



L.A. Care
HEALTH PLAN®

For All of L.A.

ECAC Meeting Presentations

February 10, 2021



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

List of Motions approved at February 4, 2021 Board of Governors Meeting

Motion EXE 100.0221*

To approve revisions to Communications Policy COMM-004 (Social Media), as submitted.

Member Impact: None.

Motion FIN 100.0221*

To accept the Quarterly Investment Report for the quarter ending December 30, 2020, as submitted.

Member Impact: N/A

Motion FIN 101.0221

To accept the Financial Report as submitted for October, November and December 2020.

Member Impact: N/A

Motion FIN 102.0221

1. To delegate authority to the CEO to commit future funding for intensive case management services for Housing for Healthy CA (HHC) participants up to a maximum of \$28,890 per member over 5 years, or \$7,309,170 total for approximately 253 members, to Department of Health Services (DHS) Housing for Health, starting in January 1, 2022.
2. To begin implementation of the Housing for Healthy CA (HHC) program, including outreach to and enrollment of L.A. Care members, according to HHC program criteria, during FY 2020/21.

Member Impact: HHC will provide housing, move-in assistance, and Intensive Case Management Services to approximately 253 L.A. Care high utilizer members experiencing homelessness. The combination of housing and supportive services has been shown to reduce unnecessary emergency department visits and inpatient stays for homeless high utilizers.

In a 2020 internal data analysis on L.A. Care's homeless population (including Plan Partners), L.A. Care found that over 61,000 members have experienced homelessness in a one-year period. L.A. Care found that the highest-cost ten percent of members experiencing homelessness have an average of \$50,000 per member per year in health care costs, have an average of 1.5 inpatient admissions, 17.6 skilled nursing facility days, and 7.6 emergency visits per year. In addition, 92% have at least one chronic health condition. Leveraging HHC funding to provide supportive housing is a cost-effective approach, as access to housing is likely to be less costly than medical treatment for these members. This is a sole source since DHS HFH is the only entity that could receive the state funding for the rental subsidies.

Motion COM 100.0221*

To approve the 2021 Compliance Work Plan, as submitted.

Member Impact: None

Motion COM 101.0221*

To approve the 2021 Delegation Oversight Monitoring Plan and Delegation Oversight Audit Moratorium, as submitted.

Member Impact: None

Motion COM 102.0221*

To approve the 2021 Risk Assessment, as submitted.

Member Impact: None

***Motions approved in Consent Agenda**

Equity Council Steering Committee



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Dr. James Kyle

Medical Director for Quality, Diversity, Equity & Inclusion

February 10, 2021

Equity Council Steering Committee

- Meeting weekly since July after the announcement of this Committee
- Activities include:
 - Ongoing learning on subject of equity and social justice
 - Engaged in implicit bias tests, book and article reviews
 - Authored a number of statements that impact equity
 - USPS and Executive Order on Diversity and Inclusion trainings
- Potential Initiatives in Consideration:
 - Food desert efforts, environmental justice learning, groups for employees, further internal education with equity forums, covid vaccine surveillance

Member Equity Council

- **Activities include:**
 - Setting goals and metrics. Metrics will be focused on:
 - ensuring effective member input,
 - establishing and leveraging partnerships to advance equity,
 - maintaining resources to community partners, and
 - focusing on social determinants of health, specifically food security
 - Implemented Consumer Equity Council to provide guidance to MEC
 - Comprised of 11 members (next slide)
 - Goal of CEC: **provide input on L.A. Care programming and prioritized activities to advance health equity among its membership**
 - Met twice:
 - Orientation
 - Health equity educational learning (definitions, local examples, food security)

