Installation and ongoing maintenance costs.

Automatic Door Staff Recommendation

- All our buildings are compliant with applicable law and industry standards. As such, the recommendation is not to make any changes at this time.
- Should the Board desire to add automatic doors to the entrance of our buildings going forward staff recommends doing so on all new facilities and retrofitting those with at least eight years left on the lease so the costs may be fully amortized.

Current CRC Lease End Dates

| Site | RSF | Lease Expiration |
|---------------------------|--------|-------------------|
| Pacoima (RCAC 2) | 5,006 | 6/9/2024 |
| Palmdale (RCAC 1) | 7,000 | 10/26/2026 |
| East L.A. (RCAC 10) | 8,344 | 7/31/2028 |
| Lynwood (RCAC 6) | 7,537 | 8/31/2028 |
| Pomona (RCAC 11) | 12,173 | 6/30/2029 |
| *Metro LA (RCAC 4) | 9,900 | 1/31/2030 |
| Wilmington (RCAC 8) | 13,246 | 6/3/2031 |
| El Monte (RCAC 3) | 12,000 | 7/12/2031 |
| Norwalk (RCAC 7) | 10,000 | 8/12/2031 |
| Inglewood (RCAC 6) | 9,000 | 2/24/2032 |
| Long Beach (RCAC 9) | 12,350 | 8/7/2032 |
| Westside (RCAC 5) | 7,810 | 12/1/2032 |
| South Los Angeles | 9,085 | 7/1/2034 |
| Lincoln Heights (RCAC 10) | 9,000 | Approx. 11/1/2034 |



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: May 2, 2024

Motion No. TTECA 101.0524

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

Requesting Department:

Issue: Including push-door buttons in the design of all L.A. Care facilities where appropriate for persons with disabilities is essential for ensuring accessibility and independence. These buttons allow individuals with mobility impairments to easily enter and exit buildings without assistance, promoting inclusivity and equal access to public spaces. Additionally, push-door buttons can also benefit those with temporary disabilities, parents with strollers, and individuals carrying heavy loads, making them a practical and inclusive design feature for all.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: During the April 2024 Temporary Transitional Executive Community Advisory Committee (TTECAC) meeting, the committee discussed and determined that a motion be forwarded to the Board of Governors to consider the placement of push door buttons on any door accessible to the public on any site used by L.A. Care Health Plan for public meetings.

Member Impact:

Budget Impact: Staff will return with an estimate cost and budget impact once a response to the attached motion is developed.

Motion: L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings. This action will greatly support seniors and persons with disabilities who utilize restrooms for business and access the building for public business.

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – July 10, 2024

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

| ECAC Members | RCAC Members/Public | L.A. Care Board of Governors/Senior Staff |
|--|--|---|
| <p>Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Lidia Parra, RCAC 3 Chair Sylvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair * Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member * Deaka McClain, TTECAC Vice-Chair and At Large Member</p> | <p>Izmir Coello, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter</p> <p>Ryan Bowen, Call the Car Joann Cannon, Public *** Elizabeth Cooper, Public Siliva Cosio, Public Nereyda Ibarra, Public *** Estela Lara, Public Russel Mahler, Public Kimberly Martinez, Public Andrea McFerson, Public Fresia Paz, Public *** Demetria Saffore, Public</p> | <p>Layla Gonzalez, Advocate, Board of Governors Fatima Vazquez, Member, Board of Governors John Baackes, Chief Executive Officer, L.A. Care Sameer Amin, MD, Chief Medical Officer, L.A. Care Francisco Oaxaca, Chief of Communication and Community Relations *** Tyonna Baker, Community Outreach Field Specialist, CO&E Michelle Brodsky, MD, Senior Medical Director, Community Health, Behavioral Health Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Ramon Garcia, Community Outreach Field Specialist, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Christopher Maghar, Community Outreach Field Specialist, CO&E Rudy Martinez, Safety & Security Program Manager III, Facilities Services Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Alfredo Mora, Staff Augmentation, Facilities Services Abraham Rivera, Provider Network Account Manager, Provider Network Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriguez, Board Specialist, Board Services ***</p> |
| <p>* Excused Absent ** Absent *** Via teleconference</p> | | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| CALL TO ORDER | <p>Ana Rodriguez, <i>TTECAC Chairperson</i>, explained the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:02 A.M.</p> | |
| APPROVE MEETING AGENDA | <p><u>PUBLIC COMMENT</u> <i>Andria McFerson, RCAC 5 Member, expressed her concerns, urging the TTECAC to prioritize communication with the executive committee before making any changes to the RCAC and TTECAC structure. She emphasized that the perspectives of those directly affected by these changes, particularly RCAC members, must be considered. Ms. McFerson questioned how the program could be effectively revamped without input from ECAC members who might not fully understand the needs of L.A. Care members, especially those with chronic illnesses, disabilities, and mental health issues. She called for better communication among RCAC members and with staff to ensure that decisions made by the BOG are informed and effective. Ms. McFerson concluded by requesting that these communication issues be addressed on the agenda before any changes are implemented.</i></p> <p>The Agenda for today’s meeting was approved.</p> | <p>Approved Unanimously. 11 AYES (Byrd, Cordero, Lebron, McClain, Parra, Poz, Rabaja, Refugio, Rodriguez, Romo, and Sales)</p> |
| APPROVE MEETING MINUTES | <p>Member Lebron stated that on page 12 third paragraph, one of her comments was written down incorrectly. She stated that she meant that people should speak slowly so that interpreters can interpret properly.</p> <p>The June 12, 2024 Meeting minutes were approved with changes.</p> | <p>Approved Unanimously. 11 AYES</p> |
| STANDING ITEM | | |
| UPDATE FROM CHIEF EXECUTIVE OFFICER | <p>John Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>He provided an update on a significant ballot initiative, Proposition 35, which will be on the November 5 ballot. L.A. Care has been heavily involved in getting this initiative on the ballot, which is centered on reinstating the MCO (Managed Care Organization) tax in</p> | |

California, with proceeds used to fund Medi-Cal providers. From 2012 to 2021, the MCO tax generated substantial funds that the state used to draw matching federal funds, though these funds were primarily allocated to the state's general fund rather than directly benefiting Medi-Cal providers.

In 2022, the tax was allowed to lapse by the Governor due to a state budget surplus. However, the subsequent strain on healthcare providers, particularly in recruiting nurses, highlighted the need for more resources in the Medi-Cal system. In response, L.A. Care and other stakeholders formed the Los Angeles County Safety Net Initiative to advocate for reinstating the MCO tax, with the stipulation that all federal funds drawn from the tax should be used to increase reimbursements for Medi-Cal providers.

This proposal gained statewide support and was eventually incorporated into the 2023 state budget, expected to generate \$19 billion over three years, with \$11 billion allocated to Medi-Cal providers. However, concerns arose that future state decisions might divert these funds elsewhere, leading to the push for Proposition 35. This proposition ensures that the MCO tax revenue is permanently directed toward increasing funding for Medi-Cal providers, thereby improving access to care and reducing emergency room crowding.

Mr. Baackes also spoke about the importance of this initiative in addressing health disparities and improving provider participation in Medi-Cal. He encouraged support for the proposition and expressed his commitment to continuing advocacy efforts as part of the steering committee for the ballot initiative.

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member, expressed her disappointment, particularly concerning the lack of voter education efforts within the RCACs. She highlighted that as a member and an advocate for voter information, she has not seen any initiatives encouraging RCAC members to register and vote. Ms. Cooper emphasized the importance of voting and being informed about decisions made in Sacramento and Washington, D.C., which directly impact the programs and services that members rely on. She voiced her concern that despite her long-term involvement and efforts to stay educated on the Governor's budget, her calls for voter education have been ignored. Ms. Cooper stressed that democracy depends on voter participation and education, and she urged for these issues to be addressed by the Chair and the organization.

Mr. Baackes responded to Ms. Cooper by explaining that voter education and the ballot initiative hadn't been discussed in RCAC meetings earlier because they had only recently received the proposition number. He mentioned that the Coalition, which includes L.A. Care, was engaged in negotiations with the Governor's office, which had requested a two-year postponement of the initiative in exchange for future funding. However, the Coalition

decided to move forward with the initiative, not wanting to be misled again. Now that the proposition number has been assigned, discussions about the ballot initiative will take place in RCAC meetings leading up to the November 5th vote. Mr. Baackes emphasized the importance of the initiative and encouraged members to understand its value and spread the word within their communities.

Andria McFerson, RCAC 5 Member, thanked Mr. Baackes for the update on Proposition 35 and acknowledged the importance of understanding how the proposition benefits the community. She expressed some confusion about the process, particularly regarding the reinstatement of the managed care tax and how the funds are used to support providers. Ms. McFerson emphasized the need for L.A. Care members to receive high-quality care and suggested that if funds are returned to providers, there should be clear, substantial measures in place to evaluate the care received. She advocated for conducting specific surveys to assess the quality of treatment provided, which would help ensure that the public receives better care overall.

Mr. Baackes responded that the funds drawn from the federal government, which were previously moved to the state's general fund, should be directed to Medi-Cal to increase provider reimbursement. This would help retain current providers and attract new ones to participate in Medi-Cal. He noted that a lack of participating doctors forces patients to rely on emergency rooms for care, as seen at MLK Hospital. Baackes highlighted that low reimbursement rates cause doctors to rush through appointments, leading to inadequate patient care. He expressed hope that the increased funds would allow providers to spend more time with patients. Additionally, he mentioned that L.A. Care already has a system in place to evaluate the quality of participating providers, emphasizing that the goal of the tax is to make Medi-Cal participation financially viable for more doctors and hospitals.

Ms. Layla Gonzalez asked Mr. Baackes if the coalition behind the proposition would raise funds for advertising to make the proposition clearer to the general public. Mr. Baackes responded that the coalition has already spent about \$10 million on gathering signatures and is now aiming to raise \$30-\$50 million for a public campaign. He explained that L.A. Care, as a public entity, cannot use its funds to promote the proposition but has contributed \$300,000 for signature gathering. The campaign is receiving strong financial support from organizations like the California Hospital Association and the California Medical Association. Mr. Baackes also mentioned that the coalition is concerned about potential opposition from the Governor.

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| | <p>Member Sales asked Mr. Baackes about the payments that providers receive under Medi-Cal, specifically whether they are paid per patient or a flat rate. Mr. Baackes explained that Medi-Cal has a fee schedule that transitioned from fee-for-service to a capitation basis, where providers are reimbursed a set amount based on the member's aid category (e.g., TANF population, special needs). He mentioned that Medi-Cal typically pays around 60-70% of what Medicare would pay, and the aim is to increase this to the 80% range, with the long-term goal of matching Medicare payments. Mr. Baackes noted that Medi-Cal is underfunded compared to Medicare and commercial insurance, with California being among the bottom ten states in terms of reimbursement rates for Medi-Cal providers. He highlighted the financial challenges providers face, including that some doctors might receive as little as \$10 for a visit, which is insufficient to cover the costs. He also mentioned that L.A. Care receives an average of about \$320 per month per member, which must cover all expenses, including provider payments and administrative costs. Mr. Baackes emphasized that it is financially difficult for providers to have a practice solely based on Medi-Cal patients, and the proposed tax would help address these financial challenges.</p> <p>Member Refugio expressed support for the proposition and asked what would happen if it is approved or not, and whether L.A. Care would continue to advocate for it. Mr. Baackes responded that L.A. Care will continue to advocate for increased funding to adequately reimburse providers, emphasizing his long-term goal of achieving parity between Medicare and Medicaid/Medi-Cal payments. He noted the significant disparity in funding between Medicare and Medicaid, despite Medicaid covering more people. Mr. Baackes responded that the coalition behind the proposition is strong and includes hospitals, doctors, clinics, health plans, and unions. He expressed confidence that the coalition would continue its efforts even if the proposition fails, as unity is key to making progress. He is hopeful for the proposition's success but assured that advocacy efforts would persist regardless of the outcome.</p> | |
| <p>UPDATE FROM CHIEF MEDICAL OFFICER</p> | <p>As part of the Chief Medical Officer update, Sameer Amin, MD, <i>Chief Medical Officer</i>, and Michael Brodsky, MD, <i>Senior Medical Director, Community Health, Behavioral Health</i>, gave a presentation on Increasing Access to Mental Health Treatment in L.A. County Schools (<i>a copy of the full presentation can be obtained from CO&E</i>).</p> <p><u>PUBLIC COMMENT</u> <i>Andria McFerson, RCAC 5 Member, noted the importance of peer support in mental health care, advocating for therapists who have shared similar life experiences with their patients. She believes that such connections can enhance the quality of care, especially for individuals who have faced significant challenges. She also highlighted the needs of children with disabled parents and those affected by homelessness, abuse, or substance-related family issues.</i></p> | |

McFerson suggested creating engaging, game-like environments to help children feel more comfortable in expressing themselves.

Dr. Brodsky responded that California has been investing in peer support for many years, particularly for individuals with lived experiences of substance abuse, mental illness, and various forms of abuse. He noted that while L.A. Care is relatively new to this approach, they have started employing community health workers who have similar life experiences and are available at community resource centers to support the public. He also mentioned an upcoming state-level program, wellness coaches for students, which has been delayed but is anticipated to launch in the near future.

Elizabeth Cooper, RCAC 2 Member, speaking as an African American, highlighted the stigma surrounding therapy within the African American community. She spoke about the importance of cultural sensitivity when hiring therapists, noting that it's crucial for therapists to understand and respect the cultural values of their clients, whether they are African American, Latino, or from any other background. She supported the idea of hiring culturally aware therapists and stressed the need to address the reasons why some parents might be hesitant to seek therapy for their children. She urged policymakers to be more sensitive to the unique challenges faced by the African American community and other communities.

Dr. Brodsky responded that L.A. Care agrees with those priorities.

Member Sales suggested that while the student program sounds excellent, there is a need to support students after they graduate and transition into adulthood, as they can be left in limbo. She recommended incorporating parents into the program, mentioning her work with the Therapeutic Play Foundation, which focuses on social play therapy activities. The organization's mission is to empower parents and build resilience, which then positively impacts the child. Sales emphasized the importance of involving both parents and children together, as having one healthy and the other not can lead to conflicts. Dr. Brodsky expressed agreement with Member Sales' suggestion, acknowledging that the current program with L.A. Care and the superintendent is somewhat limited, as it only covers counseling for students and allows minimal interaction with parents. However, he noted that a statewide program is forthcoming, which will include services involving parents, such as family meetings and therapy work. Dr. Brodsky mentioned that Medi-Cal is beginning to cover more services to support parents with their children and suggested discussing this further in a future ECAC meeting.

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| | <p>Member Byrd expressed concerns about addressing the root causes of issues faced by African American and Hispanic children, particularly regarding the use of mind-altering drugs for conditions like ADHD. She noted that these drugs often have side effects, such as depression, which can lead to severe outcomes like suicide. Member Byrd emphasized the need to tackle these underlying issues comprehensively and questioned the focus on targeted therapies without addressing the broader problem of drug use and its effects on these communities. She also pointed out a perceived disparity in how these issues are addressed across different racial groups.</p> <p>Member Lebron emphasized the importance of addressing stigma around mental health in the community. She noted that some parents and children view seeking help as a sign of weakness and suggested that the program should include a campaign to counteract this perception. Member Lebron recommended making mental health support more attractive and breaking down negative stereotypes to help children and families better understand and embrace the opportunities for receiving assistance. Dr. Brodsky agreed with Member Lebron about the longstanding issue of stigma surrounding mental health. He noted that showing vulnerability and seeking help takes strength. Dr. Brodsky mentioned that there is a statewide campaign led by Medi-Cal to address stigma, which L.A. Care supports.</p> <p>Dr. Eakins inquired about access and enrollment data, noting an increase in African American and Latino youth, with a higher increase among Latino youth. She questioned whether the program's outreach included LA County school districts or just county schools. Dr. Brodsky responded that the L.A. school district recently joined the program, which contributed to the increase in numbers. He said that while the L.A. school district is a participant, other districts such as Compton and Inglewood were involved earlier. He said that the program also encompasses over 400 charter schools across L.A. County, which includes many of the communities of concern.</p> | |
| <p>Board Members Report</p> | <p>Ms. Gonzalez and Ms. Vazquez gave the following Board Member Report:</p> <p>Ms. Vazquez began by thanking the members that are in attendance at today's meeting. The Board of Governors met on June 6. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care's website. The list of motions approved at that Board meeting can be obtained from CO&E. They thanked the RCAC members that joined the Board meeting in person or virtually. They were happy to see members there and appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person:</p> <ol style="list-style-type: none"> 1. Roger Rabaja (R1) 2. Ana Rodriguez (R2) | |

3. Silvia Poz (R4)
4. Joyce Sales (R6)
5. Maritza Lebron (R7)
6. Ana Romo (R8)
7. Deaka McClain (R9)

In his report Chairperson Ballesteros acknowledged that the month of June includes several national recognition topics. 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 also 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. 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. Mr. Baackes gave a Chief Executive Officer report. He gave an update earlier today. Dr. Amin gave a Chief Medical Officer report. He gave an update earlier today. Dr. Amin also presented a Performance Monitoring May 2024 report. L.A. Care wants to be transparent organization, and has encouraged other health plans to do the same. It might be of interest to report that Tara Nelson presented results for utilization management (UM). For the past six months, L.A. Care has been consistently above 99 %. These are requests that can come from a, primary care physician, specialist, and 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. Mr. Baackes presented the proposed restructure of the Consumer Advisory Committee (CAC) to Board Members along with a motion requesting approval to delegate authority to the Executive Committee of the Board of Governors to approve revisions to the Operating Rules of the Consumer Advisory Committees (CAC) and Executive Community Advisory Committee (ECAC), the transition from 11 to 8 RCAC geographic areas and an enhanced CAC member volunteer stipend structure. These changes were approved by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at its meeting of May 14, 2024. The revised Operating Rules to implement the changes were approved on June 26 by the Board's Executive Committee. It is important to note that the changes can be revisited by the members if improvements need to be made in the future.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member, spoke about the need to discuss the new structure of the RCACs with RCAC members, noting that the ECAC oversees

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| | <p><i>this structure and that current Chairs are not part of the ECAC. She stressed the importance of continuing the RCACs and ensuring representation in ongoing discussions. She spoke about the need to address homelessness, ensuring that individuals are properly evaluated for psychological health and that different needs, such as those of individuals with violations, mental illnesses, or disabilities, are met with appropriate programs.</i></p> <p><i>Elizabeth Cooper, RCAC 2 Member, expressed concerns about a lack of communication and representation from the Chairs of the RCACs (Regional Community Advisory Committees). She noted that there was no prior meeting or vote involving the RCAC members before the recent meeting. Emphasizing the importance of Chairs representing their members, she criticized the process for not reflecting the consensus of the RCAC members and indicated that she objects to how the situation was handled.</i></p> <p>Member McClain raised several points regarding the executive committee report and motions submitted to the Board of Governors (BOG). She noted that she had not heard an update on the executive committee report. She mentioned that one motion to change the BOG meeting time back to its regular schedule had passed. However, she expressed concern about the second motion related to installing push buttons in the building, which was reportedly not approved. She asked for clarification on why this motion was handled by the executive committee instead of the BOG as initially instructed, and she requested an update on the next steps and reasons for the decision. Ms. Gonzalez responded that that is an excellent question so the BOG will not meet until September. It was brought forth to the executive committee to make a decision. Now as far as the decisions that were made with those two motions, she hasn't received an update yet but will check on it and follow up at a later meeting.</p> | |
| <p>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p> | <p>Francisco Oaxaca, <i>MBA, Chief, Communication and Community Relations</i>, gave the following update:</p> <ul style="list-style-type: none"> • Community Resource Centers: Construction on the last two centers, South LA and Lincoln Heights, is progressing well. The South LA center is expected to open in October, with a grand opening event planned. The Lincoln Heights center should be ready for a grand opening by November or December. Invitations to the events will be sent to ECAC and RCAC members representing those areas. • RCAC Meetings: The CO&E team is organizing a schedule for resuming RCAC meetings at the community resource centers. This will allow members to experience the centers and interact with their programs and staff. | |

- Annual Meeting: An annual conference or relaunch event will be held in August to bring all members together and introduce the new RCAC structure and operations. This event will be held every year going forward.
- RCAC Membership: The selection committee is working to interview and select new RCAC members. There has been significant interest in joining, and new members will be added in the coming weeks.

