

Board of Governors

Regular Meeting Minutes #336

April 3, 2025

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



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
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 Nina Vaccaro, MPH
 Fatima Vazquez

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Martha Santana-Chin, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
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 Linda Greenfeld, *Chief Product 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
WELCOME	<p>Chairperson Alvaro Ballesteros, called the meetings to order at 1:02 pm, 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.</p> <p>Chairperson Ballesteros welcomed all to the meeting.</p> <p>Board Member Vaccaro requested consideration of her remote participation, she noted there was an emergency circumstance and that there was no other persons over the age of 18 in the room with her.</p> <p>Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.</p>	<p>Virtual participation was unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Gonzalez, Shapiro, Solis, Vaccaro, and Vazquez)</p>
APPROVAL OF MEETING AGENDA	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson, RCAC 5, asked that the agenda consist of at least one item that focuses on major health disparities that the members go through with L.A. Care. Things that they suffer from need to be addressed with the proper doctors, specialists, or service care providers. For example, people suffering from the homeless epidemic, proper carry through from medical professionals who have participated in unethical practices and many other things that the members face. They need to have at least one agenda item each Board meeting to discuss those things and have a specialist here to talk about it.</i></p>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Gonzalez, Shapiro, Solis, Vaccaro, and Vazquez)</p>

APPROVED

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	The meeting Agenda was approved.	
PUBLIC COMMENTS	<p><i>Andria McFerson, RCAC 5 wanted to say specifically that all RCACs need to be able to focus on community outreach and have peer on peer communication so they can focus on the disparities and speak eye to eye to people. People are reluctant to talk to everyone, even their doctors, because they receive flack when they speak towards them. Low income people sometimes are discriminated against, Black people, people with mental illnesses. Even here today it is stated that they have to focus on the agenda item, but someone with a chronic mental illness can only do the best that they can. RCAC members need to be able to serve their purpose properly, spend their budget, the \$5000 that we were allotted or funded, and get out there and do what they need as they used to. And they have experience and know how to do it. They do not need private contractors. They do not need anyone else, but some hands-on, peer on peer, eye to eye communication, because people are more open to people just like them. And they know how successful that can be because they have done that for many years. They helped L.A. Care grow into the largest public insurance company in the nation by walking the streets and advocating with the state for better coverage, being vocal and letting people know they need to have coverage in order to get better. They did that. They need to be able to have a history of the RCACs and honoring the committee and letting them know that they have a purpose and it is ok to get on the mic and say something and talk, because it is very beneficial not just to themselves, but to other people. Even telling a personal story, that is a perspective that a lot of people may not know of because they may not have that chronic illness, or they may not be low income. To actually hear things and be genuine in the decisions made for the members, one would have to hear it from their perspective.</i></p> <p><i>Demetria Saforre commented that she thinks this body needs to have more unity among the groups that are involved in this process. We need to come together and do team building exercises because she sees the division in this body.</i></p>	
APPROVE CONSENT AGENDA ITEMS	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson RCAC 5, asked if they can hear the information first before they make a public comment. It is hard for her to comment on something if she does not know.</i></p> <p>Chairperson Ballesteros invited Augustavia Haydel, <i>General Counsel</i>, to respond. Ms. Haydel stated that the materials for the meeting are provided in advance to interested members. The board has adopted a tradition of having a public comment prior to the discussion or vote. Until the Board changes that approach, that will be the pattern they are following.</p> <p><u>PUBLIC COMMENT</u> <i>Ms. McFerson wanted to reiterate the fact that people have communication issues and reading issues, attention deficit disorder, and different issues having to do with home. And</i></p>	

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	<p><i>it is hard to read documents just like maybe an educated person. It is hard to do that sometimes even if you are educated, if you are going through mental disparities as a member, one is low income for a reason. She asked about the purpose of a regional advisory community committee and why they should have a diverse membership. RCACs were founded to make sure they work with and for the community. They were also diverse back in the day with an open form of conversation and communication during meetings also with L.A. Care and major political decision makers from all perspectives. They no longer serve that purpose. Members are no longer together as a democracy. They need an equal list of members to be approved today. Due to L.A. Care field being diverse, they need an advisory committee that is equally diverse. They need an equal quorum of all cultures to make a profound difference and continue to help save all lives. They need to have representatives from all races, ages, mental disparities, and physical disparities to represent all perspectives, even low-income working class, all types of members. A genuine reason they are here today is for the Board to receive feedback from every culture, not just according to the population and statistics because all races suffer from some form of chronic illnesses. They are invited to community partnership judging CBOs for \$5000, but she believes it lacks meaning. They need to focus on their own budget, not using any money towards other organizations. They need to give back to the community themselves, with each other, their own community events from their own perspective. They have years of experience, like she said before, so they can help out. Please bring back the review for L.A. Care from 1.5 for our members and bring it to five stars. They can help.</i></p> <ul style="list-style-type: none"> • March 6, 2025 Board of Governors Meeting Minutes • Ratify executed Amendment No. 58 to the Plan Partner Services Agreement between L.A. Care and Blue Shield Promise Health Plan which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards. <u>Motion EXE 100.0425</u> To ratify the executed Amendment No. 58 to the Plan Partner Services Agreement between L.A. Care and Blue Shield Promise Health Plan which incorporates the 2022 National Committee for Quality Assurance delegation standards. • Regional Community Advisory Committee membership (ECA 100) <u>Motion ECA 100.0425</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Executive Community Advisory Committee (ECAC) at their March 12, 2025, meeting: <ul style="list-style-type: none"> ○ Alicia Taylor, RCAC 1, Consumer ○ Lisa Polecheck, RCAC 2, Consumer 	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Shapiro, Solis, Vaccaro, and Vazquez)</p>

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	<ul style="list-style-type: none"> ○ Patricia Espadas, RCAC 3, Consumer ○ Maria Rodriguez, RCAC 3, Consumer ○ Buddhist Tzu Chi Medical Foundation, 3, Community Partner ○ PHE WIC, RCAC 3, Community Partner ○ Beyond Us and Them, RCAC 4, Community Partner ○ Imagine LA, RCAC 4, Community Partner ○ Natalie Holman, RCAC 5, Consumer ○ Allies for Every Child, RCAC 5, Community Partner ○ American Cancer Society, RCAC 5, Community Partner ○ VIC James Center, RCAC 5, Community Partner ○ Avril Jones Gabriel, RCAC 6, Consumer ○ Audie Rhodes, RCAC 6, Consumer ○ Advocates for African American Elders, RCAC 6, Community Partners ○ Equity for Latinx-Hispanic Healthy Aging Lab, RCAC 7, Community Partner ○ The Urban Warehouse/The Garage Shop, RCAC 7, Community Partner ○ Family Promise of the South Bay, RCAC 8, Community Partner ○ Disables Resource Center, RCAC 8, Community Partner ○ Gang Alternatives Program (GAP), RCAC 8, Community Partner ○ The Good Seed, RCAC 8, Community Partner 	
<p>CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> • Ad hoc Nominating Committee Report 	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson from RCAC 5 recused her time because she is not aware of the content of this agenda item.</i></p> <p>Chairperson Ballesteros reviewed the status and the timeline for the ad hoc nominating committee for the Board appointed seat on this Board of Governors. The meeting packet includes an application and a timeline of the process, with a list of stakeholder organizations to be informed that there is an open seat on this board for applicants. The ad hoc nominating committee met and recommended this process:</p> <ul style="list-style-type: none"> • Friday, April 5, staff will begin distributing the application. • Once the application deadline has expired, the ad hoc committee will meet to review the applications received, and interviews will be scheduled with applicants that the ad hoc Committee would like to talk with about the position. • The ad hoc committee hopes to bring a candidate or candidates to the June Board meeting. • The candidate nominated by the Board will be presented to the LA County Board of Supervisors for appointment. • It is hoped that a new Board member could be seated at the July 24 board meeting. 	

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	<p>He invited Board Member questions or comments on this process.</p> <p>Supervisor and Board Member Hilda Solis suggested including the Association of Community Human Services Agencies on the list of organizations. Chairperson Ballesteros directed staff to include this organization on the list of contacts to receive the application.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson, from RCAC 5, thinks it is important that Ms. Martha Santana-Chin went out to the RCACs to see a perspective from the actual members, and to see how things were practiced during the RCACs. She respects that and appreciates that. What needed to be said during the RCACs was not complete due to the fact that the agendas consist of things the staff writes on the agenda. They spoke about how they needed to change that whole system to where they only vote with red or green, there is no abstentions, there is no democracy. That is how it used to be also. It does not have the Board motions beforehand like how it used to be. A lot of people who have been here for a long time, employees with seniority, they know. They were in chairs with seniority, they were presented the motions during the RCACs beforehand. They all talked about it, had an open form of conversation and discussed how that decision would affect them. And then when that happened, they voted yay or nay. And then it was presented during the ECAC. And the ECAC spoke about it, and they voted yay or nay, and then the Board represented them. It is no longer like that. She just hates that Ms. Santana-Chin was not able to see their old system, because it was effective, and it was genuine. They need to get back to that because like as she said before, the reviews are down, and they need to bring them back up from a personal perspective. They need to change the RCACs and change the staff so that they can get back to how they used to be to where they were a nonprofit organization or an organization that actually had a purpose. And in order to do so, then they have to start with their RCAC meetings. And she is glad the CEO came by and checked it out, and she hopes that she goes to the other RCACs, and she is also welcomed. The other staff as well, the other chairs, please come out to the RCACs and see if you can give them the beneficial information and a better system that they can go by in order to make sure that they all have a voice.</i></p> <p>Martha Santana-Chin, <i>Chief Executive Officer</i>, commemorated the 28th anniversary of L.A. Care receiving a Knox Keene license on April 1. She noted there are people in this meeting who have been with the plan since it started. L.A. Care started with seven Plan Partners and now has two Plan Partners. It started serving 200,000 members and now has over 2.6 million. As the largest publicly operated health plan, the Senior Leadership team is proud to embrace the fact that L.A. Care is a health plan with <i>heart</i>. They are very committed to the work that they are doing. She has been CEO for three months. It is hard to believe, as a lot has happened in three months. She has learned that what really makes L.A. Care special is the people, the</p>	

