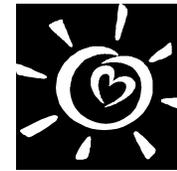


BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – October 26, 2020
 1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Robert H. Curry, *Treasurer*
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief Human Resources Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Marie Montgomery, *Chief Financial Officer*
 Tom MacDougall, *Chief Information & Technology Officer*
 Francisco Oaxaca, *Chief of Communications & Community Relations*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Deputy Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

California Governor issued Executive Order No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Hector De La Torre, <i>Chairperson</i>, called the meetings to order for the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee at 2:24 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> • 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 wants to 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. • Chairperson De La Torre will invite public comment period before each item is discussed, not after. The public comment will be read 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. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved. <i>Member Curry experienced technical difficulties and was not able to vote.</i>	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez)
PUBLIC COMMENTS	Text received, Sep 29, 2020, at 6:48pm, from Carolyn Navarro <i>Public comment, Carolyn Navarro 626-217-0549 Oct 26, 2020 meetings Finance relevant, 1&2 pm: Regarding managed care corrective action signed by your attorney stating LA Care is to “identify and follow up “ with Synermed aka EHS affected enrollees, WHO has been notified? It was handed down in late 2019 , not long ago . Any recent victim I find has not been notified, nor have we .Now a person who worked at Synermed has come forward stating people working there were given bonuses of \$500 to dump sick patients, I’d like to know if that was the case with our daughter! I alerted you that something illegal was going on in 2014, instead of acting concerned you acted like you have something to hide! Your “management “ needs to be investigated, maybe criminally for allowing special needs people to be abused by an MSO you likely gave millions to for years, where is all that money you gave them? Public comment Oct 26, 2020 from Carolyn Navarro bohindy@gmail.com , any victim (many have no idea they are victims) is welcome to message me anytime!</i>	

Text received Sep 30, 2020, at 12:04 p.m. from Carolyn Navarro



Public Comment, Carolyn Navarro 626-217-0549. This documents my complaint that at both September 28 2020 meetings I heard the other public commenter comments that I was aware of in advance only partially read and THEN read in full after I pointed it not being all read, omitting the disgusting revelation that Synermed agents would get \$500 prizes for dumping patients! Furthermore , it was recorded as stated at the beginning of the meeting, you board members heard it just fine! The other commenters comment was read 4 times , 2 x's in full ! I listened to the entire meetings and heard everything just fine , in case you have any selective amnesia , like you have about Synermed abusing 1,000s of enrollees that you don't give a damn about , I'm not the only one who heard it!

Public comment , I believe people are still getting bonuses to dump patients!

*Public comment , NONE of you are owed you jobs or professional licenses, especially when you abuse your positions thinking a parent and a housewife can do nothing ,
(3 minutes expired)*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING MINUTES	The minutes of the September 28, 2020 meeting were approved as submitted.	Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported</p> <ul style="list-style-type: none"> • L.A. Care is looking at all aspects of the impact of the forecasted loss for the budget of the fiscal year that ended on September 30, 2020, as well as the loss in the budget that was approved for the next fiscal year. Staff is endeavoring to make sure that we are reducing the administrative expenses as much as possible, without compromising the ability to serve the members or the provider network. Staff is reviewing the outside contracts for opportunities for renegotiation and cost reduction. A hiring freeze has been imposed for the organization. Vacant positions will be filled from within the organization as much as possible, offering employees the opportunity for transfer or upgraded positions. More details will be reviewed with the Board at the November and December meetings. • A big concern is the revenue situation. California is in a bridge period until December 31, 2020 so the state can convert to a calendar year for rate determination. A 1.5% rate reduction was applied to the entire 18-month bridge period, which added to L.A. Care's loss in revenue for the last fiscal year. • As of the end of October, L.A. Care is waiting for rates for calendar year 2021. There has been preliminary indication, but expect to receive final rates in December. A concern overshadowing this situation is that when the state adopted a budget in June, it included a conservative estimate of federal aid that has not yet materialized. In adopting the budget, it was indicated that if the additional federal aid was not known by October 15, there would be certain "trigger" cuts that would be applied to Medi-Cal. Most of those cuts would not come until the end of the 2021 rate year, including the termination of Proposition 56 funding. • There is also concern that the lack of a federal stimulus bill by Congress has impacted many businesses, and there have been reports in the media about companies that are furloughing employees. It is expected that there will be continued downward 	