PUBLIC COMMENT

Andria McFerson expressed support for the expansion of community resource centers (CRCs) and inquired about receiving invitations to the grand openings and related events for these centers. She emphasized the need for detailed information regarding these events for families and friends. Additionally, she raised a concern about the approval process for the new structure, suggesting that it should be reviewed and approved by the Board of Governors (BOG) first.

Mr. Oaxaca addressed Ms. McFerson's questions by explaining that each existing community resource center (CRC) has a monthly calendar and newsletter detailing programs and events. He mentioned that RCAC members would have opportunities to visit their local CRCs to experience the centers firsthand and share this information with their communities. For the upcoming openings of the South L.A. and Lincoln Heights centers, materials and invitations would be provided to both RCAC and ECAC members.

Elizabeth Cooper expressed concerns about the accessibility and availability of staff to committee members. She questioned why staff members, who are supposed to serve the committees, are not available for communication. Additionally, she expressed dissatisfaction with the recent changes in the committee structure, noting that they were made without proper consultation with ECAC members. She suggested that these changes might involve legislative matters and should have been addressed differently.

Member Sales inquired about the new center opening on Crenshaw Boulevard for RCAC 6, specifically asking if RCAC 6 members would be divided between locations or if everyone would move to the new center. Mr. Oaxaca responded that it will be up to the members of RCAC 6 to decide. They can choose to alternate meetings between the existing and new centers or decide how they prefer to meet, depending on the availability of resource centers.

Member Poz asked Francisco Oaxaca about reimbursement for members, specifically inquiring whether mileage would be covered and if the payment method could revert to gift cards instead of checks. Mr. Oaxaca responded that he does not have an update at the

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| | <p>moment. The team is still working on the details, and more time is needed before a resolution can be provided.</p> | |
| <p>MEMBER ISSUES</p> | <p><u>PUBLIC COMMENT</u> <i>Andria McFerson, RCAC 5 Member, reported on her recent participation in a Board of Supervisors meeting where she advocated for improved mental health access and broader program inclusion for addressing various issues with LA County's Department of Mental Health. She emphasized the need for information on volunteer opportunities with stipends related to mental health care and invited RCAC members to contact her for details. Additionally, she stressed the importance of addressing homelessness and suggested that it should be added to the agenda for future discussions.</i></p> <p><i>Demetria Saffore, RCAC 4 Member, expressed concerns about long wait times for appointments with primary care physicians, citing that she cannot secure an appointment until January. She highlighted that excuses related to financial constraints are not improving the situation and emphasized the need for urgent attention to this issue.</i></p> <p>Dr. Eakins acknowledged the concern about primary care physician wait times but stated that there is no immediate answer. She suggested that the inquiry will be investigated, and an update will be provided either at the next meeting or as soon as possible.</p> <p><i>Elizabeth Cooper, RCAC 2 Member, expressed concern about not being respected or heard as a long-time RCAC member. She noted that her questions to Francisco had gone unanswered and mentioned feeling disrespected by the ECAC leadership. Ms. Cooper indicated that she would consult the legal department to understand her rights and seek support for her complaints, especially regarding her own and her disabled son's needs.</i></p> | |
| <p>OLD BUSINESS</p> | | |
| <p>CALL THE CAR PRESENTATION</p> | <p>Ryan Bowen, <i>Account Manager and Transportation Experience Manager, Call the Car</i>, gave a presentation about Call the Car's Transportation Services (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper expressed frustration over a poor experience with the Call the Car service. She described an instance where staff arrived early in the morning without prior notification, causing significant stress. She emphasized that there was no advance call to confirm the appointment, which led to her being</i></p> | |

unprepared and upset. Ms. Cooper stressed that proper procedures, including advance notification, should have been followed.

Mr. Bowen acknowledged Ms. Cooper's frustration and apologized for the lack of notification regarding the Call the Car service. He assured her that he would address the issue with his team to ensure better adherence to notification procedures in the future. He emphasized that this protocol applies to both advisory group meetings and medical appointments. Mr. Bowen encouraged Ms. Cooper to contact the L.A. Care outreach and engagement department if she experiences similar issues in the future, so they can assist and confirm arrangements.

Andria McFerson asked about several aspects of transportation and coverage services. She asked who is responsible for approving transportation coverage and how grievances are investigated, including whether affected individuals are directly consulted. She also wanted to know if Call the Car covers mental health therapy, physical therapy, and other medical appointments, and if such services require PCP referrals. She also asked about whether transportation services extend to homeless individuals, including their basic needs such as clothing, blankets, and food, and expressed concern about ensuring these services are accessible to those in need.

Mr. Bowen responded that the approval of what transportation services are covered is managed by L.A. Care's contracting team and Call the Car. He confirmed that mental health services are included and that transportation for these services can be arranged through Call the Car's scheduling system. Regarding transportation for the homeless, he noted that Call the Car currently provides services only to L.A. Care and Medi-Cal members. He mentioned that any initiatives for expanding coverage to the homeless would need to be addressed by L.A. Care and Call the Car. He also asked if Ms. McFerson was referring to bringing a guest with her to appointments.

Russel Mahler, RCAC 4 Member, asked how he can place a note on his account to ensure that Call the Car drivers arrive at the correct address. He expressed concern that drivers have repeatedly gone to the wrong location, which is unsafe due to the presence of homeless encampments. He wants to ensure that drivers come to the front of the building instead.

Mr. Bowen responded that if Mr. Mahler's residence is difficult for drivers to find, he can flag his profile to ensure the Call the Car center is aware of the situation. This would include instructing drivers to pick him up at the front of the building rather than the back. First, they need to confirm that the correct address is on file, and then they will update the profile to ensure drivers receive accurate instructions.

Member Poz stated that vehicles used for patient transport should have some form of identification or signage to make them easily recognizable. While using an application for scheduling, it's important to ensure that drivers are properly trained in patient transport, even if not all drivers are directly employed. She noted that her previous complaint had been satisfactorily addressed and thanked Mr. Bowen for resolving it. Mr. Bowen responded to Member Poz by acknowledging her previous complaint and expressing satisfaction that it had been resolved. He stated that drivers contracted with Call the Car are credentialed and trained to meet the required standards of care. This includes specialized training for handling disabilities, such as assisting with wheelchairs and securing equipment during transportation. This ensures that drivers can effectively meet the needs of passengers and provide appropriate care during transfers from their residence to their appointments.

Member Cordero inquired about the differences between types of transportation services provided by Call the Car. Specifically, she asked about the distinctions between "door-to-door" and "curb-to-curb" services, the rationale behind requiring advance notice ranging from one to three hours, and why she was informed that transportation could not be provided when requested within a shorter timeframe. Mr. Bowen explained that Door-to-Door Service involves a higher level of assistance where drivers help passengers from their door to the vehicle. This service typically requires more notice because it may involve more coordination and time for the driver. Curve-to-Curve Service is for passengers who can walk independently between their door and the vehicle. This service is generally provided by ride-share vendors like Lyft or Uber. Due to the extensive network and coverage of these services, drivers can usually be found quickly, resulting in a shorter notice requirement (5-10 minutes). Door-to-Door Assistance requires advance notice of up to two business days. Unlike curve-to-curve service, door-to-door assistance typically involves contacting specialized vendors and arranging for appropriate care, which takes more time. The process involves reaching out to various vendors to ensure they can accommodate the reservation, thus necessitating a longer notice period.

Member McClain shared her concerns about a transportation involving Call the Car, where she was being rushed to the emergency room from a physical therapy appointment, she had trouble requesting a return ride home. After being discharged from the emergency room the following morning, she encountered problems with Call the Car, who initially refused to provide transportation back home, citing that they had originally picked her up from therapy. Mr. Bowen clarified that Call the Car typically handles non-emergency transport and advised that in true emergencies, contacting 911 is recommended. He acknowledged the issue, noting that requests for transportation from a hospital to home should be covered as a benefit. He indicated that he would need to investigate the specific case to understand the service lapse and ensure that such transportation issues are addressed properly.

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| | <p>Member Parra asked Mr. Bowen if the application is available in a different language and if two different reservations need to be made for a round trip. Mr. Bowen responded that the application is only available in English, but it is being worked on to include multiple languages. He stated that only one reservation needs to be made for both rides.</p> <p>Member Poz raised several concerns. She asked if there could be after-hours support available, as she experienced difficulties when her ride was delayed and no one answered the phone after 5:30 P.M., forcing her to use Uber at her own expense. She also inquired about the possibility of drivers waiting a few minutes if they arrive early, as she has a disability that makes it challenging to move quickly and often leads to delays and missed appointments. Additionally, she questioned the policy regarding ride time limits, asking what happens if more than the allotted 20 minutes is needed. Mr. Bowen addressed Ms. Poz's concerns by first confirming that the Call the Car call center operates 24/7. He advised ensuring she is calling the correct number and following the prompts, as after-hours support should be available. If problems persist, she should contact L.A. Care for further investigation. Regarding the issue of drivers arriving early, Mr. Bowen explained that the wait times vary depending on the level of care. For ambulatory services using Lyft or Uber, drivers can wait 5 minutes before leaving. For higher levels of care, such as door-to-door services or those requiring a wheelchair, drivers can wait up to 15 minutes. He noted that if a ride share driver leaves after waiting 5 minutes, another ride can usually be arranged quickly upon notification.</p> | |
| <p>REGIONAL COMMUNITY ADVISORY COMMITTEES (RCACs)</p> | <p>Dr. Eakins gave a Regional Community Advisory Committee (RCAC) update <i>(a copy of the report can be obtained from CO&E)</i>.</p> <p>Dr. Eakins announced the upcoming two-day conference titled "Celebration of Voices," which will feature new member orientation and the reimplementation of RCACs. The conference, set for August 23rd and 24th at the Saint Anne Conference Center, aims to educate, inform, and empower members, both returning and new. Dr. Eakins emphasized the importance of RSVP by the end of July for proper planning, including food and gifts. Members are encouraged to wear Mardi Gras-themed colors and to be prepared for long days from 8:30 a.m. to 3:00 p.m., with stipends and transportation provided. The transportation may involve centralized bus services from local CRCs. Dr. Eakins also mentioned the upcoming selection process for new RCAC members, involving a committee based on language needs. She expressed excitement about these developments and encouraged active participation from all members.</p> <p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper expressed her strong objection to the selection process for new RCAC members, stating that it is unfair and excludes current RCAC</i></p> | |

members from participating. She voiced her concerns about the ECAC members being involved in the selection despite not having connected with RCAC members. While she respects Dr. Eakins and the committee, she disagrees with the process and plans to file a formal complaint with the Board of Governors and the state of California, as well as potentially reaching out to her legislator regarding the issue.

Dr. Eakins clarified to Ms. Cooper that all current RCAC members will be automatically "grandfathered" into their respective RCACs without needing to participate in the new selection process. She mentioned that current members might undergo a brief interview to reconnect, but the selection process is primarily for new members who are unfamiliar with the RCACs. Dr. Eakins emphasized that the process is designed to introduce new members to the roles and responsibilities within the advisory group, and reassured that the current members' status would be maintained as previously ensured by Mr. Baackes.

Ms. Cooper asked her to reiterate what she said about the selection committee.

Dr. Eakins explained that according to the approved rules and terms, the TTECAC will be actively involved in the selection process. She emphasized the importance of effective communication between the committee and the prospective members, noting that the selection committee needs to match the language of the prospective members. For example, if a prospective member speaks only Spanish, the committee must include Spanish speakers to ensure clear communication. She also mentioned that since TTECAC members are considered consumers, they are by default eligible to participate in this selection process.

Andria McFerson expressed her gratitude for the upcoming event, which coincides with her birthday, and mentioned her willingness to participate despite the timing. She raised concerns about the selection process for the committee, emphasizing that it should not be handpicked and should include a diverse group of individuals willing to be involved. She questioned how the selection process would accommodate those who cannot physically write and suggested that they should be able to participate in the orientation. Additionally, she stressed the importance of RCACs having meetings before the BOG election and mentioned concerns about potential reductions in the number of RCAC meetings.

Dr. Eakins clarified that L.A. Care does not have authority over the selection committee requirements, as these were determined by the Department of Health Care Services (DHCS). However, L.A. Care advocated for a broader definition of the selection committee, ensuring it includes consumers, L.A. Care leadership and staff, and community-based organizations (CBOs) that work with L.A. Care, while explicitly excluding CO&E staff to maintain neutrality. She emphasized that the committee's role is to understand applicants and ensure they know what they are signing up for. Regarding the Board of Governors (BOG) election, Dr. Eakins explained that CO&E works in partnership with board services,

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| | <p>which leads the process. She stated that BOG elections would not occur until the RCACs are reinstated, everyone is acclimated, and a clear plan is established in collaboration with board services and the ECAC. She noted that they are not yet at that stage.</p> <p>Member Romo asked who will be on the selection committee. Dr. Eakins responded that it's based on the applicant's availability. Ms. De La Torre will reach out to each person to check availability based on the needs of the applicant and availability. So they'll have to work it out for everyone, not just for one person. Ms. De La Torre reminded the committee that, according to the approved operating rules, the selection committee must include two community-based organizations, three Chairs from ECAC, and a staff member from the health equity department, either Dr. Li or his designated staff. She acknowledged the large number of applicants and explained that the selection process would be adjusted based on the language of the applicants and TTECAC members to determine the best fit for the committee.</p> | |
| FUTURE AGENDA ITEM SUGGESTIONS | | |
| | <p>Member Lebron stated that she had asked about the Health Promoters program and would like to get more information. She said she thinks some of them are working and would like to know what L.A. Care is doing. She would like the community resource centers to have activities for young people.</p> | |
| PUBLIC COMMENTS | | |
| | <p><i>Andria McFerson expressed her concern about the potential reduction of RCACs and emphasized the importance of maintaining or expanding them to ensure representation aligns with recent efforts by county supervisors to increase equality and diversity in LA County. She also highlighted the need to address issues related to homelessness.</i></p> <p><i>Ms. Cooper expressed her concerns as a long-time RCAC member and mother of a disabled son. She feels that disability issues have not been fairly represented and that there has been a lack of consideration for these matters. Additionally, she is worried that the RCACs are losing public interest and social engagement, which affects their effectiveness in addressing public concerns.</i></p> | |

ADJOURNMENT

ADJOURNMENT

The meeting was adjourned at 1:19 P.M.

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, TTECAC Chair



Date

9/11/24

EXECUTIVE COMMITTEE



DATE: September 25, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for August 2024

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from August 1 to August 31, 2024.

L.A. Care's investment market value as of August 31, 2024, was \$3.5 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$125 million invested with the BlackRock Liquidity T-Fund.

