EXECUTIVE COMMITTEE MEETING
Board of Governors

November 15, 2021 • 2:00 PM
L.A. Care Health Plan
1055 W. 7th Street, Los Angeles, CA 90017
AGENDA
Executive Committee Meeting
Board of Governors
Monday, November 15, 2021, 2:00 P.M.
L.A. Care Health Plan, 1055 West 7th Street, 10th Floor, Los Angeles

Please recheck these directions for updates prior to the start of the meeting.
This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

https://lacare.webex.com/lacare/j.php?MTID=m3d6c6a1143cd4c7099064094e1bcbe49

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065
Access code: 2483 989 4227  Password: lacare

Members of the Executive Committee or staff may participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org or by sending a text or voicemail to (213) 628-6420. Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Webex to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the To: window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 pm on November 15, 2021, it will be provided to the members of the Executive Committee at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.
Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Board appreciates hearing the input as it considers the business on the Agenda.

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

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

WELCOME

1. Approve today’s meeting Agenda  Hector De La Torre, Chair  Chair
2. Public Comment (please see instructions above)  Chair
3. Approve October 25, 2021 Meeting Minutes  Chair
4. Chairperson’s Report  Chair
5. Chief Executive Officer Report  John Baackes  Chief Executive Officer

COMMITTEE ITEMS

6. Government Affairs Update  Cherie Compartore  Senior Director, Government Affairs
   • L.A. Care’s 2022 State and Federal Policy Agenda  (EXE 100) p.16
7. Approve Revised 2022 Board and Committee Meeting Schedule  Linda Merkens  Senior Manager, Board Services
   (EXE 101)  p.19
8. Approve Human Resources Policies  Terry Brown  Chief Human Resources Officer
   • HR-606 Shift Policy Reactivation  (EXE A) p.21
   • HR-632 After Hours Program-Medical Management  (EXE B) p.30
   • HR-710 Reimbursement for Educational Expenses  (EXE C) p.35
9. Approve the list of items that will be considered on a Consent Agenda for December 2, 2021 Board of Governors Meeting.
   • November 4, 2021 Board of Governors Meeting Minutes
   • Revised 2022 Board and Committee Meeting Schedule
   • Quarterly Investment Report  Chair
10. Public Comment on Closed Session Items (Please read instructions above.)  Chair

ADJOURN TO CLOSED SESSION (Est. time: 45 mins.)

11. CONTRACT RATES
    Pursuant to Welfare and Institutions Code Section 14087.38(m)
    • Plan Partner Rates
    • Provider Rates
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- DHCS Rates
- Medi-Cal Managed Care Supplemental Payment

12. 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: November 2023

13. CONFERENCE WITH LABOR NEGOTIATOR
Pursuant to Section 54957.6 of the Ralph M. Brown Act
Agency Designated Representative: John Baackes
Unrepresented Employee: All L.A. Care Employees

14. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(b)(2) of Ralph M. Brown Act:
Four Potential Cases

RECONVENE IN OPEN SESSION

15. Approve Employee Annual Incentive Program (EXE 102)

ADJOURN

There is no Executive Committee meeting in December 2021
The next Executive Committee meeting is scheduled on Monday, January 24, 2022 at 2:00 p.m.
and may be conducted as a teleconference meeting.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.
If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the
teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the
arrangements may change prior to the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM
LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT
MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions
on the first page of this Agenda.

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

NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT
2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT
http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org
Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted
will be available for public inspection at http://www.lacare.org/about-us/public-meetings/board-meetings and can be requested by
email to BoardServices@lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print,
audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the
agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 628 6420. Notification at least
one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related
materials.
State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

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| CALL TO ORDER         | Hector De La Torre, Chairperson, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:05 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.  
  • For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.  
  • If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.  
  • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. | |
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<td>The Chairperson will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda.</td>
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<td>APPROVE MEETING AGENDA</td>
<td>The Agenda for today’s meeting was approved.</td>
<td>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez).</td>
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<td>PUBLIC COMMENTS</td>
<td>There were no public comments.</td>
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<td>APPROVE MEETING MINUTES</td>
<td>The minutes of the September 27, 2021 meeting were approved as submitted.</td>
<td>Approved unanimously by roll call. 5 AYES</td>
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<td>CHAIRPERSON’S REPORT</td>
<td>Chairperson De La Torre reported that the Officer Election will be held at the November Board Meeting. Nominations received clearly indicate four individuals, Chair: Hector De La Torre, Vice Chair: Al Ballesteros, Treasurer: Ilan Shapiro, MD and Secretary: Stephanie Booth, MD. Additional nominations can be made at that meeting. Mr. Robert Curry has submitted a letter of resignation. Mr. Curry was nominated by Private Essential Access Community Hospitals (PEACH) in October 2017, and was appointed by the Los Angeles County Board of Supervisors as a member the L.A. Care Board of Governors in January 2018 to represent the private disproportionate share hospitals serving Medi-Cal and other government program beneficiaries in Los Angeles County. His first Board meeting was in February 2018 and later that year he was elected Treasurer of this Board. He was re-elected Treasurer in 2019 and 2020. L.A. Care experienced tremendous growth and the effects of the COVID pandemic during his tenure. Mr. Curry oversaw L.A. Care’s finances through these changes, working with L.A. Care’s staff. Chairperson De La Torre thanked Mr. Curry for his service over the years to the Medi-Cal community. He has been an effective Board Member and colleague and he wished him well in his retirement. Board members asked that Mr. Curry be invited to a future meeting so they can express their appreciation and wish him well. (The CEO Report was presented later in the meeting.)</td>
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| Government Affairs Update | Cherie Compartore, Senior Director, Government Affairs, reported:  
- The California legislative year has ended. The Governor had until October 10 to sign bills into law. There are 13 bills with direct impact on L.A. Care’s operations.  
- At the upcoming Board Meeting Ms. Compartore will review pertinent legislation.  
- A written summary will be included in the board meeting materials.  
- California Department of Health Care Services (DHCS) announced last week that implementation of the new Doula benefit for Medi-Cal is being delayed from January 1, 2022 to July 1, 2022. From the doula stakeholder workgroup DHCS has indicated that additional effort must be made to define the program and develop rates in more detail. L.A. Care supports this new benefit for Medi-Cal beneficiaries.  
- Also being delayed to July are provisions to allow Community Health Workers to provide some benefits to Medi-Cal enrollees. The delays are due to the workload state departments are under as they work on the implementation of the new California Advancing and Innovating Medi-Cal (CalAIM) program.  
- Work is beginning on the new State Budget Proposal which is normally released around January 10 each year. A budget surplus is expected, and it is anticipated that interesting new programs and legislation will be proposed in addition to the two-year bills.  
- Ms. Compartore will have a more complete update on activities at the federal level for the Board Meeting next week. She noted that Democrats are still negotiating on final components of two pieces of legislation included in the Build Back Better bill package which included $3.5 trillion in cost, with investments in home health care, paid family leave, climate change and other social services, but faced serious opposition from several congressional representatives. Some Medicare benefits may be eliminated, as well as guaranteed family leave for all U.S. workers. The bill must have a yes vote from all Democrats, so the effort to negotiate a suitable final bill is critical. The other component of Build Back Better is a $1.2 trillion bill to support infrastructure, which has already passed in the Senate. Members of the Progressive Congressional Caucus have indicated they will vote against this bill in the House of Representatives if it comes up before a bill is passed on the budget reconciliation social bill.  
Chairperson De La Torre noted that Mr. Baackes has been delayed in arriving at today’s meeting because he is advocating for L.A. Care and its members right now in a meeting with a group of state legislators. | |
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| Ratify execution of Amendment A33 to Contract 04-36069, and Amendment A15 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services | Augustavia J. Haydel, Esq., General Counsel, reported that L.A. Care received Amendment A33 and Amendment A15 from DHCS on October 1, 2021 with a request that it be reviewed, signed, and returned to DHCS by October 15, 2021. Amendment A33 modifies the contract term of the primary Medi-Cal Agreement and Amendment A15 modifies the contract term of the Hyde Agreement. Effective dates for both contracts are extended to December 31, 2023.  
**Motion EXE 100.1121** \nTo ratify execution of Amendment A33 to Contract 04-36069, and to ratify execution of Amendment A15 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services, by L.A. Care Chief Executive Officer, John Baackes. | Approved unanimously by roll call. 5 AYES  
By consensus, the committee agreed that this motion will be added to the consent agenda at the November 4, 2021 Board meeting. |
| Nomination for Charitable Organizations for donated Board Stipends | Ms. Haydel informed Committee Members that Board Members will have the opportunity to nominate non-profit organizations to receive donated stipends. Staff will randomly select two organizations and a motion will be presented at the December 2, 2021 Board meeting. Board members were invited to send the name of organizations they would like to nominate to Board Services staff. |  |
| Community Health Investment Fund (CHIF) FY 2021-22 Priorities | Roland Palencia, Director, Community Benefits, indicated that each year approval of allocation and priorities for the Community Health Investment Fund (CHIF) is presented for Board consideration. On September 2, 2021, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of $10 million for FY 2021-22. All CHIF grants are well-vetted before they reach the Board of Governors. This includes Community Benefits staff, a review committee composed of internal staff and community experts, Strategic Planning Senior Director, and CEO authorization. Grant requests over $250,000 will be brought to the Board for final approval. Upon approval, a grant agreement is executed with the grantee, outlining responsibilities and accountability to perform according to agreed objectives. Grantees will submit progress reports bi-annually and progress will be reported to the Board annually. Additionally, staff will also report monthly to the Board on approved grants and sponsorships. Member Booth suggested an amendment to the motion, to add the words “health/social determinants of health related” in front of the word, “organizations” in section 1.d.  
*Member Ballesteros may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion of those issues identified below. In order to expedite* |  |
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<td>the process, his vote on this motion reflects a vote concerning the entire motion excluding Section 1a, for which the member is abstaining.</td>
<td>Approved unanimously as amended and by roll call, with consideration of potential conflict as noted. 5 AYES</td>
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<td><strong>Motion EXE 101.1121</strong> 1. To approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2021-22 allocation of up to $10 million in the following priority categories: a) support the health care safety net to improve infrastructure and address racial inequities, recommended at $4.1 million, b) address social determinants of health that result in inequities, recommended at $2.4 million, c) close the health disparities gap, recommended at $1.8 million, and d) empower and invest in <em>health/social determinants of health related</em> organizations that address systemic racism, recommended at $1.7 million. 2. Delegated authority to the CEO to implement the CHIF program and approve up to $250,000 per grant through September 30, 2022. This authority will allow L.A. Care to make grants for larger projects as well as respond to COVID-19 ongoing needs and its aftermath. Also, allow for CEO to adjust CHIF priority category amounts noted above to align with changing community needs and requests. All other policies and approvals related to grant making investments will remain in place.</td>
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<td>Continue funding of Elevating the Safety Net Residency Support Program</td>
<td>Cynthia Carmona, <em>Senior Director, Safety Net Initiatives</em>, presented the motion to support the Residency Support Program. In 2019 and 2020, the Executive Board approved a combined $9,652,928 (two funding cycles) under the ESN initiative RSP to support expansion of graduate medical education training for 38 residents and 4.0 FTE faculty across five teaching institutions: AltaMed Health Services Corporation (AltaMed), Children’s Hospital of Los Angeles, Charles R. Drew University of Medicine and Science (CDU), UCLA Foundation (UCLA), and White Memorial Medical Center Charitable Foundation (White Memorial). <strong>Residency Support Program (RSP)</strong> In 2021, L.A. Care invited AltaMed, CDU, UCLA, and White Memorial to apply for a third cycle of funding. After thoroughly reviewing the applications, the committee recommends an expenditure of up to $3.23 million to fund salaries and benefits for 25 residents across the four institutions over the course of three years. Grant awards will</td>
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AGENDA ITEM/PRESENTER