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	<p>pressure on the economy as a result of the recession, which will be reflected in the state's lower tax revenue. The effects are still unknown until the final rates are seen in December. The preliminary rates could change dramatically in the next several months.</p> <ul style="list-style-type: none"> • As a Medi-Cal managed care plan, L.A. Care enrolls the most vulnerable in the population. The plan demographics include 44% Latino, and that population is the most hospitalized for COVID -19, with a death rate 3.5 times the rate of their white counterparts. This is reflected in the continuing high expenses for medical care. At the Finance & Budget Committee meeting, Member Curry spoke about the length of stays involved in treating COVID-19 patients. Compared to commercial health plans, L.A. Care is bearing a greater financial burden. • L.A. Care is actively seeking ways to reduce the expense without a reduction in services. This involves re-contracting, particularly with those which might seek to move toward capitation or a risk sharing arrangement. • L.A. Care has reopened the Community Resource Centers with limited programming. Those sites have become sites for food pantries and have begun conducting drive-through flu clinics with pharmaceutical partners. About 7,000 flu shots have been given and will continue this program. The point is to encourage and make available the flu vaccine to prepare people for the flu seasons in hopes it will prevent infection and allow hospitals to be available for treatment of COVID-19 patients in the event of a surge in infection. • Reports of COVID-19 cases are slowly dropping in Los Angeles County while other states are seeing surges in infection rates. In Nebraska, officials are considering how to ration hospitalization. • L.A. Care remains focused and committed to bringing the plan through the pandemic in a strong financial position in order to continue to support the mission to serve vulnerable members of the community and preserve the safety net of providers and access to care. <p>Member Booth noted that assuming there is not sufficient funds to pay providers, as we see it right now, for the group of people that the health plan covers, discuss why hospitals would want to assume more financial risk.</p> <p>Mr. Baackes responded that some may be willing to join a risk-bearing arrangement because they would get paid up front. Cash flow would be better than filing claims and</p>	

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	<p>waiting for payment, and other incentives can be included in that payment methodology. He noted there has been quite an appetite among hospitals for this type of payment.</p> <p>Member Booth clarified that there would be savings for the hospital and the health plan. Mr. Baackes indicated that capitation provides hospitals with a better cash flow, so to the extent that allows them to operate more efficiently, there could be savings for them. Hospital executives have told him that capitation payment is much more helpful to them than filing claims and getting paid after the fact.</p> <p>Marie Montgomery, <i>Chief Financial Officer</i>, added that these arrangements are with provider groups that are working with hospitals where they believe they can create efficiencies in how they work together. On a selected basis, based on geography and relationships, stability is gained in predictability of revenue and cash flow. They also believe that they are positioned to drive efficiency by partnering between the provider group and the hospital for selected members.</p> <p>Member Curry stated, on a hypothetical basis not with respect to L.A. Care, in his hospital systems' negotiations with payors, everything Mr. Baackes and Ms. Montgomery said is true. There is a more predictable cash flow. If efficiencies can be achieved in delivery of the care model, there is a financial upside. If there is no risk, there is no benefit.</p> <p>Mr. Baackes added, an important factor is that by doing risk sharing arrangements with a medical group tied in, is that the capitation to the hospital affects the members in that medical group. There is a benefit to the medical group that is more efficient about hospital admissions, particularly re-admissions and use of the emergency room. Medical group physicians also increase active participation in discharge planning.</p> <p>Dr. Seidman commented that Member Curry and Ms. Montgomery use the term efficiencies in the partnership and collaboration between the provider groups and the hospitals, and they may be alluding to different things in their use of the term efficiency. Dr. Seidman explained that he would say that with capitation, incentives are shifted in a potentially positive way. Since capitation dollars are going out up front to both the group and the hospital, the financial incentives are to invest in activities that reduce utilization and cost, so the savings can be invested in programs and interventions that can improve health outcomes. It can be considered an efficiency, as CMO he noted it is an important shift in the financial incentives in an ongoing effort to get payment methodologies aligned with the improved outcomes L.A. Care is trying to achieve.</p>	