The remainder as of August 31, 2024, of \$3.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/01/24 | 08/01/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/01/24 | 08/01/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/02/24 | 08/02/24 | Buy | 10,000,000.000 | FHLB DISCOUNT NOTE MAT 08/05/24 Cpn 313384A82 | (9,995,600.00) | | 0.00 | 0.00 | (9,995,600.00) |
| 08/02/24 | 08/02/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/05/24 Cpn 313384A82 | (49,978,000.00) | | 0.00 | 0.00 | (49,978,000.00) |
| 08/05/24 | 08/05/24 | Buy | 25,000,000.000 | FHLB DISCOUNT NOTE MAT 08/06/24 Cpn 313384A90 | (24,996,333.33) | | 0.00 | 0.00 | (24,996,333.33) |
| 08/05/24 | 08/05/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/06/24 Cpn 313384A90 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/02/24 | 08/05/24 | Buy | 8,250,000.000 | UNIVERSITY OF CHICAGO CP TXB MAT 08/15/24 Cpn 91336CHF7 | (8,237,625.00) | | 0.00 | 0.00 | (8,237,625.00) |
| 08/06/24 | 08/06/24 | Buy | 15,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | (14,997,795.83) | | 0.00 | 0.00 | (14,997,795.83) |
| 08/06/24 | 08/06/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | (49,992,652.78) | | 0.00 | 0.00 | (49,992,652.78) |
| 08/06/24 | 08/06/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | (49,992,652.78) | | 0.00 | 0.00 | (49,992,652.78) |
| 08/06/24 | 08/06/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | (49,992,652.78) | | 0.00 | 0.00 | (49,992,652.78) |
| 08/06/24 | 08/06/24 | Buy | 40,000,000.000 | MITSUBISHI UFJ TRUST & BANK 14 MAT 09/03/24 Cpn 60682WJ33 | (39,834,488.89) | | 0.00 | 0.00 | (39,834,488.89) |
| 08/06/24 | 08/06/24 | Buy | 12,529,000.000 | NORTHW MUT SHR TERM FUN CP MAT 08/15/24 Cpn 66815AHF3 | (12,512,399.08) | | 0.00 | 0.00 | (12,512,399.08) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/06/24 | 08/06/24 | Buy | 12,000,000.000 | SOUTHERN CALIF GAS CP 144A MAT 08/08/24 Cpn 84243LH80 | (11,996,440.00) | | 0.00 | 0.00 | (11,996,440.00) |
| 08/07/24 | 08/07/24 | Buy | 5,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (4,999,266.67) | | 0.00 | 0.00 | (4,999,266.67) |
| 08/07/24 | 08/07/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/07/24 | 08/07/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/07/24 | 08/07/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/07/24 | 08/07/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/07/24 | 08/07/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/07/24 | 08/07/24 | Buy | 10,000,000.000 | NOVARTIS FINANCE CP 144A MAT 09/03/24 Cpn 6698M4J37 | (9,960,175.00) | | 0.00 | 0.00 | (9,960,175.00) |
| 08/07/24 | 08/08/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9 | (49,357,249.31) | | 0.00 | 0.00 | (49,357,249.31) |
| 08/07/24 | 08/08/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9 | (49,357,249.31) | | 0.00 | 0.00 | (49,357,249.31) |
| 08/08/24 | 08/08/24 | Buy | 40,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | (39,994,133.33) | | 0.00 | 0.00 | (39,994,133.33) |
| 08/08/24 | 08/08/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |
| 08/08/24 | 08/08/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | (49,992,666.67) | | 0.00 | 0.00 | (49,992,666.67) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|---|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/09/24 | 08/09/24 | Buy | 25,000,000.000 | AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3 | (24,981,458.33) | | 0.00 | 0.00 | (24,981,458.33) |
| 08/07/24 | 08/09/24 | Buy | 20,000,000.000 | AIR PRODUCTS & CHEMICALS CP 1 MAT 09/04/24 Cpn 00915SJ45 | (19,923,155.56) | | 0.00 | 0.00 | (19,923,155.56) |
| 08/09/24 | 08/09/24 | Buy | 45,000,000.000 | FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73 | (44,980,200.00) | | 0.00 | 0.00 | (44,980,200.00) |
| 08/09/24 | 08/09/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73 | (49,978,000.00) | | 0.00 | 0.00 | (49,978,000.00) |
| 08/09/24 | 08/12/24 | Buy | 9,500,000.000 | U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9 | (9,383,452.02) | | 0.00 | 0.00 | (9,383,452.02) |
| 08/09/24 | 08/12/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 11/07/24 Cpn 912797LC9 | (49,386,589.58) | | 0.00 | 0.00 | (49,386,589.58) |
| 08/13/24 | 08/13/24 | Buy | 20,000,000.000 | AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3 | (19,997,044.44) | | 0.00 | 0.00 | (19,997,044.44) |
| 08/13/24 | 08/13/24 | Buy | 5,000,000.000 | U.S. TREASURY BILL MAT 08/22/24 Cpn 912797KC0 | (4,993,500.00) | | 0.00 | 0.00 | (4,993,500.00) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 08/22/24 Cpn 912797KC0 | (49,935,000.00) | | 0.00 | 0.00 | (49,935,000.00) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9 | (49,898,616.67) | | 0.00 | 0.00 | (49,898,616.67) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9 | (49,898,616.67) | | 0.00 | 0.00 | (49,898,616.67) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9 | (49,898,616.67) | | 0.00 | 0.00 | (49,898,616.67) |
| 08/13/24 | 08/13/24 | Buy | 40,000,000.000 | U.S. TREASURY BILL MAT 10/08/24 Cpn 912797LS4 | (39,678,217.78) | | 0.00 | 0.00 | (39,678,217.78) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|---|-----------|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 10/08/24 Cpn | 912797LS4 | (49,597,772.22) | | 0.00 | 0.00 | (49,597,772.22) |
| 08/13/24 | 08/13/24 | Buy | 40,000,000.000 | U.S. TREASURY BILL MAT 11/14/24 Cpn | 912797LD7 | (39,479,200.00) | | 0.00 | 0.00 | (39,479,200.00) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 11/14/24 Cpn | 912797LD7 | (49,349,000.00) | | 0.00 | 0.00 | (49,349,000.00) |
| 08/13/24 | 08/13/24 | Buy | 40,000,000.000 | U.S. TREASURY BILL MAT 12/10/24 Cpn | 912797MN4 | (39,341,268.89) | | 0.00 | 0.00 | (39,341,268.89) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | U.S. TREASURY BILL MAT 12/10/24 Cpn | 912797MN4 | (49,176,586.11) | | 0.00 | 0.00 | (49,176,586.11) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | CREDIT AGRICOLE CP MAT 08/14/24 Cpn | 22533THE9 | (49,992,638.89) | | 0.00 | 0.00 | (49,992,638.89) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | (49,948,958.33) | | 0.00 | 0.00 | (49,948,958.33) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | (49,948,958.33) | | 0.00 | 0.00 | (49,948,958.33) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | (49,948,958.33) | | 0.00 | 0.00 | (49,948,958.33) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | (49,934,437.50) | | 0.00 | 0.00 | (49,934,437.50) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | (49,934,437.50) | | 0.00 | 0.00 | (49,934,437.50) |
| 08/13/24 | 08/13/24 | Buy | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | (49,934,437.50) | | 0.00 | 0.00 | (49,934,437.50) |
| 08/06/24 | 08/14/24 | Buy | 4,300,000.000 | CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 | 12515PAA5 | (4,300,000.00) | | 0.00 | 0.00 | (4,300,000.00) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/07/24 | 08/14/24 | Buy | 3,900,000.000 | DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 | 23347AAA9 | (3,900,000.00) | | 0.00 | 0.00 | (3,900,000.00) |
| 08/14/24 | 08/14/24 | Buy | 35,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn | 313384C23 | (34,994,895.83) | | 0.00 | 0.00 | (34,994,895.83) |
| 08/14/24 | 08/14/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn | 313384C23 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/14/24 | 08/14/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn | 313384C23 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/07/24 | 08/14/24 | Buy | 13,114,000.000 | PFSFC 2024-E A INS 144A MAT 07/17/28 Cpn 6.20 | 69335PFL4 | (13,114,000.00) | | 0.00 | 0.00 | (13,114,000.00) |
| 08/15/24 | 08/15/24 | Buy | 40,000,000.000 | CREDIT AGRICOLE CP MAT 08/22/24 Cpn | 22533THN9 | (39,958,700.00) | | 0.00 | 0.00 | (39,958,700.00) |
| 08/15/24 | 08/15/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/16/24 Cpn | 313384C31 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/15/24 | 08/15/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (49,970,861.11) | | 0.00 | 0.00 | (49,970,861.11) |
| 08/15/24 | 08/15/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (49,970,861.11) | | 0.00 | 0.00 | (49,970,861.11) |
| 08/15/24 | 08/15/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (49,970,861.11) | | 0.00 | 0.00 | (49,970,861.11) |
| 08/15/24 | 08/15/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (49,970,861.11) | | 0.00 | 0.00 | (49,970,861.11) |
| 08/16/24 | 08/16/24 | Buy | 20,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (19,991,250.00) | | 0.00 | 0.00 | (19,991,250.00) |
| 08/16/24 | 08/16/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | (49,978,125.00) | | 0.00 | 0.00 | (49,978,125.00) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/19/24 | 08/19/24 | Buy | 14,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | (13,997,958.33) | | 0.00 | 0.00 | (13,997,958.33) |
| 08/19/24 | 08/19/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/20/24 | 08/20/24 | Buy | 30,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (29,995,625.00) | | 0.00 | 0.00 | (29,995,625.00) |
| 08/20/24 | 08/20/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/20/24 | 08/20/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/20/24 | 08/20/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/20/24 | 08/20/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/20/24 | 08/20/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | (49,992,708.33) | | 0.00 | 0.00 | (49,992,708.33) |
| 08/21/24 | 08/21/24 | Buy | 39,969,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | (39,963,182.29) | | 0.00 | 0.00 | (39,963,182.29) |
| 08/21/24 | 08/21/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | (49,992,722.22) | | 0.00 | 0.00 | (49,992,722.22) |
| 08/21/24 | 08/21/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | (49,992,722.22) | | 0.00 | 0.00 | (49,992,722.22) |
| 08/21/24 | 08/21/24 | Buy | 27,755,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | (27,750,960.11) | | 0.00 | 0.00 | (27,750,960.11) |
| 08/21/24 | 08/21/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | (49,992,722.22) | | 0.00 | 0.00 | (49,992,722.22) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|---|-------------------|----------------------------------|-----------------------|-----------------------|-----------------|
| 08/21/24 | 08/21/24 | Buy | 25,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn 313384C98 | (24,996,368.06) | | 0.00 | 0.00 | (24,996,368.06) |
| 08/09/24 | 08/21/24 | Buy | 1,750,000.000 | HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8 | (1,749,862.98) | | 0.00 | 0.00 | (1,749,862.98) |
| 08/22/24 | 08/22/24 | Buy | 30,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22 | (29,995,633.33) | | 0.00 | 0.00 | (29,995,633.33) |
| 08/22/24 | 08/22/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22 | (49,992,722.22) | | 0.00 | 0.00 | (49,992,722.22) |
| 08/22/24 | 08/22/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn 313384D22 | (49,992,722.22) | | 0.00 | 0.00 | (49,992,722.22) |
| 08/23/24 | 08/23/24 | Buy | 15,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9 | (14,991,308.33) | | 0.00 | 0.00 | (14,991,308.33) |
| 08/23/24 | 08/23/24 | Buy | 45,000,000.000 | CREDIT AGRICOLE CP MAT 08/26/24 Cpn 22533THS8 | (44,980,087.50) | | 0.00 | 0.00 | (44,980,087.50) |
| 08/23/24 | 08/23/24 | Buy | 44,527,000.000 | FHLB DISCOUNT NOTE MAT 08/26/24 Cpn 313384D55 | (44,507,593.65) | | 0.00 | 0.00 | (44,507,593.65) |
| 08/23/24 | 08/26/24 | Buy | 20,690,000.000 | INTL BANK RECON & DEVELOP FR MAT 09/18/25 Cpn 5.67 459058JJ3 | (20,729,724.80) | (224,880.30) | 0.00 | 0.00 | (20,954,605.10) |
| 08/27/24 | 08/27/24 | Buy | 40,000,000.000 | FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75 | (39,994,200.00) | | 0.00 | 0.00 | (39,994,200.00) |
| 08/27/24 | 08/27/24 | Buy | 50,000,000.000 | FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75 | (49,992,750.00) | | 0.00 | 0.00 | (49,992,750.00) |
| 08/28/24 | 08/28/24 | Buy | 20,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | (19,997,094.44) | | 0.00 | 0.00 | (19,997,094.44) |
| 08/28/24 | 08/28/24 | Buy | 50,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | (49,992,736.11) | | 0.00 | 0.00 | (49,992,736.11) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|--------------------------|--|---------------------------|----------------------------------|-----------------------|-----------------------|---------------------------|
| 08/28/24 | 08/28/24 | Buy | 50,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | (49,992,736.11) | | 0.00 | 0.00 | (49,992,736.11) |
| 08/29/24 | 08/29/24 | Buy | 40,000,000.000 | FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97 | (39,994,200.00) | | 0.00 | 0.00 | (39,994,200.00) |
| 08/29/24 | 08/29/24 | Buy | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97 | (49,992,750.00) | | 0.00 | 0.00 | (49,992,750.00) |
| 08/30/24 | 08/30/24 | Buy | 35,000,000.000 | U.S. TREASURY BILL MAT 09/10/24 Cpn 912797LG0 | (34,943,935.44) | | 0.00 | 0.00 | (34,943,935.44) |
| 08/29/24 | 08/30/24 | Buy | 15,000,000.000 | BANK OF MONTREAL CHICAGO YC MAT 05/23/25 Cpn 5.59 06367DLQ6 | (15,000,000.00) | | 0.00 | 0.00 | (15,000,000.00) |
| 08/30/24 | 08/30/24 | Buy | 40,000,000.000 | CREDIT AGRICOLE CP MAT 09/03/24 Cpn 22533TJ31 | (39,976,400.00) | | 0.00 | 0.00 | (39,976,400.00) |
| | | | <u>3,772,284,000.000</u> | | <u>(3,765,194,009.93)</u> | <u>(224,880.30)</u> | <u>0.00</u> | <u>0.00</u> | <u>(3,765,418,890.23)</u> |
| 08/01/24 | 08/01/24 | Coupon | | FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9 | | 126,250.00 | 0.00 | 0.00 | 126,250.00 |
| 08/07/24 | 08/07/24 | Coupon | | CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.97 17305EGX7 | | 24,910.17 | 0.00 | 0.00 | 24,910.17 |
| 08/10/24 | 08/10/24 | Coupon | | CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9 | | 1,873.33 | 0.00 | 0.00 | 1,873.33 |
| 08/10/24 | 08/10/24 | Coupon | | CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0 | | 6,794.39 | 0.00 | 0.00 | 6,794.39 |
| 08/10/24 | 08/10/24 | Coupon | | CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5 | | 17,772.24 | 0.00 | 0.00 | 17,772.24 |
| 08/12/24 | 08/12/24 | Coupon | | INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.58 4581X0DT2 | | 145,023.72 | 0.00 | 0.00 | 145,023.72 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/12/24 | 08/12/24 | Coupon | | INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.58 4581X0DT2 | | 72,511.86 | 0.00 | 0.00 | 72,511.86 |
| 08/13/24 | 08/13/24 | Coupon | | MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0 | | 10,400.00 | 0.00 | 0.00 | 10,400.00 |
| 08/14/24 | 08/14/24 | Coupon | | CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7 | | 956.19 | 0.00 | 0.00 | 956.19 |
| 08/15/24 | 08/15/24 | Coupon | | ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5 | | 616.48 | 0.00 | 0.00 | 616.48 |
| 08/15/24 | 08/15/24 | Coupon | | BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4 | | 11,988.78 | 0.00 | 0.00 | 11,988.78 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4 | | 1,076.63 | 0.00 | 0.00 | 1,076.63 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1 | | 11,461.04 | 0.00 | 0.00 | 11,461.04 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1 | | 27,091.04 | 0.00 | 0.00 | 27,091.04 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3 | | 26,125.00 | 0.00 | 0.00 | 26,125.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3 | | 5,254.17 | 0.00 | 0.00 | 5,254.17 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3 | | 4,378.47 | 0.00 | 0.00 | 4,378.47 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0 | | 19,775.00 | 0.00 | 0.00 | 19,775.00 |
| 08/15/24 | 08/15/24 | Coupon | | DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2 | | 17,266.67 | 0.00 | 0.00 | 17,266.67 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/15/24 | 08/15/24 | Coupon | | FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 6.10 34528QJB1 | | 52,419.36 | 0.00 | 0.00 | 52,419.36 |
| 08/15/24 | 08/15/24 | Coupon | | FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2 | | 51,756.83 | 0.00 | 0.00 | 51,756.83 |
| 08/15/24 | 08/15/24 | Coupon | | FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0 | | 8,893.35 | 0.00 | 0.00 | 8,893.35 |
| 08/15/24 | 08/15/24 | Coupon | | GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7 | | 21,166.67 | 0.00 | 0.00 | 21,166.67 |
| 08/15/24 | 08/15/24 | Coupon | | GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9 | | 11,083.33 | 0.00 | 0.00 | 11,083.33 |
| 08/15/24 | 08/15/24 | Coupon | | GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2 | | 6,160.00 | 0.00 | 0.00 | 6,160.00 |
| 08/15/24 | 08/15/24 | Coupon | | GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 6.10 361886DB7 | | 7,338.71 | 0.00 | 0.00 | 7,338.71 |
| 08/15/24 | 08/15/24 | Coupon | | HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1 | | 8,138.95 | 0.00 | 0.00 | 8,138.95 |
| 08/15/24 | 08/15/24 | Coupon | | HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.80 44934FAC9 | | 38,124.56 | 0.00 | 0.00 | 38,124.56 |
| 08/15/24 | 08/15/24 | Coupon | | HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2 | | 15,884.85 | 0.00 | 0.00 | 15,884.85 |
| 08/15/24 | 08/15/24 | Coupon | | HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6 | | 978.02 | 0.00 | 0.00 | 978.02 |
| 08/15/24 | 08/15/24 | Coupon | | HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0 | | 1,237.97 | 0.00 | 0.00 | 1,237.97 |
| 08/15/24 | 08/15/24 | Coupon | | HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3 | | 9,588.53 | 0.00 | 0.00 | 9,588.53 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/15/24 | 08/15/24 | Coupon | | HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8 | | 8,172.03 | 0.00 | 0.00 | 8,172.03 |
| 08/15/24 | 08/15/24 | Coupon | | HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3 | | 16,310.83 | 0.00 | 0.00 | 16,310.83 |
| 08/15/24 | 08/15/24 | Coupon | | INTER-AMERICAN DEV BANK FRN MAT 02/15/29 Cpn 5.68 4581X0EC8 | | 279,883.83 | 0.00 | 0.00 | 279,883.83 |
| 08/15/24 | 08/15/24 | Coupon | | JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6 | | 254.44 | 0.00 | 0.00 | 254.44 |
| 08/15/24 | 08/15/24 | Coupon | | LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4 | | 34,675.00 | 0.00 | 0.00 | 34,675.00 |
| 08/15/24 | 08/15/24 | Coupon | | LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9 | | 12,037.41 | 0.00 | 0.00 | 12,037.41 |
| 08/15/24 | 08/15/24 | Coupon | | MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.77 58770JAC8 | | 14,875.04 | 0.00 | 0.00 | 14,875.04 |
| 08/15/24 | 08/15/24 | Coupon | | TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8 | | 15,952.37 | 0.00 | 0.00 | 15,952.37 |
| 08/15/24 | 08/15/24 | Coupon | | WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7 | | 20,146.55 | 0.00 | 0.00 | 20,146.55 |
| 08/15/24 | 08/15/24 | Coupon | | WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7 | | 2,240.25 | 0.00 | 0.00 | 2,240.25 |
| 08/15/24 | 08/15/24 | Coupon | | WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5 | | 28,975.00 | 0.00 | 0.00 | 28,975.00 |
| 08/15/24 | 08/15/24 | Coupon | | WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0 | | 6,308.61 | 0.00 | 0.00 | 6,308.61 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1 | | 1,152.43 | 0.00 | 0.00 | 1,152.43 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2 | | 1,557.18 | 0.00 | 0.00 | 1,557.18 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2 | | 490.51 | 0.00 | 0.00 | 490.51 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3 | | 7,579.57 | 0.00 | 0.00 | 7,579.57 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.75 36268GAC9 | | 6,039.86 | 0.00 | 0.00 | 6,039.86 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4 | | 37,754.17 | 0.00 | 0.00 | 37,754.17 |
| 08/20/24 | 08/20/24 | Coupon | | DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4 | | 13,738.13 | 0.00 | 0.00 | 13,738.13 |
| 08/20/24 | 08/20/24 | Coupon | | DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2 | | 27,041.67 | 0.00 | 0.00 | 27,041.67 |
| 08/20/24 | 08/20/24 | Coupon | | DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3 | | 3,553.33 | 0.00 | 0.00 | 3,553.33 |
| 08/20/24 | 08/20/24 | Coupon | | EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5 | | 39,827.46 | 0.00 | 0.00 | 39,827.46 |
| 08/20/24 | 08/20/24 | Coupon | | EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4 | | 16,560.41 | 0.00 | 0.00 | 16,560.41 |
| 08/20/24 | 08/20/24 | Coupon | | EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6 | | 14,419.13 | 0.00 | 0.00 | 14,419.13 |
| 08/20/24 | 08/20/24 | Coupon | | EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4 | | 22,626.50 | 0.00 | 0.00 | 22,626.50 |
| 08/20/24 | 08/20/24 | Coupon | | GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6 | | 3,273.91 | 0.00 | 0.00 | 3,273.91 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/20/24 | 08/20/24 | Coupon | | GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1 | | 42,083.33 | 0.00 | 0.00 | 42,083.33 |
| 08/20/24 | 08/20/24 | Coupon | | GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2 | | 10,695.10 | 0.00 | 0.00 | 10,695.10 |
| 08/20/24 | 08/20/24 | Coupon | | GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5 | | 17,195.00 | 0.00 | 0.00 | 17,195.00 |
| 08/20/24 | 08/20/24 | Coupon | | HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4 | | 2,785.66 | 0.00 | 0.00 | 2,785.66 |
| 08/20/24 | 08/20/24 | Coupon | | SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8 | | 17,839.87 | 0.00 | 0.00 | 17,839.87 |
| 08/20/24 | 08/20/24 | Coupon | | SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4 | | 24,097.50 | 0.00 | 0.00 | 24,097.50 |
| 08/20/24 | 08/20/24 | Coupon | | SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8 | | 11,110.38 | 0.00 | 0.00 | 11,110.38 |
| 08/20/24 | 08/20/24 | Coupon | | TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2 | | 2,237.50 | 0.00 | 0.00 | 2,237.50 |
| 08/20/24 | 08/20/24 | Coupon | | TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.87 881943AC8 | | 24,091.68 | 0.00 | 0.00 | 24,091.68 |
| 08/20/24 | 08/20/24 | Coupon | | VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4 | | 4,129.71 | 0.00 | 0.00 | 4,129.71 |
| 08/20/24 | 08/20/24 | Coupon | | VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5 | | 12,600.00 | 0.00 | 0.00 | 12,600.00 |
| 08/20/24 | 08/20/24 | Coupon | | VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6 | | 30,583.33 | 0.00 | 0.00 | 30,583.33 |
| 08/20/24 | 08/20/24 | Coupon | | VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 6.00 92348KCM3 | | 9,169.65 | 0.00 | 0.00 | 9,169.65 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/21/24 | 08/21/24 | Coupon | | SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 5.60 86959TEL6 | | 66,622.11 | 0.00 | 0.00 | 66,622.11 |
| 08/23/24 | 08/23/24 | Coupon | | INTL BANK RECON & DEVELOP SO MAT 02/23/27 Cpn 5.66 459058LD3 | | 71,998.51 | 0.00 | 0.00 | 71,998.51 |
| 08/25/24 | 08/25/24 | Coupon | | BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9 | | 12,582.22 | 0.00 | 0.00 | 12,582.22 |
| 08/25/24 | 08/25/24 | Coupon | | BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6 | | 12,497.76 | 0.00 | 0.00 | 12,497.76 |
| 08/25/24 | 08/25/24 | Coupon | | CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4 | | 11,599.56 | 0.00 | 0.00 | 11,599.56 |
| 08/25/24 | 08/25/24 | Coupon | | FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8 | | 106.85 | 0.00 | 0.00 | 106.85 |
| 08/25/24 | 08/25/24 | Coupon | | FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.69 3137FVNA6 | | 496.01 | 0.00 | 0.00 | 496.01 |
| 08/25/24 | 08/25/24 | Coupon | | FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.52 3137H3KA9 | | 32,954.45 | 0.00 | 0.00 | 32,954.45 |
| 08/25/24 | 08/25/24 | Coupon | | FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.55 3137H4RC6 | | 10,901.38 | 0.00 | 0.00 | 10,901.38 |
| 08/25/24 | 08/25/24 | Coupon | | FHMS KS09 A MAT 10/25/27 Cpn 5.83 3137FCK52 | | 64,114.79 | 0.00 | 0.00 | 64,114.79 |
| 08/26/24 | 08/26/24 | Coupon | | FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5 | | 11,049.53 | 0.00 | 0.00 | 11,049.53 |
| 08/28/24 | 08/28/24 | Coupon | | FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ | | 124,875.00 | 0.00 | 0.00 | 124,875.00 |
| 08/28/24 | 08/28/24 | Coupon | | FHLMC C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6 | | 139,250.00 | 0.00 | 0.00 | 139,250.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-----------------------|--|----------------------|----------------------------------|-----------------------|-----------------------|----------------------|
| 08/29/24 | 08/29/24 | Coupon | | BANK OF MONTREAL CHICAGO YC MAT 08/29/24 Cpn 5.54 06367DFG5 | | 412,422.22 | 0.00 | 0.00 | 412,422.22 |
| | | | | | | <u>2,579,831.03</u> | <u>0.00</u> | <u>0.00</u> | <u>2,579,831.03</u> |
| 08/01/24 | 08/01/24 | Income | (1,087.430) | ADJ NET INT MAT Cpn USD | | (1,087.43) | 0.00 | 0.00 | (1,087.43) |
| 08/01/24 | 08/01/24 | Income | 441,792.530 | STIF INT MAT Cpn USD | | 441,792.53 | 0.00 | 0.00 | 441,792.53 |
| | | | <u>440,705.100</u> | | | <u>440,705.10</u> | <u>0.00</u> | <u>0.00</u> | <u>440,705.10</u> |
| 08/13/24 | 08/13/24 | Contributn | 835,000,000.000 | NM MAT Cpn USD | 835,000,000.00 | | 0.00 | 0.00 | 835,000,000.00 |
| 08/12/24 | 08/12/24 | Sell Long | 1,000,000.000 | U.S. TREASURY BILL MAT 09/03/24 Cpn 912797LA3 | 992,137.42 | 4,653.33 | (10.08) | 0.00 | 996,790.75 |