MOTIONS / MAJOR DISCUSSIONS

support residents starting in academic year 2022-23 through academic year 2024-25. Proposed awards are as follows:

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<th>Expansion</th>
<th>Award</th>
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<td>AltaMed</td>
<td>Family Medicine: 18 Residents for 3 years</td>
<td>$1,127,380</td>
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<td>CDU</td>
<td>Internal Medicine: 1 Chief Resident for 1 year and 2 Internal Medicine Residents for 2 years</td>
<td>$640,610</td>
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<td>UCLA</td>
<td>Pediatric Medicine: 2 Residents for 3 years</td>
<td>$558,231</td>
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<td>White Memorial</td>
<td>Family Medicine: 1 Resident for 3 years</td>
<td>$897,600</td>
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<td>Internal Medicine: 1 Resident for 3 years</td>
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<td>TOTAL</td>
<td>25 Residents</td>
<td>$3,223,821</td>
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Board Member Gonzalez asked if the students in the Residency positions that L.A. Care is funding will make a commitment to remain in Los Angeles County serving the safety net. Ms. Carmona responded that L.A. Care has discussed this with the institutions that are selected, which have excellent track records of students remaining in service to the safety net in Los Angeles County.

Dr. Seidman added that medical residency is a stage in training following undergraduate medical education. The people in residencies have graduated from medical schools. L.A. Care has focused funding on primary care specialties of pediatrics, internal medicine, family medicine and psychiatry. L.A. Care has been very selective in picking the institutions and the specific training programs to help fund or expand, because of the institutions’ track records of producing residents that upon graduation, are very likely to stay in Los Angeles County serving in the safety net of providers.

Board Member Booth asked if the program receives funding in one lump sum or divided over three years. Ms. Carmona responded that funds are sent as a lump sum. Board Member Booth noted that it is difficult for the Board to understand the value of this program because there is no data to indicate if there is an increase in the number of providers accessible to L.A. Care members. She suggested that measurable goals be stated for this program for measuring access during the funded residency in order to evaluate the program. Statistics to track could be the number of patients that a resident
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<td>sees during the residency and to follow up with how many of the residents remain in practice in Los Angeles County after completing the program. Board Member Booth would like to see results that can be attributed to L.A. Care’s funding. Chairperson De La Torre noted that it is very difficult to attribute a direct effect of funding other than providing the training in the right places and the right settings in the hope the residents will remain. He noted that the statewide program and the Bureau of Indian Affairs programs operate on the same concept that placing residents in the right places leads to increased access to care. It is difficult to track the cause and effect. Member Booth noted that it is possible to state the increased access while the resident is in the program. Chairperson De La Torre noted that he has seen these in so many areas, where training is provided and there can be no obligation to make the trainee stay in the area. Measuring access during the residency could be done and he would support that effort.</td>
<td>Approved unanimously by roll call with consideration of potential conflict as noted. 5 AYES</td>
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<td>Motion EXE 102.1121</td>
<td>Approve and authorize an expenditure of up to $3.23 million to continue funding awards under the Residency Support Program (RSP).</td>
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<td>(The CEO Report was presented next.)</td>
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<td>CHIEF EXECUTIVE OFFICER REPORT</td>
<td>John Baackes, Chief Executive Officer, reported:</td>
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<td>• He apologized for arriving late to the meeting. He attended a meeting with members of the state assembly that are touring the state to learn about homelessness and affordable housing. He was invited to represent Medi-Cal managed care plans to provide information about homelessness from the health plan perspective.</td>
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<td>• The biggest issue related to COVID-19 is to get more L.A. Care health plan members to get a vaccine. There is a significant gap in vaccination rates among the general population and the rate of Medi-Cal beneficiaries.</td>
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<td>• He reported at a previous meeting that California has made additional funds available to health plans to encourage vaccination. There are conditions on accessing those funds and L.A. Care is working hard to maneuver within those rules. More information on the program will be provided at the December Board meeting. L.A. Care is collaborating with Health Net and with Plan Partners to design an effective program.</td>
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<td>• Progress is being made with planning for implementation of the California Advancing and Innovating Medi-Cal (CalAIM) program. Some minor parts, such as</td>
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<td>the doula program, have been postponed. CalAIM has so many details, and there are areas that have not been addressed in sufficient clarity for health plans to move forward. The lack of detail is being recognized by state officials and health plans are comfortable with some aspects being delayed, in order that the major parts of CalAIM can be successfully launched by January 2022.</td>
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<td>• The major segments of Enhanced Care Management (ECM) and In Lieu of Services, which is now known as Community Supports, are still on the January 1 launch. The current pilot programs of Health Homes and Whole Person Care, which L.A. Care partnered with L.A. County to offer, will end December 31, 2021. It will be a challenge to transition the participants in those two programs to the new permanent programs. There may be about 10,000 L.A. Care members for which L.A. Care must find new providers under ECM. L.A. Care staff is working diligently on the details of the transition.</td>
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<td>• California is moving forward on carving pharmacy benefits out of Medi-Cal. L.A. Care co-authored, with Inland Empire Health plan, an op-ed about this topic, which is included in the meeting materials. The joint op-ed suggested that modifications could be made in the carve out to help Medi-Cal plans support their members. A big concern is that the plans will no longer have contact with members about their prescription drug benefits, a key part of their health care.</td>
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<td>• L.A. Care is continuing to open new Community Resource Centers and will have official grand openings in the future. He highlighted the reopening of the Inglewood Community Resource Center in a new location, because the landlord at the old location would not negotiate with L.A. Care, the CRC in Inglewood had to be closed since April, 2021. An official opening ceremony will be held after January 2022.</td>
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<td>• He noted that the final progress report on Vision 2021 is included in the meeting packet.</td>
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Board Member Booth asked about the new Vision statement. Wendy Schiffer, Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs, reported that Vision 2024 began on October 1, 2021. The first report on Vision 2024 will be provided in January, and she offered to provide the Vision 2024 plan in the materials for the next Board Meeting.