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	<p>Board Members, employees and the members. The public comments are made at Board meetings because people care. They collectively care about the County, the community, and they really want to make sure that L.A. Care continues to thrive. All those people are dedicated to the mission of L.A. Care. Over the years, L.A. Care has contributed more than \$500 million to organizations focused on uplifting communities, addressing issues around food insecurity, housing insecurity, supporting individuals with disabilities and a host of other concerns. An exciting thing L.A. Care is doing more recently is investing in the housing space. Earlier this month she had the honor of attending the grand opening at a site that has over 200 brand new units. People that previously did not have a house now have a home. Many of you know that L.A. Care has been investing substantially in addressing the physician shortage. There is still much to do, and it is something to be very proud of. L.A. Care Community Resource Centers (CRCs) have been a source of pride in the communities that L.A. Care serves. The CRCs are strategically located in areas where there is significant need. L.A. Care hosts classes for health education, cooking and exercise and the CRCs are full of life. CRCs have hosted Know Your Rights sessions and provide one-on-one support for individuals to make sure they are connected with the care services that they need. The CRCs are another thing that L.A. Care is very proud of and CRCs will continue to evolve to deliver even more in the community.</p> <p>Looking forward, there is more that L.A. Care wants to do, and we will accomplish things together. She thanked everybody for what they have personally done to make L.A. Care a leader in Los Angeles County, and for making sure to show up for the people that need services. She asked for a round of applause for L.A. Care and for the anniversary.</p> <p>Ms. Santana-Chin encouraged a review of the meeting materials, including the Medi-Cal information included. She reported that many coalition letters were submitted to elected officials and people in positions of influence to make sure they understand potential effects of budget cuts to Los Angeles County. L.A. Care has been very focused on making sure to be ready. Advocacy is a number one priority, and L.A. Care is doing everything possible to make sure the health plan is positioned for strength and success in the future, regardless of the policy changes. Some of the things being done are reviewing health plan operations, medical costs, administrative costs, and improving vendor relationships to reduce cost. L.A. Care is assessing its ability to be smart and good stewards of the health care dollar, and prioritizing opportunities to drive efficiencies within the health plan. From an operations perspective, there is quite a bit of work going on. She noted that L.A. Care is actively listening to the comments coming in from Board Members and members in the community and is reviewing the valuable impact which will continue to strengthen the health plan.</p> <p>Ms. Santana-Chin noted that one change in the Board meeting is to have Member Navigators available to assist members during the meeting. If any member needs anything, needs support</p>	

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	<p>in any way shape or form, the team is here and ready. The chief operating officer from Call the Car is also here. Call the Car is committed to improving the quality of the transportation services provided to members. L.A. Care and its partners will do the work necessary to address any issues.</p> <p>Ms. Santana-Chin is visiting meetings of the Regional Community Advisory Committees (RCACs) and the Executive Community Advisory Committee (ECAC). L.A. Care's leadership team is also committed to visiting the meetings, several have joined her, and they will be doing a lot of listening. Her hope is to visit all of the RCACs over the next several months. The goal is to observe the meetings firsthand so that adjustments could be made as necessary so the meetings are productive, people are heard, diverse perspectives are brought forward from everybody's lived experience, culture and background, and L.A. Care can improve quality in how the health plan is run. She asked members present to have patience because L.A. Care wants to hear all perspectives, organize, bring experts to support members and then make sure to make those committees very effective. The team that works with the committees are on board and have started giving her ideas to make those meetings better. In due time, members will feel those changes, that is her commitment to members. She thanked members who have raised their voices to help make L.A. Care a better health plan.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, introduced John Russell, DGA Group based in Washington, DC, and Rachel Blucher, <i>Partner, Nielsen Merksamer Parrinello Gross & Leoni</i> in Sacramento, CA. The goal of the discussion is to give Board Members a clear picture of Medi-Cal activities at the state and federal level. This landscape is constantly shifting, and staff is trying to stay on top of developments to ensure that L.A. Care continues to serve its members and the safety net partners. The discussion will start with a big picture of what's happening in California and at the federal level, the budget processes at both the state and federal level. Discussion will then move to advocacy at a more granular level, activities L.A. Care is working at on the ground and the coalitions it is working with. Ms. Compartore suggested that discussion start with a presentation about the state level activities, and move on to the federal level. She suggested presentations from each lobbyist followed by Board discussion.</p> <p>She reported that Rachel Blucher is Senior Counsel at <i>Nielsen Merksamer Parrinello</i>. The firm has served L.A. Care for state lobbying for since 2002. Ms. Blucher's focus is on health care, senior care, housing and infrastructure. She has worked with hospital systems, clinics and home health agencies. John Russell is a partner with DGA Group and is L.A. Care's federal lobbyist since 2007. Both understand and embrace the L.A. Care mission. Mr. Russel worked in the office of the Speaker and Majority Whip at the US Congress and has served as chief of staff. Ms. Compartore introduced Joanne Campbell, <i>Health Care Policy Specialist III</i>, on L.A.</p>	

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	<p>Care's Government Affairs team in Sacramento, who works closely with Mr. Russel and Ms. Blucher on state and lobbying duties.</p>	
<ul style="list-style-type: none"> Medicaid Uncertainty: State and Federal 	<p>Ms. Blucher provided an overview of California's Medi-Cal landscape, noting strong legislative support for expanded eligibility and benefits despite emerging state budget challenges. She highlighted a growing budget deficit for the State of California in addition to the California Department of Health Care Services (DHCS) budget shortfall of more than \$6 billion through June 2025, largely due to increased pharmaceutical costs, expanded eligibility, and lower than expected disenrollment in the eligibility redetermination process after the pandemic.</p> <p>Ms. Blucher described the budget process in California, which begins with the Governor's Budget Proposal in January each year. In 2025, the Governor's Budget proposal occurred just before the devastating wildfires in Los Angeles, so initially, state legislative action was for disaster relief with additional support for some of the agencies that provide services in L.A. County. The legislature also addressed additional funding to the state Attorney General's office to support potential cases which would be brought against the federal administration. California legislature is now in budget subcommittee hearings in anticipation of the Governor's May Budget Revise.</p> <p>The Governor's May Budget Revise is a more detailed budget proposal that is based on revenue expectations following the April 15 income tax deadline. In Los Angeles, because of the wildfires, the tax deadline was extended to October 15. The May revise is expected to include a deficit given likely federal impacts, state costs around Medi Cal and other federal funding that is not necessarily related to Medicaid cuts but is related to other aspects of state government that the state might have to cover. The deadline to pass a balanced budget is June 15, given the uncertainties, it is expected that this year there will be a budget that will meet the statutory requirements, but that there will be additional budget discussions, negotiations, trailer bills, etc., through the summer and perhaps a special session in the fall.</p> <p>L.A. Care is taking a comprehensive advocacy approach, working with communications and government affairs, to provide data on the economic and community impacts of potential Medicaid cuts to those who make the critical decisions about the impact to the Medi-Cal population, to Medicaid more broadly and to specifically to L.A. Care and Los Angeles County. She referenced materials provided in the meeting packet that are very helpful and talk about not just the impact of potential cuts to an individual member, but the impact to the Los Angeles County ecosystem. In California, we are fortunate to have a sympathetic legislature with members who are interested in how we can support Medi-Cal going forward. A challenge will be in the pressures on the funding system from various places, and those will need to be addressed in a comprehensive manner. Activities include meetings with legislative leadership, collaboration with statewide coalitions, partnerships with provider organizations, and district-</p>	

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	<p>level outreach. She emphasized the importance of storytelling and data, including member videos and a Medicaid-focused webpage, to humanize the issue and influence policymakers. Ultimately, her message underscored L.A. Care’s proactive strategy to preserve Medi-Cal funding amid growing fiscal pressures.</p> <p>Meetings been held with those in legislative leadership, particularly in healthcare leadership, such as Senator Caroline Menjivar, Chair of the Senate Health Committee and a member of the subcommittee on Health and Human Services, the new Senator Laura Richardson, the Chair of the Assembly, Dawn Addis, member of the Assembly subcommittee on health. An important aspect of L.A. Care’s approach is working with coalitions, such as the Local Health Plans of California (LHPC) and with other California local health plans which might represent geographic areas of California that have different political leanings. L.A. Care works closely with the California Association of Health Plans (CAHP) on the materials and coalition letters. L.A. Care is working with the provider organizations and is helping to elevate the voice of those with similar advocacy goals to collaborate and have the most impact, such as the California Medical Association, California Hospital Association and California Primary Care Association (CPCA). L.A. Care is engaging with local leaders as well as state leaders with a clear message, and with Los Angeles County departments to amplify and align in describing the impact to Los Angeles County. Work done in the past to protect access to care has continued and has resulted in a coalition interested in ensuring that the managed care organization taxes are sustained and used for the benefit of Medi-Cal, and currently working to mitigate the risk of harm to Medicaid funding more broadly. At the district level, a briefing was held last week where Ms. Santana-Chin discussed Medicaid threats. Representatives were invited from the board of supervisors, health deputies, legislative staff and district staff, and there was a very good turnout. It was a good opportunity demonstrate the connections, create connections, and educate individuals about the potential impacts. Additional meetings are planned in the next three months including government affairs and community outreach and education staff, to talk about ways to collaborate.</p> <p>She referred to the fact sheets and materials in the meeting packet for review. There are Medicaid Matters videos of actual Medi-Cal members available for download and use. It is important to humanize the background for decisions that elected officials will have to make. L.A. Care’s website has a Medi-Cal page with links to resources. She invited people to access and use the materials. An important aspect is a focus on data and humanizing the potential impacts to the Medi-Cal program, and ensure people understand activities at a local and a state level, as well as a broader economic level. Medicaid is an important investment in California.</p> <p>Mr. Russell reported about looming federal threats to Medicaid amid efforts to reauthorize 2017 tax cuts through the budget reconciliation process. He explained this process excludes the minority party and allows Republicans to move forward with potentially up to \$800 billion</p>	

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	<p>in budget cuts, which could severely impact Medicaid. With no California Republicans in key federal budget negotiations, the Speaker stressed the need for strategic partnerships with organizations and health plans in red states to influence the process and define key terms like “provider tax” while humanizing those affected by Medicaid expansion.</p> <p>He outlined a tight legislative timeline, expecting House and Senate activity to intensify through July and culminate before the August recess, when the debt ceiling must be addressed to avoid default. Ultimately, his goal is to elevate Medicaid to the same untouchable status as Social Security and Medicare, framing this threat as a chance to strengthen long-term protection for Medicaid.</p> <p>The US House of Representatives approved a federal budget bill last month that included cuts of up to \$800 billion out of the Energy and Commerce Committee, which has oversight over Medicaid and a host of other issues. The House version of the budget legislation envisions Medicaid cuts.</p> <p>The process for budget reconciliation is different, as both houses of Congress need to pass the same budget bill. Passing the same budget with the same numbers is considered the most basic step of budget reconciliation. The Senate budget resolution should be viewed as a floor of the cuts, and the House version could be seen as the ceiling. The Senate Finance Committee has purview over Medicaid, and they have a budget proposal different from the House version. The Senate will pass that bill to begin the process. There will be great consternation among fiscal conservatives in the House, but it will pass before the two-week recess. During those two weeks, committees will begin their work and in early May, budget hearings will begin. Those hearings will include opportunities for testimony on both sides of the issues. They will work to pass budget legislation before the July 4 recess. The process will then move over to the Senate and will start going through hearings, markups, and negotiations with an intent to move legislation likely a week before the August recess, because the national debt limit has a deadline in August, and an increase has been included in this legislation.</p> <p>Advocacy pressure for continued federal support of Medicaid during the budget process can be multiplied by joining with other organizations. A first step is to define the terms, such as “provider tax”, explain the intended purpose and why it is not fraud, waste and abuse. The President himself has said he does not want to cut benefits, he wants to wring out waste, fraud and abuse. The population in Medicaid needs to be defined and personalized. L.A. Care is unique but there are similarly situated plans in Republican-majority states that could be partners in this effort. California is thought of as deep, deep blue. Advocacy will include working with similar organizations in other states.</p> <p>In Washington DC, Social Security and Medicare are thought of as “off the table”, and Medicaid can be part of that. It is the Medicaid expansion lives that make Medicaid much</p>	