| 08/28/24 | 08/28/24 | Call | 4,500,000.000 | FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ | 4,500,000.00 | | 0.00 | 0.00 | 4,500,000.00 |
| 08/28/24 | 08/28/24 | Call | 5,000,000.000 | FHLMC C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6 | 5,000,000.00 | | 0.00 | 0.00 | 5,000,000.00 |
| | | | <u>10,500,000.000</u> | | <u>10,492,137.42</u> | <u>4,653.33</u> | <u>(10.08)</u> | <u>0.00</u> | <u>10,496,790.75</u> |
| 08/10/24 | 08/10/24 | Pay Princpl | 188,989.484 | CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9 | 188,989.48 | | 6,814.56 | 0.00 | 188,989.48 |
| 08/10/24 | 08/10/24 | Pay Princpl | 575,880.839 | CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0 | 575,880.84 | | 11,746.63 | 0.00 | 575,880.84 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/10/24 | 08/10/24 | Pay Princpl | 307,701.378 | CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5 | 307,701.38 | | 13.27 | 0.00 | 307,701.38 |
| 08/14/24 | 08/14/24 | Pay Princpl | 199,517.809 | CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7 | 199,517.81 | | 0.00 | 0.00 | 199,517.81 |
| 08/15/24 | 08/15/24 | Pay Princpl | 120,849.366 | ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5 | 120,849.37 | | 0.00 | 0.00 | 120,849.37 |
| 08/15/24 | 08/15/24 | Pay Princpl | 363,090.778 | BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4 | 363,090.78 | | 0.00 | 6.05 | 363,090.78 |
| 08/15/24 | 08/15/24 | Pay Princpl | 268,094.166 | CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4 | 268,094.17 | | 0.00 | 4,402.45 | 268,094.17 |
| 08/15/24 | 08/15/24 | Pay Princpl | 209,353.970 | CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1 | 209,353.97 | | 2,383.56 | 0.00 | 209,353.97 |
| 08/15/24 | 08/15/24 | Pay Princpl | 494,860.446 | CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1 | 494,860.45 | | 5,252.63 | 0.00 | 494,860.45 |
| 08/15/24 | 08/15/24 | Pay Princpl | 91,593.361 | CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3 | 91,593.36 | | 2.79 | 0.00 | 91,593.36 |
| 08/15/24 | 08/15/24 | Pay Princpl | 76,327.801 | CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3 | 76,327.80 | | 201.96 | 0.00 | 76,327.80 |
| 08/15/24 | 08/15/24 | Pay Princpl | 865,313.134 | FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0 | 865,313.13 | | (0.00) | 0.00 | 865,313.13 |
| 08/15/24 | 08/15/24 | Pay Princpl | 89,726.126 | HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1 | 89,726.13 | | 0.18 | 0.00 | 89,726.13 |
| 08/15/24 | 08/15/24 | Pay Princpl | 423,709.336 | HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2 | 423,709.34 | | 0.00 | 10.33 | 423,709.34 |
| 08/15/24 | 08/15/24 | Pay Princpl | 226,981.388 | HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6 | 226,981.39 | | 0.00 | 3,411.11 | 226,981.39 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/15/24 | 08/15/24 | Pay Princpl | 69,963.029 | HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0 | 69,963.03 | | 78.41 | 0.00 | 69,963.03 |
| 08/15/24 | 08/15/24 | Pay Princpl | 238,113.147 | HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3 | 238,113.15 | | 0.00 | 2.05 | 238,113.15 |
| 08/15/24 | 08/15/24 | Pay Princpl | 137,691.935 | HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8 | 137,691.94 | | 4.02 | 0.00 | 137,691.94 |
| 08/15/24 | 08/15/24 | Pay Princpl | 402,440.284 | JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6 | 402,440.28 | | 3,147.83 | 0.00 | 402,440.28 |
| 08/15/24 | 08/15/24 | Pay Princpl | 297,930.577 | LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9 | 297,930.58 | | 8.65 | 0.00 | 297,930.58 |
| 08/15/24 | 08/15/24 | Pay Princpl | 272,266.204 | TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8 | 272,266.20 | | 2.56 | 0.00 | 272,266.20 |
| 08/15/24 | 08/15/24 | Pay Princpl | 321,936.912 | WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7 | 321,936.91 | | (399.42) | 0.00 | 321,936.91 |
| 08/15/24 | 08/15/24 | Pay Princpl | 546,243.964 | WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7 | 546,243.96 | | 0.00 | 5,660.04 | 546,243.96 |
| 08/15/24 | 08/15/24 | Pay Princpl | 330,638.293 | WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0 | 330,638.29 | | 0.00 | 0.75 | 330,638.29 |
| 08/16/24 | 08/16/24 | Pay Princpl | 206,063.766 | GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1 | 206,063.77 | | 0.00 | 4,585.82 | 206,063.77 |
| 08/16/24 | 08/16/24 | Pay Princpl | 61,605.075 | GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2 | 61,605.07 | | 125.04 | 0.00 | 61,605.07 |
| 08/16/24 | 08/16/24 | Pay Princpl | 19,405.599 | GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2 | 19,405.60 | | 38.82 | 0.00 | 19,405.60 |
| 08/16/24 | 08/16/24 | Pay Princpl | 181,570.822 | GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3 | 181,570.82 | | 0.00 | 1.51 | 181,570.82 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|---------------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/16/24 | 08/16/24 | Pay Princpl | 93,159.275 | GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.75 36268GAC9 | 93,159.28 | | 0.00 | 0.00 | 93,159.28 |
| 08/20/24 | 08/20/24 | Pay Princpl | 587,009.712 | DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4 | 587,009.71 | | (0.00) | 0.00 | 587,009.71 |
| 08/20/24 | 08/20/24 | Pay Princpl | 452,629.141 | EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5 | 452,629.14 | | 786.70 | 0.00 | 452,629.14 |
| 08/20/24 | 08/20/24 | Pay Princpl | 545,513.239 | EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4 | 545,513.24 | | 0.00 | 0.00 | 545,513.24 |
| 08/20/24 | 08/20/24 | Pay Princpl | 1,107,909.970 | EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6 | 1,107,909.97 | | 0.00 | 0.00 | 1,107,909.97 |
| 08/20/24 | 08/20/24 | Pay Princpl | 561,035.862 | GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6 | 561,035.86 | | 2,024.06 | 0.00 | 561,035.86 |
| 08/20/24 | 08/20/24 | Pay Princpl | 174,282.252 | GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2 | 174,282.25 | | 13.23 | 0.00 | 174,282.25 |
| 08/20/24 | 08/20/24 | Pay Princpl | 600,567.041 | HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4 | 600,567.04 | | (0.00) | 0.00 | 600,567.04 |
| 08/20/24 | 08/20/24 | Pay Princpl | 345,751.863 | SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8 | 345,751.86 | | 13.22 | 0.00 | 345,751.86 |
| 08/20/24 | 08/20/24 | Pay Princpl | 223,899.811 | SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8 | 223,899.81 | | 9.67 | 0.00 | 223,899.81 |
| 08/20/24 | 08/20/24 | Pay Princpl | 8,051.380 | TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2 | 8,051.38 | | 0.56 | 0.00 | 8,051.38 |
| 08/20/24 | 08/20/24 | Pay Princpl | 95,015.940 | VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4 | 95,015.94 | | 0.00 | 2.09 | 95,015.94 |
| 08/25/24 | 08/25/24 | Pay Princpl | 208,202.003 | BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9 | 208,202.00 | | 3.09 | 0.00 | 208,202.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-----------------------|--|----------------------|----------------------------------|-----------------------|-----------------------|----------------------|
| 08/25/24 | 08/25/24 | Pay Princpl | 392,106.486 | BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6 | 392,106.49 | | 0.00 | 0.00 | 392,106.49 |
| 08/25/24 | 08/25/24 | Pay Princpl | 217,545.931 | CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4 | 217,545.93 | | 14.33 | 0.00 | 217,545.93 |
| 08/25/24 | 08/25/24 | Pay Princpl | 21,464.857 | FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8 | 21,464.86 | | 0.00 | 0.50 | 21,464.86 |
| 08/25/24 | 08/25/24 | Pay Princpl | 101,572.114 | FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.69 3137FVNA6 | 101,572.11 | | 0.00 | (0.00) | 101,572.11 |
| 08/25/24 | 08/25/24 | Pay Princpl | 342,455.721 | FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.55 3137H4RC6 | 342,455.72 | | 0.00 | (0.00) | 342,455.72 |
| 08/25/24 | 08/25/24 | Pay Princpl | 24,568.806 | FHMS KS09 A MAT 10/25/27 Cpn 5.83 3137FCK52 | 24,568.81 | | 7.01 | 0.00 | 24,568.81 |
| 08/26/24 | 08/26/24 | Pay Princpl | 5,272.980 | FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5 | 5,272.98 | | 1.46 | 0.00 | 5,272.98 |
| | | | <u>13,695,873.372</u> | | <u>13,695,873.38</u> | | <u>32,294.84</u> | <u>18,082.70</u> | <u>13,695,873.38</u> |
| 08/01/24 | 08/01/24 | Mature Long | 31,000,000.000 | U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2 | 30,214,841.86 | 785,158.14 | 0.00 | 0.00 | 31,000,000.00 |
| 08/01/24 | 08/01/24 | Mature Long | 20,000,000.000 | U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2 | 19,504,842.50 | 495,157.50 | 0.00 | 0.00 | 20,000,000.00 |
| 08/01/24 | 08/01/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/01/24 Cpn 912797JU2 | 48,762,106.25 | 1,237,893.75 | 0.00 | 0.00 | 50,000,000.00 |
| 08/01/24 | 08/01/24 | Mature Long | 5,000,000.000 | FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9 | 5,000,000.00 | | 0.00 | 0.00 | 5,000,000.00 |
| 08/02/24 | 08/02/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/02/24 Cpn 313384A58 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/02/24 | 08/02/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/02/24 Cpn | 313384A58 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/05/24 | 08/05/24 | Mature Long | 10,000,000.000 | FHLB DISCOUNT NOTE MAT 08/05/24 Cpn | 313384A82 | 9,995,600.00 | 4,400.00 | 0.00 | 0.00 | 10,000,000.00 |
| 08/05/24 | 08/05/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/05/24 Cpn | 313384A82 | 49,978,000.00 | 22,000.00 | 0.00 | 0.00 | 50,000,000.00 |
| 08/05/24 | 08/05/24 | Mature Long | 7,500,000.000 | HOME DEPOT CP 144A MAT 08/05/24 Cpn | 43707LH51 | 7,438,125.00 | 61,875.00 | 0.00 | 0.00 | 7,500,000.00 |
| 08/05/24 | 08/05/24 | Mature Long | 7,500,000.000 | HOME DEPOT CP 144A MAT 08/05/24 Cpn | 43707LH51 | 7,480,125.00 | 19,875.00 | 0.00 | 0.00 | 7,500,000.00 |
| 08/05/24 | 08/05/24 | Mature Long | 10,000,000.000 | PFIZER CP 144A MAT 08/05/24 Cpn | 71708EH57 | 9,865,522.22 | 134,477.78 | 0.00 | 0.00 | 10,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 44,000,000.000 | U.S. TREASURY BILL MAT 08/06/24 Cpn | 912797KW6 | 43,245,357.22 | 754,642.78 | (0.00) | 0.00 | 44,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/06/24 Cpn | 912797KW6 | 49,142,451.39 | 857,548.61 | 0.00 | 0.00 | 50,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/06/24 Cpn | 912797KW6 | 49,142,451.39 | 857,548.61 | 0.00 | 0.00 | 50,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 20,000,000.000 | U.S. TREASURY BILL MAT 08/06/24 Cpn | 912797KW6 | 19,924,354.44 | 75,645.56 | 0.00 | 0.00 | 20,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/06/24 Cpn | 912797KW6 | 49,810,886.11 | 189,113.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 25,000,000.000 | FHLB DISCOUNT NOTE MAT 08/06/24 Cpn | 313384A90 | 24,996,333.33 | 3,666.67 | 0.00 | 0.00 | 25,000,000.00 |
| 08/06/24 | 08/06/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/06/24 Cpn | 313384A90 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/07/24 | 08/07/24 | Mature Long | 15,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | 14,997,795.83 | 2,204.17 | 0.00 | 0.00 | 15,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | 49,992,652.78 | 7,347.22 | 0.00 | 0.00 | 50,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | 49,992,652.78 | 7,347.22 | 0.00 | 0.00 | 50,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/07/24 Cpn 313384B24 | 49,992,652.78 | 7,347.22 | 0.00 | 0.00 | 50,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 20,000,000.000 | NOVARTIS FINANCE CP 144A MAT 08/07/24 Cpn 6698M4H70 | 19,935,100.00 | 64,900.00 | 0.00 | 0.00 | 20,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 3,500,000.000 | TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25 | 3,486,179.38 | 13,820.62 | 0.00 | 0.00 | 3,500,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 50,000,000.000 | TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25 | 49,802,562.50 | 197,437.50 | 0.00 | 0.00 | 50,000,000.00 |
| 08/07/24 | 08/07/24 | Mature Long | 15,850,000.000 | TVA DISCOUNT NOTE MAT 08/07/24 Cpn 880592B25 | 15,803,506.67 | 46,493.33 | 0.00 | 0.00 | 15,850,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 5,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 4,999,266.67 | 733.33 | 0.00 | 0.00 | 5,000,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/08/24 | 08/08/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/08/24 Cpn 313384B32 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/08/24 | 08/08/24 | Mature Long | 12,000,000.000 | SOUTHERN CALIF GAS CP 144A MAT 08/08/24 Cpn 84243LH80 | 11,996,440.00 | 3,560.00 | 0.00 | 0.00 | 12,000,000.00 |
| 08/09/24 | 08/09/24 | Mature Long | 40,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | 39,994,133.33 | 5,866.67 | 0.00 | 0.00 | 40,000,000.00 |
| 08/09/24 | 08/09/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/09/24 | 08/09/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/09/24 Cpn 313384B40 | 49,992,666.67 | 7,333.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/12/24 | 08/12/24 | Mature Long | 45,000,000.000 | FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73 | 44,980,200.00 | 19,800.00 | 0.00 | 0.00 | 45,000,000.00 |
| 08/12/24 | 08/12/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/12/24 Cpn 313384B73 | 49,978,000.00 | 22,000.00 | 0.00 | 0.00 | 50,000,000.00 |
| 08/12/24 | 08/12/24 | Mature Long | 11,700,000.000 | METLIFE SHORT TERM FUND CP 1 MAT 08/12/24 Cpn 59157THC0 | 11,644,672.00 | 55,328.00 | 0.00 | 0.00 | 11,700,000.00 |
| 08/13/24 | 08/13/24 | Mature Long | 25,000,000.000 | FLORIDA POWER & LIGHT CP MAT 08/13/24 Cpn 34108AHD2 | 24,951,972.22 | 48,027.78 | 0.00 | 0.00 | 25,000,000.00 |
| 08/14/24 | 08/14/24 | Mature Long | 25,000,000.000 | AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3 | 24,981,458.33 | 18,541.67 | 0.00 | 0.00 | 25,000,000.00 |
| 08/14/24 | 08/14/24 | Mature Long | 20,000,000.000 | AUTOMATIC DATA CP 144A MAT 08/14/24 Cpn 0530A2HE3 | 19,997,044.44 | 2,955.56 | 0.00 | 0.00 | 20,000,000.00 |
| 08/14/24 | 08/14/24 | Mature Long | 50,000,000.000 | CREDIT AGRICOLE CP MAT 08/14/24 Cpn 22533THE9 | 49,992,638.89 | 7,361.11 | 0.00 | 0.00 | 50,000,000.00 |
| 08/14/24 | 08/14/24 | Mature Long | 40,000,000.000 | CATERPILLAR FIN CP MAT 08/14/24 Cpn 14912DHE2 | 39,917,400.00 | 82,600.00 | 0.00 | 0.00 | 40,000,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/14/24 | 08/14/24 | Mature Long | 25,500,000.000 | TVA DISCOUNT NOTE MAT 08/14/24 Cpn 880592B90 | 25,399,020.00 | 100,980.00 | 0.00 | 0.00 | 25,500,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2 | 48,709,076.53 | 1,290,923.47 | 0.00 | 0.00 | 50,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2 | 48,709,076.53 | 1,290,923.47 | 0.00 | 0.00 | 50,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/15/24 Cpn 912797KB2 | 48,709,076.53 | 1,290,923.47 | 0.00 | 0.00 | 50,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 30,000,000.000 | EMERSON ELECTRIC CP 144A MAT 08/15/24 Cpn 29101AHF4 | 29,845,416.67 | 154,583.33 | 0.00 | 0.00 | 30,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 35,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23 | 34,994,895.83 | 5,104.17 | 0.00 | 0.00 | 35,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/15/24 Cpn 313384C23 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 12,529,000.000 | NORTHW MUT SHR TERM FUN CP MAT 08/15/24 Cpn 66815AHF3 | 12,512,399.08 | 16,600.92 | 0.00 | 0.00 | 12,529,000.00 |
| 08/15/24 | 08/15/24 | Mature Long | 8,250,000.000 | UNIVERSITY OF CHICAGO CP TXB MAT 08/15/24 Cpn 91336CHF7 | 8,237,625.00 | 12,375.00 | 0.00 | 0.00 | 8,250,000.00 |
| 08/16/24 | 08/16/24 | Mature Long | 10,000,000.000 | EMERSON ELECTRIC CP 144A MAT 08/16/24 Cpn 29101AHG2 | 9,952,622.22 | 47,377.78 | 0.00 | 0.00 | 10,000,000.00 |
| 08/16/24 | 08/16/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/16/24 Cpn 313384C31 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/16/24 | 08/16/24 | Mature Long | 6,500,000.000 | MERCEDES-BENZ CP 144A MAT 08/16/24 Cpn 58768JHG6 | 6,444,836.67 | 55,163.33 | 0.00 | 0.00 | 6,500,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|---|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/19/24 | 08/19/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 49,970,861.11 | 29,138.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/19/24 | 08/19/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 49,970,861.11 | 29,138.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/19/24 | 08/19/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 49,970,861.11 | 29,138.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/19/24 | 08/19/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 49,970,861.11 | 29,138.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/19/24 | 08/19/24 | Mature Long | 20,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 19,991,250.00 | 8,750.00 | 0.00 | 0.00 | 20,000,000.00 |
| 08/19/24 | 08/19/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/19/24 Cpn | 313384C64 | 49,978,125.00 | 21,875.00 | 0.00 | 0.00 | 50,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 26,500,000.000 | CUMMINS INC CP 144A MAT 08/20/24 Cpn | 23102UHL9 | 26,344,975.00 | 155,025.00 | 0.00 | 0.00 | 26,500,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | 49,948,958.33 | 51,041.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | 49,948,958.33 | 51,041.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | 49,948,958.33 | 51,041.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 14,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | 13,997,958.33 | 2,041.67 | 0.00 | 0.00 | 14,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/20/24 Cpn | 313384C72 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/20/24 | 08/20/24 | Mature Long | 30,111,000.000 | KENVUE CP 144A MAT 08/20/24 Cpn | 49177FHL7 | 29,964,434.71 | 146,565.29 | 0.00 | 0.00 | 30,111,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/21/24 | 08/21/24 | Mature Long | 30,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 29,995,625.00 | 4,375.00 | 0.00 | 0.00 | 30,000,000.00 |
| 08/21/24 | 08/21/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/21/24 | 08/21/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/21/24 | 08/21/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/21/24 | 08/21/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/21/24 | 08/21/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/21/24 Cpn | 313384C80 | 49,992,708.33 | 7,291.67 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 5,000,000.000 | U.S. TREASURY BILL MAT 08/22/24 Cpn | 912797KC0 | 4,993,500.00 | 6,500.00 | 0.00 | 0.00 | 5,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/22/24 Cpn | 912797KC0 | 49,935,000.00 | 65,000.00 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 40,000,000.000 | CREDIT AGRICOLE CP MAT 08/22/24 Cpn | 22533THN9 | 39,958,700.00 | 41,300.00 | 0.00 | 0.00 | 40,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 39,969,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 39,963,182.29 | 5,817.71 | 0.00 | 0.00 | 39,969,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 49,992,722.22 | 7,277.78 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 49,992,722.22 | 7,277.78 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 27,755,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 27,750,960.11 | 4,039.89 | 0.00 | 0.00 | 27,755,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------|--|-----------|-------------------|----------------------------------|-----------------------|-----------------------|---------------|
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 49,992,722.22 | 7,277.78 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 25,000,000.000 | FHLB DISCOUNT NOTE MAT 08/22/24 Cpn | 313384C98 | 24,996,368.06 | 3,631.94 | 0.00 | 0.00 | 25,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | 49,934,437.50 | 65,562.50 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | 49,934,437.50 | 65,562.50 | 0.00 | 0.00 | 50,000,000.00 |
| 08/22/24 | 08/22/24 | Mature Long | 50,000,000.000 | FNMA DISOCUNT NOTE MAT 08/22/24 Cpn | 313588C94 | 49,934,437.50 | 65,562.50 | 0.00 | 0.00 | 50,000,000.00 |
| 08/23/24 | 08/23/24 | Mature Long | 30,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn | 313384D22 | 29,995,633.33 | 4,366.67 | 0.00 | 0.00 | 30,000,000.00 |
| 08/23/24 | 08/23/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn | 313384D22 | 49,992,722.22 | 7,277.78 | 0.00 | 0.00 | 50,000,000.00 |
| 08/23/24 | 08/23/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/23/24 Cpn | 313384D22 | 49,992,722.22 | 7,277.78 | 0.00 | 0.00 | 50,000,000.00 |
| 08/26/24 | 08/26/24 | Mature Long | 45,000,000.000 | CREDIT AGRICOLE CP MAT 08/26/24 Cpn | 22533THS8 | 44,980,087.50 | 19,912.50 | 0.00 | 0.00 | 45,000,000.00 |
| 08/26/24 | 08/26/24 | Mature Long | 44,527,000.000 | FHLB DISCOUNT NOTE MAT 08/26/24 Cpn | 313384D55 | 44,507,593.65 | 19,406.35 | 0.00 | 0.00 | 44,527,000.00 |
| 08/27/24 | 08/27/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn | 912797KZ9 | 49,898,616.67 | 101,383.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/27/24 | 08/27/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn | 912797KZ9 | 49,898,616.67 | 101,383.33 | 0.00 | 0.00 | 50,000,000.00 |
| 08/27/24 | 08/27/24 | Mature Long | 50,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn | 912797KZ9 | 49,898,616.67 | 101,383.33 | 0.00 | 0.00 | 50,000,000.00 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|--------------------------|--|--|-------------------------|----------------------------------|-----------------------|-----------------------|-------------------------|
| 08/27/24 | 08/27/24 | Mature Long | 15,000,000.000 | U.S. TREASURY BILL MAT 08/27/24 Cpn 912797KZ9 | | 14,991,308.33 | 8,691.67 | 0.00 | 0.00 | 15,000,000.00 |
| 08/28/24 | 08/28/24 | Mature Long | 15,000,000.000 | CUMMINS INC CP 144A MAT 08/28/24 Cpn 23102UHU9 | | 14,903,608.33 | 96,391.67 | 0.00 | 0.00 | 15,000,000.00 |
| 08/28/24 | 08/28/24 | Mature Long | 40,000,000.000 | FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75 | | 39,994,200.00 | 5,800.00 | 0.00 | 0.00 | 40,000,000.00 |
| 08/28/24 | 08/28/24 | Mature Long | 50,000,000.000 | FHLMC DISCOUNT NOTE MAT 08/28/24 Cpn 313396D75 | | 49,992,750.00 | 7,250.00 | 0.00 | 0.00 | 50,000,000.00 |
| 08/29/24 | 08/29/24 | Mature Long | 10,000,000.000 | BANK OF MONTREAL CHICAGO YC MAT 08/29/24 Cpn 5.54 06367DFG5 | | 10,000,000.00 | | 0.00 | 0.00 | 10,000,000.00 |
| 08/29/24 | 08/29/24 | Mature Long | 20,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | | 19,997,094.44 | 2,905.56 | 0.00 | 0.00 | 20,000,000.00 |
| 08/29/24 | 08/29/24 | Mature Long | 50,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | | 49,992,736.11 | 7,263.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/29/24 | 08/29/24 | Mature Long | 50,000,000.000 | FHLB DISCONT NOTE MAT 08/29/24 Cpn 313384D89 | | 49,992,736.11 | 7,263.89 | 0.00 | 0.00 | 50,000,000.00 |
| 08/30/24 | 08/30/24 | Mature Long | 40,000,000.000 | FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97 | | 39,994,200.00 | 5,800.00 | 0.00 | 0.00 | 40,000,000.00 |
| 08/30/24 | 08/30/24 | Mature Long | 50,000,000.000 | FHLB DISCOUNT NOTE MAT 08/30/24 Cpn 313384D97 | | 49,992,750.00 | 7,250.00 | 0.00 | 0.00 | 50,000,000.00 |
| | | | <u>3,953,691,000.000</u> | | | <u>3,941,710,281.38</u> | <u>11,980,718.63</u> | <u>(0.00)</u> | <u>0.00</u> | <u>3,953,691,000.00</u> |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------------------|-------------|---------|-------------------|----------------------------------|-----------------------|-----------------------|------------------|
| 08/02/24 | 08/02/24 | Withdrawal | (45,000,000.000) | WD MAT | Cpn USD | (45,000,000.00) | | (45,000,000.00) | 0.00 | (45,000,000.00) |
| 08/06/24 | 08/06/24 | Withdrawal | (50,000,000.000) | WD MAT | Cpn USD | (50,000,000.00) | | (50,000,000.00) | 0.00 | (50,000,000.00) |
| 08/08/24 | 08/08/24 | Withdrawal | (30,000,000.000) | WD MAT | Cpn USD | (30,000,000.00) | | (30,000,000.00) | 0.00 | (30,000,000.00) |
| 08/09/24 | 08/09/24 | Withdrawal | (30,000,000.000) | WD MAT | Cpn USD | (30,000,000.00) | | (30,000,000.00) | 0.00 | (30,000,000.00) |
| 08/12/24 | 08/12/24 | Withdrawal | (50,000,000.000) | WD MAT | Cpn USD | (50,000,000.00) | | (50,000,000.00) | 0.00 | (50,000,000.00) |
| 08/15/24 | 08/15/24 | Withdrawal | (50,000,000.000) | WD MAT | Cpn USD | (50,000,000.00) | | (50,000,000.00) | 0.00 | (50,000,000.00) |
| 08/19/24 | 08/19/24 | Withdrawal | (200,000,000.000) | WD MAT | Cpn USD | (200,000,000.00) | | (200,000,000.00) | 0.00 | (200,000,000.00) |
| 08/21/24 | 08/21/24 | Withdrawal | (120,000,000.000) | WD MAT | Cpn USD | (120,000,000.00) | | (120,000,000.00) | 0.00 | (120,000,000.00) |
| 08/22/24 | 08/22/24 | Withdrawal | (260,000,000.000) | WD MAT | Cpn USD | (260,000,000.00) | | (260,000,000.00) | 0.00 | (260,000,000.00) |
| 08/23/24 | 08/23/24 | Withdrawal | (20,000,000.000) | WD MAT | Cpn USD | (20,000,000.00) | | (20,000,000.00) | 0.00 | (20,000,000.00) |
| 08/26/24 | 08/26/24 | Withdrawal | (80,000,000.000) | WD MAT | Cpn USD | (80,000,000.00) | | (80,000,000.00) | 0.00 | (80,000,000.00) |
| 08/27/24 | 08/27/24 | Withdrawal | (70,000,000.000) | WD MAT | Cpn USD | (70,000,000.00) | | (70,000,000.00) | 0.00 | (70,000,000.00) |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2024
through 08/31/2024

