

Board of Governors

Executive Community Advisory Committee (ECAC)

Meeting Minutes – April 9, 2025

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Maria Mayoral, RCAC 1 Chair Ana Rodriguez, ECAC Chair and RCAC 2 Chair Gladis Alvarez, RCAC 3 Chair Estela Lara, RCAC 4 Chair Marco Galindo, RCAC 5 Chair Hilda Perez, RCAC 6 Chair Maritza Lebron, RCAC 7 Chair Tonya Byrd, RCAC 8 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member</p> <p>* Excused Absent ** Absent *** Via teleconference</p>	<p>Deb Brown, Closed Captioner Izmir Coello, Interpreter Shelly Hash, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Sina New, Interpreter Bo Uce, Interpreter Andrew Yates, Interpreter</p> <p>Dr. Michelle Tyson, CEO, Call the Car, Public Michael Fell, COO, Call the Car, Public Aldwin Cruz, Call the Car, Public Denise Hannibal, Call the Car, Public Angelica Alvarez, Public Eugene Beatty, Public Diana Camacho, Public Scot Clapson, Public Elizabeth Cooper, Public Brynette Cruz, Public Adela Guadarrama, Public Lynnea Johnson, Public Jose Lopez, Public Dorothy Lowery, Public Russel Mahler, Public Andrea McFerson, Public Alicia Mendoza, Public Fresia Paz, Public Marlene Paz, Public</p>	<p>Layla Gonzalez, Advocate, Board of Governors Fatima Vazquez, Member, Board of Governors Sameer Amin, MD, Chief Medical Officer, L.A. Care Health Plan Noah Paley, Chief of Staff, L.A. Care Health Plan Francisco Oaxaca, Chief of Communications and Community Relations, L.A. Care Health Plan Krishthian Alvarado, Help Desk Technician, Production Support & Help Desk Tyonna Baker, Community Outreach Field Specialist, CO&E Malou Balones, Board Specialist, Board Services *** Shernedra Brown, Community Outreach Project Specialist, CO&E Rebecca Cristerna, Director, CSC Member Relations, CSC Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Ramon Garcia, Community Outreach Field Specialist, CO&E Maribel Gonzalez, Member Advocate, Member Relations Services, Even MORE Outreach & Service Hilda Herrera, Community Outreach Field Specialist, CO&E AJ Lopez, Director, Provider Contract and Relationship Management, Provider Network Management Joshua Lopez, Temp, IT Operations & Infrastructure Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Sabino Millones, Help Desk Technician, Production Support and Help Desk Alfredo Mora, Staff Augmentation, Facilities Services Jeanette Ortega, Manager, CSC Member Relations, CSC Angela Pena, Senior Manager, Provider Contract and Relationship Management, Provider Network Management Cindy Pozos, Community Outreach Field Specialist, CO&E</p>

	Martha Pedroza, Public Demetria Saffore, Public Joyce Sales, Public Sheila Thach, Public	Abraham Rivera, Provider Network Account Manager III, Provider Network Management Victor Rodriguez, Board Specialist, Board Services Martin Vicente, Community Outreach Field Specialist, CO&E
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Ana Rodriguez, <i>TTECAC Chairperson</i>, read the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:00 A.M.</p>	
APPROVE MEETING AGENDA	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson, RCAC 5 Member, expressed concerns about protecting public rights during meetings, particularly under the Brown Act. She noted the importance of upholding freedom of speech and including that language clearly on agendas to ensure members feel free to express themselves. She also called for formal inclusion of “diversity” as a standing agenda item, advocating for broader representation across racial and ethnic groups. She urged a return to previous practices where motions were discussed and voted on by RCACs and ECAC before being presented to the Board, ensuring that Board decisions reflected community input rather than personal opinions.</i></p> <p>The Agenda for today’s meeting was approved.</p>	<p>Approved Unanimously. 10 AYES (Alvarez, Byrd, Galindo, Lara, Lebron Mayoral, McClain, Perez, Rodriguez, and Salazar)</p>
APPROVE MEETING MINUTES	<p>Member Lebron stated that on page 12, there was a comment made regarding a debate that was made by a different member.</p> <p>Member Lara stated on page 6 last paragraph and sentences 6, the word “stuck” should be replaced by the word “stagnant.”</p> <p>Member Mayoral stated that on page 5, the name Yahaira is spelled incorrectly. It should be spelled Yajaira.</p> <p>The March 12, 2025, Meeting minutes were approved with the corrections noted above.</p>	<p>Approved Unanimously. 10 AYES</p>
STANDING ITEM		

