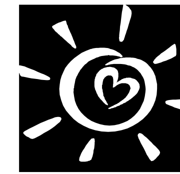
Board of Governors
Regular Meeting Minutes #322
November 2, 2023

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



L.A. Care HEALTH PLAN

Members

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G. Michael Roybal, MD, MPH
Nina Vaccaro, MPH **
Fatima Vazquez

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Alex Li, MD, *Chief Health Equity Officer*
Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Afzal Shah, *Chief Financial Officer*

**Absent*

*** Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order the retreat and regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors meeting at 1:00 pm. The meetings were held simultaneously. He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the "chat" function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment. All are welcome to provide input.	
APPROVAL OF MEETING AGENDA	**The meeting Agendas were approved.** *Board Member Gonzalez joined the meeting.*	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**

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PUBLIC COMMENTS	*Elizabeth Cooper commented that this is Thanksgiving season; there are many things that she is thankful for. She's thankful for being able to speak before the board. Our democracy is at risk and she believes in the Constitution, the First Amendment, and that is why she's glad to speak today. She has many concerns and what she's deeply concerned about, in a way she is saddened about, is sometimes the interaction we have with each other. She came here today to speak and she just feels a little sense of uncomfortableness about some things, as a long time member. She knows it's not about longevity for her but in participating in the board and participating in the RCACs. But she will leave a public comment there, but she's so glad, and her prayer today is about peace in the country and peace in the world. But the main thing is that we should value our freedom and value our public comment, and value how important it is to our democracy, because that's what's important. And she is thankful for the chief executive officer of the great State of California Governor Newsom, and all of those who make the laws and implement the laws - the legislature. But that's something. And she is thankful for this board, even though she doesn't always agree with some of the decisions, but she is thankful that she has the opportunity to speak today.* *Maritza Lebron appreciates the opportunity to speak to the board. She asked for a round of applause for all the hard work that RCAC members have been doing. She would like to comment that it would be good thing when you're leaving a message to just not forget to perhaps write down someone's cell phone number because the audio message can be very quick. And so we need to put again and again and again, and again, sometimes a number we cannot find what it is. And this is another thing, she's getting used to all of this. She is the president of RCAC 7 and she wants to thank you for this opportunity. And she's a little bit confused because she is also involved with the mental health department as well as she is a promotora. They say that the health promoters are going to change a little bit. And people don't know what is going to happen. She has kind of an idea but she doesn't know what will happen to the health promoters. She knows some health promoters with Hilda Solis, but she doesn't know if that is a different program. She asked if there is money put aside for the health promoters, and what are the new ideas for the health promoter program. Will the program be open or will there be promatoras brought over from another agency. She would like to know the dynamics of the program, because she hears talk about health promoters but she is not sure about it.* John Baackes, *Chief Executive Officer,* thanked her for the comment. He will ask Francisco Oaxaca, *Chief of Communications and Community Relations,* to contact her with an update on the health promoter program and what is planned for next year.	
APPROVE CONSENT AGENDA ITEMS	PUBLIC COMMENT *Elizabeth Cooper is concerned about the consent items, it's so long. She is a RCAC member, but comes here as a public person. The consent item is too long. It should be on*	