| <i>Tr Date</i> | <i>St Date</i> | <i>Transaction Type</i> | <i>Units</i> | <i>Description</i> | | <i>Proceeds / (Cost)</i> | <i>Accrued Interest (Purch) or Sold</i> | <i>G/L < 1 Yr Amort Cost</i> | <i>G/L > 1 Yr Amort Cost</i> | <i>Total Amount</i> |
|--------------------------|----------------|-------------------------|---------------------------|--------------------|-----|--------------------------|---|---------------------------------|---------------------------------|---------------------------|
| Cash - cont. 08/29/24 | 08/29/24 | Withdrawal | (45,000,000.00) | WD MAT | Cpn | USD | (45,000,000.00) | (45,000,000.00) | 0.00 | (45,000,000.00) |
| | | | <u>(1,050,000,000.00)</u> | | | | <u>(1,050,000,000.00)</u> | <u>(1,050,000,000.00)</u> | <u>0.00</u> | <u>(1,050,000,000.00)</u> |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------------|--|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| 08/30/24 | 08/30/24 | Buy | 965,000.000 | U.S. TREASURY NOTE MAT 07/31/29 Cpn 4.00 91282CLC3 | (978,042.58) | (3,146.74) | 0.00 | 0.00 | (981,189.32) |
| 08/30/24 | 08/30/24 | Buy | 2,655,000.000 | U.S. TREASURY NOTE MAT 07/31/26 Cpn 4.38 91282CLB5 | (2,675,638.48) | (9,469.26) | 0.00 | 0.00 | (2,685,107.74) |
| | | | <u>3,620,000.000</u> | | <u>(3,653,681.06)</u> | <u>(12,616.00)</u> | <u>0.00</u> | <u>0.00</u> | <u>(3,666,297.06)</u> |
| 08/01/24 | 08/01/24 | Coupon | | CA STWD CMTY DEV AUTH REV-CA MAT 02/01/25 Cpn 0.73 13080SZL1 | | 2,745.00 | 0.00 | 0.00 | 2,745.00 |
| 08/01/24 | 08/01/24 | Coupon | | CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2 | | 1,507.90 | 0.00 | 0.00 | 1,507.90 |
| 08/01/24 | 08/01/24 | Coupon | | CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4 | | 2,533.75 | 0.00 | 0.00 | 2,533.75 |
| 08/01/24 | 08/01/24 | Coupon | | CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8 | | 2,607.00 | 0.00 | 0.00 | 2,607.00 |
| 08/01/24 | 08/01/24 | Coupon | | CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51 | | 3,882.85 | 0.00 | 0.00 | 3,882.85 |
| 08/01/24 | 08/01/24 | Coupon | | CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0 | | 16,848.88 | 0.00 | 0.00 | 16,848.88 |
| 08/01/24 | 08/01/24 | Coupon | | CA OAKLAND USD GO/ULT TXB MAT 08/01/25 Cpn 1.38 672325M95 | | 2,900.10 | 0.00 | 0.00 | 2,900.10 |
| 08/12/24 | 08/12/24 | Coupon | | FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4 | | 2,820.00 | 0.00 | 0.00 | 2,820.00 |
| 08/15/24 | 08/15/24 | Coupon | | BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1 | | 3,348.33 | 0.00 | 0.00 | 3,348.33 |
| 08/15/24 | 08/15/24 | Coupon | | BAAT 2024-1A A3 CAR 144A MAT 11/15/28 Cpn 5.35 09709AAC6 | | 4,458.33 | 0.00 | 0.00 | 4,458.33 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|---|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/15/24 | 08/15/24 | Coupon | | BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8 | | 2,075.00 | 0.00 | 0.00 | 2,075.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8 | | 54.94 | 0.00 | 0.00 | 54.94 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4 | | 136.37 | 0.00 | 0.00 | 136.37 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6 | | 3,520.00 | 0.00 | 0.00 | 3,520.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9 | | 1,500.00 | 0.00 | 0.00 | 1,500.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9 | | 2,500.00 | 0.00 | 0.00 | 2,500.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9 | | 2,460.00 | 0.00 | 0.00 | 2,460.00 |
| 08/15/24 | 08/15/24 | Coupon | | CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3 | | 1,426.25 | 0.00 | 0.00 | 1,426.25 |
| 08/15/24 | 08/15/24 | Coupon | | COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0 | | 3,395.00 | 0.00 | 0.00 | 3,395.00 |
| 08/15/24 | 08/15/24 | Coupon | | FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9 | | 2,870.00 | 0.00 | 0.00 | 2,870.00 |
| 08/15/24 | 08/15/24 | Coupon | | FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9 | | 820.00 | 0.00 | 0.00 | 820.00 |
| 08/15/24 | 08/15/24 | Coupon | | FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4 | | 2,615.00 | 0.00 | 0.00 | 2,615.00 |
| 08/15/24 | 08/15/24 | Coupon | | FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3 | | 2,304.17 | 0.00 | 0.00 | 2,304.17 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/15/24 | 08/15/24 | Coupon | | GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3 | | 4,005.00 | 0.00 | 0.00 | 4,005.00 |
| 08/15/24 | 08/15/24 | Coupon | | HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4 | | 1,385.00 | 0.00 | 0.00 | 1,385.00 |
| 08/15/24 | 08/15/24 | Coupon | | JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6 | | 3,237.50 | 0.00 | 0.00 | 3,237.50 |
| 08/15/24 | 08/15/24 | Coupon | | JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5 | | 2,893.33 | 0.00 | 0.00 | 2,893.33 |
| 08/15/24 | 08/15/24 | Coupon | | JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2 | | 3,033.33 | 0.00 | 0.00 | 3,033.33 |
| 08/15/24 | 08/15/24 | Coupon | | KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2 | | 124.95 | 0.00 | 0.00 | 124.95 |
| 08/15/24 | 08/15/24 | Coupon | | KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4 | | 2,200.00 | 0.00 | 0.00 | 2,200.00 |
| 08/15/24 | 08/15/24 | Coupon | | MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6 | | 3,103.33 | 0.00 | 0.00 | 3,103.33 |
| 08/15/24 | 08/15/24 | Coupon | | NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2 | | 2,525.00 | 0.00 | 0.00 | 2,525.00 |
| 08/15/24 | 08/15/24 | Coupon | | TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4 | | 1,846.67 | 0.00 | 0.00 | 1,846.67 |
| 08/15/24 | 08/15/24 | Coupon | | WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9 | | 1,433.33 | 0.00 | 0.00 | 1,433.33 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8 | | 14.07 | 0.00 | 0.00 | 14.07 |
| 08/16/24 | 08/16/24 | Coupon | | GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7 | | 1,616.67 | 0.00 | 0.00 | 1,616.67 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|-------|--|-------------------|----------------------------------|-----------------------|-----------------------|--------------|
| 08/17/24 | 08/17/24 | Coupon | | FORDF 2024-1 A1 FLOORPLAN 144 MAT 04/15/29 Cpn 5.29 34528QJA3 | | 3,967.50 | 0.00 | 0.00 | 3,967.50 |
| 08/18/24 | 08/18/24 | Coupon | | HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1 | | 1,127.08 | 0.00 | 0.00 | 1,127.08 |
| 08/20/24 | 08/20/24 | Coupon | | EFF 2024-3 A3 FLEET 144A MAT 08/21/28 Cpn 4.98 29375QAC2 | | 1,798.33 | 0.00 | 0.00 | 1,798.33 |
| 08/20/24 | 08/20/24 | Coupon | | GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4 | | 1,345.00 | 0.00 | 0.00 | 1,345.00 |
| 08/25/24 | 08/25/24 | Coupon | | BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5 | | 2,905.00 | 0.00 | 0.00 | 2,905.00 |
| 08/25/24 | 08/25/24 | Coupon | | NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2 | | 1,030.00 | 0.00 | 0.00 | 1,030.00 |
| 08/25/24 | 08/25/24 | Coupon | | NAVMT 2024-1 A FLOOR 144A MAT 04/25/29 Cpn 5.59 63938PBW8 | | 1,863.33 | 0.00 | 0.00 | 1,863.33 |
| 08/28/24 | 08/28/24 | Coupon | | FHLMC C 02/28/23 Q MAT 02/28/25 Cpn 4.00 3134GXS88 | | 11,400.00 | 0.00 | 0.00 | 11,400.00 |
| 08/28/24 | 08/28/24 | Coupon | | FHLMC C 11/28/22 Q MAT 08/28/25 Cpn 4.05 3134GXR63 | | 11,542.50 | 0.00 | 0.00 | 11,542.50 |
| 08/28/24 | 08/28/24 | Coupon | | FHLMC C 11/28/2022 Q MAT 08/28/25 Cpn 4.20 3134GXS47 | | 11,970.00 | 0.00 | 0.00 | 11,970.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 08/31/26 Cpn 0.75 91282CCW9 | | 7,050.00 | 0.00 | 0.00 | 7,050.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9 | | 13,984.38 | 0.00 | 0.00 | 13,984.38 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9 | | 6,718.75 | 0.00 | 0.00 | 6,718.75 |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|----------------------|---|---------------------|----------------------------------|-----------------------|-----------------------|---------------------|
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0 | | 13,400.00 | 0.00 | 0.00 | 13,400.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0 | | 23,600.00 | 0.00 | 0.00 | 23,600.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0 | | 10,900.00 | 0.00 | 0.00 | 10,900.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 02/28/29 Cpn 4.25 91282CKD2 | | 44,625.00 | 0.00 | 0.00 | 44,625.00 |
| 08/31/24 | 08/31/24 | Coupon | | U.S. TREASURY NOTE MAT 08/31/28 Cpn 4.38 91282CHX2 | | 5,031.25 | 0.00 | 0.00 | 5,031.25 |
| | | | | | | <u>271,005.17</u> | <u>0.00</u> | <u>0.00</u> | <u>271,005.17</u> |
| 08/01/24 | 08/01/24 | Income | (395.250) | ADJ NET INT MAT Cpn USD | | (395.25) | 0.00 | 0.00 | (395.25) |
| 08/01/24 | 08/01/24 | Income | 12,499.340 | STIF INT MAT Cpn USD | | 12,499.34 | 0.00 | 0.00 | 12,499.34 |
| | | | <u>12,104.090</u> | | | <u>12,104.09</u> | <u>0.00</u> | <u>0.00</u> | <u>12,104.09</u> |
| 08/30/24 | 08/30/24 | Sell Long | 655,000.000 | U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0 | 620,612.50 | 1,628.60 | 0.00 | (33,647.14) | 622,241.10 |
| 08/30/24 | 08/30/24 | Sell Long | 940,000.000 | U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0 | 890,650.00 | 2,337.23 | 0.00 | (48,939.34) | 892,987.23 |
| | | | <u>1,595,000.000</u> | | <u>1,511,262.50</u> | <u>3,965.83</u> | <u>0.00</u> | <u>(82,586.48)</u> | <u>1,515,228.33</u> |