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	<p>Member Curry noted that in the Medicare program the federal government is offering bundled payments and at-risk payments. His organization is participating in the joint replacement bundle, wherein if resources are used effectively, both physician and hospital share in the funds resulting from efficiency. Many orthopedic surgeons, maybe for the sake of patient care and safety, but not necessarily for clinical outcomes, would admit patients to a skilled nursing facility for perhaps up to a week, following discharge after two days in the hospital. The two-day hospital stay is becoming one day, and the use of skilled nursing facilities is just about gone, replaced with home health at significantly lower cost. The federal government is finding value in offering this form of reimbursement. It is where things are headed in the relationships among health plans, providers and hospitals, in integrating the right outcomes and the right payment.</p>	
<p>4th Quarter Strategic Vision report FY 2019-20</p>	<p>Mr. Baackes referred to the report included in the meeting materials (<i>a copy of the report may be requested by contacting Board Services</i>). He noted that this is an important document for staff as it reflects the priorities L.A. Care is working on to meet the budget and vision goals. The plan is formulated for three years, with broad goals followed by objectives and tactics. It is updated with current activities, and as tactics are achieved, new ones are listed in the report.</p> <p>Member Booth commented that the report is much easier to follow and she hopes that is true for everyone else. Mr. Baackes thanked Member Booth for her input, and he congratulated Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, and her team for their great work on this report.</p>	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> • California is working on the 2021-22 Budget. In January, when the legislature reconvenes, there will be more information. • A federal judge has struck down an attempt to add work requirements to the SNAP assistance program which benefits nearly 700,000 people nationwide (Cal-Fresh in California). L.A. Care had submitted a public comment letter opposing the work requirement. • It is expected that Amy Coney Barrett will be appointed to the Supreme Court of the United States. <p>Member Booth asked about discussions about aligning legislative goals among physicians and health plans. Ms. Compartore stated that a proposed legislative policy platform will</p>	

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	be presented to the Executive Committee in November and to Board Members in December.	
Ratify Amendment 31 to DHCS Agreement 04-36069	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, summarized the motion and asked the Committee members to consider amending the motion to include Amendment 14 to Contract 03-75799. Amendment 31 extends the terms and conditions of the contract to December 2021. Amendment 14 was received earlier today, and it extends the state sponsored services to December 2021. There was no objection to the amendment.</p> <p><u>Motion EXE 100.1120</u> To ratify execution of Amendment No. 31 to Contract 04-36069, and to approve execution of Amendment A14 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.</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Gonzalez and Perez)</p> <p><i>Member Curry experienced technical difficulty and he could not vote.</i></p>
Community Health Investment Fund (CHIF) Priorities FY 2020-21	<p><i>Member Ballesteros may have financial interests in Plans, Plan Participating Providers or other programs and as such he refrained from the discussion of items 2), 3) and 4) in the motion below. In order to expedite the process, his vote on the motion reflects a vote concerning the entire motion excluding those items for which he is abstaining.</i></p> <p>Mr. Baackes noted that the grant programs are discretionary and may be set aside. This is in line with past budgets. Because of the uncertainty of L.A. Care’s revenue beginning in January 2021, he asked staff to divide the programs into two lists:</p> <ul style="list-style-type: none"> • Continued installments for prior commitments (where grantee is meeting requirements). • Remaining grant programs will be reviewed in January 2021 based on the financial outlook at that time. <p>Roland Palencia, MA, <i>Director, Community Benefits Program</i>, summarized the motion. The first phase will include ongoing multi-year commitments. This includes \$4 million in funding to Brilliant Corners, which funds housing for up to 300 individuals and families experiencing homelessness, the majority being L.A. Care members. This first phase also includes a few other small grants, not to exceed a total of \$100,000.</p> <p>All remaining funding will be considered in the second phase of grants. This funding will remain on hold for now, and the Chief Executive Officer (CEO) will assess the financial situation in the second quarter of FY 2020-21 to determine whether to release some or all of</p>	