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	<p>more of a red state issue, and this is an opportunity to add Medicaid to “off the table” consideration.</p> <p>Board Member Booth asked if other red states have as much invested in advocacy for Medicaid. Mr. Russell responded they do not, California has always been the most progressive and successful in advocacy for Medicaid, and other states have enjoyed the growth in Medicaid lives. Board member Booth asked about the shortfall due to the pharmacy costs. She noted that pharmacy management was carved out of Medi-Cal contracts by California Department of Health Care Services (DHCS). She asked if there is information about DHCS performance in managing Medi-Cal pharmacy benefits. Ms. Blucher responded that pharmacy is one aspect of the increased cost, it doesn't account for the entire shortfall. Pharmacy was carved out to enjoy better negotiating power to drive down costs. There was an increase in in GLP 1 drugs. DHCS may be thinking about addressing pharmacy costs through cost sharing, and in budget hearings DHCS has highlighted value-based pricing or other mechanisms to address cost. It is one of the many drivers of the increased spending. Fundamentally, the projections from the end of last year were based on fewer individuals enrolled in Medi-Cal. Medi-Cal enrollment increased and now projections show higher cost. California legislature policy committee hearings are underway. Policy Committees are focused on cost impacts of potential legislation, which is more typically seen at the Appropriations Committee level. The May revise will be an opportunity for the Governor to address the increased costs. That could include cuts to creative solutions, including the DHCS’ ideas, and it’s anticipated DHCS may make proposals. The Legislature will propose an early action budget item to address the \$2.8 billion shortfall. In those conversations, although that vehicle will likely only address the shortfall and not much else, there may be conversations about other cost issues. Some Republican members in California, although they are less influential here because we have a Democrat supermajority, are asking how it is possible that California has a significant shortfall. Although there is careful consideration of impacts to Medicaid on a long-term basis, there are impacts now from cuts in federal funding to California, such as \$11 billion cut for public health funding. The California Attorney General has been very active in litigation on those sorts of issues, joining other states experiencing cuts. The Attorney General’s wife is Chair of the Family Health Committee. California is looking at other cost pressures as well.</p> <p>Board Member Roybal asked if the federal elections that just occurred last Tuesday changed anything in terms of the approach with swing districts is it just basically the same as it was before. Mr. Russell responded that the biggest impact happened days before the election, when the nomination of Representative Stefanik for UN Ambassador was pulled. The result of elections in Florida may be reassuring for Republicans. The close results in Florida and results of the election for the Wisconsin Supreme Court could be a talking point for those who do not want to see significant cuts for social safety net programs. Others will ignore it, and it</p>	

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	<p>is early to say that is the precursor to November. The chattering classes have at least two more days to talk about this and then forget about it because most of Capital Hill has already forgotten about it.</p> <p>Vice Chairperson Shapiro asked if the organizations American Academy of Pediatrics (AAP) and Families USA are considered partners in advocacy for continued Medicaid funding. Mr. Russell responded that AAP is part of a larger group with which L.A. Care is working, and Families USA would be a good partner. He has relationships there and will reach out tomorrow to start a conversation.</p> <p>Supervisor and Board Member Solis hopes that this conversation could be communicated to L.A. Care members, in their languages, so they understand the process. She is assuming L.A. Care will activate members in meeting with local legislators in the district offices while they are on recess. She asked what is being heard from legislative members or the California delegation about protection the Medi-Cal program coverage for undocumented or if significant cuts are expected. Ms. Blucher noted there has been discussion on a national level but not as a particular problem in California as a reason for the increased cost in Medi-Cal. The California legislative delegation and leadership, along with the Governor's office, are focused on healthcare and support the program. That is seen in the ways they are framing the conversation around the increased costs and the fact that the increased costs to Medi-Cal are, are due to a variety of factors. A comment from Assemblymember Schiavo, a member of the delegation and a member of the Assembly Budget Subcommittee on Health, highlights this. She said California has increased costs because it did exactly what it wanted to do, which was to increase eligibility and improve access to Medi-Cal. A challenge is that there is a significant shortfall now in California, there will likely be a deficit in the Governor's May revise, and his proposals and approach to addressing that some of these cuts may have to come from Medi-Cal. There is pressure from other areas being cut, and the legislature will need to respond to that. There have been hospital closures and action to ensure support for hospitals, the hospital distressed loan program, for example. That program was supported because the hospitals supported the safety net. Advocates aligned, including L.A. Care, with other organizations that support and provide services to the safety net. These are organizations we need to align with to advocate for Medi-Cal. It's not a direct answer to the question. She noted that the legislature is very supportive but may not be able to make it work without addressing some of the large funding shortfall. The shortfall impacts are complicated and because Medi-Cal operates on a cash flow basis, it may be that more dollars come in for the second half of the year that are not in the budget for the first part of the year. The May Revise will provide more certainty around the actual amount in the system, how much is generated from the managed care organization (MCO) tax that will come back to providers, and how much is being generated from other areas. It is important to talk about not cutting eligibility and the impact</p>	

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	<p>of cutting eligibility, because cutting eligibility leads to delayed care and spending more money at the time care is ultimately provided. People still need care.</p> <p>Supervisor Solis noted that on the page titled, State Budget Landscape, under key cost drivers, it states higher enrollment due to fewer removals during eligibility redetermination. It was L.A. Care’s goal to make sure that people-maintained coverage, and it was addressed early, and she thanked L.A. Care and LA County departments for their foresight. She does not see that as a negative point, and it can be used differently in Sacramento.</p> <p>Ms. Blucher noted that L.A. Care and Los Angeles County did a good job in mitigating the harm in disenrollments during redetermination. DHCS has projected costs based on their expectation of lower enrollment after redeterminations. The work done to maintain enrollment led to a better outcome for Medi-Cal beneficiaries. The result is the cost for the system are higher than the DHCS projection, not for any particular population, but across the board. Supervisor Solis commented that on both sides at the state and at the congressional level, it's important to activate advocacy with local and national community groups, and also the labor groups, because SEIU and others represent a large segment of population, not just in the workforce, but also beneficiaries. They are a very powerful voice and should have the same message and we should strengthen collaboration with them and with local advocacy groups, and immigrant groups. There are various groups that represent the API community, many different migrant and immigrant groups in every single area. That is very powerful and unique in Los Angeles County. She thanked the CEO and the team for this presentation. She is impressed and the County wants to be supportive. LA County is joining in with Amicus briefs with the California AG and will share information about Los Angeles County lobbying efforts. There is also a crisis in Los Angeles County’s budget and representatives are going to Sacramento to ask for about \$900 million in assistance to stabilizing the budget, due to the fires, pending lawsuits and federal funding cuts. She reminded everyone that we are all in this together. They may not get come back with everything needed, but working as a coalition is critical and important.</p> <p>Ms. Santana-Chin acknowledged the work of Ms. Compartore, Misty De Lamare and Francisco Oaxaca on the communications team, Noah Paley, Ms. Blucher and Mr. Russell. She commended them for working late nights, early mornings, and weekends. They focused on getting the messaging aligned with associations, hospitals, community clinics, and other associations in health care. It is a very robust approach, with succinct talking points, messaging and narrative to be used strategically. Primers were developed for the next level deeper to arm elected officials to negotiate effectively. Supervisor Solis’ ideas are critically important, and the team will sort through how to mobilize on them.</p>	

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	<p>Board Member Contreras asked about information provided on the downstream cost if Medicaid cuts. She noted that fraud can be exploited to an unreasonable level, but it does happen, at local, state, and federal levels, often not by members or providers, but by external parties who can be very creative in ways they take from the system. She wonders about the approach relative to fraud, and how those questions are answered in a substantive way. Mr. Russell noted that the waste, fraud and abuse fight is at the federal level. He noted that waste, fraud and abuse will be used to describe everything in the program. There may be big items they will go after, such as provider taxes. Advocacy will show where the money goes, why it is going there, what is it being used to fund, how it is touching lives. He agreed that it is often external parties that game the system. Advocacy should focus on statements that reflect that waste, fraud and abuse are very serious, and health care organizations continually address it. Define the term of what exactly is waste, fraud and abuse. Some fiscally conservative Republicans in the House of Representatives would see any spending that does not go directly to the recipient as waste, fraud and abuse. We take it seriously and will explain how health plans guard against it. Defining terms is very critical. There are 5 to 15 people in the House of Representatives that understand healthcare financing.</p> <p>Ms. Santana-Chin noted that explanations will be kept simple, because provider taxes are very complicated, and have been around since the 1980s. All states, except Alaska, use them to finance the Medicaid program. The focus will be on how it works and the downstream impacts. By design, managed care organizations have a function that specifically roots out potential fraud, waste and abuse by bad actors. It is the job of the Special Investigation Unit. The message will include that health plans are designed to make sure that people are getting appropriate care.</p> <p>Ms. Blucher added that fraud, waste and abuse has not been as much of a conversation at the state level. Being clear about simple talking points is important. There are Republicans in California asking if fraud, waste and abuse could be part of the shortfall. The response is to support DHCS and others to make clear that Medi-Cal is a complicated system and predicting cost is as complicated. Another part of this is that DHCS is thinking carefully about oversight. There was a budget hearing not too long ago where DHCS talked about a joint Enhanced Care Management (ECM) and Community Supports monitoring framework, to evaluate access and that the variation in the Legislative Analyst Office (LAO) report. LAO representatives discussed the variation. This is also to demonstrate that services are being provided to beneficiaries and there's not a lot of waste within the system.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, asked about recent reports that Senate Republicans are talking about a current policy baseline versus a current legal baseline, and how it could be explained to people that tax cuts never expire, and extending tax cuts changes nothing and costs nothing. Mr. Russell explained that way the laws are written now, the way that they</p>	