CEC Members



Eliana Torres
Antelope Valley



Ismael Maldonado
San Fernando Valley



Rachael Rose Luckey
Central Los Angeles



Scott Clapson
Central Los Angeles



Lynnea Johnson
West Los Angeles



Joyce Sales
South Los Angeles

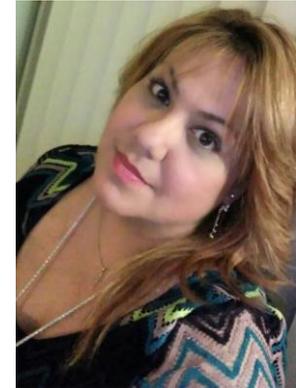
CEC Members



Johnny Chua
Pomona



Elizabeth Mitchell
Long Beach



Maritza Lebron
South East Los Angeles



Nereyda Ibarra
East Los Angeles



Shekelia Harvey
San Gabriel Valley

Provider & Vendor Council

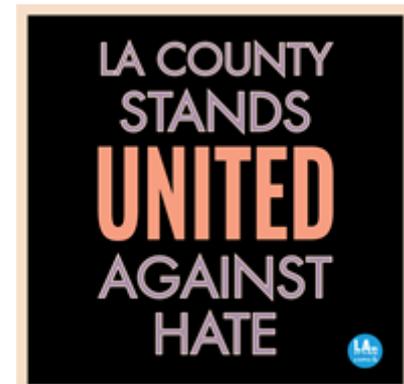
- **Activities include:**
 - Prioritizing efforts on:
 - ensuring the network is reflective of the community's language and race/ethnicity makeup and can offer member options and choices based on their preferences (provider)
 - ensuring, when possible, L.A. Care contracting efforts provide opportunities for minorities, women, and disabled veteran-owned businesses to participate in our procurement processes (vendor)
 - Currently, gathering and reviewing internal data to establish baselines and goals for these efforts

L.A. Care Team Council

- **Activities include:**
 - Setting council objectives
 - Currently, examining the employee life cycle, starting with the hiring process, and making recommendations/suggestions to address any potentially bias-based occurrences
 - Hosting check-ins with employees/depts to discuss and listen to reactions and concerns regarding recent attention on inequities
 - Establishing employee book club to discuss equity topics internally

Accomplishments-to-Date

- Partnered with Los Angeles County for inaugural LA vs Hate United Against Hate Week, November 30-December 6 and ongoing partnership
 - 17 news outlets published story on the week
 - Notable news agencies included NPR, CBS and KTLA all picked-up the UAHW story
- Hosted two COVID-19 Disparities Leadership Summit
 - 120+ participants from various organizations participated
- Convening two Black History Month Town Halls
 - Topics focused on maternal and mental health
- Established internal Diversity and Inclusion training goal to train all L.A. Care employees



EXECUTIVE COMMUNITY ADVISORY COMMITTEE (ECAC) - GOVERNMENT AFFAIRS UPDATE
Wednesday, February 10, 2021

STATE BUDGET UPDATE

On January 8, 2021 Governor Gavin Newsom unveiled a \$227.2 billion budget proposal. The proposed state budget is the starting point of the budget process. Over the course of the next five months, he must negotiate with the legislature on a final budget. In May, the governor will present the “May Revise” which is a revised budget proposal, however there is a possibility that he may release a March Revise in order to address important COVID issues. Regardless, Lawmakers have until June 15th to pass the budget in the state Legislature.

Highlights of the January Budget:

Public Health and COVID-19 Response

The proposal includes \$2 billion to expand COVID-19 testing in California, plus \$473 million to improve contact tracing and \$372 million for vaccine distribution. This would be in addition to federal money for these initiatives.

Medi-Cal Enrollment

The state anticipates that enrollment in Medi-Cal will increase by 12% next year with 15.6 million Californians – or 40% of the state population – expected to be enrolled.

Medi-Cal Benefits

- Effective January 1, 2022, continuous glucose monitoring systems will be added as a benefit for those enrollees age 21 and older with Type 1 diabetes.
- Effective July 2021, over-the-counter adult Acetaminophen and cough/cold products would be covered.
- Expands Medi-Cal to post-partum women who are diagnosed with a maternal mental health condition until December 31, 2022.
- The following Medi-Cal optional benefits will continue to be funded:
 - Community Based Adult Services
 - Multipurpose Senior Services Program
 - Adult Dental Services
 - Acupuncture
 - Optometry
 - Nurse Anesthetists Services
 - Occupational and Physical Therapy
 - Pharmacist Services
 - Diabetes Prevention Program

- The following Medi-Cal optional benefits will be suspended on December 21, 2021 unless the Administration determines there is enough General Fund revenue to support the continuation.
 - Audiology and Speech Therapy
 - Incontinence Creams and Washes
 - Optician and optical lab services
 - Podiatry
 - Opioid and other illicit drug screenings and referrals

Medi-Cal Eligibility

The proposed budget continues the expansion of Medi-Cal to Aged, Blind, and Disabled population with incomes between 123% to 138% federal poverty level that was as passed as part of the last fiscal year's budget but not yet implemented.