Board Member Perez noted that she did not attend the opening of the Community Resource Center in Wilmington. Advisory committee members had complained that there was a lack of communication. She thanked Board Members for their support of
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| Approved Revisions to Human Resources Policies  
- HR-602 Annual Organizational Incentive  
- HR-609 Wage and Salary | Terry Brown, *Chief Human Resources Officer*, presented motions to approve revisions to two Human Resources policies.  
L.A. Care has established the Incentive Program that provides monetary incentives to eligible employees based on the achievement of approved goals set by the Chief Executive Officer or his/her respective designees. The award of an annual incentive payment is not automatic and is at the sole discretion of the Board of Governors. L.A. Care reserves the right to modify or terminate the Incentive Program.  
Staff is proposing additional revisions to HR-602 Annual Incentive Program, as noted in the attached document.  
**Motion EXE A.1021**  
To approve the Human Resources Policy & Procedure HR-602 Annual Incentive Program, as presented.  
L.A. Care’s compensation philosophy is designed to reward employees for higher levels of performance and to pay all employees fairly and equitably, in comparison with both the external market and internal positions and classifications, and which reflects the duties and responsibilities of each employee’s job. The organization is committed to providing a work environment that supports all staff with dignity and respect and rewards individuals according to their accomplishments and work outcomes. | |
<table>
<thead>
<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
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</thead>
<tbody>
<tr>
<td>Staff is proposing additional revisions to HR-609 Wage and Salary, as noted in the attached document:</td>
<td><strong>Motion EXE B.1021</strong> To approve the Human Resources Policy &amp; Procedure HR-609 (Wage and Salary), as presented.</td>
<td>Motions EXE A and EXE B were simultaneously and unanimously approved by roll call. 5 AYES</td>
</tr>
</tbody>
</table>
| Approve Consent Agenda for November 4, 2021 Board of Governors Meeting. | - September 2, 2021 Board of Governors Meeting & Retreat Minutes  
- September 27, 2021 Board of Governors Special Meeting Minutes  
- Ratify execution of Amendment A33 to Contract 04-36069, and Amendment A15 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services, by L.A. Care Chief Executive Officer, John Baackes  
- Accounting & Financial Services Revised Policies:  
  ➢ Policy AFS 008 (Annual Investment Review)  
  ➢ Policy AFS-027 (Travel Expenses)  
- Ntooitive Contract  
- Change Healthcare Resources Contract Amendment  
- Claris Health Contract Amendment Scope of Works 2, 4, and 6 | Approved unanimously by roll call. 5 AYES |

**PUBLIC COMMENTS**
There were no public comments for the closed session items.

**ADJOURN TO CLOSED SESSION**
The Joint Powers Authority Executive Committee meeting was adjourned at 3:04 p.m. Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:04 p.m.

**CONTRACT RATES**
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
- Provider Rates
- DHCS Rates
- Plan Partner Services Agreement

**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: October 2023
<table>
<thead>
<tr>
<th>AGENDA ITEM/PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>
| CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION | Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act  
*Long Beach Memorial Medical Center et al v. L.A. Care Health Plan* - AAA Case No. 012000002356 |  |
| CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION | Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases |  |
| RECONVENE IN OPEN SESSION | The meeting reconvened in open session at 3:47 p.m. No reportable actions were taken during the closed session. |  |
| ADJOURNMENT | The meeting adjourned at 3:47 p.m. |  |

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

APPROVED BY:
Hector De La Torre, *Chair*

Date: __________________________
Date: November 15, 2021

Motion No. EXE 100.1221

Committee: Executive

Chairperson: Hector De La Torre


Background: In accordance with the process approved by the L.A. Care Governing Board, below is L.A. Care’s proposed 2022 State and Federal Policy Agenda (Policy Agenda) for consideration.

This Policy Agenda contains principles and policies that serve as the framework for the development and advocacy of positions on federal and state legislative, administrative, and budget issues. This Policy Agenda provides guidance for L.A. Care’s Government Affairs Department to respond effectively to proposals that could significantly impact L.A. Care’s strategic and operational interests.

2022 State and Federal Policy Principles

Federal Funding and Coverage
1. Retain coverage expansions accomplished by the Affordable Care Act (ACA), including proposals that codify ACA provisions in state statute.
2. Support proposals that stabilize the marketplace (Covered California individual market).
4. Oppose efforts by the federal government to recoup Medicaid matching funds.

Public Plan Protection
5. Support proposals that strengthen L.A. Care as the Local Initiative plan in Los Angeles County.
6. Support proposals that build upon California’s public Medi-Cal managed care plans to create a local, regional, or statewide Public Option and to continue efforts to ensure L.A. Care is recognized as a Public Option in L.A. County.

Eligibility, Benefits, and Enrollment
7. Support proposals that simplify and coordinate the Medi-Cal enrollment and redetermination processes with existing programs (e.g., CalFresh, universal consent for communications, enrollment into Medi-Cal due to loss of Covered California eligibility, etc.)
8. Support proposals that strengthen government-sponsored programs and increase no or low-cost health insurance coverage to the uninsured and low-income populations, without eroding existing coverage or access.
9. Support proposals that would eliminate barriers to eligible populations receiving health and social services benefits for which they qualify.
10. Support proposals that improve enrollment processes and policies impacting duals specific Medicare products, in order to enable membership growth in the duals product line.
11. Support value-based purchasing strategies that are geared towards achieving value through high-quality, cost-efficient member-centric care and that do not result in diminished coverage or benefits.
12. Support proposals that strengthen and improve existing government-sponsored programs in ways that support the safety net, including expanding program eligibility and increasing reimbursement.
13. Support proposals that promote home and community-based care for persons who would otherwise require institutionalization and that do not financially harm the health plan.
14. Support proposals that expand, simplify, or streamline access to behavioral health and substance use disorder services.

Quality
15. Support measures that result in improved quality outcomes and reduced racial disparities in government-sponsored programs.
16. Support integrated delivery and whole person models that are designed to improve quality of care through team-based coordination of care, and that empower patients to be a partner in their own care.
17. Support proposals that improve quality outcomes, reduce racial disparities, and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

Rates/Reimbursement
18. Support proposals that increase transparency, accuracy, and appropriateness in the rate-setting process conducted by regulatory agencies (e.g., DMHC, DHCS, CMS, and Covered California).
19. Support use of health plan fees, provider fees, and intergovernmental transfers that maximize California’s share of Federal Medicaid funding and help stabilize the Medi-Cal program.
20. Support proposals that improve accuracy in the rate adjustment process.
21. Oppose efforts that continue the countywide averaging of Medi-Cal rates in its current form.
22. Support proposals that align financial incentives among providers, patients, health plans, and payers.
23. Support efforts that result in payment equity among government-sponsored programs (e.g., Medi-Cal payment levels being increased to Medicare payment levels).
24. Oppose proposals that shift the cost burden of COVID-19 testing primarily to health plans, with no consideration of additional reimbursement from the federal or state governments.
25. Support proposals to align Medi-Cal reimbursement rates for providers and hospitals in medically underserved areas in Southern California with Northern California Medi-Cal reimbursement rates.