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	the item, it's very confusing. She is a layperson, not a lawyer. To look at the consent items, so many items are on the agenda and it gives her as a member who L.A. Care serves. You all are in power to make decisions. But there is too many items on the agenda on the consent item, so the consent item is very confusing. She wishes the board will please take notice and how you write the consent item. She has other items on the consent, which if you give her the opportunity to speak on this, a number of items. She had to itemize, and it was very confusing. That's why she comes a little earlier, so that she can look at the agenda. She came here not to look at you wonderful people but to speak about the agenda. To ask what are you doing for me lately, what are you doing for the public, and the RCAC members. So please look at the consent agenda because that is very important so we can keep involved for the time we are part of the RCACs. Please look at the consent item, don't make it so confusing because she was writing and writing it takes time to look at that and you all are aware of the consent item, but it should be itemized, not all on the consent. Supervisor and Board Member Hilda Solis commented on the housing for homelessness initiative program investment agreement with United Way of Greater Los Angeles (UWGLA) and asked when the Board was notified about this funding opportunity, and when was a request for proposals sent out for the agreement. Mr. Baackes noted that the funding was provided through CalAIM, and he invited Michael Brodsky, MD, *Senior Medical Director, Community Health, Behavioral Health*. Mr. Baackes added that the funding received totals $100 million so far, and is being parsed out through various grants. Dr. Brodsky introduced Karl Calhoun, *Director of Housing Initiatives*. Mr. Calhoun responded that the workforce development arena that this investment supports is a priority issue for L.A. Care with the housing homeless incentive program. It was designated as such at the very early stages of the process, and the agreement began at that early stage because UWGLA was identified as a leader in that space and had done a great deal of work identifying the gaps that needed to be filled in the arena of workforce. Supervisor Solis asked if UWGLA originally received a part of the $100 million in funding, and is this an addition or is this a new effort. Mr. Calhoun responded that this is an entirely new agreement and is the only funding that UWGLA received to date as a portion of the overall HHIP funding. Supervisor Solis encouraged exploring other workforce programs available. She understands that there may be time constraints on this program. She hopes that Los Angeles County could work with L.A. Care, especially the Department of Economic Opportunity, and with Los Angeles County Homeless Initiative. She wanted to understand the process. Mr. Calhoun noted that the agreement provides for a leadership table that will include many of the key stakeholders in the workforce community throughout Los Angeles County. He would welcome	

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	any recommendations or entities and organizations you think should participate. Supervisor Solis commented that is the information she wanted to hear. She does not see a necessity to hold the item any further and she would support the item. • October 5, 2023 Board of Governors Meeting Minutes • Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA) **Motion EXE 100.1123*** **To authorize staff to execute an HHIP investment agreement in the amount of $3,500,000 with United Way of Greater Los Angeles to refine and reestablish the Workforce Development Leadership Team, launch priority pilot initiatives, provide stipends, and provide infrastructure funding to strengthen recruitment and retention of staff in agencies in Los Angeles County for the period of October 1, 2023 through October 1, 2025.** • I Color Printing and Mailing Inc. Contract Amendment FOR Premium Billing Unit services through June 30, 2025 **Motion FIN 100.1123*** **To authorize staff to amend contract to increase funds in the amount of $4,600,000 for a new total not to exceed $8,690,200 with I Color Printing and Mailing Inc. to provide L.A. Care MPSS Premium Billing Unit with printing, storage, postage/mailing, reporting, and order fulfillment services through June 30, 2025.** • MCG (Milliman) Contract provide clinical care guidelines for the period of November 10, 2023 to October 31, 2028 **Motion FIN 101.1123*** **To authorize staff to execute a five-year contract with MCG not to exceed $13,000,000 to provide clinical care guidelines for the period of November 10, 2023 to October 31, 2028.** • Accounts & Finance Services Policy AFS-008 (Annual Investment Policy Review) **Motion FIN 102.1123*** **To approve Accounting & Financial Services Policy AFS-008 (Annual Investment Policy) as submitted.**	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**
Initiatives for L.A. Care's Unhoused and Housing Insecure Members	*(Board Member De La Torre joined the meeting.)* Dr. Brodsky and Charles Robinson, *Senior Director, Community Health Safety Net Initiatives*, provided information about L.A. Care's services for unhoused and housing insecure members.	

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	Dr. Brodsky noted that shortly after the arrival of Sameer Amin, MD, *Chief Medical Officer*, L.A. Care focused on social determinants of health, behavioral health, support for vulnerable communities and providing services in nontraditional settings. The services are being integrated across different teams. This presentation will focus on housing services and a field and street medicine proposal. Mr. Robinson reported that broad end-to-end services begin with members who are unhoused, and provides support for temporary housing, transition to permanent housing, and finally in-home support and addiction prevention for those who are able to move into permanent housing. L.A. Care is also making investments in communities, in L.A. Care services and in critical access to healthcare services at every point of the journey. This includes countywide investments in provider and community based organizations, making investments in community, and allocating care services, IT and data infrastructure. There is a combination of services related to California Advancing and Innovating Medi-Cal (CalAIM) and specifically related to the Community Supports program. L.A. Care will deliver services through a network of providers and countywide initiatives, through Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) funds. This presentation will cover programs to support transition to permanent housing and in-home support and eviction prevention. The presentation will also provide insight into the development of a countywide network related to critical access for healthcare services for this population. L. A. Care's housing services that launched in 2022 are under the umbrella of the CalAIM Community Supports, has three parts: 1. Housing navigation, helping to connect members find housing and get a placement that leads to permanent supportive housing. 2. Housing deposits, helping people with first and last month's rent and other move in related expenses. 3. Once people are housed, provide tenancy-sustaining services to help with landlord relations, day-to-day assistance with managing the prospects of being a new tenant. Another service provided is recuperative care, also known as medical respite, which is another community support provided that is more focused on recovery after hospitalization or nursing home stay, and short term post-hospitalization housing which will be available for members in July of next year. Since 2022, L.A. Care has helped 2,783 members transition into permanent housing.	