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	<p>the remaining CHIF funds. Staff is requesting authority for the CEO to approve these grants should the financial situation warrant the investment, and will keep the Board informed.</p> <p>Member Gonzalez asked about the upper limit for funding. Mr. Palencia responded that the limitation would be the full amount of available funding, however, L.A. Care does not provide funding in such large amounts. Member Booth noted that in May 2020, the upper limit was approved at \$250,000 per grantee until funds are reallocated for CHIF, and she recommended amending the motion to include the same limit (shown in item 4 of the motion in italics).</p> <p>Member Booth noted that in reference to item 3 of the motion, while she understands the importance of addressing systemic racism as a way to improve public health outcomes, she is concerned that empowering and investing in organizations that are not involved in health care is straying outside the responsibilities of the Board of Governors.</p> <p>Mr. Palencia responded that the proposed grant funding related to racism will address the COVID-19 pandemic and provide resources including improving access to health care and addressing social determinants of health. Mr. Baackes noted that this is part of the work being done through creation of the Equity Council Steering Committee, an outgrowth of a health disparities task force set up a year and a half ago. Institutional racism is a public health issue. L.A. Care’s Latino and African American members are being infected, hospitalized and dying at disproportionately higher rates from COVID-19, which is a result of institutional racism. Being denied opportunities in education and employment has resulted in compromised health status. The proposed grants will help address the public health problems that have resulted from institutional racism.</p> <p>Dr. Seidman noted that there is a tremendous amount of overlap in the use of the term, <i>institutional racism</i>. The term has been around for a long time, but is unfortunately being used more frequently as of late. It also drives significant realities of social determinants of health, which are barriers to health. People have commented that these have not been traditional areas of focus for health care provider training, or for payors, but are now entering the main stream. Most health plans are focusing on social determinants such as housing, poverty, and transportation. There is a strong argument to be made that poverty and educational attainment (which drives lower income earning opportunities) is the single strongest predictor of not only health outcomes, but ultimately, of longevity. There are 10-15 year differences in longevity based on race and poverty.</p> <p>Member Booth suggested that at this point in time, the funding should be invested in access to food. She thinks we need to start at the bottom and work toward funding programs that</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>don't directly affect health care. At this time there are other emergencies. She asked other Board Members to express their opinions.</p> <p>Chairperson De La Torre suggested that L.A. Care continue to approach funding opportunities with as broad a lens as possible, even in these tough times. It doesn't mean that L.A. Care funds everything, it just means that these are the broad categories of support. It is clear that the social determinants of health show that there are other things at play in people's health and health disparities analysis shows this is happening. To the extent that there are opportunities for L.A. Care to fund programs that will help, it should retain flexibility to make a difference, just as it does for other social determinants that impact health. There is not one social determinant that is more important than another; social determinants that impact health should be addressed.</p> <p>Member Perez asked about the responsibilities and accountability of the grantees. Mr. Palencia responded that grant proposals are highly vetted and grantees are responsible to report on progress every six months. L.A. Care reviews the reports and presents them to the Board of Governors. There are many levels of accountability imposed on the grantees by L.A. Care.</p> <p>Member Perez asked about past experience with grantees that did not comply. Mr. Palencia noted that particularly during the pandemic, there are many grantees that have not been able to complete their project. L.A. Care works with them to ensure success and to get the needed reports.</p> <p>Member Perez asked about milestones in achieving grant objectives and how funding is allocated. Mr. Palencia confirmed that continued funding is contingent on achieving objectives and providing L.A. Care with reports as the program progresses.</p> <p>Mr. Palencia reminded the Board Members that the COVID-19 related funding would be for survival-related issues such as food, housing. Member Booth thanked him for the additional information about the focus of the programs, with which she agrees.</p> <p><u>Motion EXE 101.1120</u> To approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2020-21 allocation of up to \$10 million as follows: 1) Fund the last installment of \$4.0 million, out of a \$20 million five-year commitment, for Brilliant Corners, in partnership with the Los Angeles County Department of Health Services' Flexible Housing Subsidy Pool fund,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to provide housing for up to 300 homeless individuals including L.A. Care members. These funds support the goals of the Whole Person Care initiative under the California Medi-Cal waiver.</p> <p>2) Fund small grants of up to a total of \$100,000 in the first phase of CHIF released funds, including supporting organizations such as the Southern California Grantmakers.