Access to Care
26. Support proposals that increase California’s health care workforce and address the shortage of appropriate health care providers in underserved communities in order to enhance provider access for Medi-Cal enrollees.
27. Support proposals that encourage rigorous evaluations comparing clinical, risk-adjusted patient outcomes for licensed health care professionals. The results of these evaluations will inform the discussions and deliberations surrounding the scope of practice for licensed practitioners; including their initial and ongoing education, training and supervision, in order to assure they work within their entire scope of practice to deliver safe, culturally competent, high-quality health care.
28. Support proposals that encourage team-based training of groups of medical professionals with different licensure and for these groups to practice team-based medical care. Consideration should also be given to having value-based performance rewards for teams as a whole.
29. Support proposals allowing scope of practice expansion under a particular type of license, only if the public interest is clearly protected by commensurate changes in: education and training standards; testing for knowledge and clinical proficiency; and expectations for life-long learning.
30. Support proposals that establish a Graduate Medical Education Governance Council that would expand graduate medical education to match the needs of California’s growing and diverse population, especially in geographically underserved areas.
31. Support proposals to expand the capacity for physician (M.D. and D.O.) residency positions and creating residency positions for Nurse Practitioners who desire additional training. Proposals to expand the number of residency positions that focus on educating individuals to provide medical
care to vulnerable and underserved patient populations are considered high priority; especially if they expand primary care positions.

32. Support proposals that improve and expand access to telehealth/virtual care health services and create long-term policy to utilize technology that improves access to care (including community clinics) and include appropriate compensation.

33. Support proposals that expand access to technology to access telehealth services (e.g., broadband expansion devices, and affordable internet services).

34. Support policies that would establish mental health hotlines and expand mental health services and community workforce to meet increased need.

35. Support policies that would result in decreasing the spread of COVID-19 in vulnerable communities, such as effective contact tracing, appropriate access to testing, personal protective equipment, and timely medical intervention.

Social Determinants of Health/Equity

36. Support policies that improve social conditions and quality of life for low-income populations, including policies that support economic stability, education, food security, housing and healthy physical environments.

37. Support proposals that would change policies, behaviors, and beliefs that perpetuate racism by identifying and addressing those policies and practices in areas where L.A. Care has control or influence, such as employment, contracting, and the provision of medical services.

38. Support programs to address implicit bias in policing and the development of funding mechanisms that support street policing with mental health rapid response units that can de-escalate a mental health emergency.

Health Information Technology

39. Support the use of health information technology and interoperability that would result in cost-savings and patient care improvement.

40. Support proposals that improve data collection coordination to address needs and gaps, especially in vulnerable and minority communities.

41. Support policy that improves collection and reporting of REAL (Race, Ethnicity, and Language) data for members and providers.

Fraud

42. Support the strengthening of anti-fraud measures and programs, and provide the ability of health plans and payers to recover lost funds.

For each proposal evaluated by L.A. Care, due consideration will be given to the financial and work burdens placed on healthcare providers and efforts will be taken to minimize those burdens whenever possible.

Member Impact: L.A. Care supports public policies that increase resources for the safety net, and/or leads to improved access and quality of health care services for its members.

Budget Impact: Sufficient funds are budgeted in the Government Affairs Department budget for this fiscal year. We will budget the balance in future fiscal years.

Motion: To approve L.A. Care’s 2022 State and Federal Policy Agenda, as submitted.
Board of Governors
MOTION SUMMARY

Date: November 15, 2021

Motion No. EXE 101.1121

Committee: 

Chairperson: Hector De La Torre

Issue: Approval of revision to 2022 schedule of meetings for the Board of Governors and Committees.

Background: The schedule is revised to moving the meeting days of Finance & Budget and Executive Committee meetings to 4th Tuesdays of the month.

Member Impact: Public input is welcome at all Board and Committee meetings.

Budget Impact: None.

Motion: To approve the revised 2022 Board of Governors and Committees meeting schedule as submitted.
## 2022 Regular Board and Committee Meeting schedule

**BoG:** Board of Governors, meets at 2:00 for approximately 3 hours, and meets all day in September for strategic discussion  

**C&Q:** Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours  

**Exec:** Executive Committee meets at 2:00 p.m. for approximately 90 minutes  

**F&B:** Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes  

**CHCAC:** Children’s Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours  

**ECAC:** Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours  

**TAC:** Technical Advisory Committee meeting schedule to be determined  

**JPA and LACH:** Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

Meetings are usually held at 1055 West 7th Street, 1st Floor, Los Angeles, CA 90017  
Except where offsite meetings are indicated below or if a different address is posted on the meeting agenda.

<table>
<thead>
<tr>
<th>January 2022</th>
<th>February 2022</th>
<th>March 2022</th>
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<tbody>
<tr>
<td>No Board meeting</td>
<td>2/3 – BoG</td>
<td>3/3 BoG (tentative)</td>
</tr>
<tr>
<td>1/12 – ECAC</td>
<td>2/9 – C&amp;Q</td>
<td>3/9 – ECAC</td>
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<tr>
<td>1/20 – C&amp;Q</td>
<td>2/22 – F&amp;B, Exec</td>
<td>3/15 – CHCAC</td>
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<tr>
<td>1/18 – CHCAC</td>
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<td>3/17 - C&amp;Q</td>
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<tr>
<td>TBD – Audit, TAC</td>
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<td>TBD – GOV</td>
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<th>April 2022</th>
<th>May 2022</th>
<th>June 2022</th>
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<tbody>
<tr>
<td>4/7 – BoG</td>
<td>5/5 – BoG</td>
<td>6/2 – BoG (offsite)*</td>
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<tr>
<td>4/13 - ECAC</td>
<td>5/11 – ECAC</td>
<td>6/8 - ECAC</td>
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<td>TBD - TAC</td>
<td>5/19 – C&amp;Q</td>
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<td>5/24 – F&amp;B, Exec</td>
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<th>July 2022</th>
<th>August 2022</th>
<th>September 2022</th>
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<tbody>
<tr>
<td>No BoG Committee Meetings</td>
<td>No Board meeting</td>
<td>9/1 – BoG (offsite all day retreat)*</td>
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<tr>
<td>7/28 – BOG</td>
<td>8/10 - ECAC</td>
<td>9/14 - ECAC</td>
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<td>8/16 – CHCAC</td>
<td>9/15 – C&amp;Q</td>
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<td>8/18 – C&amp;Q</td>
<td>9/20 - F&amp;B, Exec*</td>
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<td>8/23 – F&amp;B, Exec</td>
<td>*Due to religious holiday</td>
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<td>TBD – Audit, TAC</td>
<td>9/20 – CHCAC</td>
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<th>October 2022</th>
<th>November 2022</th>
<th>December 2022</th>
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<tbody>
<tr>
<td><strong>10/6 BoG (tentative)</strong></td>
<td>11/3 – BoG</td>
<td>12/1 – BoG</td>
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<tr>
<td>10/12 - ECAC</td>
<td>11/9 – ECAC</td>
<td>12/14 – ECAC</td>
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<tr>
<td>10/25 - F&amp;B, Exec</td>
<td>11/15 - F&amp;B, Exec*</td>
<td>No other meetings</td>
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<tr>
<td>TBD - TAC</td>
<td>*Due to Thanksgiving holiday</td>
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<td></td>
<td>11/15 – CHCAC</td>
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<td></td>
<td>11/17 – C&amp;Q</td>
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*Offsite locations are tentative
Date: November 15, 2021

Committee: Executive

Chairperson: Hector De La Torre

Issue: Approve reactivation to Human Resources Policy & Procedure HR-606 (Shift Premium).