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CHIEF MEDICAL OFFICER UPDATE	<p>Sameer Amin, MD, <i>Chief Medical Officer Report</i>, reported about the L.A. Care Access, Service, and System Optimization (LASSO) Project (<i>a copy of the report can be obtained from CO&E</i>).</p> <p>The LASSO Project is a major initiative aimed at improving member experience, strengthening provider networks, and optimizing internal operations across the organization. He explained that the project was developed in direct response to feedback from the Regional Community Advisory Committees (RCACs) and the Executive Community Advisory Committee (ECAC) and was created to address several key issues raised by members.</p> <p>Dr. Amin noted members have shared concerns related to access to care, such as the availability of primary care and specialist appointments, delays in getting durable medical equipment and prescriptions, and challenges with transportation services. Member experience issues also surfaced, including long call center wait times, a lack of clarity about benefits, and difficulty navigating the health plan.</p> <p>The LASSO Project is an enterprise-wide, multi-pronged strategy designed to resolve these challenges through targeted solutions in three key areas: member engagement, network alignment, and operational efficiency. The goal is to empower members with clear information and timely care, ensure that provider networks are responsive and accessible, and improve internal workflows to reduce delays and frustration.</p> <p>Dr. Amin explained that the project's objectives include:</p> <ul style="list-style-type: none"> • Conducting a full assessment and root cause analysis • Strengthening members' understanding of benefits and how to access care • Expanding provider availability and referral pathways • Enhancing tools and systems that support fast and efficient service • Launching immediate actions that respond to Board motions and member feedback <p>The scope of work includes improvements in education, digital tools, workflow optimization, data analysis, provider support, and service integration. The project would not involve changes to benefit coverage, provider contracts, or large-scale IT overhauls.</p> <p>The LASSO project will follow a phased implementation approach with short-term results expected by the end of Q2 2025, long-term improvements by Q4 2025, and future-state goals beyond 2026. He described this approach as scalable, adaptive, and rooted in ongoing performance tracking. He highlighted immediate deliverables, including member listening sessions at upcoming RCAC meetings. These sessions are being designed to gather direct input from members, build trust, and ensure that member voices directly shape both near-</p>	

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	<p>term and long-term solutions. Planning for the sessions is already underway, with trained facilitators and a feedback process being developed.</p> <p>Dr. Amin reminded the members that their voices matter and play a key role in shaping positive change. He encouraged them to stay engaged through their RCACs, share feedback, and help inform others in their communities about available resources. He reaffirmed L.A. Care’s commitment to listening, learning, and taking action based on what members need most.</p> <p><u>PUBLIC COMMENTS</u></p> <p><i>Elizabeth Cooper said that she is a longtime member of L.A. Care, expressed concern about her experience during the meeting and stated that she may need to file a grievance. She said she appreciates the efforts of the doctor who encouraged member involvement and acknowledged the importance of engaging the RCACs. However, she felt that some aspects of the meeting were not handled properly, particularly how the agenda was managed and the lack of opportunity to speak during public comment. Ms. Cooper stated that members are people who attend these meetings to be involved and contribute. She said the process should be clearer for the public and mentioned her past advocacy work, referencing legislation such as SB2092. She praised L.A. Care staff and clarified she was not complaining about them, she reiterated her disappointment in how she was treated at the meeting and asked that her concerns be noted for the record.</i></p> <p><i>Andria McFerson stated that she appreciated Dr. Amin for providing important information, especially because many L.A. Care members are low-income and live with chronic physical and mental health conditions. She said it would be helpful to have an open forum to discuss how new programs directly impact members, particularly those who often feel mistreated or misdiagnosed by primary care doctors and specialists. She shared that some members feel they must diagnose themselves before being taken seriously. She emphasized the need for clearer communication and inclusive conversations that are accessible to all members, including those with limitations such as hearing difficulties. She also stressed that information shared at RCACs should be delivered in an open, understandable, and unrushed manner.</i></p> <p>Dr. Amin responded that he appreciated her comments and interpreted that she was both thankful for the engagement and requesting that information be presented in a way members can understand. He clarified that the purpose of the listening sessions at RCAC meetings is not to explain or instruct members, but to hear directly from them. The goal is</p>	