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	<p>envision this tax cut, so it does not cost us anything to keep them going, even when of course the tax cut was not envisioned to be going on in perpetuity. The term current policy basically means not paying the bill. Current law means that a program that costs money would not add more to the deficit. But the last 24 hours is even more interesting. The budget reconciliation process has a traffic cop - the Senate parliamentarian – who determines what goes in the reconciliation bill. Republicans are going around the parliamentarian and scheduled meetings this week to have this specific discussion. The meetings were canceled, because the rules say the chairman of the budget committee and can decide what does in the bill. Fiscal conservatives have a problem with this, as budget reconciliation is seen as an opportunity not just to reauthorize tax cuts, but to cut government spending. If tax cuts are free, there is not a burdensome number to hit for reconciliation. The reconciliation budget is supposed to be the same but has two different sets of instructions for the House and Senate.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p>Ms. Santana-Chin referred to the written report included in the meeting materials.</p> <p>Vice Chairperson Shapiro asked about dispersing the fire aid grants.</p> <p>Ms. Santana-Chin responded that the framework is done, and L.A. Care should be in a position to announce the grants before the next board meeting, and she will report on it at the next Board meeting.</p>	
CHIEF MEDICAL OFFICER	<p>PUBLIC COMMENT</p> <p><i>Deaka McClain is the ECAC member at large, representing people with disabilities, temporary ECAC vice chair, and a member of RCAC 8. She thanked the Board for this time to comment. She was looking through this wonderful, L.A. Care non-fiction book, and she was looking at all the reports in here. Thank you very much. So, I was looking at an area about language assistance program, and it's talking about looking into a vendor, talking about the different interpretations for medical appointments. She would like to add, and this came up in the past when she was a part of RCAC 9, the Cambodian constituents were complaining about the interpretation not being accurate when it comes to the communication, meaning the stuff that they get in the mail and it's in their language, but sometimes it's not the right wording, but it's Cambodian, and then they were told that L.A. Care had the same vendor for years. She would like L.A. Care to look into that. If L.A. Care can monitor that and find out what the situation is or get another vendor or whatever needs to be done. And if they can get a report about that, it would be great. Number two, in the report, about the update about the codes, was talking about the codes, and how it is getting better where the codes could be faxed to the providers and L.A. Care can do away with the approval letters that members have to wait on. She would like to add if L.A. Care can either update or monitor on codes, period. Also, would like to have a presentation about codes. Knowledge is power. She has been in a conversation with a member who had access to medical care delayed because the doctor didn't give the vendor the right</i></p>	

code. So due to that, and there's no communication with the member, their healthcare is being delayed. That is unacceptable. She asked can L.A. Care find a way to do better with that. So, if the doctor gave the vendor the wrong code, maybe they could reach out to the patient and have the patient call the doctor to make sure that they get the right code. Because sometimes it is a matter of one little missed number or letter that's going to delay someone's access to care.

Dorothy Lowry is with RCAC 4. She asked that people please forgive her, she has slight dementia. She was not sure what she was covering and it kind of threw her off because she doesn't know what she can bring up.

Chairperson Ballesteros responded that it's the chief medical officer report.

Ms. Lowry does not have the book. She does not know what it covers.

Chairperson Ballesteros attempted to assist her. Sameer Amin, *Chief Medical Officer*, offered to find her after his report to see if she has any questions.

Ms. Lowry is trying to learn this system and understand, and she thought maybe after she heard the report, she would know what she can bring up.

Ms. Santana-Chin offered that Ms. Lowry could comment after the CMO report.

Dr. Amin referred to his written report in the packet for detailed information.

He noted an earlier public comment regarding Cambodian language translation and provider communication, and stated he would follow up with the person that commented. He noted that in an earlier meeting he was asked to report on the Skid Row and McArthur Park Care collaboratives. For the Skid Row Care Collaborative, all investment agreements have now been executed. The initial funding for the project has been released. JWCH and LA Christian observation beds and specialty services are now functional, but they are not yet at full capacity. He is sure they will get there shortly. JWCH has contracted medical observation beds and hired a cardiologist, radiologist psychiatrist, podiatrist and dermatologist. Those services are now actively running in the community. LA Christian is onboarding an orthopedist and physical therapist. Since the project has started, through our provider partners many visits have occurred, 312 podiatry visits, 1293 psychiatry visits, 58 dermatology visits, 82 cardiology visits and three clients were placed in observation beds. The number is substantially higher now, some of the data is lagging. JWCH and LA Christian have a transit shuttle running in Skid Row. The DHS Crocker Street facility is scheduled to open this month.

The McArthur Park Care Collaborative will have a dedicated field medicine team. The provider selection process is nearing an end and final decisions will be made by April 14. There are a few providers in negotiation right now. It is anticipated that dedicated team to be

up and running by the summer of 2025. A second element of the McArthur Park Care Collaborative is the harm reduction health hub. A final budget and statement of work for that hub is going through approval stages and should be approved by early next week. The harm reduction clinical services have all been finalized and agreed on with our clinical partners. L.A. Care is working with those partners to find the right space to lease. They are expected to begin the contracting process for that sometime over the next few months. Internal approvals and identifying the right location are pending. Dr. Amin presented information this morning to the hospital commission regarding the work being done.

Supervisor Solis congratulated L.A. Care and its leadership. This is a hard task, and we need to let more people know about it, especially the hub that will be unveiled April 7 and will begin taking in patients or drop ins. She encouraged members of the Board, the CEO and others to visit. She hopes it can be replicated in different parts of the County at some point. Supervisor Solis is amazed and happy to see the partnership with providers, with Los Angeles County departments and the City of Los Angeles. The Mayor and City Council members in those areas have been supportive as well. California's Governor provided substantial funds to carry out the Skid Row Action Plan. She talked with him about it and shared a photo of the hub on Crocker and invited him to come out as well. He is interested because obviously it is an investment for him as well.

Ms. Santana-Chin asked Dr. Amin to talk about how those two efforts are addressing health disparities for the people that are being served. Dr. Amin stated that an issue with health disparities is the idea that people are not getting equivalent access to care. A major issue has been accessing specialty care, particularly urgent and pharmaceutical care. That these services are now being offered in the communities where patients are living has been meaningful for them. Opening doors for new clinics and contracting new providers who are not accessible is not meaningful if patients can't get to those providers. These new services are in their community. L.A. Care's ECM and CHW teams are participating, and they speak the language of the folks living there. It is making a significant dent.

In response to Ms. Santana-Chin's request, Dr. Amin described people in the Skid Row community and in McArthur Park as underserved and may not be typical of what people think of in an unhoused population. They may be Hispanic or African American, and oftentimes do not get care that they need, but also families, there are a lot of children that are on the streets and do not have access to pediatric care. They are part of our communities.

Chairperson Ballesteros commented that on the streets, in the Skid Row and McArthur Park areas, homeless individuals come into the clinic for primary care or for urgent care. Often the specialty care is not in the clinic. When they need cardiology, dermatology, or a gastrointestinal (GI) specialist for further evaluation and treatment, they are referred to other sites for an appointment weeks in the future. The population that is on the street are not able to access that specialty care. Bringing the cardiologists, dermatologists, GI specialists and

	<p>physical therapists into Skid Row provides immediate access and they do not fall through the cracks. Now, because of these programs, an individual can get an immediate specialty visit when they are at the clinic.</p> <p>Dr. Amin praised the work that the teams at L.A. Care have done. The investments and unit acquisition master leasing have opened up 1,900 permanent housing units planned through 2027. Through combined housing navigation and tenancy sustaining services, L.A. Care contacted about 18,700 folks who are unhoused and supported over 6,600 moves into housing since the program's inception in 2022. We have also been working to coordinate care across the County through 16 different field medicine regions, working with the Department of Health Services, 7 community clinics, 4 standalone field medicine providers, 2 academic medical centers, and the Los Angeles County Emergency Centralized Response Center, which was established by the County and has been a boon in coordinating services across all county regions. L.A. Care's \$850,000,000 investment from 2022 through 2029, will be meaningful for this community. It will be durable, meaning that people will not be left in interim housing indefinitely, but will get into permanent stable housing where they can live a long and meaningful life.</p> <p>Ms. Santana-Chin thanked Dr. Amin and his entire team for the leadership and the work in developing these important programs. She has been an admirer of L.A. Care for many years and now is an employee of L.A. Care. It is a really proud moment for L.A. Care because it is redefining healthcare in partnership with providers. Board Member Ghaly, the Director of Los Angeles County DHS, and her team are also key champions of this program. There are mobile care units in the communities dedicated to providing street medicine. People are getting care with dignity, respect, and compassion. Those doing this work are phenomenal people with the biggest hearts that you've ever seen, and they really care about the community, including Chairperson Ballesteros. The systems required to do this work take real leadership to develop and run.</p> <p>Dr. Amin responded that he would pass the praise down to his team, who are much more deserving than he. The team in community health at L.A. Care, with Michael Brodsky, Charlie Robinson, Karl Calhoun, Delia Mojarro, and others are working on this daily and they have done the yeoman's work.</p> <p>Dr. Amin appreciates the comments from members at Board and committee meetings because it gives L.A. Care the information it needs to address member concerns. There is a difference with how members communicated through the RCACs and ECAC in the last few months, and he attributes that to better organization among the advisory committees. The motions from RCACs 2, 5, 6, and the ECAC motion have been brought together with other stories and concerns from members into one large initiative that will be groundbreaking, the L.A. Care Access Service and System Optimization project (LASSO). Addressing concerns regarding access to care such as time and distance to primary care physician (PCP) and specialist</p>	
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	<p>appointments, appointment availability for PCPs and specialists, referral practices including a review of processes for prior authorization codes, urgent care options, delays in accessing durable medical equipment, transportation and other things around member experience such as wait times for call center representative, representative knowledge to support first call resolution, clear guidance on navigation and increased self service capabilities. These will be addressed through three reviews, member engagement, network alignment and operational efficiency.</p> <p>L.A. Care will find the root cause of issues for members in these areas and work to develop systemic updates, not to just address an individual concern or complaint, but through a more holistic approach, so the experience will improve for all members experiencing issues. L.A. Care will provide updates on tangible changes for members in three groups. Dr. Amin will inform members in May about immediate improvements. Short term fixes will take a little bit longer to do, such as prior authorization codes and member experiences with provider engagement and education and educating members on how to advocate for oneself. There will be long term tasks to fix issues, that will probably produce results by the end of the year. These are larger tasks such as coordinating the member journey, updates to the grievance process, holding L.A. Care’s delegates more accountable, and making sure members have access to care and sufficient providers are available. Work is already underway on LASSO tasks. Dr. Amin will update the Board in May and there will be a better L.A. Care for members by the end of 2025.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Dorothy Lowry wants to make sure the Board understands all these things that people are asking for help is very important. But right now, she is deteriorating inside. And she is learning. Her primary care doctor sanitizes her visits. You might not look in my skin, but she has a mass in her head. Her heart has a mass swollen. My uterus is swollen, and if they would go back to their training of her great grandfather, they need to know about the whole body. And they are sending her in a circle. And so, she can deteriorate because they do not specialize in massing your head. They send her to a heart doctor. All these things that are eating her, up inside and she has to fight every day trying to get help, she knows there is no way. They won't mention cancer because she told them she has parasites that is mass. They really sent her to the psychiatrist, she is out of psychiatrists that say there is nothing wrong, help her. Now, if you do not get these doctors to cover all parts of the body, like Kennedy Jr said, all these children and adults have more diseases that is getting worse and worse. She had headaches in elementary. She had stomach aches. Her knee gave up and she has osteoarthritis. Severe, cartilage is gone. Her bones have been eaten up. But they do not want to do one thing. You have to get these doctors. She hopes they do not come up missing, she hopes she does not come up missing, because we need to cover the whole body and they refuse. They actually got her to Cedars Sinai, right now and she is fighting because Optum would not approve to go to Cedars Sinai or Mayo for special blood tests if she did not prove she needs help. These</i></p>	
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doctors sabotage. Right now. Only reason she has not put a grievance in and sent it to the Board, she means the federal states for the license, it is because she has some people here fighting. Right now, they are trying to find out why Cedars Sinai needs an extra AOL or LOA. They have already approved for me to go there to get these tests, so she is just fighting for her life. She would not have made it this far if not for God to help her, to just keep her going for just basic things. But she is just struggling, and you never will accomplish it if you do not get these doctors to cover the whole body and look for the cause, do not treat the symptoms, look for the cause. And the main fungus and parasites are killing us. These doctors are finding them in our hearts. She's got them in her heart. She's got them in different parts of her organs. She needs help.