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

Background: L.A. Care wants to ensure consistency within its competitive markets, may pay a premium to employees if they meet all the eligibility requirements as indicated.

Shift premium pay is to provide fair and equitable premium pay for staff regularly assigned to work alternate shifts to perform services after standard operating hours.

Staff is proposing reactivating HR-606 (Shift Premium), as noted in the attached document.

Member Impact: None

Budget Impact: None

Motion: To approve the Human Resources Policy & Procedure HR-606 Shift Premium, as presented.
# Shift Differential Premium

**Department:** Human Resources

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## Dates

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Review Date</th>
<th>Next Annual Review Date</th>
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<tbody>
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<td>Click here to enter a date.</td>
<td><strong>11/7/2021</strong></td>
<td><strong>11/7/2022</strong></td>
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<tr>
<td>Legal Review Date</td>
<td>Committee Review Date</td>
<td>Click here to enter a date.</td>
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</tbody>
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## Lines of Business

- Cal MediConnect
- L.A. Care Covered
- L.A. Care Covered Direct
- MCLA
- PASC-SEIU Plan
- Internal Operations

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## Delegated Entities / External Applicability

- PP – Mandated
- PP – Non-Mandated
- PPGs/IPA
- Hospitals
- Specialty Health Plans
- Directly Contracted Providers
- Ancillaries
- Other External Entities

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## Accountability Matrix

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## Attachments

- HR-606 Shift Differential Premium Definitions
- HR-606 Shift Differential Premium Desk Top Procedures

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## Electronically Approved by the Following

<table>
<thead>
<tr>
<th>NAME</th>
<th>OFFICER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry Brown</td>
<td>Human Resources Officer</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>DIRECTOR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Viloria Diaz</td>
<td>Human Resources Total Rewards</td>
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</tr>
<tr>
<td>NAME</td>
<td>TITLE</td>
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</tr>
<tr>
<td>Human Resources</td>
<td>Chief Human Resources Officer</td>
<td></td>
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<tr>
<td>Human Resources</td>
<td>Director</td>
<td></td>
</tr>
</tbody>
</table>

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1 of 4
1.0 OVERVIEW:

1.1 Shift differential premium pay is to provide fair and equitable premium pay for staff regularly assigned to work alternate shifts to perform services after standard operating hours, provided to non-exempt and exempt employees who are regularly scheduled to work outside of L.A. Care Health Plan’s (L.A. Care) standard operating hours. Regular Working Hours of 8:00 a.m. to 5:00 p.m. (Pacific Standard Time – PST).

2.0 DEFINITIONS:

2.1 Regular Working Standard Operating Hours: L.A. Care’s business operation hours of 8:00 a.m. to 5:00 p.m. Pacific Standard-Time (PT)/Pacific Daylight Time.

2.2 Evening Shift Hours: is defined as Regularly assigned shift hours which starts on or after 3:00 p.m. Hours worked Regularly assigned shift hours between 4:00 p.m. and 12:00 a.m 11:50 p.m. as all or part of the regularly assigned shift.
2.3 Night Shift Hours: Regularly assigned shift hours which start on or after 7:00 p.m. Hours worked between 12:00 a.m. and 7:59 a.m. as all or part of the regularly assigned shift.

2.4 Evening Shift Differential Pay: Extra pay received by employees assigned to evening shift and who are scheduled with the majority of hours worked between 4:00 p.m. and 11:59 p.m.

2.5 Night Shift Differential Pay: Extra pay received by employees assigned to night shift and who are scheduled with the majority of hours worked between 12:00 a.m. and 7:59 a.m.

2.6 Majority of Hours: A minimum of five (5) continuous working hours during the defined shift hours.

3.0 POLICY:

3.1 To ensure consistency within its competitive markets, L.A. Care may pay a premium to non-exempt and exempt employees who are regularly scheduled shifts after standard operating hours, if they meet all of the eligibility requirements for shift differential premium pay.

3.2 L.A. Care reserves the right to modify, rescind, delete or add to this policy at any time with or without prior notice.

4.0 PROCEDURES:

4.1 Shift differential pay is included in the base regular rate for the computation of overtime pay for non-exempt employees.

4.2 Shift differential pay is not included in pay for non-worked time such as Paid Time Off, Jury Duty or Bereavement Leave.

4.3 Evening Shift Rate is $2.00/hr.

4.4 Night Shift Rate is $4.00/hr.

4.44.3 Rates are determined on prevailing market, internal equity and as defined as well as at organization discretion.

4.4 To be eligible to participate a position must meet all of the following conditions:
4.4.1 Be regularly assigned to evening shift hours and/or night shift hours. Receive prior written approval by Resource Review Board (RRB) to participate by the Department Director and the Chief Human Resources Officer.

4.5 Any department with eligible positions will refer to their procedures document for implementation.

5.0 MONITORING:

5.1 Hours worked will be tracked in the official timekeeping system of L.A. Care.

5.2 For accuracy in reimbursement calculation, shift premium pay, non-exempt employees will be required to clock in at the beginning of the shift and clock out at the end of the shift.

6.0 REPORTING:

6.1 Any missed punches will need to be reported to employee’s direct supervisor immediately for adjustment in L.A. Care’s timekeeping system.

7.0 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice.

6.1
L.A. Care Customer Solution Center (CSC)
Call Center **After Hours** Alternate Shift Premium Pay Program

**Effective Date**

May 3, 2021

**Objective**

The objective of the L.A. Care CSC Call Center Alternate Shift Premium Pay Program is to provide fair and equitable premium pay for staff assigned to work alternate shifts to perform after hours Call Center Support services.

**Eligibility**

To be eligible to participate in this program, staff must meet all of the following conditions:

1. Be regularly assigned to an alternate work shift; evening or nights.
2. An Evening shift is defined as start time on or after 3:00 p.m.
3. Night shift is defined as a start time on or after 7:00 p.m.
4. Be assigned full time to the Customer Solution Center CSC department in one of the following title(s):
   - Customer Solution Center Service Representative II
5. Receive prior written approval to participate by the Director, Customer Solution Call Center.
6. Be assigned to provide timely after hours services.
7. Team members Customer Solution Center Service Representative II will perform all Call Center after hours services for members.

**Compensation**

Participants in the After Hours program will receive an alternate shift premium, which will be paid as a premium pay.

**Evenings:**
- Regular full time Customer Solution Center Service Representative II: $0.50

**Nights:**
- Regular full time Customer Solution Center Service Representative II: $0.75

**Procedures**

- Positions eligible for this program will be assigned position codes with “(After Hours-Evenings)” or “(After Hours – Nights) in the title.

Example: Customer Solution Center Service Representative II (After Hours-Evenings).
• Should an employee transfer to a non-program participating position, they will no longer receive the After Hours Program shift premium pay for alternate shifts.

• Management will work with their Human Resources Business Partner to remove the premium pay from their position.

L.A. Care reserves the right to modify, rescind, delete, or add to this program at any time, with or without notice.

Reviewed and Approved:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jackie Tham, Senior Director II, Customer Solution Center</td>
<td>6/8/2021</td>
</tr>
<tr>
<td>Terry Brown, Chief Human Resources Officer</td>
<td>11/9/2021</td>
</tr>
</tbody>
</table>
L.A. Care Utilization Management
After Hours Alternate Shift Premium Pay Program
Procedures

Effective Date

August 1, 2019

Objective

The objective of the L.A. Care After Hours Alternate Shift Premium Pay Program is to provide fair and equitable premium pay for staff assigned to work alternate shifts to perform utilization management, clinical and non-clinical interventions needed for after hours services.

Eligibility

To be eligible to participate in this program, staff must meet all of the following conditions:

1. Be regularly assigned to an alternate work shift; evening or nights.
2. An evening shift is defined as a start time on or after 3:00 p.m.
3. Night shift is defined as a start time on or after 7:00 p.m.
4. Be assigned full time to the Utilization Management department in one of the following titles:
   o Authorization Technician I
   o Authorization Technician II
   o Authorization Technician III
   o Lead Authorization Technician
   o Supervisor, Authorization Technician
   o Utilization Management Nurse Specialist LVN II
   o Utilization Management Nurse Specialist RN
   o Utilization Management Admissions Liaison RN II
5. Receive prior written approval to participate by the Director, Utilization Management, or Director, Utilization Management Services.
6. Be assigned to provide timely authorization for medically necessary care for after hours services.
7. Clinical team members will perform all clinical interventions and non-clinical team members will be responsible for all non-clinical interventions and assist in the transfer of members.