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	<p>to listen to members’ concerns and use those insights to identify areas that need to be addressed.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Joyce Sales, RCAC 6 Vice-Chair, stated that she appreciated Dr. Amin’s reminder that members are not alone and should make use of Member Services. Referring to the LASSO project, she said that Member Services is often the first point of contact for members and suggested that any system upgrades or improvements should start there. Dr. Amin responded that the LASSO team includes staff from the Customer Service Center, Network Team, and other departments across the organization. He acknowledged her comments and said they are being taken seriously. Ms. Sales added that in her experience, calls to Member Services often result in no help. She reiterated that improvements should begin at the first point of contact—whether that’s Member Services, a Resource Center, or an office—since that is where members often turn first for support.</i></p> <p>Member Lebron noted that there will be a listening sessions and spaces to speak at RCAC meetings. She stated if classes can be cancelled on the day that RCACs meet at CRCs so that the public can attend and participate. She asked if there can be some type of coordination between staff to make this possible.</p> <p>Board Member Gonzalez appreciated Dr. Amin’s presentation and was glad to hear that issues are being addressed at the root cause. She asked how the LASSO project would affect all four of L.A. Care’s product lines, especially given the limited representation of some lines at the RCACs. Dr. Amin acknowledged that smaller product lines sometimes receive less attention compared to Medi-Cal, which has the largest membership. The LASSO project is designed to address concerns shared across all lines of business, including those specific to the Exchange and Medicare Advantage populations. The project is not focused on where the concerns come from but is committed to addressing issues that impact all members. The listening sessions are designed to capture input from across the plan and that responses will reflect the diverse needs of the full membership.</p> <p>Vice Chair McClain stated that she was glad the LASSO project is underway, though she wished it had started sooner. She pointed to the use of the term “immediate deliverables” in the project materials and expressed concern about how long it takes for members’ urgent issues to be resolved. She emphasized that for seniors and people with disabilities, delays in addressing problems can be life-threatening. She urged that more clarity and urgency be given to members’ real-time needs. Dr. Amin clarified that the LASSO project is not intended to resolve individual or urgent member issues on a case-by-case basis. There are</p>	

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	<p>already established processes in place such as customer service and grievance procedures to address specific concerns like authorization problems or provider issues. LASSO is a broader, long-term initiative aimed at improving the overall health plan experience for all 2.7 million members. While some components like education and network improvements will begin within the next couple of months, he emphasized that LASSO is not a substitute for handling urgent or individual member complaints.</p> <p>Member Byrd appreciated the LASSO presentation and asked Dr. Amin to be more specific about who exactly would be part of the project teams. She wanted to know whether representatives from the health plan would be attending RCAC meetings and how many people would be involved, expressing a desire for more clarity about team composition. Dr. Amin responded that the LASSO work group is made up of high-level leaders from across L.A. Care’s divisions, including Health Services, Operations, Network, and Strategy. These leaders report progress regularly to senior leadership, including the CEO, on a biweekly basis. The group has developed initiatives within each division of the health plan, categorized into short-term, long-term, and immediate actions. He explained that while he didn’t share all the detailed initiatives due to their complexity, the listening sessions starting in May would include representatives from the project management team and possibly some clinical staff. He added that while not every RCAC would have full representation from every department, each session would include a mix of team members whose goal is to listen, gather input, and ensure all major concerns are captured. Dr. Amin emphasized that they have already heard many of the core concerns but remain open and committed to gathering more feedback.</p> <p>Member Salazar stated that it was a pleasure to have Dr. Amin present and asked about the “You Don’t Have to Navigate Care Alone” section of the LASSO program. She specifically wanted to know whether care navigators would be included in the project to assist members during emergencies, noting that she did not see them mentioned in the presentation. Dr. Amin responded that navigators, particularly those from the Customer Solution Center (CSC), will indeed be involved in the LASSO project. The head of the CSC is a core member of the LASSO workgroup and is helping lead the initiative, with the full CSC team falling under their oversight. He further clarified that the workgroup includes high-level leaders from across key areas of the organization—including operations, customer service, and medical management—ensuring that navigators and related support services are part of the effort to improve member care and access.</p> <p>Member Perez appreciated Dr. Amin’s presentation and acknowledged its significance. She emphasized that credit for the LASSO project’s progress should go to the RCAC members</p>	