Chairperson Ballesteros asked staff to help her.

Dr. Amin commented that he feels her pain and understands where she is coming from. He knows it is a struggle and hears her. L.A. Care is here to struggle along with her and get her the care she needs. He is a physician, a doctor by training. He does not want to talk about her medical care in public, and he offered to talk with her offline, he will make sure that a case manager speaks with her to help her navigate the process.

PUBLIC COMMENT

Andria McFerson from RCAC 5 appreciates the chief medical officer report. During the RCAC 5 meeting, she talked about the workshops that they had available, and it was for members who were worried about their coverage for the undocumented and the changes that Trump is making towards the coverage. She spoke about it during the RCAC 5 meeting, and no one knew about it. And she had just conveniently received the flyer from Long Beach and no other CRC knew about it. Their actual meeting was at the other CRC in LA on Pico. And so, the supervisor asked for a copy of this actual flyer so that she can take this information, call the CRC, and see exactly who it was and when can they get that same person to work with the people in their community, well, in their region, so that they can have this information knowing about their rights and their coverage. So, they should have better intercommunication so that they can inform people about everything that is going on. But also, she has talked about the surveys, talked about how for a long time now, about how people are reluctant to actually speak negatively about their doctors, how they are undiagnosed, under diagnosed, misdiagnosed, and post diagnosed, and that is even worse than anything else. So, one has to diagnose oneself, do a whole lot of research, and it's hard when you have mental and physical disabilities. So, with that being said, when you go to the doctor and things like that, you do need better communication and better treatment. The only way that it could happen is the surveys in drop boxes that are anonymous, the third party, whatever the case may be, but make it so that people are not reluctant to complain if they are not receiving proper care. She wants to talk about the homeless issue that that they face and how people have a lack of care with the homeless population. People are reluctant to actually get their hands dirty and she has heard that before, and that is not ok. Everybody that is homeless did not make that decision

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	<p><i>themselves. Some people are disabled mentally or physically, and they just do not have family. But there needs to be a psychological evaluation and help with chronic mental illnesses as well.</i></p> <p>Dr. Amin commented that he has heard comments that members want more engagement with the staff at RCAC meetings. The CEO has mentioned at a Board meeting that senior staff members will visit the RCACs. Focused member listening sessions will be embedded in May RCAC meetings as part of the LASSO project, to gather feedback, ensure that member voices are heard, and create space for active dialogue.</p>	
PERFORMANCE MONITORING – FEBRUARY 2025	<p><u>PUBLIC COMMENT</u></p> <p><i>Deaka McClain, Member at large, Seniors and People with Disabilities, TTECAC Vice chair and member of RCAC 8. Her message is for Dr. Amin, based on the performance monitoring report, she would like to ask that he add when he reports back to them, that the issue about disparities when it comes to health care based on economics, based on ethnicity, the list goes on and on, and how he is finding a way to decrease that issue of disparities when it comes to access to care. Number two, she would also like to see on the performance monitoring report the issue when it comes to Medi-Cal, and some doctors that are not willing to see patients or don't take Medi-Cal, she understands, because they do not get paid. So, she would like to see that performance and how it's getting better.</i></p> <p><i>Andria McFerson, RCAC 5, wanted to tell the Board about a disparity that she had specifically so that the table of context could consist of that particular issue that a lot of people go through. When she went to an emergency room, she was considered a homeless person because it was hard for her to communicate. I had brain surgery, she did not have a seizure, but had low electrolytes and kept having muscle spasms. Since they knew that she was not having seizures, they threw her out on the ground in front of the Cedar Sinai in Marina Del Rey, told her to leave, threw a bus card at her and said if she did not leave, then they would put her in the psych ward. How do they get some sort of recourse for the actions of medical professionals that treat low-income people as if they were insignificant.</i></p> <p><i>Joyce Sales is RCAC 6 vice chair and wanted to comment and a question to Dr. Amin and just make a comment towards a statement that Chief Executive Officer Santana-Chin asked. With regard to the services that are now being available to Skid Row and McArthur Park, those that are in need are the poor, the mentally, the physically disabled, the mentally, the physically traumatized, the children who may be dealing with physical diseases, autistic, etc., addicted individuals, men and women, alcoholic individuals, men and women, infections from use of the needle injection drug use. So that is who are out there on the street, the poor, the needy, the undeserved, the mentally unstable, the mentally disabled. Housing has come up a couple times and she was busy bodying in her</i></p>	

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	<p><i>home, but saw some something that LAHSA is no longer going to be involved in providing their housing services and that it was going to go to one individual agency or something like that. She wanted to ask how that ties in with thankfully the services that you and Dr. Amin mentioned housing those 200 plus other individuals he mentioned.</i></p> <p>Ms. Santana-Chin commented that was a really great question, and maybe in a future discussion we can have a more holistic session around housing in Los Angeles County and how L.A. Care plays a role in that.</p> <p>Dr. Amin referred to the written report in the meeting materials and he reported that the utilization management is in the compliant range. Authorization processing recently moved to a new platform and despite that change, L.A. Care’s turnaround times are still good. Hospital admissions are tracking with past performance, as are non-obstetric admissions. L.A. Care has a process for working with delegated provider groups about quality of care and inpatient hospital admissions. The readmission rate is tracking slightly lower on average than in previous years, so L.A. Care is doing a good job. In discussions with providers, L.A. Care also specifically discussed emergency room use, and about expanding the urgent care network. Another solution is to provide more access to preventative care, and there's a few ways L.A. Care is doing that which he will address in the future. The downtrend has continued throughout 2024 in potentially avoidable emergency room visits. Many programs for Community Supports (CS), a CalAIM program, have seen significant growth. He had projected an enrollment increase over 30% in CS programs, and in 2024 that has been reached, if not exceeded. L.A. Care made a commitment to increasing enrollment in Enhanced Care Management (ECM), also part of CalAIM. The program at L.A. Care was redesigned at the end of 2023 for expansion. Enrollment was 15,000 members and is now 20,000. L.A. Care is reviewing return on investment and the numbers look good. For members enrolled in ECM PCP utilization has increased, the number of emergency room visits is substantially lower, and the number of inpatient hospital admissions is substantially lower. These are positive indicators.</p> <p>Noah Paley, <i>Chief of Staff</i>, thanked Michael Fell, Chief Operating Officer at Call the Car (CTC), for attending the Board meeting. CTC continues to work diligently to comply with all service level agreements regarding call center and transportation services. Based on monthly and daily logs that are reviewed by L.A. Care’s transportation team through March, CTC service level compliance holds steady in all categories except with hospital discharges and transfers. He reviewed specific metrics,</p> <ul style="list-style-type: none"> • of 1550 total hospital discharge trips in March, 1538 or 99% were performed on time, which is the same performance percentage in February. 	

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	<ul style="list-style-type: none"> of 489 total hospital transfer trips in March, 476 or 97% were performed on time, which also equals the performance in February. <p>Mr. Paley acknowledged that 99% and 97% are not good enough. To improve and sustain CTC's performance on hospital transfer and discharge trips at 100%, an alternate transportation vendor, All Town, will be available next month. Additionally, as noted in the CEO report earlier this afternoon, CTC leadership will be attending upcoming community advisory committee meetings, including the ECAC meeting April 9, to discuss the approach and commitment to optimizing customer service and addressing the concerns previously expressed by members. L.A. Care wants to get this right, that is why Michael Fellow is here today, and L.A. Care will get it right.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, reported that the February claims inventory volume is slightly lower than January, at about 1.4 million, but similar overall when compared to the prior month's average of 1.5 million claims a month. February is a shorter month, and it is really short from a business perspective, it contains about 18 paid days compared to prior months average of about 20 and the two days impact the claims. Total interest paid in February is slightly higher than January, a 7.4 % increase compared to prior months average of about 750000. Primary drivers for interest are updates to the division of financial responsibility with providers and claims for different benefits. There was some slippage in the provider dispute resolution (PDR) turnaround times, which Ms. Reed discussed last month. She is proud to say it has rebounded and the graph looks different in March. The drop was attributed to timing discrepancies on submitting the medical records and case notes to the external support vendor who helps with PDR cases. L.A. Care fixed that in the months of February and January, and you see the uptick in March. The number of PDR cases upheld has dropped. The primary cause were COVID test claims and contract updates resulting in PDRs as remediation or inventory adjustments were denied.</p> <p>Board Member Gonzalez noted the claims data are for the Medi-Cal program. She understood from reading Dr. Amin's report that the PASC-SEIU plan will soon be accredited. She asked if these types of graphs and claims processing data will be added for the PASC program. Ms. Reed agreed to look into adding that data.</p>	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee	<p><u>PUBLIC COMMENT</u></p> <p><i>Dorothy Lowry is with L.A. Care MediConnect, so when she calls for transportation, she ends up getting Lyft, she does not have any problems with them. And her concern is when she wants to come to the meeting when she is not being paid or when she is being paid, she does not get the prior information properly and makes her worry when she knows she</i></p>	

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	<p><i>is coming to the meeting today and has not heard anything Monday. The communication for them is really bad. Lyft calls, gives her a message, tells her they are on their way, be there in an hour. When they get there, will they call me, but Call the Car has her stressed out. They would go to the back of the alley and it is bad. Something needs to be done and maybe you could check with Lyfts ways, it is more professional.</i></p> <p>Chairperson Ballesteros asked that staff talk to Ms. Lowry.</p> <p><i>Demetria Saffore is with RCAC 4. She is wondering what happened to the motion from RCAC 4, because she only sees one for RCAC 2. The RCAC 4 motion was concerning that the delivery of healthcare services in that region.</i></p> <p>Chairperson Ballesteros noted that was brought to the Board last month and is already being addressed. Dr. Amin confirmed that it is in the LASSO project.</p> <p><i>Andria McFerson, RCAC 5, wants to state that they need a better opportunity to assist L.A. Care. Hopefully communication during the next meetings will better give L.A. Care a factual figures from a comprehensive empathetic perspective of their own. She encouraged that intercommunication with staff and hopefully the Board so that the Board can receive things firsthand, of course. During their meetings, they need to have more time on the Agenda to discuss together what their disparities are or the positive things that we go through in order to make it so that everyone can understand. Then L.A. Care can have a better system to adhere to the members, so we can go from 1.5 to 5 stars again.</i></p> <p>Board Member Layla Gonzalez, <i>Consumer Advocate</i>, reported that TTECAC met on March 12, 2025. She thanked the members that attended the TTECAC in person and those present today.</p> <ul style="list-style-type: none"> • Ms. Santana-Chin gave a Chief Executive Officer update. She noted that she had been with L.A. Care for 66 days and is committed to ensuring that member voices shape the organization's decisions. She spoke about the dedication of Senior Leadership, including the Chief Operating Officer and Dr. Amin's team, in delivering quality care and provider accountability. L.A. Care is investing in strengthening RCACs and ECAC to better organize and elevate member insights. She addressed potential federal cuts to Medicaid, emphasizing the serious impact on working families, seniors, and to healthcare jobs. Ms. Santana-Chin urged members to stay informed and engaged as L.A. Care continues advocating for Medi-Cal funding. • The Committee reviewed and approved the motions for new RCAC Candidates approved earlier on the consent agenda. 	