Compensation

Participants in the After Hours program will receive an alternate shift premium, which will be paid as a premium pay (pro-rated based on assigned FTE).

Evenings:
- Hourly or Per Diem Registered Nurses: $2.00
- Regular full time Registered Nurse: $4,160 (annualized rate)
- Hourly or Per Diem Licensed Vocational Nurse: $1.50
- Regular full time Licensed Vocational Nurse: $3,120 (annualized rate)
- Regular full time Authorization Technicians and Lead Authorization Technicians: $0.50
- Regular full time Supervisor, Authorization Technician: $1,040 (annualized rate)

**Nights:**
- Hourly or Per Diem Registered Nurses: $4.00
- Regular full time Registered Nurse: $8,320 (annualized rate)
- Hourly or Per Diem Licensed Vocational Nurse: $2.50
- Regular full time Licensed Vocational Nurse: $5,200 (annualized rate)
- Regular full time Authorization Technicians and Lead Authorization Technicians: $0.75
- Regular full time Supervisor, Authorization Technician: $1560 (annualized rate)

### Procedures

- Positions eligible for this program will be assigned position codes with “(After Hours-Evenings)” or “(After Hours – Nights)” in the title.

  Example: Utilization Management Nurse Specialist RN II (After Hours-Evenings).

- Should an employee transfer to a non-program participating position, they will no longer receive the After Hours Program shift premium pay for alternate shifts.

- Management will work with their Human Resources Business Partner to remove the premium pay from their position.

L.A. Care reserves the right to modify, rescind, delete, or add to this program at any time, with or without notice.

### Reviewed and Approved:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Jean Giggers, Director, Utilization Management Services</td>
<td>9/18/2019</td>
</tr>
<tr>
<td>Terry Brown, Chief Human Resources Officer</td>
<td>9/25/2019</td>
</tr>
</tbody>
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Date: November 15, 2021

Motion No. EXE B.1121

Committee: Executive

Chairperson: Hector De La Torre

Issue: Approve retirement of Human Resources Policy & Procedure HR-632 After Hours Program-Medical Management

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

Background: To ensure compliance with the appropriate regulatory requirements specific to providing After Hours Utilization Management (UM) access, post stabilization and repatriation determinations within thirty (30) minutes of the request.

With the reactivating of HR-606 Shift Premium, we would like to retire current Policy HR-632 After Hours Program-Medical Management.

Member Impact: None

Budget Impact: None

Motion: To approve the retirement of Human Resources Policy & Procedure HR-632 (After Hours Program-Medical Management).
RETIRE THIS POLICY

PURPOSE:

To ensure compliance with the appropriate regulatory requirements specific to providing After Hours Utilization Management (UM) access, post stabilization and repatriation determinations within thirty (30) minutes of the request.

POLICY:

1. L.A. Care provides a fair and equitable method of scheduling and paying non-exempt employees while on Callback Status. Exempt employees are not normally eligible for additional pay for Standby or Callback but are instead paid on a case rate based on the clinical interventions needed for after hour services, regardless of the hours required to perform the functions of their job.

2. L.A. Care Medical Management Department must maintain after hour staffing to provide access for providers, including non-contracting hospitals, to obtain timely authorization for medically necessary care. The after hour staff will provide assistance with emergency room post-stabilization authorizations for circumstances where the enrollee has received emergency services and care. Once the enrollee is stabilized but the treating provider believes that the enrollee may not be discharged safely, after hour staff may provide assistance to the receiving provider with hospital admissions and/or tertiary care transfers for higher level of care needs, repatriation to contracted facility or facilitate transitions with Medical Director consultations, as needed.

3. Medical Management Department will be responsible for maintaining the scheduling of the After Hours Medical Management Team. The team is comprised of the following for each after hour shift, an Authorization Technician (AT), a Utilization Management Nurse Specialist (Nurse) and a physician. Non-clinical team members will be responsible for all non-clinical interventions and they are qualified to assist in the transfer of members. All clinical questions or issues specific to member’s care must be responded to by either the nurse or physician on-call for L.A. Care.

RAC Version Control #1B (10.30.2009)

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DEFINITIONS:

“After Hours” - Monday through Thursday from 5:00 P.M. to 8:00 A.M; Weekend coverage is Friday 5:00 P.M to Monday 8:00 A.M. L.A. Care recognized holidays are covered for the entire twenty-four (24) hour period.

Callback – in this instance is defined as time actually at work or from a secondary location when call back is required as a result of being contacted for work while on “Uncontrolled” Standby status. Failure of an employee to report for Callback when on “Uncontrolled” Standby status can result in corrective action up to and including termination.

Exempt Staff – Employees who are exempt from the overtime provisions of the Federal Fair Labor Standards Act.

Non-exempt Staff – Employees entitled to premium pay for work in excess of forty (40) worked hours in a workweek or eight (8) hours in a workday.

Uncontrolled Stand-by – is time spent away for L.A. Care during which the employee is required to be available to receive calls related to work or leave word at his/her home with the employer about where he/she may be reached and/or carry a beeper device through which he/she may be called on. The employee is unrestricted so that the time spent can be spent predominantly for his/her own purpose.

PROCEDURE/S:

Calls regarding possible member care or transfer received “after normal business hours” are triaged for member eligibility by the contracted telecommunication vendor. The vendor then will transfer calls to the appropriate L.A. Care contracted entity (i.e., Kaiser, Anthem Blue Cross, Care 1st or L.A. Care’s Direct Line of Business (MCLA, SNP, Healthy Families, Healthy Kids, or IHSS) for processing based on the nature of the call.

The telecommunication vendor will transfer calls to the L.A. Care Direct Lines of Business (DLOB) provider network responsible for utilization management activity based on a defined matrix of delegation:

- Delegated Participating Physician Group (PPG).
- Non Delegated PPGs

For calls related to DLOB members and the PPG is delegated, the vendor will forward the call to the PPG UM staff defined on the matrix. If a delegated PPG does not respond within
the established timeframe or the vendor is unable to connect with the assigned PPG, the vendor will transfer the call to the LA Care After-Hours Medical Management Team.

For calls related to DLOB members and the PPG is non-delegated, the vendor will forward the call to the L.A. Care After-Hours Medical Management Team.

For calls related to DLOB members and the provider is requesting UM services, the call will be transferred to a member of the Medical Management After-Hours Team member for evaluation and processing of the UM request. A UM request is defined as ER post-stabilization care, hospital admissions, or ER transfers for members assigned to one of the L.A. Care direct lines of business.

The Authorization Technician (AT) will be the first to receive a vendor call and create a case. The AT will work through specific scripting and protocols designed for basic UM assistance in providing tracking numbers and assisting in transfers. AT will follow the applicable Medical Management Policies for After Hours Emergency Care and Services. If the hospital’s request is not defined in the department protocol, is too complex and will require clinical intervention or the hospital is requesting to speak to a clinical team member, the call will be passed on to the UM Nurse Specialist on-call. The UM Nurse Specialist will follow the applicable Medical Management Policies for After Hours Emergency Care, Utilization Management, and Admissions/Concurrent Review. If the hospital call meets the regulatory requirement for transfer disputes, the physician will be contacted.

The AT is responsible for ensuring requests from non-contracted facilities regarding a post-stabilization care are assessed for potential repatriation or “transfer” into a network facility. This would be accomplished by coordinating calls to the delegated PPG and following up to ensure the transfer had occurred. For non-delegated PPGs, AT would be responsible for confirming requesting hospital to identify a receiving physician or specialty service, arrange for receiving hospitalist, arranging receiving hospital bed, arrange level of transportation need as defined by requesting provider, provide tracking numbers for all of the required services.

If clinical issues arise or the requesting non-delegated PPG team wants to speak with a clinical team member, the call is transferred to the on-call UM Nurse Specialist for assistance.