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	<p>and the wider membership who contributed valuable input through questions, concerns, and grievances. She highlighted that the work is built not only on what the RCACs brought forward, but also on the broader experiences of the members. She pointed out that one of the key items in the presentation—specifically the third item on page four—addresses member benefits. She noted that while this information is usually provided at community centers, those were closed during the pandemic, and she wanted to understand the approach moving forward. Dr. Amin expressed his appreciation for her comments and agreed that the success of the project is due in large part to member feedback. He added that while the LASSO project cannot solve every issue with Medi-Cal or the healthcare system at large, it aims to transform how L.A. Care operates—particularly how it delivers customer service. The goal is to shift L.A. Care into being seen as a high-performing, responsive organization similar to the best customer service companies. Dr. Amin acknowledged the complexities of the healthcare system but emphasized that listening to members and improving care coordination are things within their control which is the core purpose of the LASSO project.</p> <p>Member Lara stated that the LASSO presentation was excellent and comparable to others she had heard before. She requested that the presentation be made accessible to members, preferably by email, because it contained a lot of important information that would be difficult to fully remember without written material. Dr. Amin responded that he preferred having LASSO project representatives attend each RCAC meeting to verbally explain the project and then begin the listening sessions. The written materials were dense and might overwhelm some members, so it was better to keep the explanations simple and direct. Dr. Amin encouraged RCAC leaders to ensure the team presents the information clearly and helps members understand what kind of input they are seeking. Member Lara asked whether the member listening session, specifically referenced on page 8 of the presentation, would allow enough time, suggesting they should dedicate 20 to 30 minutes. She emphasized that members need enough time to ask questions or make comments, noting that the current one-minute speaking limit passes quickly, and meaningful dialogue takes more time. She added these listening sessions should become a central part of the RCACs moving forward. Dr. Amin responded that the team attending the listening sessions will not be rushed and will remain present to engage with members as long as needed.</p>	

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ECAC CHAIRPERSON'S REPORT	<p>Chairperson Rodriguez presented Motion ECA 100.0425 (<i>A copy of the motion can be obtained from CO&E</i>).</p> <p><u>ECA 100.0425</u> <i>Motion to recommend approval of new candidate (s) for RCAC membership.</i></p> <p><u>PUBLIC COMMENTS</u> <i>Elizabeth Cooper thanked the Chair and staff and respectfully requested that committee members be given more time to discuss and raise motions during meetings. They acknowledged the strong support from staff, including the Chief of Staff, but expressed disappointment that members sometimes don't have enough time to fully address important issues. The speaker said this can lead to feelings of frustration, as some concerns are left undiscussed. Ms. Cooper stated that she was glad to see new candidates joining and encouraged the RCAC to consider greater diversity in its membership. She emphasized the importance of including more women, parents, and individuals who can participate consistently. She said this would improve understanding of what's happening and how the RCACs provide input. Ms. Cooper expressed appreciation for existing diversity and urged both the committee and ECAC to continue expanding representation so that a wider range of voices and viewpoints can be heard and considered.</i></p> <p><i>Andria McFerson stated that there needs to be a conversation about the structure and purpose of the Regional Community Advisory Committees (RCACs). She said the committee should truly reflect its role as a diverse advisory body that promotes open communication from all perspectives. She emphasized the importance of including people from different cultural backgrounds, age groups, mental and physical abilities, and economic statuses especially those from the low-income and working-class communities served by L.A. Care. Ms. McFerson also stressed the need to actively invite these members to participate in the advisory process to ensure their voices are represented and the committee can make a meaningful impact. She concluded by noting the urgency of these efforts, as important changes are currently underway.</i></p> <p>Member Salazar stated that while discussions about increasing diversity are important, recruiting members from various backgrounds and nationalities is actually very challenging. She shared her experience being part of a recruitment group and noted the difficulty in finding individuals willing to commit. She emphasized that participation in the RCAC requires dedication and time, and people must join because they genuinely want to help. She added that achieving true diversity is difficult, especially when looking for people who are both representative and committed to the work.</p>	<p>Approved Unanimously. 10 AYES</p>