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2024
through 08/31/2024

| Tr Date | St Date | Transaction Type | Units | Description | Proceeds / (Cost) | Accrued Interest (Purch) or Sold | G/L < 1 Yr Amort Cost | G/L > 1 Yr Amort Cost | Total Amount |
|----------|----------|------------------|--------------------|---|-------------------|----------------------------------|-----------------------|-----------------------|-------------------|
| 08/15/24 | 08/15/24 | Pay Princpl | 33,100.020 | CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8 | 33,100.02 | | 0.00 | 0.80 | 33,100.02 |
| 08/15/24 | 08/15/24 | Pay Princpl | 33,958.594 | CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4 | 33,958.59 | | 0.00 | 1.19 | 33,958.59 |
| 08/15/24 | 08/15/24 | Pay Princpl | 49,125.323 | KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2 | 49,125.32 | | 0.00 | 0.39 | 49,125.32 |
| 08/16/24 | 08/16/24 | Pay Princpl | 7,314.909 | GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8 | 7,314.91 | | 0.00 | 0.07 | 7,314.91 |
| | | | <u>123,498.847</u> | | <u>123,498.84</u> | | <u>0.00</u> | <u>2.46</u> | <u>123,498.84</u> |
| 08/01/24 | 08/01/24 | Mature Long | 170,000.000 | CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2 | 170,000.00 | | 0.00 | 0.00 | 170,000.00 |
| 08/01/24 | 08/01/24 | Mature Long | 250,000.000 | CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4 | 250,000.00 | | 0.00 | 0.00 | 250,000.00 |
| 08/01/24 | 08/01/24 | Mature Long | 395,000.000 | CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51 | 395,000.00 | | 0.00 | 0.00 | 395,000.00 |
| | | | <u>815,000.000</u> | | <u>815,000.00</u> | | <u>0.00</u> | <u>0.00</u> | <u>815,000.00</u> |

LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 08/01/2024 To 08/31/2024

| Cash Date | Trade/Ex-Date | Settle/Pay Date | Custodian | Cusip | Description | Quantity | Income Amount | Principal Amount | Contributions/Withdrawals | Total Amount |
|----------------|---------------|-----------------|-----------|-----------|--------------------------------|---------------|---------------|------------------|---------------------------|-----------------|
| BUY | | | | | | | | | | |
| 08/02/24 | 08/01/24 | 08/02/24 | TNT77 | 95000U3E1 | WELLS FARGO & COMPANY | 10,000,000.00 | (10,838.33) | (10,264,900.00) | 0.00 | (10,275,738.33) |
| 08/05/24 | 08/05/24 | 08/05/24 | TNT77 | 665278404 | NORTHERN INST GOVT MONEY MKT | 3,657,493.37 | 0.00 | (3,657,493.37) | 0.00 | (3,657,493.37) |
| 08/06/24 | 08/01/24 | 08/06/24 | TNT77 | 17325FBK3 | CITIBANK NA | 5,000,000.00 | 0.00 | (5,040,800.00) | 0.00 | (5,040,800.00) |
| 08/09/24 | 08/06/24 | 08/09/24 | TNT77 | 89236TMK8 | TOYOTA MOTOR CREDIT CORP | 1,500,000.00 | 0.00 | (1,496,955.00) | 0.00 | (1,496,955.00) |
| 08/15/24 | 08/08/24 | 08/15/24 | TNT77 | 928668CM2 | VOLKSWAGEN GROUP AMERICA | 2,000,000.00 | 0.00 | (1,995,590.00) | 0.00 | (1,995,590.00) |
| TOTAL BUY | | | | | | 22,157,493.37 | (10,838.33) | (22,455,738.37) | 0.00 | (22,466,576.70) |
| DIVIDEND | | | | | | | | | | |
| 08/01/24 | 08/01/24 | 08/01/24 | TNT77 | 665278404 | NORTHERN INST GOVT MONEY MKT | 6,866,063.65 | 27,838.74 | 0.00 | 0.00 | 27,838.74 |
| TOTAL DIVIDEND | | | | | | 6,866,063.65 | 27,838.74 | 0.00 | 0.00 | 27,838.74 |
| INTEREST | | | | | | | | | | |
| 08/01/24 | 08/01/24 | 08/01/24 | TNT77 | 31677QBR9 | FIFTH THIRD BANK | 5,000,000.00 | 56,250.00 | 0.00 | 0.00 | 56,250.00 |
| 08/01/24 | 08/01/24 | 08/01/24 | TNT77 | 54438CYK2 | LOS ANGELES CA CMNTY CLG DIST | 1,100,000.00 | 4,251.50 | 0.00 | 0.00 | 4,251.50 |
| 08/01/24 | 08/01/24 | 08/01/24 | TNT77 | 91159HJK7 | US BANCORP | 5,000,000.00 | 116,325.00 | 0.00 | 0.00 | 116,325.00 |
| 08/01/24 | 08/01/24 | 08/01/24 | TNT77 | 969268DG3 | WILLIAM S HART CA UNION HIGH S | 2,350,000.00 | 8,894.75 | 0.00 | 0.00 | 8,894.75 |
| 08/05/24 | 08/05/24 | 08/05/24 | TNT77 | 458140BY5 | INTEL CORP | 5,000,000.00 | 93,750.00 | 0.00 | 0.00 | 93,750.00 |
| 08/12/24 | 08/12/24 | 08/12/24 | TNT77 | 14913R3A3 | CATERPILLAR FINL SERVICE | 2,500,000.00 | 45,000.00 | 0.00 | 0.00 | 45,000.00 |
| 08/15/24 | 08/15/24 | 08/15/24 | TNT77 | 210518DV5 | CONSUMERS ENERGY CO | 2,000,000.00 | 49,000.00 | 0.00 | 0.00 | 49,000.00 |
| 08/15/24 | 08/15/24 | 08/15/24 | TNT77 | 576000ZE6 | MASSACHUSETTS ST SCH BLDG AUTH | 5,000,000.00 | 22,125.00 | 0.00 | 0.00 | 22,125.00 |
| 08/15/24 | 08/15/24 | 08/15/24 | TNT77 | 756109BG8 | REALTY INCOME CORP | 5,000,000.00 | 98,750.00 | 0.00 | 0.00 | 98,750.00 |
| 08/15/24 | 08/15/24 | 08/15/24 | TNT77 | 882508BV5 | TEXAS INSTRUMENTS INC | 5,000,000.00 | 115,000.00 | 0.00 | 0.00 | 115,000.00 |
| 08/15/24 | 08/15/24 | 08/15/24 | TNT77 | 91324PEP3 | UNITEDHEALTH GROUP INC | 5,000,000.00 | 131,250.00 | 0.00 | 0.00 | 131,250.00 |
| 08/22/24 | 08/22/24 | 08/22/24 | TNT77 | 110122EF1 | BRISTOL-MYERS SQUIBB CO | 5,000,000.00 | 122,500.00 | 0.00 | 0.00 | 122,500.00 |
| 08/23/24 | 08/23/24 | 08/23/24 | TNT77 | 037833BY5 | APPLE INC | 1,500,000.00 | 24,375.00 | 0.00 | 0.00 | 24,375.00 |
| TOTAL INTEREST | | | | | | 49,450,000.00 | 887,471.25 | 0.00 | 0.00 | 887,471.25 |
| SELL | | | | | | | | | | |
| 08/02/24 | 08/01/24 | 08/02/24 | TNT77 | 438516CB0 | HONEYWELL INTERNATIONAL | 5,000,000.00 | 11,437.50 | 4,854,150.00 | 0.00 | 4,865,587.50 |
| 08/02/24 | 08/01/24 | 08/02/24 | TNT77 | 95000U2N2 | WELLS FARGO & COMPANY | 10,000,000.00 | 55,915.56 | 9,763,700.00 | 0.00 | 9,819,615.56 |
| 08/05/24 | 08/05/24 | 08/05/24 | TNT77 | 665278404 | NORTHERN INST GOVT MONEY MKT | 6,866,063.65 | 0.00 | 6,866,063.65 | 0.00 | 6,866,063.65 |

LA CARE

Cash Activity by Transaction Type GAAP Basis

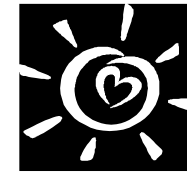
Accounting Period From 08/01/2024 To 08/31/2024

| Cash Date | Trade/Ex-Date | Settle/Pay Date | Custodian | Cusip | Description | Quantity | Income Amount | Principal Amount | Contributions/Withdrawals | Total Amount |
|-------------|---------------|-----------------|-----------|-------|-------------|----------------|---------------|------------------|---------------------------|---------------|
| TOTAL SELL | | | | | | 21,866,063.65 | 67,353.06 | 21,483,913.65 | 0.00 | 21,551,266.71 |
| GRAND TOTAL | | | | | | 100,339,620.67 | 971,824.72 | (971,824.72) | 0.00 | 0.00 |
| Avg Date 4 | | | | | | | | | | |

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – August 28, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE,
*Vice Chairperson**
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary**
 G. Michael Roybal, MD

Management/Staff

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*
 Alex Li, MD, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
|-------------------------------|---|--|
| CALL TO ORDER | Alvaro Ballesteros, <i>Chairperson</i> , called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:51 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments. | |
| APPROVE MEETING AGENDA | The Agenda for today’s meeting was approved. | Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Roybal) |
| PUBLIC COMMENT | Submitted in the chat during the meeting from Andria McFerson <i>Please read the ADA information in it's totally before each meeting to have a genuine connection to our members of whom these meetings affect the most. LA Care has lost a certain effective procedural dedication to the members and many care providers who don't give good "Access to Care" mentally or physically, leaving our LA Care members sick or unwilling to receive care because they believe it would be uneventful please better communication and services by having a genuine survey either eye to eye, peer on peer during events or call in surveys with people. The abled body moderate income staff volunteers are not the same as our RCAC Stakeholders who have suffered or know many who are still going through health wise we need information from everyone so we need better outreach and communication amongst the staff and the members from all perspectives.</i> | |