</p> <p>3) Support the following three CHIF priorities for up to \$6.0 million: fund the health care safety net to address the COVID-19 pandemic and racial inequities, address social determinants of health that result in inequities, including housing and food insecurity, and empower and invest in organizations that address systemic racism. Delegate authority to the CEO to assess the financial situation and approve up to \$6.0 million of CHIF funding as appropriate.</p> <p>4) Grant delegated authority to the CEO to approve grants of up to \$250,000 per grant through September 30, 2021. This authority will allow L.A. Care to potentially make larger grants in response to COVID-19 related needs. All other policies and approvals related to grant making investments will remain in place.</p>	<p>Approved unanimously by roll call. 6 AYES [Ballesteros (<i>with Abstentions as noted</i>), Booth, Curry, De La Torre, Gonzalez and Perez]</p>
<p>Elevating the Safety Net: Community Health Workers and Health Careers Internship programs</p>	<p><i>Member Ballesteros may have financial interests in Plans, Plan Participating Providers or other programs and as such he refrained from the discussion of item 1) in the motion below. In order to expedite the process, his vote on the motion reflects a vote concerning the entire motion excluding the item for which he is abstaining.</i></p> <p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, summarized the motion to continue supporting the Residency Support Program (RSP), granting funding to four institutions to add 9 new slots and 1.8 full time equivalent new core faculty for an investment up to \$4,500,000. She described Health Career Connection and a partnership with Community Clinic Association of Los Angeles County to support health care internships. The goal is to move further along the chain and motivate people to join programs for education and to serve in the health care safety net in Los Angeles County. She also described a program to continue support for the training program for Community Health Workers, and an evaluation of the program. Mr. Baackes added that of the \$155 million set aside for the program, about \$110 million is committed or funded.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Gonzalez noted the location for the Community Health Workers (CHW) training is in Loma Linda (which is outside Los Angeles County) and she asked how many of the trainees are working in Los Angeles County. Ms. Carmona responded that the training will be facilitated by Loma Linda University in Los Angeles County. All of the CHWs in the program are working in Los Angeles County.</p> <p>Member Perez thanked Ms. Carmona for her hard work and dedication. Ms. Carmona is always on top of all the information and opportunities. Member Perez believes this is a great opportunity for community health workers and the type of connection they make for members with the resources. She thanked Ms. Carmona on behalf of the health workers that were accepted into this program and continue to study and continue to serve.</p> <p><u>Motion EXE 102.1120</u></p> <ol style="list-style-type: none"> 1. Authorize an expenditure of up to \$800,000 to establish the ESN Health Careers Internship program. 2. Approve and authorize expenditure of up to \$400,000 for Cohort 3 and evaluation of Elevating Community Health (ECH) training program for Community Health Workers (CHW). 	<p>Approved unanimously by roll call. 5 AYES (Ballesteros (with Abstention as noted), Booth, De La Torre, Gonzalez and Perez)</p> <p><i>Member Curry experienced technical difficulty and he could not vote.</i></p>
Nomination for Charitable Organizations for donated Board Stipends	<p>Ms. Haydel advised Committee Members that Board members will be asked to nominate organizations to receive donated board members' stipends. A request for nominations will be made at the November 2020 Board meeting. Staff will randomly select two of those nominees for designating board stipends and will submit a motion for consideration at the December 2020 board meeting.</p>	
Approve the Consent Agenda for November 5, 2020 Board of Governors meeting	<p><i>The policy AFS-029 (Annual Budgets and Board of Governors Oversight) was removed from the motion to approve Annual Review of Accounting and Finance Services Policies at the Finance & Budget Committee and will not be included in the motion to be presented to the Board on November 5, 2020.</i></p> <ul style="list-style-type: none"> • Minutes of September 3, 2020 Board of Governors Retreat and Business Meeting • Ratify Amendment 31 to Agreement 04-36069 and Amendment 14 to Contract 03-75799 with the Department of Health Care Services • Annual Review of Accounting & Finance Services Policies <ul style="list-style-type: none"> ○ AFS-002 (Capital Assets) ○ AFS-004 (Non-Travel and Other Related Expenses) ○ AFS-008 (Annual Investments) 	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ AFS-025 (Tangible Net Equity) ○ AFS-027 (Travel Expenses) ○ AFS-029 (Annual Budgets and Board of Governors Oversight) ● Cognizant, HCL, and Infosys Contract Amendments for IT Staff Augmentation ● CenturyLink/Lumen Technologies Contract ● Healthx Contract Amendment 	
PUBLIC COMMENTS		
ADJOURN TO CLOSED SESSION	<p>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 3:44 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> ● Plan Partner Rates ● Provider Rates ● DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>October 2022</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 2864 W. Imperial Highway, Inglewood, CA Agency Negotiator: John Baackes Negotiating Parties: Upside Crenshaw Holding, LLC, c/o Newmark Merrill Companies Negotiator: Darren Bovard Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act Three Potential Cases</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:31 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:32 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: _____