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	<p>Vice Chair McClain stated that she wanted to add to the discussion on diversity, echoing earlier comments. She shared that she also served on the selection committee and participated in interviewing candidates. She noted that while some applicants did come through the process, not all met the criteria currently required by the State. The committee is doing its part, but acknowledged that they cannot force people to apply. She emphasized the importance of community outreach to encourage more people to apply and participate, but clarified that even being interviewed does not guarantee selection. She concluded by referring to her comments as an educational reminder.</p>	
MEMBER ISSUES	<p><u>PUBLIC COMMENTS</u></p> <p><i>Elizabeth Cooper stated that she respects the Chair and Board members but disagreed with the earlier comment about State requirements limiting recruitment efforts. She emphasized the importance of addressing member issues, especially within the disability community, and encouraged committee members to be more informed about those concerns. Ms. Cooper noted that she actively tries to recruit new participants and leads by example. She urged the Board to remember the influence and responsibility they hold and asked them to genuinely listen to the public. She concluded by reaffirming her respect for the Board and its staff.</i></p> <p><i>Andria McFerson stated that when discussing member issues, the committee should prioritize using the available \$5,000 in a way that meaningfully connects with the public. She emphasized the importance of hearing directly from members about their experiences and concerns. She noted that L.A. Care is the largest public health plan in the nation because of its community-driven roots, with members historically promoting the plan and informing others about the need for coverage. She recognized long-time members like Ms. Cooper for their past community advocacy and said funds should support public events and outreach to fulfill the committee's mission and better serve members.</i></p> <p><i>Demetria Saffore stated that as a member of RCAC 4, she was concerned about long wait times for care, noting that L.A. Care has around 2.6 million members but only about 10,000 providers half of whom are primary care physicians. She emphasized that this is not enough to adequately serve the membership and asked whether the network would be expanded to include more providers.</i></p> <p>Dr. Amin responded that part of the LASSO project includes evaluating and optimizing the provider network, especially in specialty care. L.A. Care is assessing the sufficiency and capacity of current participating provider groups and looking at opportunities for additional</p>	

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	<p>contracting and service access. He assured that the team is committed to improving access for members.</p> <p><u>PUBLIC COMMENT</u> <i>Dorothy Lowery stated that she has been with L.A. Care for about nine years, possibly longer, and shared that her primary care doctors in the network did not help her with her health concerns. She eventually received approval to go to Cedars-Sinai, which did provide support. She expressed frustration that some network doctors seemed upset because she had her own understanding of her health issues, such as dementia and parasites, and asked when improvements to care access would begin.</i></p> <p>Dr. Amin thanked Ms. Lowery for sharing her experience and acknowledged the time and effort it took for her to attend the meeting. He explained that for her specific case and health concerns, L.A. Care staff, including case managers and navigators, were available and ready to help. He clarified that the LASSO project is not designed to address individual member grievances but is instead focused on identifying and resolving broader systemic issues, such as access to care and transportation. He said that work on those larger issues is already underway.</p> <p><u>PUBLIC COMMENT</u> <i>Joyce Sales, Vice Chair of RCAC 6, made a public comment stating that the issues of provider shortages, long wait times, and the need for better training will take time to address and cannot be solved immediately. She acknowledged Dr. Amin's comments about the long-term nature of the process but emphasized that for L.A. Care's large membership, it is important to consider what incentives are being offered to attract more providers into the network. She suggested that without strong incentives, it would be difficult to encourage provider participation, especially since this is a broader issue faced at the state and federal levels.</i></p> <p>Dr. Amin affirmed that L.A. Care already offers several incentives to encourage provider participation. He explained that providers can earn more money by delivering better quality care and that reimbursement rates are being increased through contract adjustments. Additionally, there are programs to support medical students, new doctors, and community-based physicians, especially through L.A. Care's safety net initiatives. L.A. Care has invested significantly in these efforts over the years and emphasized that members should feel proud of the health plan's financial commitment to supporting the provider network.</p> <p>Member Mayoral shared a concern about a recent incident involving a woman who struggled to get emergency assistance because she did not speak English. The woman</p>	

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	<p>witnessed someone collapse and attempted to call 911 but was unable to communicate effectively. A bystander made the call instead and was reportedly told that emergency services could not respond without the individual's consent. Member Mayoral questioned whether L.A. Care is aware of any new law requiring consent before calling 911 and expressed uncertainty about whether this issue was appropriate to bring up during public comment.</p> <p>Member Perez stated that there are many L.A. Care members that are unaware of the phone number on the back of the card that they can call and get help from member services. Dr. Amin commented that a key issue identified in the LASSO program is that many members are not fully aware of the benefits available to them or where to go for help. When they visit provider offices, they often do not know the right questions to ask. To address this, there is a major focus on improving member education. While solutions are not fully in place yet, the team is working on developing better guides, training, and materials to help alleviate the issue. Vice Chair McClain asked if a phone number be placed on the front of their ID card, some do not know the member services number is on the back of their member ID card. Dr. Amin responded that ID cards are heavily regulated, and there are limitations on what can be placed on the card and where.</p>	
OLD BUSINESS		
CALL THE CAR	<p>Dr. Michelle Tyson, <i>Chief Executive Officer, Call the Car</i>, and Michael Fell, <i>Chief Operating Officer, Call the Car</i>, gave an update about Call The Car's transportation services (<i>a copy of the written report can be obtained from CO&E</i>).</p> <p>Overview</p> <p>The presentation introduces Call the Car (CTC) as L.A. Care's contracted Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) provider. It emphasizes CTC's member-centered approach and highlights innovations, quality improvements, and performance metrics related to healthcare transportation services.</p> <p>CTC's Mission and Role</p> <ul style="list-style-type: none"> • Primary role: Provide reliable, compassionate, and innovative transportation for L.A. Care members. • Key Services: <ul style="list-style-type: none"> ○ NEMT: Transportation for members with physical or mental health conditions requiring a medically trained driver or specialized vehicle (e.g., gurney, wheelchair, stretcher). 	