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| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p><i>"If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org</i></p> | |
| <p>APPROVE MEETING MINUTES</p> | <p>The minutes of the June 26, 2024 meeting were approved.</p> | <p>Approved unanimously by roll call. 3 AYES</p> |
| <p>CHAIRPERSON'S REPORT</p> | <p>Chairperson Ballesteros commended staff for doing an excellent job at the training for the RCAC members including Francisco Oaxaca, <i>Chief of Communications and Community relations</i>, and Auleria Eakins, Ed.D, <i>Manager Community Outreach and Engagement</i>. He was impressed with the way they handled the meeting, they were so professional and one could see the connections that all staff had with the community. That's not easy. The staff members stood up and introduced themselves and there was great applause from the Regional Community Advisory Committee (RCAC) members in the room. Staff obviously had a lot of respect from the RCAC members. There were new RCAC members there and the group was very diverse. He complimented John Baackes, <i>Chief Executive Officer</i>, Sameer Amin, <i>Chief Medical Officer</i>, Acacia Reed, <i>Chief Operating Officer</i>, and all staff involved with the RCAC orientation session. It was great to see that kind of connection with the community.</p> <p>Mr. Baackes thanked Chairperson Ballesteros. Chairperson Ballesteros attended the first day and Mr. Baackes attended the closing day of the two-day event. Mr. Baackes made the same observation. Ms. Eakins and Idalia De La Torre, <i>Supervisor of Community Outreach and Engagement (CO&E)</i>, did a great job in making sure all CO&E staff members were included and participated. The entire staff was recognized as contributors to the RCACs. The event was well organized and it was fun. Mr. Baackes was there for the last three hours, and he was impressed by how well it was done. He was able to talk with some of the new RCAC members and they are very excited to participate. If these new members are an indication of the results from the new selection committee, the future will be great because they are very engaged and come with some experience in the community in participating in this kind of organization. He thinks they will elevate the advisory committee discussions.</p> <p>Chairperson Ballesteros appreciates the invitation to say a few words at the beginning, and he was honored to do it. He noted that what makes L.A. Care different is the</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>voices of the community, and if the meeting is any representation of what that will look like going forward, it is set up for success in community engagement. He congratulated Mr. Oaxaca and all the staff that put the event together, as it took a lot of effort.</p> | |
| <p>CHIEF EXECUTIVE OFFICER REPORT</p> | <p>PUBLIC COMMENT Submitted in the chat by Andria McFerson, RCAC 5 <i>The RCAC members need more information before November about the upcoming ballot measure Supporting Managed Care Organization (MCO) and the Tax Ballot Measure This ballot information would benefit everyone from all managed care organizations to providers giving health care to L.A. Care members as well. This measure would support better the funding in order to help better the medical services we all need to help save our families' lives. We need a special meeting for all RCAC's or a special agenda item during all upcoming RCAC meetings describing what this means to us in layman's terms. We have 70 days to make major decisions to help save our own lives or plausible decisions to help save the lives of others. We are not here for fun, we are here for a purpose. Not just a stipend and this is not just a political controversial topic that is over the heads of the Stakeholders. We are the ones most affected by this topic so please give us more information and allow us to spread this information to the community by explaining to us during our meetings from a simple perspective and please give attention to those who not only volunteer and give services during public events but those who can make contributions to LA Care and those providers who need funding in order to give services to their patients we can share our knowledge about major things that affect the community from a personal perspective to people just like us. Like hearing from it from the horse's mouth would better the communication to our members with very effective peer on peer support.</i></p> <p>Mr. Baackes commented in reference to the last public comment, he believes he was the horse's mouth because he devoted about 50 % of his time speaking to the group about Proposition 35. He informed RCAC members that L.A. Care would provide written information as it becomes available.</p> <p>A Board retreat will be held on September 5. The meeting will open with a conversation with Andy Slavitt, former administrator of Centers for Medicare and Medicaid Services during the Obama administration. They will talk about the funding for Medicaid, he will</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | ask Mr. Slavitt for his opinion about the Chevron decision of the United States Supreme Court that affect administrative rules by government entities, and how it could affect L.A. Care going forward. John Russell, L.A. Care’s lobbyist in Washington D.C., will join them for a conversation with the Board. Mr. Russell will talk about the prospects for impacts on health care depending on which administration prevails in the November presidential election. Mr. Baackes will report on L.A. Care’s strategic plan, and the regular business meeting will be held after that. | |
| <ul style="list-style-type: none"> ● Government Affairs Update ○ Consideration of Support of Managed Care Organization (MCO) Tax Ballot Measure | <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, presented a motion requesting approval for L.A. Care to support California Proposition 35, which will appear on the November ballot. The proposition would make permanent an existing managed care organization (MCO) tax. The proposition differs from legislation that was passed, as it mandates that revenue from the MCO tax cannot be diverted by the legislature to the State’s general fund, which has been the case for the MCO tax in the past. Proposition 35 would provide, for the first time, significant rate increases for providers that serve Medi-Cal beneficiaries. The initiative makes the health care tax permanent, dependent upon federal approval, and ensures a majority of the revenue is used to expand Medi-Cal services and reimburse providers. There is an allowance for some general fund use, but the majority must go to provider rate increases.</p> <p>Augustavia Haydel, <i>General Counsel</i>, thanked Galen Williams, <i>Associate Counsel, Health Care Legal Services</i>, for supporting the motion development.</p> <p><u>Motion EXE 100.0924</u> To approve L.A. Care’s organizational support for California Proposition 35.</p> | <p>Approved unanimously by roll call. 3 AYES The Committee agreed by consensus to include this motion on the Consent Agenda for the September 5 Board Meeting</p> |
| COMMITTEE ISSUES | | |
| 2025 Board and Committee Meeting Schedule | <p>The meetings are scheduled according to guidelines established by the Board, and the schedule is consistent with L.A. Care’s enabling statute (California Welfare & Institutions Code Section 14087) which requires six board meetings per year. The proposed meeting frequency is in line with other public health plans in California.</p> <p><u>Motion EXE 101.0924:</u> To approve the attached 2025 Board of Governors & Committees meeting schedule.</p> | <p>Approved unanimously by roll call. 3 AYES The Committee agreed by consensus to include this motion on the Consent Agenda for the September 5 Board Meeting</p> |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| <p>Pacifica Hospital of the Valley Grant</p> | <p>Mr. Baackes summarized a motion to provide funding for Pacifica Hospital of the Valley, a safety net hospital. The vast majority of Pacifica’s patients are Medi Cal beneficiaries. Pacifica has an extraordinary number of mental health beds that are unique to that institution and are not replicated elsewhere. L.A. Care has repeatedly provided advances to this hospital from quality fee funding. It is a financially stressed safety net hospital. Staff proposes a grant of \$1 million to help Pacifica deal with the current financial situation in hopes that it will be able to secure a long-term path to financial stability and operations. This support is similar to L.A. Care’s support for Catalina Island Hospital. This is a one-time grant.</p> <p>Committee Member Booth suggested changing some language in the motion summary to clarify that funds will not be coming out of the Elevating the Safety Net program. L.A. Care has received so many positive compliments about Elevating the Safety Net from providers interested in serving our patients. The benefits include funding for residencies, medical student loan debt repayment and recruitment support for safety net positions for physicians.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, responded that the funds can from the board designated funds and the reference to Elevating the Safety Net will be removed from the motion. The Elevating the Safety Net funds are preserved for its original intention.</p> <p>Committee Member Roybal asked about designated pediatric or adolescent beds at Pacifica Hospital, and Mr. Baackes responded that it is a general acute care hospital with a certain number of behavioral health beds.</p> <p><u>Motion EXE 102.0924</u> To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a \$1 million award to Pacifica Hospital of the Valley to support safety net access to health care for L.A. Care members with behavioral health needs.</p> | <p>Approved unanimously with amendment to the motion summary as noted, by roll call. 3 AYES The Committee agreed by consensus to include this motion on the Consent Agenda for the September 5 Board Meeting</p> |
| <p>Human Resources Policy HR- 628 (Use of Sign on and Retention Bonuses)</p> | <p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized a motion to approve revisions to HR-628, the use of sign on and retention bonuses. Some definitions and procedures have been updated in this policy, which was established in 2011 at a \$5,000 level. In 2014 it changed to \$20,000 and at this point we're asking for the board to authorize \$25,000 due to inflation in salaries. The policy has minor revisions to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.</p> | |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | | | | ACTION TAKEN |
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| | Policy Number | Policy | Section | Description of Modification | |
| | HR-628 | Use of Sign-On and Retention Bonuses | Wage & Salary | Added the Definitions and Procedures which were in a separate document | |
| Approve Consent Agenda | <p><u>Motion EXE A.0824</u> To approve the Human Resources Policy HR-628 (Use of Sign-On and Retention Bonuses) as presented.</p> | | | | <p>Approved unanimously by roll call. 3 AYES</p> |
| PUBLIC COMMENTS | <p>Submitted in the chat by Andria McFerson, RCAC 5 <i>Her commitment is still the same, even though her health isn't well enough today to attend physically. Please allow all RCAC access to their prior budgets to have better outreach speaking to not only the RCAC members, but to all public members of L.A. Care. The open communication could be a long term pathway to better mental health disparities and health, and health problems overall. This methodology can be more efficient and even cheaper than just funding other resources and other organizations. Please let the staff of LA Care give them more information about their designated funds given to them for the last three years. They were told they were rolled over because they did not have meetings or have any outreach events, so none of their money was spent.</i></p> | | | | <p>Approved unanimously by roll call. 3 AYES</p> |

| AGENDA ITEM/PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| ADJOURN TO CLOSED SESSION | <p>The Joint Powers Authority Executive Committee meeting adjourned at 3:20 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:20 pm.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>August 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p><i>This item is from the Supplemental Special Meeting Agenda</i> 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</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i>, and Gene Magerr, <i>Chief Information Security Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>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)</p> | |

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| | <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p> | |
| RECONVENE IN OPEN SESSION | The meeting reconvened in open session at 4:17 pm. No reportable actions were taken during the closed session. | |
| ADJOURNMENT | The meeting adjourned at 4:17 pm | |

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

APPROVED BY:

Alvaro Ballesteros, MBA, *Board Chairperson*

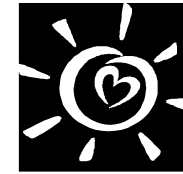
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**COMPLIANCE
&
QUALITY
COMMITTEE**

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – August 20, 2024



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*
 Al Ballesteros, MBA*
 G. Michael Roybal, MD
 Fatima Vazquez

Senior Management

Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Todd Gower, *Chief Compliance Officer*
 Augustavia J. Haydel, *General Counsel*
 Alex Li, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Information and Technology Officer, IT Executive Administration*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operations Officer*
 Edward Sheen, MD, *Senior Quality, Population Health, and Informatics Executive*

* Absent ** Via Teleconference

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| CALL TO ORDER | <p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:00 P.M.</p> <p>She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email.</p> | |
| APPROVAL OF MEETING AGENDA | <p>The meeting Agenda was approved as submitted.</p> <p>Chairperson Booth stated that Dr. Li will give a Chief Health Equity Officer update at the September meeting.</p> | <p>Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)</p> |

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| PUBLIC COMMENT | <i>There was no public comment.</i> | |
| APPROVAL OF MEETING MINUTES | The June 20, 2024 meeting minutes were approved as submitted. | Approved unanimously. |
| CHAIRPERSON REPORT | <p>Chairperson Booth reported that although she had initially planned not to say much, an external evaluation prompted further discussion. The evaluation suggested that processes should enable business growth, but she disagreed with the assessment that their organization lacked a foundational risk management system. She emphasized that they have been refining their approach for some time, and significant improvements have been made. The risk identification process has become repeatable, evidenced by the fact that it is being implemented again this year. They have addressed prior issues and believe the organization is proactive, particularly in identifying personnel and IT-related challenges. Chairperson Booth expressed confidence that the evaluation underestimated their progress in risk management. Mr. Sobetzko stated that the Gartner consultant's role was to help the organization grow and mature its risk management processes. While the organization has been making improvements year over year, including changes in tools and methodology, Mr. Sobetzko emphasized that true scalability and repeatability would eventually make risk management an ingrained part of operations. He spoke about the formation of a risk committee as a significant step forward, noting that this committee moves the process from being managed by a small team within compliance to engaging the entire organization. This broader involvement is crucial for making risk management a foundational process. He explained that while the organization is still reactive in many ways, the goal is to reach a point where risk management is fully integrated into the business, informing strategic decisions rather than reacting to surfaced risks. Mr. Gower stated that their discussions around risk have evolved from being ad hoc to more structured and mature. Weekly meetings with the cabinet and the risk committee have helped identify key risk issues. Additionally, terms like "inherent risks" and "residual risks" are now part of their regular discussions, reflecting progress. He mentioned that during the most recent internal compliance committee meeting, they discussed the upcoming 2025 risk assessment process, further embedding risk identification and prioritization into their routine. This structured approach allows them to better prioritize efforts and financial resources. Mr. Gower acknowledged that while the organization is still working toward foundational risk management, the right tools, processes, and communication are in place to reach this level, with the ultimate goal of progressing to strategic risk management. Chairperson Booth asked if they should be on strategic risk management. Chairperson Booth's question about whether they should be focused on strategic risk management, Mr. Gower responded that while they aim to reach that level, their immediate goal is to establish a</p> | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>solid foundation for 2025. He noted that the process involved collecting and organizing a significant amount of unstructured data from prior years, including interviews and survey information. Now, with a more structured approach and a better-defined risk register, the organization is in a stronger position to approve and utilize this data. Mr. Gower said that this structured foundation is a crucial improvement for the executive team and the organization as a whole. Mr. Sobetzko added that a key missing component for reaching foundational risk management is defining the organization's risk tolerance. He explained that the organization needs to clearly establish its appetite for risk, so when risks arise, they can be assessed based on whether they exceed or fall below acceptable thresholds. This would make risk management more formulaic, allowing for a clearer prioritization of efforts based on the level of residual risk and the organization's tolerance. Much of the process relies on intuition and discussion, which, while important, lacks clear thresholds. He hoped that they would reach this point within the calendar year, and if the necessary tools and frameworks are implemented, the organization would achieve foundational risk management. Though the goal is to eventually move beyond this level, he stated that even a small step beyond the foundational stage would be a positive outcome.</p> | |
| <p>COMPLIANCE & QUALITY COMMITTEE CHARTER STATUS UPDATE</p> | <p>Todd Gower, <i>Chief Compliance Officer</i>, discussed the Compliance & Quality Committee Charter Process.</p> <p>Mr. Gower provided an update on the committee charter, stating that they have reached a good agreement on its contents. Although he had hoped to finalize it earlier, that was not completed. He will send it out for review soon, as the charter is now in its final stages. The next steps involve checking for spelling, grammar, and other minor details before sending it to the board and leadership team for review and approval at the next Compliance & Quality committee meeting. He noted that the suggested changes are minor, with no major format changes needed.</p> | |
| <p>CHIEF COMPLIANCE OFFICER REPORT</p> | <p>Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Mr. Gower's report provided an overview of the compliance efforts within the organization. He emphasized the consistency of their internal compliance committee's process, which has helped address compliance issues transparently across the organization. He spoke about the ongoing refinement of how these issues are presented to the board and executives in a clearer manner. Mr. Gower, alongside Mr. Paley and Dr. Amin, is focusing on improving delegation oversight. While there is already a good process in place, further refinements are needed. They are addressing concerns related to FDR oversight to ensure compliance with guidelines from the Department of</p> | |

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| | <p>Justice and Office of the Inspector General. Though progress has been made, there are still areas to improve to achieve a more robust and effective compliance organization.</p> <p>Mr. Sobetzko gave a Risk Committee report. 2024-2025 Enterprise Risk Assessment He stated that Allysa Johnson from Gartner presented at the Risk Committee meeting on July 2. Goals for the Risk Management Team:</p> <ul style="list-style-type: none"> • Build survey • Top Risks by Risk Score • Top Risks by Demographic / Functional Area • Communication and Best Practices • Risk Appetite <p>Mr. Sobetzko's outlined several key initiatives currently underway. In collaboration with the Gartner group, the committee is building a new enterprise risk assessment for 2025. The process involves the entire organization, with each department contributing to a risk catalog that identifies potential risks across the enterprise. This catalog will form the basis for a risk survey, which will guide the assessment process. The committee members are responsible for sharing this information with their teams and providing their department's perspective on potential risks. The enterprise risk assessment will focus on risk identification, monitoring, and aligning with the organization's risk appetite, or tolerance for risk. Once the risk catalog is finalized, surveys will be deployed, and Gartner will help analyze the data to provide insights into the areas of greatest risk. This process will integrate data from various sources, such as issues inventories and corrective action plans, to evaluate the true residual risks. Mr. Sobetzko said that the risk committee will review past management action plans from previous assessments. The committee aims to shift from solely relying on compliance reports to leveraging the expertise of those managing the action plans, fostering a broader and more collaborative approach to risk management. This will enable the committee to gain deeper insights and ensure timely, data-driven risk mitigation strategies.</p> <p>Amanda Asmus, <i>Director, Care Management, Care Management</i>, gave a report on the timely completion of Health Risk Assessments (HRAs) for Medi-Cal and dual members, emphasizing the regulatory and clinical risks of delays. If HRAs are not completed promptly, the organization risks regulatory violations and impacts members needing high-intensity care coordination. To mitigate this risk, operational reports were developed to oversee and ensure timely completion of HRAs. The Medi-Cal HRA reports were expanded to include new populations as of January 2023, and these reports were fully operational by July 2024. Similarly, the DSNP HRA reports were also fully operational by July 2024. As a result, the older CMC HRA reports used for ad hoc outreach are being phased</p> | |