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	<ul style="list-style-type: none"> Dr. Auleria Eakins gave a Communications and Community Relations update. The ECAC At-Large Member Election will take place during the April ECAC meeting. ECAC Members will receive a packet of applicant responses to a few questions and will have the opportunity to hear from each candidate before voting. The current At Large Members are Deaka McClain and Lluvia Salazar. The ECAC Chair and Vice-Chair Elections will be held at the May meeting. She also noted a link will be shared with members for the Black Lift podcast, featuring an interview with a former board member discussing historical and systemic impacts on African Americans. The recent screening of the documentary, No Address, provided insight into housing challenges faced by different families, reinforcing L.A. Care's focus on housing as a key social determinant of health. <p>Board Member Fatima Vazquez, <i>Consumer Representative</i>, reported:</p> <ul style="list-style-type: none"> Ms. Webber-Christmas gave an update about L.A. Care's Accessible Equipment Fund (AEF) for FY 2023-24, which was created through the Community Health Investment Fund (CHIF) to provide accessible exam tables and scales to contracted clinics. She reported that 39 clinic sites received equipment, benefiting an estimated 20,000 seniors and patients with disabilities. Clinics preferred direct grants over in-kind awards. She noted that the Board approved a motion to expand funding for Hoyer and electronic lifts, highlighting a need for provider training on their use. The AEF II 2024-25 will launch in May with \$500,000 in CHIF funding, supporting 50–60 pieces of accessible equipment through direct grants. The next phase will also include a training component to help providers offer more inclusive and competent care. The Committee approved Regional Community Advisory Committees Region 2 motion transportation issues for medical services with an amendment to include all 8 RCAC regions in the motion, and we ask the Chairperson to bring forward that motion. <p>The committee approved the RCAC 2 motion about transportation issues for medical services with an amendment to include all 8 RCAC regions in the motion.</p>	
<ul style="list-style-type: none"> Regional Community Advisory Committees Region 2 motion on transportation issues for medical services 	<p>Anna Rodriguez is the TTECAC Chairperson and a member of RCAC 2 in the San Fernando Valley. At the January 27, 2025 RCAC 2 meeting, members expressed concerns about transportation, and they found that many members were experiencing the same problems, which is why they brought this motion to improve dependability and communication with transportation providers, so they are able to do their job and provide the services timely and with better transparency and communication.</p> <p><u>Motion ECA 101.0425</u> The ECAC committee request the Board of Governors to act on the following items which impact member experience. 1. Enhance Member Experience:</p>	

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	<p>Improve member experience with “Call the Car” by enhancing the overall customer services from beginning to end. This can be done through improvement of customer services responsiveness for scheduling rides and resolving issues, providing comprehensive training for staff and drivers, and ensuring regular vehicle maintenance for optimal services.</p> <p>2. Timeliness and Reliability: Ensure “Call the Car” is committed to meeting the promised timeframes for pick-up and drop-off for all medical and non-medical transportation requests to avoid delays and missed visits.</p> <p>3. Ongoing Monitoring and Feedback: Establish a system for members to provide ongoing feedback and track the progress of services improvements.</p> <p>4. Possible Alternatives: Review L.A. Care’s transportation budget and explore alternative transportation options or partnerships to supplement “Call the Car” services where applicable.</p> <p>Chairperson Ballesteros asked staff to add these issues to the work of the LASSO project. Ms. Rodriguez thanked L.A. Care. She appreciates staff attending RCAC meetings, and she hopes more L.A. Care staff attends, so they understand all the different problems for members.</p> <p>Board Member Vazquez invited everyone to the ECAC meeting on April 9. She noted that an annual guide 2025 for Medi-Cal members is extremely helpful for members to find information in Spanish, about how to use the card, other resources available and how to find them. L.A. Care is supporting members. She thanked members for their efforts.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro, and Vazquez)</p>
<p>Children’s Health Consultant Advisory Committee</p>	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson recused her comment, she is sorry about that and was not quite sure of the content.</i></p> <p>Alex Li, <i>Chief Health Equity Officer</i>, reported on behalf of Committee Chair Tara Ficek, that the members of the Children’s Health Consultant Advisory Committee met for a retreat in person on March 12.</p> <p>Cherie Compartore and Erica Whitt, Policy Analyst, First 5 noted that there are significant Federal policy shifts and there are potential adverse reduction and elimination of healthcare and safety-net funding, particularly those that impact pregnant individuals and young children. The proposed federal budget cuts that could significantly impact Medicaid, SNAP, and other essential social service programs. Medicaid funding reductions can come in the form of block grants and/or reduction of federal support to the states and work requirements on individuals.</p>	

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	<p>Given the budgetary challenges for the state, it would be difficult for the state to backfill any significant federal reductions. It should also be noted that Medi-Cal serves nearly half of California's children and around 40% of birth are covered by Medi-Cal. Thus Advocacy efforts are crucial to protecting these programs and ensuring continued healthcare access for affected communities. For example, L.A. Care and CHLA have begun some preliminary conversation around how we can jointly advocate for the safety-net services.</p> <p>The second item was around the lessons learned with Covid vaccine hesitancy in Los Angeles County. Dr. Muntu Davis, Chief Health Officer for Los Angeles County Department of Public Health (DPH), also reflected on the challenges ahead for public health. The pandemic exposed gaps in healthcare delivery and messaging, particularly in vaccination efforts, which will require improvements in targeted community engagement and communication. He stressed the importance of collaboration across sectors, ensuring culturally and linguistically appropriate messaging to build trust and improve health outcomes. He highlighted the ongoing need for systemic change and continuous evaluation to enhance healthcare accessibility and effectiveness. To start, in addition to the county-wide vaccine hesitancy workgroup that resulted from the Children's Health Disparities Conference, L.A. Care's Quality and Health Equity teams have begun working with the vaccine prevention program at DPH, to align in messaging.</p>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson, RCAC 5, asked that they be more cohesive in communication with the ECAC committee and all committees, give information to every single member of the committees about the meetings and that would be the ad hoc committees, that would be all of that, so that they can intercommunicate better and give Board members information necessary to make helpful decisions. She thinks we lost that, so it would be great to have all information so that we can attend the meetings, whether it be virtual over the phone or you know in person that would be great. Our staff can give us the information so that we can engage.</i></p>	
<ul style="list-style-type: none"> Board Officer Election 	<p>Nominations for 2025 officers have been received.</p> <p>Chairperson: Booth, Shapiro Vice Chairperson: Raffoul Treasurer: Booth Secretary: Vaccaro</p> <p>There were no additional nominations.</p> <p>Board Member Booth has been thinking seriously about this since the last officer election. She feels like this is something she has not done before, she has the ability, and she would like to</p>	

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	<p>lead this group. None has expressed interest in Compliance & Quality or Finance, and they are both quite a lot of work. She would like someone else to take over those roles, and she would support them.</p> <p>Vice Chairperson Shapiro noted that sometimes it is very hard to be with your best friends on the playground and try to be on the other side of the swing. Whatever happens after this vote, the beautiful part is that the Board will be together, and will continue to work together. We have passed through that thing called COVID-19, there are some issues with Sacramento, some changes in leadership and small changes at L.A. Care. Whatever happens next, L.A. Care will continue doing the amazing work it has been doing, this is an amazing Board that really represents the health plan.</p> <p>Board Member Booth asked if he would be willing to take the chair for a finance and budget? Vice Chairperson Shapiro responded that at this time, with the current responsibilities and time required, it would not be possible, and his real interest is to be the Chairperson.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced that there are ten voting members in the meeting so election to each office will require six affirmative votes.</p> <p>The Board considered a motion to elect Board Member Raffoul as Vice Chairperson and Board Member Vaccaro as Secretary.</p> <p>The Board members voted to elect Board Member Shapiro as Chairperson. The Board members then voted to elect Board Member Booth as Treasurer.</p> <p>Vice Chairperson Shapiro commented that there are moments to remember a lot of people and today remembers the many contributions of Chairperson Alvaro Ballesteros. He joined the Board in 2016 as the representative of community clinics and health centers. He did not just do a small thing but has passed through a lot of strong waves since then. L.A. Care moved into a different world in 2020, to a point beyond the representation of the community, into new ways to operate in health care. More than the safety net, the fabric of the community was torn apart in the pandemic, and Chairperson Ballesteros was there for all of them. He had conversations with Sacramento to figure out how to move forward. It is interesting that destiny sometimes chooses people. Vice Chairperson Shapiro has been working with him on the peripheral for almost ten years. The way that he presents himself is always listening, understanding, and not jumping to an answer. He is always processing and trying to help, and that is reflected in all the things that he has done for L.A. Care. The Board thanks him, not just for being here, but for his heart, the time that he gave and the lived experiences that he brings to the table in representing everything that the Board members believe and value. This is a moment where he will get time back. Vice Chairperson Shapiro knows he will continue to guide Board Members. Chairperson Ballesteros brought someone</p>	<p>Election of Board Member Raffoul as Vice Chairperson and Board Member Vaccaro as Secretary was unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro, and Vazquez)</p> <p>Election of Chairperson with Booth and Shapiro as nominees, roll call votes were 7 for Shapiro (Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro), 2 for Booth (Booth, Vazquez) and 1 ABSTENTION (Ballesteros)</p>