Each team member is responsible for completing the applicable department documentation of all after-hour call cases, reconciling the after-hour vendor call reports to their activities and submitting the cases to the UM Manager for appropriate and timely compensation.

Program Compensation

**UM Nurse**

The UM Nurse Specialist will receive six ($6.00) dollars per hour while on Uncontrolled Standby. The UM Nurse Specialist will receive reimbursement based on clinical
intervention needs of defined cases. If the UM Nurse Specialist is contacted while on Uncontrolled Standby status, the UM Nurse Specialist is guaranteed a flat fee of $100 per each individual member call. The UM Nurse Specialist may be eligible to receive an additional flat rate fee of $50.00 for each member call lasting greater than two (2) hours. Multiple calls for the same member will be considered cumulative regarding time and will not be eligible for greater than $150.00 per shift. Maximum UM Nurse Specialist clinical transfers are three (3) per day. For UM Nurse Specialist transfer over three, notify Medical Management administration for review the next business day.

Authorization Technician

The Authorization Technician will receive six ($6.00) dollars per hour while on Uncontrolled Standby. If the Authorization Technician is contacted while on Uncontrolled Standby status, the Authorization Technician will be paid time and one half of their base hourly rate for a minimum two hours for each individual member related call they handle through the entire transfer process in accordance with California Overtime rules and regulations.

L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice.

AUTHORITY:

California Health and Safety Code §1317.1; 1370; 1371.4, 1371.4(a)
California Code of Regulations (CCR) § 1300.70, 1300.69, Subchapter, 8(g): Scope of Basic Health Care Services
CCR Title 28, Section 1300.67(g)
CCR Title 22, Section 53216
CCR Title 22 Section 5.8 Healthy Families
EMTALA Statue: 42 U.S.C §1395
Department of Health Care Services Contract No 04-36-69 Exhibit A, Attachment 9
Access and Availability – Emergency Care; Attachment 6 – Emergency Services
MMCD Policy Letter 95-01: Emergency Services for Medi-Cal Managed Care
County of Los Angeles – Healthy Families Program Health Services Agreement
Healthy Kids Service Agreement
Code of Federal Regulations (CFR) § 438.114; §422.113

REFERENCE:

L.A. Care Health Plan UM Program Description
L.A. Care Health Plan Policy UM-130 24 Hours/7 Days/Week Access to Medically Needed Services and Emergency Care
L.A. Care Health Plan Policy UM-109 24 Hours/7 Days a Week Telephone Access To Utilization Management Professional for Authorization Referrals
Date: November 15, 2021  
Motion No. EXE C.1121

Committee: Executive  
Chairperson: Hector De La Torre

Issue: Approve reactivation to Human Resources Policy & Procedure HR-710 (Reimbursement for Educational Expenses)

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

Background: L.A. Care Health Plan (L.A. Care) encourages its employees to further their education and improve their professional skills by providing financial support to eligible employees who complete educational courses or certificate programs that contribute to the improvement of the employees’ current job performance, duties, L.A. Care’s Mission and/or potential job advancement at L.A. Care.

The following changes were made to policy:

- HR-710 Reimbursement for Educational Expenses moved from Center for Organizational Excellence to Talent Strategy & HR Technology, Learning Experience.
- Process to submit pre-approval moved from Footprint ticketing system into Employee Central. Course Complete request in Employee Central.

Member Impact: None

Budget Impact: None

Motion: To approve the Human Resources Policy & Procedure HR-710 (Reimbursement for Educational Expenses) as presented.
<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>HUMAN RESOURCES</th>
</tr>
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<tbody>
<tr>
<td>Supersedes Procedure Number(s)</td>
<td>6118, 117</td>
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**DATES**

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<tr>
<th>Effective Date</th>
<th>Review Date</th>
<th>Next Annual Review Date</th>
<th>Legal Review Date</th>
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**LINES OF BUSINESS**

- Cal MediConnect
- L.A. Care Covered
- L.A. Care Covered Direct
- MCLA
- PASC-SEIU Plan
- Internal Operations

**DELEGATED ENTITIES / EXTERNAL APPLICABILITY**

- PP – Mandated
- PP – Non-Mandated
- PPGs/IPA
- Hospitals
- Specialty Health Plans
- Directly Contracted Providers
- Ancillaries
- Other External Entities

**ACCOUNTABILITY MATRIX**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Terry Brown</td>
<td>Chief Human Resources Officer</td>
</tr>
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</table>

**ATTACHMENTS**

**ELECTRONICALLY APPROVED BY THE FOLLOWING**

<table>
<thead>
<tr>
<th>OFFICER</th>
<th>DIRECTOR</th>
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<tbody>
<tr>
<td>Terry Brown</td>
<td>Jackie Tham</td>
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<td>Frankie Edwards</td>
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<td>Edward Topps</td>
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| DEPARTMENT | Human Resources |
| Title | Chief Human Resources Officer |
| Human Resources | |

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Jackie Tham</td>
<td>Senior Director, Center for Organizational Excellence</td>
</tr>
<tr>
<td>Frankie Edwards</td>
<td>Human Resource Talent Strategy &amp; HR Technologies</td>
</tr>
<tr>
<td>Edward Topps</td>
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</table>

**2 of 10**
REIMBURSEMENT FOR EDUCATIONAL EXPENSES

AUTHORITIES

- HR-501, “Executive Committee of the Board: HR Roles and Responsibilities”
- California Welfare & Institutions Code §14087.9605

REFERENCES

HISTORY

<table>
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<th>REVISION DATE</th>
<th>DESCRIPTION OF REVISIONS</th>
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<tbody>
<tr>
<td>6/27/2018</td>
<td>Policy number changed from HR-117 to HR-710 and moved from Benefits to Center for Organizational Excellence. Reimbursement procedure changed to include recuperation of educational loan. Time frame to submit pre-approval form added.</td>
</tr>
<tr>
<td>9/23/2019-11/7/2021</td>
<td>Policy number HR-710 moved from Center for Organizational Excellence to Talent Strategy &amp; HR Technology, Learning Experience. Process to submit pre-approval moved from Footprint ticketing system into Employee Central. Course Complete request in Employee Central.</td>
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DEFINITIONS

Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies: http://insidelac/ourtoolsandresources/departmentpoliciesandprocedures
1.0 OVERVIEW:

1.1 L.A. Care Health Plan (L.A. Care) encourages its employees to further their education and improve their professional skills by providing financial support to eligible employees who complete educational courses or certificate programs that contribute to the improvement of the employees’ current job performance, duties, L.A. Care’s Mission and/or potential job advancement at L.A. Care.

1.2 This policy establishes guidelines for the eligibility, approval and reimbursement for educational expenses.

2.0 DEFINITIONS:

Whenever a word or term appears capitalized in this procedure, the reader should refer to the “Definitions” below.

2.1 Eligible Employee - all regular status employees working at least 30 hours per week, with at least six months of continuous service as of the date the course begins are eligible to participate in the program. Employees who have received a “Does Not Meet” on their annual performance evaluation, or that have been on an active performance improvement plan (PIP), or on any other type of disciplinary action within six months prior to the date the course begins are not eligible.

2.1.1 Interns, part-time, per diem, and/or temporary employees are not eligible for reimbursement and are excluded from this policy.

2.2 Reimbursement - funds paid by L.A. Care to an Eligible Employee provided for educational expenses for attendance at approved schools. These schools which normally provide credit leading toward a degree, diploma, certificate or certification that will contribute to the improvement of the employee’s current job duties, skills and knowledge related to job performance. Courses must extend over a continuous specific time frame. Reimbursement is also provided for obtaining professional certification when the specific job is required by regulation to be certified. Tuition and application fees are covered for the employee’s initial certification. Recertification expenses are limited to the cost of the application fee (see policy HR-115, Reimbursement for License/Certification Renewal Expenses).

2.3 Professional Certification - designation earned by an individual to assure qualification to perform a particular job or task. In general, it must be renewed periodically through continued learning or education.

2.4 L.A. Care’s Mission - to provide access to quality health care for Los Angeles County’s vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.
3.0 POLICY:

3.1 This policy is intended to assist Eligible Employees as they further their professional qualifications through formal education; whether in the pursuit of a formal degree, or in the completion of a professional certificate program. This policy is intended to provide educational assistance benefits under section 127 of the Internal Revenue Code. All benefits under this policy are paid from L.A. Care's general assets.