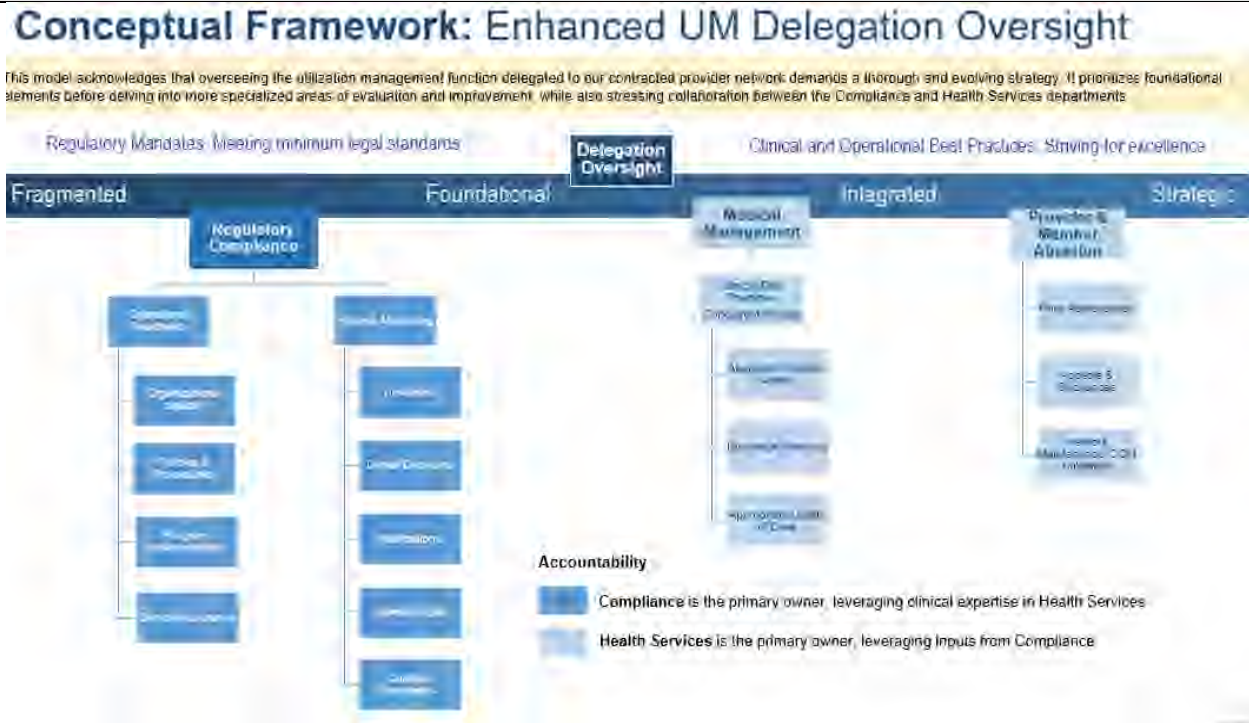
| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>out. Ms. Asmus noted the development of an Optum Impact Pro report that identifies high-risk members per Department of Health Care Services (DHCS) guidelines. This report is still being iterated to comply with changing DHCS regulations, with an estimated completion date yet to be determined.</p> <p>Greg White, <i>Director, Healthcare Analytics, Risk Adjustment Strategies & Initiatives</i>, reported on the challenges surrounding the timeliness and quality of encounter data intake. The primary risk involves the impact on Prop 56 and other programs, where accurate and timely data submission to DHCS or CMS is necessary for reimbursement and correct risk score calculations. To address this, an Encounter Data Governance Committee was established based on consultant recommendations, with its charter completed on July 1. He said that participating physician group (PPG) outreach has been initiated to monitor and assist with data submissions. Analysts are assigned to the largest PPGs to help correct submission errors, although staffing limitations prevent covering all PPGs. This outreach began in November and remains ongoing. Mr. White also spoke about the development of Key Performance Indicators (KPIs) for encounters, aimed at creating a unified data source for the entire enterprise. This effort started in July, with full implementation expected by the end of the year. He noted that a staffing analysis and enhancement request for the 2025 budget to monitor PPG submissions more effectively and investigate errors. This request was initiated in July, with an expected decision by the end of September. Member Roybal asked if L.A. Care gets its data from clearinghouses or does it get data from each individual PPG. Mr. White responded that all capitated providers submit data through a clearinghouse vendor, FinThrive, as monitoring each PPG's file individually would require significantly more staff. FinThrive is commonly used by PPGs to submit to multiple healthcare entities. Fee-for-service providers and hospitals, on the other hand, submit data through the claims system, QNXT. He clarified that FinThrive performs initial checks for syntactical errors before data reaches LA Care. If L.A. Care rejects the data, it is sent back to the PPG for corrections. LA Care prefers to receive all data, whether accepted or rejected, in order to work with PPGs to correct errors and gain insights into the issues.</p> <p>Miguel Varela Miranda, <i>Senior Director II, Regulatory Operations, Compliance</i>, gave Compliance Monitoring Summary, Compliance Delegation Oversight Summary, and Dual Special Needs Plan (DSNP) Oversight Summary (<i>a copy of the slides can be obtained from Board Services</i>).</p> <p>Penny Winkfield, <i>Director, Information Security Risk and Compliance, IT Executive Administration</i>, gave a Information Technology Risk Report Out.</p> <p>Vulnerability Management Program Summary:</p> | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------|----------------|------------|----------|--|----------|---------|---------|---|--------------------|---------------|----------------|--|-------------|---------|----------|-----------------------------|-------------|---------|--------|--|-------------|--------|--------|----------------------|-------------|--------|---------|--|-------------|--------|--------|--|-------------|--------|--------|---|-------------|--------|--------|--|-------------|--------|--------|---------------------------------------|-------------|--------|---------|--|
| | <p>Over the last year, the Information Security (InfoSec) Department has grown and matured. Initially focusing on redesigning the department to align with and support the various business verticals, staffing the newly designed InfoSec department with subject matter experts, and modernizing legacy technologies for better visibility into malicious activities and deviations from known behaviors has reduced the probability of exploitation and increased the organizations overall security posture.</p> <p>One of the next areas of focus is to implement a formalized Vulnerability Management Program. Vulnerability Management is a vast topic which consist of people, processes, and technologies, all of which are significant components within the program.</p> <p>Managing all of the complexities associated with a Vulnerability Management Program requires dedicated resources focused on identification, remediation, and tracking of vulnerabilities, in conjunction with correlating the likelihood of exploitation with the impact to the organization if exploitation were to occur.</p> <table border="1" data-bbox="453 683 1677 1308"> <thead> <tr> <th>ACTIVITY</th> <th>STATUS</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td>Hire a dedicated Vulnerability Program Manager</td> <td>Complete</td> <td>4/18/24</td> <td>6/14/24</td> </tr> <tr> <td>Formalize a Vulnerability Management Program</td> <td>In Progress</td> <td>6/5/24</td> <td>2/14/25</td> </tr> <tr> <td>Consolidate vulnerability efforts across InfoSec teams</td> <td>In Progress</td> <td>7/15/24</td> <td>10/31/24</td> </tr> <tr> <td>Configuration of VM Tooling</td> <td>In Progress</td> <td>7/15/24</td> <td>2/5/25</td> </tr> <tr> <td>Develop VM Tooling Capabilities and Requirements</td> <td>Not Started</td> <td>8/5/24</td> <td>9/5/24</td> </tr> <tr> <td>Procurement of Tools</td> <td>Not Started</td> <td>9/5/24</td> <td>12/5/24</td> </tr> <tr> <td>Develop a process to identify and prioritize vulnerabilities</td> <td>Not Started</td> <td>8/5/24</td> <td>9/5/24</td> </tr> <tr> <td>Develop a process track and validate remediation efforts</td> <td>Not Started</td> <td>8/5/24</td> <td>9/5/24</td> </tr> <tr> <td>Define and report on performance measures</td> <td>Not Started</td> <td>8/5/24</td> <td>9/5/24</td> </tr> <tr> <td>Develop data retention process mapped to HIPAA</td> <td>Not Started</td> <td>9/5/24</td> <td>2/5/25</td> </tr> <tr> <td>Develop metrics to track improvements</td> <td>Not Started</td> <td>8/5/24</td> <td>2/14/25</td> </tr> </tbody> </table> <p>Mr. Magerr clarified that L.A. Care has been actively managing vulnerabilities through three departments. The Cyber Defense Department addresses vulnerabilities based on what cybercriminals are exploiting. The Engineering and Architecture team handles security patching for operating systems and ensures no vulnerabilities exist in new solutions. Ms. Winkfield's team</p> | ACTIVITY | STATUS | Start Date | End Date | Hire a dedicated Vulnerability Program Manager | Complete | 4/18/24 | 6/14/24 | Formalize a Vulnerability Management Program | In Progress | 6/5/24 | 2/14/25 | Consolidate vulnerability efforts across InfoSec teams | In Progress | 7/15/24 | 10/31/24 | Configuration of VM Tooling | In Progress | 7/15/24 | 2/5/25 | Develop VM Tooling Capabilities and Requirements | Not Started | 8/5/24 | 9/5/24 | Procurement of Tools | Not Started | 9/5/24 | 12/5/24 | Develop a process to identify and prioritize vulnerabilities | Not Started | 8/5/24 | 9/5/24 | Develop a process track and validate remediation efforts | Not Started | 8/5/24 | 9/5/24 | Define and report on performance measures | Not Started | 8/5/24 | 9/5/24 | Develop data retention process mapped to HIPAA | Not Started | 9/5/24 | 2/5/25 | Develop metrics to track improvements | Not Started | 8/5/24 | 2/14/25 | |
| ACTIVITY | STATUS | Start Date | End Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire a dedicated Vulnerability Program Manager | Complete | 4/18/24 | 6/14/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Formalize a Vulnerability Management Program | In Progress | 6/5/24 | 2/14/25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consolidate vulnerability efforts across InfoSec teams | In Progress | 7/15/24 | 10/31/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Configuration of VM Tooling | In Progress | 7/15/24 | 2/5/25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop VM Tooling Capabilities and Requirements | Not Started | 8/5/24 | 9/5/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procurement of Tools | Not Started | 9/5/24 | 12/5/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop a process to identify and prioritize vulnerabilities | Not Started | 8/5/24 | 9/5/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop a process track and validate remediation efforts | Not Started | 8/5/24 | 9/5/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Define and report on performance measures | Not Started | 8/5/24 | 9/5/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>facilitates risk assessments and penetration tests, prioritizing and addressing vulnerabilities as they arise. He noted that this program is part of a broader strategy and aligns with the department's timeline. A dedicated vulnerability program manager was hired, who has expanded the definition of vulnerabilities to include factors like secure software builds and end-user training. The goal is to take a holistic approach to vulnerability management, maturing the department's processes.</p> <p>Chairperson Booth asked if the tools they are talking about are related to software. Ms. Winkfield responded that it can be related to software or hardware. That is part of all of these assessments. It can be a combination. Mr. Gower responded that they are being very proactive.</p> <p>Mr. Sobetzko gave an Issues Inventory update.</p> <table border="1" data-bbox="453 573 1677 1102"> <thead> <tr> <th data-bbox="453 573 848 659">Issue Name and Description</th> <th data-bbox="852 573 974 659">Date Reported</th> <th data-bbox="978 573 1161 659">Accountable Exec./Business Unit</th> <th data-bbox="1165 573 1530 659">Remediation Description</th> <th data-bbox="1535 573 1677 659">Date Remediated</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 662 848 1102"> <p>Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).</p> <p>Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM) (1187)</p> </td> <td data-bbox="852 662 974 1102">12/5/2019</td> <td data-bbox="978 662 1161 1102">Soledad Castillo</td> <td data-bbox="1165 662 1530 1102">The members out-of-pocket-maximum (OOPM) reimbursements were completed for calendar years member 2018, 2019, 2020 & 2021.</td> <td data-bbox="1535 662 1677 1102">5/28/2024</td> </tr> </tbody> </table> <p>Soledad Castillo, <i>Senior Director, Claims Data and Support Services, Claims Data and Support Services</i>, gave a report on Overpayment Deductible and Out-of-Pocket Maximum.</p> <p>Ms. Soledad Castillo reported that L.A. Care had been collecting copayments from members who had already met their maximum out-of-pocket (MOOP) limits for the years 2018 through 2021. The root cause was a lack of clear oversight regarding when members met their MOOP and a lack of communication with PPGs. To address the issue, a daily monitoring dashboard was created to track members nearing or exceeding their MOOP. Communication channels with PPGs were also established to ensure that once members reached their MOOP, no further copayments were collected.</p> | Issue Name and Description | Date Reported | Accountable Exec./Business Unit | Remediation Description | Date Remediated | <p>Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).</p> <p>Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM) (1187)</p> | 12/5/2019 | Soledad Castillo | The members out-of-pocket-maximum (OOPM) reimbursements were completed for calendar years member 2018, 2019, 2020 & 2021. | 5/28/2024 | |
| Issue Name and Description | Date Reported | Accountable Exec./Business Unit | Remediation Description | Date Remediated | | | | | | | | |
| <p>Overpayment by enrollee for deductible and out-of-pocket maximum (OOPM).</p> <p>Enrollee was charged over the enrollee's deductible and out-of-pocket maximum (OOPM) (1187)</p> | 12/5/2019 | Soledad Castillo | The members out-of-pocket-maximum (OOPM) reimbursements were completed for calendar years member 2018, 2019, 2020 & 2021. | 5/28/2024 | | | | | | | | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>Ms. Castillo explained that the effectiveness of these measures is being monitored through daily reports and monthly lookbacks for the next 90 days to confirm that the processes are working. The team also conducts an annual review to check for any members who paid beyond their MOOP and promptly remediates such cases. Reimbursement for affected members has been completed, except for four cases where checks were returned. In these cases, further steps are being taken to update addresses and resend the checks. Ms. Castillo also mentioned that L.A. Care collaborates with PPGs to verify the data, create claims for reimbursement, and ensure accuracy through their Quality Assurance team and finance department. Any checks that remain uncashed after 90 days are sent to the state if a member cannot be reached.</p> <p>Miguel Barcenas, <i>Director, Provider Contracts and Relationship Management, Provider Network Management</i>, reported on an issue involving three providers who failed to submit their recredentialing documentation on time. These providers were identified, and LA Care took steps to remediate the situation by April. Each provider was successfully recredentialed, with their cases closed upon completing the necessary documentation reviews. To prevent similar issues in the future, L.A. Care has implemented a process where account coordinators review monthly credentialing reports to identify providers nearing recredentialing deadlines. The coordinators then notify both the manager and account manager, who in turn remind the providers to submit their recredentialing documentation to stay compliant with the program.</p> <p><i>(A copy of the full Compliance Officer Report can be obtained from Board Services.)</i></p> | |
| CHIEF MEDICAL OFFICER REPORT | Sameer Amin, MD, <i>Chief Medical Officer</i> , gave a Chief Medical Officer report <i>(a copy of the materials can be obtained from Board Services)</i> . | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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Our goal is to enhance our oversight of delegated utilization management function performed by our contracted provider network to ensure accountability, increase operational efficiency, and uphold the highest standards of governance and quality.

Objectives:

- Close gaps in regulatory compliance
 - Notification Letters
 - Over- and Under-Utilization
- Reduce administrative provider burden
 - Optimizing the PA List to remove the “always approved”
 - Maintaining appropriate networks (OON vs INN use)
 - Reducing denials
 - Minimizing appeals/grievances
- Clinical Optimization
 - Minimizing avoidable utilization, promoting value based care

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| | <p>Framework for Health Services Enhanced Delegation Oversight Activities</p> <table border="1" data-bbox="457 305 1276 753"> <tr> <td data-bbox="457 305 512 358">1</td> <td data-bbox="516 305 1276 358">Gather comprehensive data on delegates</td> </tr> <tr> <td data-bbox="457 362 512 451">2</td> <td data-bbox="516 362 1276 451">Analyze collected data to identify trends, root causes, and areas for improvement.</td> </tr> <tr> <td data-bbox="457 454 512 586">3</td> <td data-bbox="516 454 1276 586">Provide feedback to PPGs based on the analysis and make actionable best practices recommendations</td> </tr> <tr> <td data-bbox="457 589 512 667">4</td> <td data-bbox="516 589 1276 667">Support PPGs in implementing recommended changes and monitor their progress</td> </tr> <tr> <td data-bbox="457 670 512 753">5</td> <td data-bbox="516 670 1276 753">Evaluate the effectiveness of the new soft function and identify areas for improvement</td> </tr> </table> | 1 | Gather comprehensive data on delegates | 2 | Analyze collected data to identify trends, root causes, and areas for improvement. | 3 | Provide feedback to PPGs based on the analysis and make actionable best practices recommendations | 4 | Support PPGs in implementing recommended changes and monitor their progress | 5 | Evaluate the effectiveness of the new soft function and identify areas for improvement | |
| 1 | Gather comprehensive data on delegates | | | | | | | | | | | |
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| 5 | Evaluate the effectiveness of the new soft function and identify areas for improvement | | | | | | | | | | | |
| <p>TRANSITIONAL CARE SERVICES (CalAIM)</p> | <p>Joycelyn Smart-Sanchez, <i>Director, Care Management, Care Management</i>, gave a presentation on Transitional Care Services (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Joycelyn Smart-Sanchez, Director of Care Management for Medi-Cal at LA Care, provided an overview of the Transitional Care Services (TCS) program. TCS focuses on supporting members as they transition from one level of care to another, such as from hospitals to home care, ensuring they receive the necessary services and support to safely transition to a lower level of care. Ms. Smart-Sanchez said that while TCS builds on existing practices, it introduced new responsibilities for care managers, such as conducting discharge risk assessments, coordinating post-discharge follow-ups, and ensuring timely communication with primary care providers (PCPs). The program is particularly focused on high-risk populations, including those with specific medical conditions, pregnant and postpartum members, and individuals eligible for Enhanced Care Management (ECM) or Community Support (CS) services. The TCS program was rolled out in phases, starting in January 2023 for high-risk members, with all Medi-Cal members becoming eligible in January 2024. Ms. Smart-Sanchez detailed the different teams within LA Care that manage TCS for various populations, including ECM teams, Community Health Workers, and specialized teams for long-term care and pregnant members. She noted the importance of care coordination, where TCS caremanagers serve as the single point of contact for members, ensuring seamless communication between healthcare providers and facilitating access to necessary services. Ms. Smart-Sanchez also discussed the program's key performance indicators (KPIs), including the percentage of high-risk</p> | | | | | | | | | | | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | <p>members contacted within seven days post-discharge and follow-up with PCPs. She acknowledged variability in data reporting across different health plans, which the state is currently addressing to standardize data collection methods. As of the end of the previous month, the TCS program had served nearly 17,000 members, reflecting its growing impact. Despite being a relatively young program, TCS continues to expand, with ongoing efforts to increase staffing and improve service delivery.</p> | |
| <p>QUALITY IMPROVEMENT PROJECTS (QIPs/PIPS, PDSA)</p> | <p>Rachel Martinez, RN, BSN, Supervisor, Quality Improvement, Quality Improvement, gave a presentation about Quality Improvement Projects <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Ms. Martinez reported on four types of regulatory projects: Quality Improvement Projects (QIPs), Performance Improvement Projects (PIPs), Plan-Do-Study-Act (PDSA) cycles, and Strengths Weaknesses Opportunities and Threats (SWOT) analyses. These projects vary in duration and scope, with PDSAs and SWOTs typically initiated by Medi-Cal when minimum performance levels are not met, such as the 2022 SWOT for Well-Child Visits and Childhood Immunization, which closed in 2023. She also highlighted upcoming PIPs for 2023-2026 focusing on disparities in well-child visits for Black/African American children and behavioral health needs related to emergency department use.</p> | |
| <p>STARS UPDATE D-SNP</p> | <p>Donna Sutton, Senior Director, Stars Excellence, Quality Improvement, gave a D-SNP/Stars Quality Update <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Donna Sutton provided an overview of the D-SNP (Dual Eligible Special Needs Plans) program, explaining the purpose of the Stars Quality Program, which serves as a tool for Center for Medicare and Medicaid Services (CMS) to implement federal policy, provide oversight on health plan performance, and offer consumers information to make informed decisions. She outlined the program's timeline, emphasizing that it takes up to three years to receive payment based on performance, and described the 39 metrics across five domains that determine the star rating. Additionally, she discussed new evaluation measures for improvement in Part C and Part D, the impact of the Categorical Adjustment Index (CAI) for plans serving higher-risk populations, and the significance of maintaining high star ratings for financial incentives and industry positioning.</p> | |
| <p>PUBLIC COMMENT ON CLOSED SESSION ITEMS</p> | <p><i>There was no public comment.</i></p> | |

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| ADJOURN TO CLOSED SESSION | <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 4:51 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Magdalena Marchese, Senior Director, Audit Services, Executive Services</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF | |
| RECONVENE IN OPEN SESSION | <p>The Committee reconvened in open session at 5:10 p.m.</p> <p>There was no report from closed session.</p> | |
| ADJOURNMENT | The meeting adjourned at 5:15 p.m. | |

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

APPROVED BY:

Stephanie Booth, MD, *Chairperson*
Date Signed: _____