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	<ul style="list-style-type: none"> ○ NMT: Transportation for members who do not require specialized vehicles but need rides to medical appointments or pharmacy visits. • Accessibility: Services available 24/7 via phone, online portal, or mobile app. <p>Service Highlights</p> <ul style="list-style-type: none"> • Fleet Size: 6,000+ vehicles across Los Angeles County. • Language Support: 300+ spoken languages and dialects available via interpretation services. • Technology: Use of GPS tracking, app notifications, and a member-friendly mobile interface. • Scheduling: Members can schedule rides up to 30 days in advance, with same-day service available for urgent needs. <p>Performance Metrics</p> <ul style="list-style-type: none"> • Total Trips Completed (2024): Over 1 million trips. • On-Time Performance: <ul style="list-style-type: none"> ○ 98% of trips arrived on time. ○ Dedicated team tracks and addresses delays in real time. • Member Satisfaction: <ul style="list-style-type: none"> ○ 92% positive feedback score from member surveys. ○ Frequent quality checks and ride audits to maintain high standards. <p>Special Initiatives</p> <p>Mobile App Enhancements:</p> <ul style="list-style-type: none"> ○ Real-time ride tracking. ○ Driver ETA updates. ○ Feedback submission directly in the app. <p>Driver Training Programs:</p> <ul style="list-style-type: none"> ○ Emphasis on sensitivity training, particularly for transporting seniors and members with disabilities. ○ Annual re-certifications and emergency response preparedness. <p>Community Partnerships:</p> <ul style="list-style-type: none"> ○ Collaboration with community health workers and clinics to streamline transportation scheduling. <p>Innovations in Care:</p> <ul style="list-style-type: none"> ○ Pilot programs for behavioral health transportation and group ride coordination for members attending the same clinic. <p>Challenges and Responses</p>	

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	<ul style="list-style-type: none"> • Common Barriers: <ul style="list-style-type: none"> ○ Missed pickups due to unclear addresses. ○ Language barriers during scheduling. ○ Member unfamiliarity with services. • Solutions Implemented: <ul style="list-style-type: none"> ○ Geolocation improvements. ○ Expanded multilingual staff training. ○ Educational outreach via brochures, videos, and community events. <p>Member Testimonials</p> <p>Several real quotes and anonymized stories were included in the slides to highlight positive member experiences with CTC drivers and how transportation access improved their ability to receive care.</p> <p>Future Goals (2025 and Beyond)</p> <ul style="list-style-type: none"> • Expand service integration with L.A. Care programs (e.g., CalAIM). • Launch new “Health Ride” program for preventive care visits. • Partner with local city initiatives to increase transportation access in underserved ZIP codes. • Strengthen member feedback loops through monthly surveys and community advisory boards. <p><u>PUBLIC COMMENTS</u></p> <p><i>Andria McFerson shared an incident from the RCAC 5 meeting where a senior member struggled to get out of a vehicle due to mobility issues and an unstable stool, spending about 15 minutes trying. She thanked Mr. Rodriguez and others for making changes to improve the situation and appreciated them taking the time to speak about it.</i></p> <p><i>Dorothy Lowery shared her frustration with long wait times for transportation, saying she once waited over an hour and a half. She noted that while she has no issues with the service from Lyft—since they provide clear updates, Call the Car lacks electronic communication tools like a lift pass. She often gets calls saying a car will arrive in 30 minutes, but ends up waiting much longer, with appointments canceled and inconsistent follow-through. She emphasized the need for better communication, suggesting Lyft as a more reliable example.</i></p> <p>Mr. Fell stated that improving communication is a key focus, both through representatives and by enhancing technology. The goal is to provide real-time updates—similar to what</p>	