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	<p>very special to L.A. Care in a critical moment, then he was part of the changes necessary to move forward. It has been like two months in L.A. Care time. The Board is always here for him, and Chairperson Ballesteros will always be there for the Board. Board Member Shapiro presented Chairperson Ballesteros with a commemorative gavel from everyone at L.A. Care for his service.</p> <p>Vice Chairperson Shapiro invited Supervisor Solis to comment on behalf of Los Angeles County.</p> <p>Supervisor Solis noted that it has been a privilege to serve with Mr. Ballesteros as Chairperson. Things have changed since she rejoined the Board, the world has changed. She has known Chairperson Ballesteros for more than 20 years, and sees him constantly not just in this role, but in other roles. She has seen him demonstrate his leadership, not just here in Los Angeles County, but in Sacramento, in Washington DC, and in many places. He is well-known throughout Los Angeles County for the work that he does, and he never says no. He is one of those individuals that has a leadership ability to bring people together and to calm people in the hardest moments and hardest times that he has faced, he has been able to just supersede and get through it. And his calming advice, even with her, often in going through the challenges and turmoil that L.A. Care faced in Sacramento was eye opening for her as a member of the Board, and then to determine the county's role. She worked on what Los Angeles County needed to do to help and how to work together with L.A. Care. She always asks him for advice, he is a trusted individual on so many levels. She sees him as a stellar individual who puts himself out there, but also brings many other people with him. His agency was working in Skid Row long before many others thought about it, providing housing, helping HIV and AIDS, working with the County on vaccinations that were needed, and helping the LGBTQ+ community that represent all of us. All of those things mean so much to many and to her personally. She and her family see him as a brother. She presented a commemorative scroll on behalf of the Board of Supervisors.</p> <p>Ms. Santana-Chin commented that when Chairperson Ballesteros started serving on the L.A. Care Board in 2016, she very distinctly remembers she was at another organization, but working with him on a very innovative project for recuperative care for individuals experiencing homelessness, with behavioral health conditions and a host of needs. He was doing this before it was a seed in anybody's brain of something that could be possible. He was doing that, serving on this Board, at the same time he was running a very impactful organization, and many other things she's sure. He is also a championship pool player, so if he ever asks you to go play pool with him, be careful, he is apparently very, very talented. On behalf of the L.A. Care team, she is profoundly grateful for the years of service he has dedicated to L.A. Care. Just the last year alone, she is sure, probably felt like a full-time job. He has traveled with L.A. Care through many ups and downs, as L.A. Care expanded</p>	<p>Board Member Booth was unanimously elected as Treasurer by roll call.</p> <p>10 AYES (Ballesteros, Booth, Contreras, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro, and Vazquez)</p>

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	<p>programs, as it faced challenges. Throughout it all, he was measured, calm, collected and acted with integrity. He was always centered on the people that L.A. Care serves and that is a reminder every day from him. He is deeply inspiring. She noted that a challenging time was had with an issue with the Department of Managed Health Care and the Department of Healthcare Services, that resulted in an enforcement action that was disproportionately unfair. Through guidance and help and support from Chairperson Ballesteros, with the support of the Board, the L.A. Care team was able to negotiate a settlement that resulted in \$28 million going back into the community. Today Dr. Amin talked about the Skid Row and McArthur Park projects, but support like that only happens because of the power of this Board, and the leadership and guidance that Chairperson Ballesteros brought throughout the years. She thanked him for his selfless approach, and for being a tireless champion for not only L.A. Care, but for the members it serves. She could not be more grateful. She will be eternally grateful for the time that he spent with her over the last year helping her understand the opportunity at L.A. Care, and for helping the entire senior leadership team set up for success. His leadership, partnership, and guidance provided L.A. Care with the ability to face the fight we are fighting right now with ferocity. It is what L.A. Care needed at this time. She thanked him for everything. She noted that he is not leaving L.A. Care, so will continue to lean on him. L.A. Care has a strong set of individuals willing to serve on the L.A. Care Board as evidenced in the nomination process and the support from every single board member. She is thankful for all that he does for the team and for the community.</p> <p>Board Member Raffoul noted that Chairperson Ballesteros has always said he is an L.A. Care man, his heart is with L.A. Care, he advocated, supported and championed L.A. Care. That was evident in everything that he has done. Board Member Raffoul has had the pleasure of working closely with him on the ad hoc recruitment selection committee. It struck him that Chairperson Ballesteros managed things in an unbiased way. He never closed discussion until he was sure everybody said their words. He is always willing to listen and gives people an opportunity to say what is on their mind. Board Member Raffoul appreciates that in working with Chairperson Ballesteros. The Board will miss his leadership, he is one of a kind. He wished him God's blessings looks forward to continuing to work with him.</p> <p>Board Member Vaccaro regrets that she cannot be there in person. She wishes she could give Chairperson Ballesteros a big hug to profusely thank you for shepherding L.A. Care through the transition in leadership. It takes someone very special in terms of Board leadership to navigate that so smoothly. She wants to recognize all of the time and energy that he put into it. She thanked him for bringing emotional intelligence and empathy to his role in leadership as the Board Chair, she admires the kindness and respect that he has always shown everybody, whether they are a board member, staff, or an L.A. Care member. He treats people with humanity, an exceptional quality. She appreciates that he always represented the voices of</p>	

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	<p>community health center leaders and patients in the Board conversations and with everything he does.</p> <p>Board Member Booth echoed everything said about Chairperson Ballesteros because she agrees. She has found him to be a great leader, a very good friend, and an excellent person. She thanked him for everything.</p> <p>Board Member Gonzalez commented that there have been different leaders on the Board since she joined. She had the pleasure of serving with a lot of different leaders, and Chairperson Ballesteros listened to the members, heard what they needed, instead of dismissing it, saying thank you and moving on. Chairperson Ballesteros took the initiative to have a staff member try to address the issue. He took time to show concern and is a lot. That is a lot for our members because they are not just being passed over, they are not just being glossed over, he actually listened. She thanked him for taking the time, the initiative and being a caring person to listen to what people needed.</p> <p>Board Member Contreras agrees with the words that others have shared, they have been beautiful. Selfishly, she is looking forward to getting to know the other Board Member Ballesteros because of the work he does in the community. What she does know is incredible and she would love to discuss partnership and support the communities even more.</p> <p>Board Member Roybal thanked Chairperson Ballesteros for the hard work he has done. He sees himself as still growing and always says to himself when he grows up one of the people he wants to be like is Chairperson Ballesteros. For his calm demeanor, his strength, his humility, his ability to be inclusive and his very thoughtfulness in his approach to people, problems and crisis. It is an important lesson for everyone to learn and to try and emulate. He thanked Chairperson Ballesteros, and when he grows up he wants to be like Chairperson Ballesteros.</p> <p><u>PUBLIC COMMENT</u> <i>Deaka McClain wants say before she leaves, Chair Ballesteros, thank you. One of the reasons she enjoyed coming to this meeting is because of him. From the first time he came over and spoke to her and wanted to know who she is and who she represented. And every time she comes, he goes out of his way to make sure to come and shake her hand, see how she's doing. If she did not get an answer or get her question asked or public comment or whatever, he would always come over and say, "Don't worry, I got you. I'll make sure that your comment or your needs are being heard", and she appreciates that. And when she and the Chair from her temporary ECAC invited him to come to the meeting, he came to the meeting and stayed the whole time. Not only did he do that, he came to her and Anna and said he liked how they ran the meeting and he was going to take a little example from their meeting. So you do get that because she sees it when she's here and she wants him to know they take examples from him too. So she just wants to say thank</i></p>	

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	<p><i>you and wish him well in all his endeavors. And once again, thank you for making them feel like they matter and that they do have a voice.</i></p> <p>Chairperson Ballesteros thanked each of the Board Members, and he commented that this is a good group of people. He has been working with fellow Board members, and he has found everyone is dedicated to L.A. Care. L.A. Care is a great organization. It is one of the most important organizations in Los Angeles County, the most important organization, in his mind. He has become very protective of the organization, it is part of him. When he is out there, he hears people talk and he tries to educate them on what L.A. Care does. L.A. Care really does care. L.A. Care is an awesome organization. He is thankful for the opportunity to do this role. He saw it as an honor, as an opportunity to try to do something good for such a unique and special organization. He is glad that they have come out of the CEO search with Ms. Santana-Chin, who is an exceptional leader. He has utmost respect her and for the whole executive team of the organization. They come to the table and do good work. There is nobody that comes to this meeting that does not bring 250%. He thanked everyone.</p> <p>He thanked the Board for the commemorative plaque, and thanked Supervisor Solis for the certificate from the County. He thanked them all for the great words. They are awesome people. He thanked the Board for allowing him the opportunity to do this important job. It been his honor. And we will keep moving forward. He thanked Ms. Haydel, the staff of the Board, Ms. Merkens, Mr. Rodriguez and Ms. Balones. He thanked the IT staff who come to every meeting and support behind the scenes, the interpreters and everybody here. They are all great people. He thanked the consumers and the public, he has gotten to know many of the consumers. L.A. Care exists for them, and it has been his honor to get to know each of them. He thanked the JWCH staff here today.</p> <p>Board Member Vazquez commented that the first time she came here, Chairperson Ballesteros gave her a warm welcome in front of everybody, and she thanked him. It is not the same thing to see his name on the agendas as to meet him in person. It is a privilege to being here with him. He is always interested on what is happening in the community and how the members are doing. Last year she had the opportunity to go to an event with him where they talked to him about all the work he has done. That night she understood about what he does in the community and why he does it, why he is close with the members and why he always like to have the members receive the best treatment possible. She thanked him for always being interested in members and for the way works in the communities.</p> <p>Ms. Haydel thanked Chairperson Ballesteros. She messed up the vote on that last one because she was in denial on his leaving the role as Chair, and she has been in denial since the Executive Committee meeting.</p>	

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<ul style="list-style-type: none"> Agency Designated Representative (BOG 100) 	<p>Ms. Haydel introduced a motion to hand over the role of Agency Negotiator to the newly elected Board Chairperson.</p> <p><u>Motion BOG 100.0425</u> To appoint Ilan Shapiro, MD, as the Agency Negotiator for L.A. Care Health Plan for all terms and conditions of employment for L.A. Care’s Chief Executive Officer, effective April 3, 2025.</p>	<p>Unanimously approved by roll call. 10 AYES</p>
<p>Finance & Budget Committee</p>	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson commented they were given a presentation during the RCACs about a new online website. And she thought it was a great idea but knows they also need to make it more beneficial for the members. From the members on this website L.A. Care can give special questions in order to receive feedback like, as a low-income resident for the County, do you feel threatened and lose your home or housing? Do you run out of food at the end of the month? And then they can be directed to the proper resource, and we have the resource guide, so that is already available for them. And then they can give accolades to the providers that had the best ratings when they give their provider's name and the services that they received. We can also have those questions as well. We can build incentives by giving \$20 food cards or something like that and make it so that we have that engagement, and we have communication with members to know what best suits them. And then also work with the providers as well giving accolades and publicizing their office for the work they've done.</i></p> <p>Committee Chairperson Booth reported that the Finance and Budget Committee met on March 26. Please contact Board Services to obtain a copy of approved minutes. The committee reviewed and approved the January 2025 financial performance report. The Board will review and approve the financial performance reports quarterly. The January 2025 financial performance report and the monthly investment transaction reports are included in the meeting materials for this meeting for your information. Despite the federal actions and the California budget deficit, L.A. Care is performing well financially. As more information becomes available, there can be more specific reporting.</p>	
<ul style="list-style-type: none"> Financial Performance January 2025 <i>(Informational Only)</i> 	<p>Chairperson Booth referred to the January 2025 Financial Performance Report included in the meeting materials.</p>	
<ul style="list-style-type: none"> Monthly Investment Transactions Reports <i>(Informational Only)</i> 	<p>Mr. Ingram reported that investment transactions reports are included in the meeting materials (a copy of the reports can be obtained by contacting Board Services) to comply with the California Government Code and are presented as an informational item. L.A. Care's investment market value as of January 31, 2025, was \$3.3 billion, along with:</p>	