3.2 Courses and certificate programs must be reasonably related to the employee’s job duties, or must be a required elective course if the employee is in a degree or professional certificate program that is reasonably related to the employee’s career goals and L.A. Care’s Mission.

3.3 Costs for attendance at seminars, workshops, lectures, preparatory courses, or other classes that do not result in either a formal grade or a Professional Certification are not covered by this policy.

3.4 Reimbursement for educational expenses is provided for up to 100% of the eligible expenses, up to the maximum of $7,500 every calendar year per every twelve months every calendar year, from January 1st—December 31st, based on a rolling 12-month tally according to the date the course is completed from January 1st—December 31st.

4.0 PROCEDURES:

4.1 Eligibility:

4.1.1 If L.A. Care temporary or part-time employees are converted to a regular status classification, their time in service will be honored by their original date of hire as a temporary or part-time employee for the purpose of calculating eligibility for this benefit. (Reference Policy HR-314 Seniority)

4.1.2 Enrollment in educational programs outside of L.A. Care may not interfere with the employee’s normal work schedule, job assignment, duties and L.A. Care expectations.

4.1.3 Falsification of any documents or records, any misrepresentation of information, or omission of material facts shall lead to disciplinary action, up to and including immediate termination of employment.

4.2 Reimbursement:

4.2.1 Employees must submit a completed Tuition Reimbursement request via Footprint tickets “Reimbursement for Educational Expenses Pre-Approval Form” Tuition Reimbursement request via Employee Central—to their...
Human Resources Business Partner (HRBP) or Human Resources (HR) Learning and Development (L&DLearning Experience (LX) Department, at least 14 calendar days prior to the start date of the class or program. The Human Resources Business Partner (HRBP) or Learning Experience (L&DLX) staff may ask for additional information or documentation in order to review the request. Employees must submit one ticket per course along with a director or manager approval. Failure to submit a completed Tuition Reimbursement request form 14 calendar days prior to the start date of the class or program will may result in a denial of the request. Final approval is conducted by L&DLX Department.  

4.2.2 In order to receive reimbursement under this program, an employee must earn a grade of “C” or better for graded courses, or must earn a “Pass” designation for pass/fail undergraduate courses. Employees must earn a grade of “B” or better for graduate courses. Employees must receive an official letter of completion from the educational institution.  

4.2.3 For certificate programs (programs that do not provide a grade or have a pass or fail requirement), the employee must show an official letter of completion from the educational institution. In accordance with limitations of this policy, L.A. Care will provide Reimbursement to employees for certification expenses including:

4.2.3.1 The cost of a course/program;  
4.2.3.2 The cost of a preparation course for taking the certification test or assessment;  
4.2.3.3 The cost of a course needed to attain certification; or  
4.2.3.4 The cost of the certification test or assessment.  

4.2.3.4.1 Eligible expenses include course tuition, student and school fees, books, exams, professional certification fees and payment for loans acquired for requested Reimbursement period.  
4.2.3.4.2 Eligible expenses do not include supplies, meals, transportation, academic counseling fees, and other optional and miscellaneous fees unrelated to taking a specific course.  

4.2.3.5 The Chief Human Resources Officer and Senior Director, Talent Strategy and Technology Center for Organizational Excellence have the final authority on whether a course is eligible for Reimbursement and what expenses will be honored.
4.2.4 The terms and conditions for Reimbursement including any repayment obligation shall be set forth in writing in the Reimbursement policy for Educational Expenses form. The expectation is that an employee shall continue employment for at least 30 hours per week at L.A. Care for one year after the successful completion of the course for which the Reimbursement was granted. Otherwise, the employee shall be required to pay back an amount equal to the Reimbursement within four months from an Employee’s separation date unless a longer period of repayment is authorized by Chief Human Resources Officer. Employees must be on “active status” to receive Reimbursement; if an employee is out on an authorized leave of absence, Reimbursement will be paid when the employee returns to “active status” and provides the requisite documents to support Reimbursement within 60 calendar days after returning.

4.2.5 Reimbursement is provided according to this policy only to the extent that budgeted funds are available or an exception to go beyond the budgeted funds is approved by the Chief Financial Officer.

4.2.6 An employee must submit the following documents in support of Reimbursement to the L&DLX Department within 90 calendar days after the course completion date:

4.2.6.1 Proof of payment to the academic institution. Proof of payment must include the institution’s name, course name, amount paid, the date the amounts were paid for the specific course(s) as well as documentation for any other eligible fees and expenses;

4.2.6.2 Documents must show the course start and end dates and the final grade, letter of completion and/or proof of the attainment of a professional certification, if applicable;

4.2.6.3 The HRBP, or L&DLX Department reserve the right to require additional information or documentation as needed.

4.2.7 Claims for Reimbursement will generally be approved or denied by L.A. Care within 14 days.

4.2.8 Reimbursement maximums will be calculated using the date noted on the final documents submitted (receipts, grades, etc.) to L&DLX for Reimbursement.

4.2.9 Employees who receive a grant, scholarship, or educational benefits under any other program are eligible for Reimbursement only for the amount of eligible expenses that are not covered by the other grant, scholarship, or educational benefit. Employees who receive a grant (Pell, etc.) or Pell grant or scholarship are not eligible for Reimbursement.
Employees who receive direct subsidized/unsubsidized loans are eligible for reimbursement. Employees who receive a Pell grant or scholarship are not eligible for reimbursement. Employees who receive direct subsidized/unsubsidized loans are eligible for reimbursement. Employees are required to report if, and to what extent, they are receiving such grants, scholarships, or educational benefits on the “Reimbursement for Educational Expenses Pre-Approval Form.” Supporting documentation must be submitted upon request.

4.2.10 Reimbursement is processed through L.A. Care’s payroll system and is reflected in the employee’s paycheck. According to Internal Revenue Service (IRS) guidelines, Reimbursement of up to $5,250 per calendar year is not considered to be taxable earnings. Reimbursement that exceeds $5,250 in a calendar year is considered taxable earnings, and will be taxed automatically through payroll subject to federal and state income and payroll tax withholdings in accordance with federal and state law. Given that IRS regulations may change, an employee who receives Reimbursement is responsible for any income taxes due that are not collected at the time that the Reimbursement is made by L.A. Care. Employees are responsible for any tax liability arising from the receipt of educational assistance under this policy.

4.3 Administration:

4.3.1 L.A. Care administers this policy, and has the sole discretionary authority to interpret the policy, to make eligibility and benefit determinations, and to make factual determinations in connection with the policy. Any determinations by L.A. Care are final and binding on all parties.
5.0  **MONITORING:**

5.1 Human Resources reviews its policies routinely to ensure they are updated appropriately and has processes in place to ensure the appropriate required steps are taken under this policy.

6.0  **REPORTING:**

6.1 Any suspected violations to this policy should be reported to your Human Resources Business Partner.

7.0  L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice. **If L.A. Care amends or terminates the policy, any Eligible Employee enrolled in a course that has been previously approved will remain eligible to be Reimbursement according to this policy with respect to that course.**
Date: November 15, 2021  

Committee: Executive  

Chairperson: Hector De La Torre  

Issue: Approve the disbursement of funds for the Annual Incentive Plan, based on the results of individual performance goals and organizational targets for FY 2020-2021.

Background: Currently, employees are eligible to participate based upon job classification, and under one of the following components of the Annual Incentive Program:

- Monthly Production Incentives Program based on predetermined criteria;
- Individual Annual Incentives Program based on predetermined goals; and,

The Production Incentive Program was budgeted and paid monthly according to policy.

This request is for authorization to payout for the Annual Incentives Program, not to exceed $8.8M.

Budget Impact: The Annual Incentive Program budget previously approved by the Board of Governors for FY 2020-2021, no more than 4.0% of budgeted Salaries and Benefits. The projected amount for a potential incentive for the Chief Executive Officer has a separate budget.

Motion: To authorize the disbursement of funds not to exceed $8.8 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2020-2021 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.