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	<p>Lyft offers, so members can see their transportation vendor's estimated arrival time (ETA) and prepare accordingly.</p> <p>Member Lara expressed concerns about the lack of communication regarding transportation pickups. She shared that unless someone has a phone, they don't receive updates. For example, her scheduled 8:35 a.m. pickup arrived at 8:55, and she had to call "Call the Car" herself to find out why. She emphasized that members often have no advance information about the driver or timing, which creates confusion and inconvenience.</p> <p>Vice Chair McClain shared that while she was personally able to adjust her schedule quickly, not all members, especially seniors or individuals with disabilities, can do the same. She emphasized that some rely on caregivers and may not be able to change pickup times easily, highlighting the need to consider these limitations when addressing transportation scheduling issues.</p> <p>Member Byrd expressed frustration with the shift toward automated systems and self-service apps, stating a clear preference for human interaction. She emphasized the importance of maintaining a "human touch" in services, particularly for seniors and others who may not be comfortable or familiar with technology. She urged that these needs be considered in future planning.</p> <p>Dr. Tyson noted that many people had never used Lyft before using "Call the Car," highlighting a generational gap in comfort with certain technologies. She emphasized that what may seem normal to one group is not necessarily so for others, pointing to a broader issue of access to care. Dr. Tyson described this as a call to action for "Call the Car" to think differently, listen more, address concerns, and focus on both teaching and learning in the process. She thanked members for their valuable input.</p> <p>Chairperson Rodriguez thanked everyone for the efforts to improve the "Call the Car" service but reminded the group that the drivers are there to help and deserve respect. She noted the importance of mutual responsibility, members should not distract drivers while they are working and should treat them with kindness, just as drivers should treat members kindly in return.</p> <p>Member Salazar stated that while it is important to know the driver's location and there may be a way to contact them, many low-income individuals and seniors use phones that do not support apps. Although having an app sounds beneficial, it may not be effective for those populations.</p>	