(Text received Sep 30, 2020, at 12:04 p.m. from Carolyn Navarro continued from above at public comment,
I will not settle for that, if you deserve to be investigated or fired other victims and I are going to make it happen!)

Text received on October 4, 2020 at 11:43 am, from Carolyn Navarro
Public comment: I located info online from 2013 showing that Synermed, EHS (who you "had a contract" with and Pacific Alliance shared the same payer ID, along with several other "separate" entities With the same payer ID , how do you explain that ?

Text received on October 5, 11:22 am, from Carolyn Navarro
Oct 26 finance and board relevant more public comment , likely millions handed over to Synermed by LA Care for years while they hid behind "EHS" (who didn't have any employees, was run by Synermed) but money did not adequately go to patients care, patients are blocked , so WHO benefited from that money? WHERE is that money that war supposed to benefit special needs adults? That was supposed

Text received on October 5, 12:40 pm, from Carolyn Navarro
WHO has that money that was intended for special needs people?

APPROVED

Text received on October 12, 11:39 am, from Carolyn Navarro

Public comment At the Aug 24 meeting where I discovered I could be heard inside my home when I only expected to hear the meeting I asked who that man who addressed me when I asked if I could be heard was and what he said, since the meeting was recorded you should've able to look it up , I asked him to repeat what he said and did not hear him do so , also, you locked the public meeting after I stated my concern that I could be heard in my home when I was just listening to your public meeting .

Oct 28, I believe the man refused to repeat his comment to me Aug 24 I already made a Brown Act complaint that he would not repeat his comment and that I was locked out because I could tell you could hear me which wasn't my problem to fix !

Text received on October 25, 2020, 2:04 pm, from Carolyn Navarro

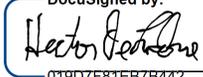
Public comment, everything I see points to your continued use of Synermed people, I don't care what other "doing business as" name they hid behind , for years LA Care ignored and even facilitated abuses against patients and now LA Care agents are lying about it or saying they don't want to discuss it when as a consumer I will ask about it all I want ! Your paying DMHC a fine doesn't change the fact that your agency lied to and abused enrollees and you continue to do so and use the services of people who abuse enrollees.

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	Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer	
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ADJOURNMENT	The meeting adjourned at 4:32 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:

DocuSigned by:

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 Hector De La Torre, *Chair*
 Date: 11/16/2020 | 12:59 PM PST

(Text received Sep 30, 2020, at 12:04 p.m. from Carolyn Navarro continued from above at public comment,
I will not settle for that, if you deserve to be investigated or fired other victims and I are going to make it happen!)

Text received on October 4, 2020 at 11:43 am, from Carolyn Navarro
Public comment: I located info online from 2013 showing that Synermed, EHS (who you "had a contract" with and Pacific Alliance shared the same payer ID, along with several other "separate" entities With the same payer ID , how do you explain that ?

Text received on October 5, 11:22 am, from Carolyn Navarro
Oct 26 finance and board relevant more public comment , likely millions handed over to Synermed by LA Care for years while they hid behind "EHS" (who didn't have any employees, was run by Synermed) but money did not adequately go to patients care, patients are blocked , so WHO benefited from that money? WHERE is that money that was supposed to benefit special needs adults? That was supposed

Text received on October 5, 12:40 pm, from Carolyn Navarro
WHO has that money that was intended for special needs people?

APPROVED