The proposed budget does not set aside money to expand Medi-Cal eligibility to all California seniors, regardless of immigration status. Health advocates have been pushing for this in recent years, but as of now only undocumented Californians up to age 26 are eligible for the program. There may be separate legislation proposed outside the budget process to try and expand Medi-Cal coverage to others but unknown at this time.

CalAIM

The proposed budget includes the return of CalAIM – the name of the program that would replace our current Medi-Cal program waiver. It could make it easier for patients experiencing physical and mental health issues, housing challenges, and substance abuse disorder to get more coordinated care.

Homelessness

The proposed budget has \$1.75 billion in one-time money to buy more motels to house people experiencing homelessness and develop community mental health facilities.

Communications and Community Relations Update February 2021

**Auleria Eakins, Manager, Community Outreach and
Education, Community Outreach and Engagement**

- **Update on RCAC COVID-19 Conference**
- **Black History Month Events**
- **FRC/CRC Update**
- **Upcoming Presentations to ECAC**



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L.A. Care Healthy Moms and Babies (LAHMB)



**Presented by: Bettsy Santana,
Jacqueline Kalajian, Marina Acosta**



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L.A. Care Team



Marina Acosta, MPH
*Health Equity Program
Director*



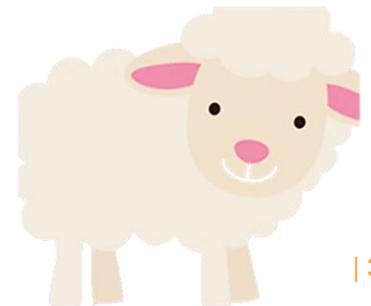
Jacqueline Kalajian, MPH
*Health Education Program
Manager*



Betsy Santana, MPH
*Quality Improvement Initiatives
Manager*

L. A. Care Healthy Moms and Babies (LAHMB)

- Participating in a national Disparities Leadership Program
- Project goals focused around high-risk pregnancy program in order to ultimately address disparities in prenatal and postpartum care, as well as overall health outcomes like infant and maternal mortality
- Our program aims to work with health care providers to help identify women that are high risk and provide services to help support their pregnancy



Why do we need a high risk pregnancy program?

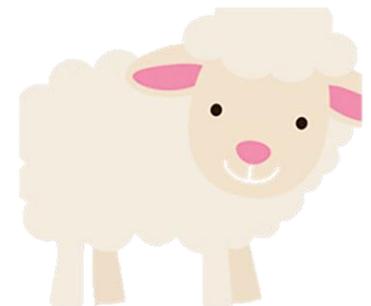
- Care during pregnancy is important to protect pregnant members and their infants from poor health outcomes
- In Los Angeles County, Black babies are more than three times as likely as white babies to die before their first birthday (L.A. County Department Public Health, 2019)
- Studies show that providing more services and support can help reduce maternal and infant mortality



Problems we face

Early identification and difficulty contacting members

- Health plans have difficulty in knowing when a person is pregnant because we usually get that information in a form of a bill or what's called an encounter form
- These documents can take months to get to the health plan
- There are also privacy issues to consider
- Women often may not seek care early enough for us to find reach out in time
- Contact information may change often and not be what was given to the health plan when they signed up



Next Steps

- To develop our program we are working with various organization and experts
- Creating internal team of experts
- Identify providers in high need and volume practices to work with
- Solicit feedback
 - Solicit provider and community feedback on desired perinatal programs, resources, and ancillary services



Questions



Thank you !