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	<ul style="list-style-type: none"> • \$6 million invested with the statewide Local Agency Investment Fund (LAIF) • \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). • \$125 million invested with the BlackRock Liquidity T-Fund. 	
Compliance & Quality Committee	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson commented on quality and compliance, or compliance and quality. She thinks it is important that they talk about the inability to express themselves during the RCAC meetings, how people feel reluctant to do so, being that they have received negative recourses from the actual supervisor of that department. They were sent to an office and written up for speaking while the chair gave them the floor. It was three of them. Two are here right now, herself and another person, and he was never shown any accountability for it. No recourses to his actions, and it was three black women, one white person, and we were, following the democratic process. So, she does not know why it has not been addressed, but the committee has been on an incline ever since Francisco Oaxaca arrived.</i></p> <p>Committee Chairperson Booth reported that the Compliance & Quality Committee met on March 20 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Todd Gower presented the March 2025 Chief Compliance Officer report. The report included key compliance risks, audit results, and ongoing efforts to ensure regulatory adherence. It touched on the importance of proactive risk management and organizational accountability. <ul style="list-style-type: none"> - Theresa Moore reported that the Provider Training Program update highlighted recent improvements in provider education, it also touched on Compliance requirements and engagement strategies. She discussed training completion rates and future enhancements to improve provider participation. - Michael Sobetzko reported that the Compliance Training Program update covered progress in employee training completion rates and ongoing efforts to refine compliance education. He stressed the importance of continuous training to address emerging regulatory requirements. It is not tolerable to give retribution for anything somebody reports with a good conscience. - Michael Devine reported that the Special Investigations Unit actively addresses fraud detection and conducts investigations, in collaboration with law enforcement. He underscored the impact of fraud prevention measures to protect L.A. Care. <ul style="list-style-type: none"> ○ As part of Mr. Devine's update, Karen Weintraub, Executive Vice President, Healthcare Fraud Shield, reported that companies like Healthcare Fraud Shield can help health plans, using AI-driven analytics to enhance payment integrity and detect fraud, waste, abuse and errors (FWAE). She highlighted the importance of pre-payment and post-payment analytics to prevent financial losses and improve 	

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	<p>efficiency. It is much better to catch fraud before the money is sent, rather than trying get money back that someone probably already spent. Key focus areas included durable medical equipment (DME), wound care, and home health, with shared analytics playing a crucial role in identifying fraud patterns for detection. She noted the need for streamlined processes, cross-departmental collaboration, and the adoption of advanced technology to optimize fraud detection and prevention.</p> <ul style="list-style-type: none"> - Michael Sobetzko reported on the Business Continuity, Emergency Incident Response. It appears they did very well even while responding to the Los Angeles wildfires, a real-life disaster recovery, and business continuity, it was real life and a test that underway at the same time. The test is to make sure there is the capability to recover all the computer information and it can be accessed within a short period of time. This ensures L.A. Care's ability to care for members. And L.A. Care passed that test. It wasn't a complete test of everything, but the important parts were successful. Mr. Sobetzko outlined preparedness strategies, recent emergency responses, and lessons learned. The need for robust planning to mitigate operational disruptions was very important. He also reported that the issues management update, which provides an overview of critical compliance concerns, corrective actions, and cross departmental coordination efforts. He highlighted improvements in issue resolution timelines and tracking mechanisms. - Mr. Sobetzko reported that the Issues Management Update provided an overview of critical compliance concerns, corrective actions, and cross-departmental coordination efforts. He highlighted improvements in issue resolution timelines and tracking mechanisms. - Erik Chase reported that the Payment Integrity Report focused on efforts to enhance claims accuracy, reduce overpayments, and improve financial oversight. He discussed key initiatives aimed at strengthening payment integrity and fraud prevention. - Demetra Crandall reported that the Appeals & Grievances update reviewed recent trends in member complaints, resolution timelines, and compliance with regulatory standards. She highlighted efforts to enhance customer service and streamline the appeals process. • Dr. Amin presented the Chief Medical Officer report (he reported to the Board earlier today). • Bettsy Santana presented the 2024 Quality Improvement and Health Equity (QIHE) Annual Evaluation and the 2025 QIHE Program Description & Work Plan for approval. The evaluation noted key performance metrics and highlighted achievements and areas needing improvement, with a focus on data-driven strategies to enhance care quality and health equity. The evaluation identified opportunities for addressing disparities and 	


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	<p>improving member outcomes through targeted interventions. It is getting to the point where it can be known exactly who needs what kind of assistance and the level of respect or kindness that they show towards patients. We do not really have control over that necessarily. There are places in the United States that are actually obstetrical deserts because physicians won't practice there for one reason or another, many times it has to do with the amount of malpractice insurance versus revenue. The 2025 QIHE Program Description & Work Plan outlined strategic goals and initiatives to build on prior successes while integrating new regulatory requirements and best practices. The work plan included specific actions for advancing quality improvement, health equity, and member engagement across various populations. The Board approved the documents to support ongoing efforts in improving care quality and reducing health disparities.</p>	
<p>PUBLIC COMMENT on Closed Session items</p>	<p><i>Estela Lara, RCAC 4, metropolitan LA, commented Mr. Russell and Ms. Rachel Blucher gave the best presentation she has seen at L.A. Care so far. It was really great, it was on point, fantastic. She thanked Supervisor Solis for mentioning about SEIU, she already left, but it is SEIU 15 for the labor one. She also believes that the 2.5 million members, we should leverage ourselves and expand the base for ourselves. Dr. Amin, thank you for the LASSO project and thank you also for the McArthur Park. You and your team are excellent. She will give him a bucket because he likes buckets. Dr. Ilan Shapiro, Chair Elect, fantastic, congratulations. And also I have seen you on commercial TV where you are subject matter expert being interviewed in Spanish language media. Thank you. Excellent Because we need to have everybody know about these things that we do.</i></p> <p><i>Scott Clapson at RCAC 4 thanked Chairperson Ballesteros and L.A. Care. He was chronically unhoused. He lives on Skid Row right now in an SRO and about a year ago, he feels like every time he comes into this room, he is in a VEN diagram of continuum of care, SRO single room occupancy. One day I came to a meeting, we were, I do not remember what a meeting it was, but I started thinking and I was talking to Auleria, about just these different organizations. And they have these advisory councils and Hilda as well, we are doing the Skid Row action plan and I looked up one day to see where SRO Housing Corporation's main offices and guess where it is? 3250 in this building. We have caseworkers there, we have caseworkers with L.A. Care. He would like to see more effort made. There is a lot of people on skid row that are in apartment buildings. We see a lot of videos of people that are outside, but there are thousands and thousands and thousands of us in apartments down there. It is the largest concentration of Medi-Cal population, probably in the state. Thank you. Have a blessed day.</i></p> <p><i>Sylvia Socio RCAC 6, requested to come back to the previous seven issue a topic because she endorsed totally what Ms. Dorothy said. She struggled permanently to get referrals to specialists. Recently Ms. Layla Gonzalez helped her fix in one month, a problem that she has been dragging for three years. But she is bringing this to the Board's</i></p>	

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	<p><i>attention for another reason. She would say that four or perhaps five members out of five do not know that this forum exists and that they may come here and advocate for themselves or get advocacy from the designated person. So she thinks that at the level of RCACs, one would have to work intensely about community outreach, but L.A. Care has to be aware of this situation also at this level. It is indispensable that people know what they can do. Not only get medical attention because like Ms. Dorothy said before, we are a whole, we are holistic, and we also need to hear our social illnesses. And it is not about having community events and eating like pigs and then getting a lot of gifts or favors and going back home. No, this has to be done on a permanent basis, even if it is necessary to gather groups or even to go knock doors and talk to people. People have to know they are entitled to advocate for themselves because that is what keeps them aware and fighting.</i></p> <p><i>Andria McFerson from RCAC 5 wanted to talk about the election process. She does not know if it was relative to any of the comments here, but maybe it is under public employee performance. Election process for the ECAC committee has changed. And she wants to know whether the BOG approved it. Due to the fact that they were in a transition, some of the Chairs that represented them from the RCAC were almost there for eight years. But the staff then proposed that the Chairs could run all over again and serve even though they served two terms, and they were told that they could just start all over. She wanted to know did the BOG approve that? Because they need diversity and an equal form of representation and how can they change that? They can look for the Board to address that please and go from there. That needs to be addressed because that sounds like Trump, three terms.</i></p> <p><i>Hilda Perez commented you can take her out of L.A. Care, but you cannot take L.A. Care out of her. She congratulated the new elected Board officials. It is so great to see a group of people trying to always progress and care. She wants to say that she is a former consumer member representative at the Board. She thanked Chairperson Ballesteros for what he did for the people in Antelope Valley. She wants to say that when she came to L.A. Care, it caught her attention that all those people did not have enough access to care, and she would like to thank him forever for that. They might not know you, but she does not know her angels at some point, you know, many of the ones I have, but he was definitely an angel for so many people in the Antelope Valley. Dr. Amin, please let us know about LASSO. She's so interested. That is the RCAC members' work. And last but not least, she wanted to say that there is some adolescent cooking classes at the centers, so that L.A. Care no longer covers only little kids and women and pregnant women, but we are now inviting the families to get together and get their teens, especially when they are going to college and they do not know how to even, you know, fry an egg. We want more. We want more of them.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:54 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:54 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>April 2027</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 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> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Acacia Reed, <i>Chief Operating Officer</i>, Noah Paley, <i>Chief of Staff</i>, Terry Brown, <i>Chief Human Resources Officer</i></p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Terry Brown, <i>Chief Human Resources Officer</i>, Augustavia Haydel, <i>General Counsel</i></p> <p>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: Martha Santana-Chin</p>	
RECONVENE IN OPEN SESSION	<p>The L.A. Care Board of Governors reconvened in open session at 6:22 pm. There was no report from closed session.</p>	

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ADJOURNMENT	The meeting was adjourned at 6:22 pm.	

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

APPROVED BY:
DocuSigned by:

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Nina Vaccaro, *Board Secretary*
Date Signed 5/2/2025 | 9:30 AM PDT

The following public comment was received at 4:10 pm, written comments must be received prior to the start of the meeting.

*Hello good afternoon,
My name is Fresia Paz from RCAC 7. The ECM program at AltaMed Clinic's is severely not working. The ECM - Community Health Workers (CHW) have tantrums, bully - harass - retaliate against participants, violate personal space, have inappropriate behavior, and ignore the patient's health issues. The CHW's are pretending to be doctors (providers) by falsely diagnosing health issues that a patient does not have. Neither the PCP or the patient have ever discussed those health issues before. The CHW's are not transparent in their work. Also, the ECM team is fraudulent charging the insurance high amounts that do not fit the issue (in the thousands). The ECM CHW have always had their own agenda that never correlates with the patient. They are unwilling to remove their error from the patient's chart. They are creating a shadow chart, that is dangerous to the patient.
I am requesting that the ECM program be audited and workers go through some training and mental evaluations.
Thank You*