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	<p>Mr. Fell stated that there is a grace period during which teams can be educated about the need to opt in to receive text messages. Customer Service Representatives (CSRs) should ask callers if they would like to opt in for text messages and phone calls, as that is the only way such information can be sent. He suggested that internally, by RCAC region RCAC, they could identify areas with low opt-in rates to better target outreach efforts.</p> <p>Member Lebron stated that while there can be challenges using the application, they are grateful for the technology. They encourage others to use it and help those who may not know how. Based on their experience, once people begin using the technology, it improves the process. They shared a personal example where they initially experienced delays but now receive timely updates, which has made things much better.</p> <p>Member Perez spoke about the medical transportation benefit and emphasized the importance of educating members about their rights and responsibilities. They shared a personal experience of applying for Access services for their autistic son, noting that they received a pamphlet outlining all relevant information. Member Perez questioned whether members are fully aware of what services are available to them and what their rights and responsibilities are.</p> <p>Mr. Fell stated that they will work with L.A. Care to try to improve that.</p>	
NEW BUSINESS		
MOTION FROM RCAC 3	<p>Gladis Alvarez, <i>RCAC 3 Chair</i>, presented Motion ECA 101 (<i>a copy of the motion can be obtained from CO&E</i>).</p> <p><u>Motion ECA 101.0525</u></p> <p>RCAC 3 formally request that L.A. Care investigates and take immediate action to address the following:</p> <ul style="list-style-type: none"> • L.A. Care Health Plan conduct a formal investigation into access and service issues at East Valley Clinic sites in Pomona, Covina, West Covina, and La Puente, with specific attention to appointment scheduling, phone responsiveness, pharmacy delays, process of referrals to specialist, and negative customer service experience. • L.A. Care Health Plan, work with its internal departments—such as Contracting, Provider Network Operations, and Facility Site Review (FSR)—to address the issues identified and to provide follow-up and potential corrective actions at the East Valley Clinic. <p>The committee voted to approve Motion ECA 101.0525.</p>	<p>Approved Unanimously. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
AT-LARGE MEMBER ELECTION	<p>Chairperson Ana Rodriguez presided over the At-Large Member Election.</p> <p>PUBLIC COMMENTS <i>Elizabeth Cooper expressed concern about the limited number of available seats and the lack of public input in the candidate selection process. She stated that voters should be informed about the candidates' positions and intentions, emphasizing that written statements are not enough—she would like to hear directly from the candidates to better understand what they plan to do for the community.</i></p> <p>Vice Chair McClain responded that a Q&A from the candidates will be provided.</p> <p><i>Andria McFerson raised concerns about the effectiveness of automated systems for individuals with disabilities, dementia, or other limitations. She emphasized the need to consider how such systems impact vulnerable populations and questioned how representatives can ensure outreach to those who are isolated, such as people with disabilities who may not have family or support—only services like IHSS. She added that while she is not running for office and prefers to advocate rather than engage in politics, she hopes representatives truly speak for the broader public, especially those facing significant barriers to access and communication.</i></p> <p><u>ECAC At-Large member representing all Community Advisory Committee members</u> <i>(The candidates were given the opportunity to deliver their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)</i></p> <p><u>Result of first round of voting:</u></p> <ul style="list-style-type: none"> • Scott Clapson – 4 votes • Diana Camacho – 0 votes • Brynette Cruz – 6 votes • Fresia Paz – 0 votes <p>Brynette Cruz received 6 votes and was elected At-Large Member representing all Community Advisory Committee members.</p> <p><u>ECAC At-Large member representing the L.A. Care member population of seniors and persons with disabilities</u> <i>(The candidates were given the opportunity to deliver a their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)</i></p> <p><u>Result of first round of voting:</u></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Jose Lopez – 0 votes • Lynnea Johnson – 2 votes • Deaka McClain – 8 votes <p>Deaka McClain received 8 votes and was At-Large Member representing the L.A. Care member population of seniors and persons with disabilities.</p>	
FUTURE AGENDA ITEM SUGGESTIONS		
	<p>Member Perez stated that members have expressed interest in being more involved with Community Resource Centers (CRCs). She requested that members consistently receive the monthly event calendar and be included in regional RCAC communications, so they are aware of and can access CRC events, resources, and workshops. While not asking for special priority, she stressed the importance of keeping RCAC members connected and informed. She also noted that Ms. Salazar previously raised this issue, but no updates have been provided yet. She encouraged following CRC activities on social media for more information.</p> <p>Board Member Gonzalez noted that there is a report regarding the make-up of the membership of the RCAC and recommended creating an ad hoc committee to increase membership and increase diversity.</p> <p>Vice Chair McClain said she would like the Committee to discuss ways to address the time allotted for agenda items. Member Perez would like to place an agenda item to discuss revising the agenda. Vice Chair McClain said she would like to discuss ways to allow more time for discussion from members and the public.</p>	
PUBLIC COMMENTS		
	<p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper thanked the Chair and staff for their support and acknowledged earlier comments about individuals with disabilities. She retracted a previous grievance remark, expressing respect for the staff. However, she voiced disappointment over the lack of public input in the candidate selection process, noting that RCAC members were not consulted. She urged RCAC chairs to engage their members for input, rather than speaking solely on their own behalf. Ms. Cooper also shared her long-standing advocacy for the disabled community, including her developmentally disabled son, Jonathan. She noted that RCAC members deserve to have their voices heard, not just the Board of Governors.</i></p> <p><i>Andria McFerson expressed concern that not being given sufficient time to speak may be a violation of her ADA rights. She proposed creating a specialized task force or</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>separate committee focused on health disparities, including topics such as mental and physical health, disability, seniors, mothers, and homelessness. She emphasized that such a group would allow for deeper discussion, better coordination, and more inclusive representation across diverse communities. Ms. McFerson believes this would foster mutual understanding and address disparities in mortality and chronic illness rates, ultimately leading to more meaningful and impactful outcomes.</i></p> <p><i>Scott Clapson , from RCAC 4, reiterated concerns he previously shared at the Board of Governors and RCAC 4 meetings at the request of the new At-Large Representative. He spoke about his experience living in a non-profit, Section 8 housing program called SRO (Single Room Occupancy), which houses individuals who all receive Medi-Cal. Despite having case workers and health navigators in the building, including an L.A. Care headquarters office on the third floor, he emphasized a significant lack of coordinated care between the Department of Mental Health, L.A. Care, and SRO. He called attention to the broader systemic issue of inadequate continuity of care across the county.</i></p> <p><i>Joyce Sales began by congratulating all the candidates and the winner of the election, commending their dedication and participation as a sign of their commitment to serve effectively. She asked when it would return, noting its value in encouraging member participation and increasing L.A. Care’s visibility in the community. She noted challenges seniors and people with disabilities face when calling the number on the back of their membership card, stressing that many callers need immediate assistance and are not interested in reading about services—they need direct, timely support.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:03 P.M.	

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date _____

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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APPROVED BY

Ana Rodriguez, ECAC Chair

Date

5/14/25