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	• 24% of the members engaged in housing navigation have transitioned to permanent housing. • 80% of those members have transitioned to permanent housing within 6 months. • Once members have found housing, L.A. Care is currently supporting 7,152 members through tenancy sustaining services. These services are provided through a robust network of 106 community-based providers countywide, both in L.A. Care's direct network and through a critical partnership with the Los Angeles County Department of Health Services (DHS). L.A. Care finds these services to be very successful and is trying to expand through increased referrals, increased eligibility and better training in the community to make sure that people who are eligible for these services are referred into the programs. There are challenges in the financial support for these programs. Over five years the overall cost to the health plan is projected to be $430 million through 2027. L.A. Care is currently analyzing the impact of these services on the overall cost of care. There is potential HHIP funding. At this time, it is not recommended to dedicate HHIP funds for these services. The projection represents about a $100 million loss with the health plan, even with projected savings in cost of care. Mr. Robinson introduced a countywide field medicine proposal. This proposal is not final. L.A. Care is seeking and soliciting feedback from key community stakeholders, providers in the county who are already providing Medi-Cal services to our members experiencing homelessness or providers who hope to provide those services in the future. Many have been talking about street medicine for quite some time, as has L.A. Care staff. Considerations include how best to provide access to care for members who are experiencing homelessness. L.A. Care has gathered feedback from critical partners countywide, including care facilities such as DHS, LA Christian, JWCH, St John's, UCLA, USC and Northeast Valley. Discussions have been about balancing two critical components in providing front-end care for this population. First is access to care. Most of the unhoused individuals in Los Angeles County are not receiving healthcare and do not have access to healthcare services despite that a majority of people are eligible for Medi-Cal. Second is pairing access with a medical home. We propose to solve both of those concerns with the full-fledged deployment of field medicine primary care providers. Field medicine includes street medicine, those basic clinical and social services delivered on foot in a member's environment. It will include longitudinal complex, primary care, coordinated specialty referrals within a defined network, and a care team that serves members in the street, in shelters or contemporary housing, to make sure that we are providing access to care across that full continuum. They propose to do this through support for existing providers:	

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	• Coordinated, county-wide deployment of comprehensive services for members experiencing homelessness • The foundation is L.A. Care's existing network of primary care providers who are already serving this population, designating them as "Field Medicine Primary Care Providers", and growing that network of primary care providers • Targeted investment of HHIP and IPP funds to build the capabilities our "Field Medicine Primary Care Providers" will need to effectively take on member assignment for members experiencing homelessness under existing or new standard primary care contracts • Deployment of Street Medicine services to provide members with in-the-moment access to care with any Street Medicine provider they encounter, and *specifically supporting and facilitating full primary care assignment* • Network includes both designated regional anchors to ensure countywide coverage, as well as floating providers to offer choice for our members. L.A. Care proposes directed support for Field Medicine providers through HHIP and IPP funds. Feedback from core provider stakeholders indicates that current Medi-Cal rates for primary care do not cover all the services required nor the capabilities required to serve the unhoused population. L.A. Care believes that pairing HHIP and IPP funds with making other investments countywide through these programs is very effective in deploying the funds and making sure those funds are used for the population that most needs them. The funds intended to help providers field additional street medicine teams, provide incentives to encourage providers to begin to deliver street medicine services, which is a huge challenge for many providers, and incentivize providers to take on assignment for those individuals - to take on full responsibility for the care of those individuals. L.A. Care will make sure that providers are not only going into the street, serving members in shelters, but also serving members in short term housing, to ensure that as members move through the continuum of services, there is no disruption in care. Board Member Roybal asked if L.A. Care would integrate behavioral health and substance use disorder treatment into the field medicine specialty; because it is such a vital part of helping people deal with substance abuse and mental health disorders. He would like to know the plan for integrating the two so that members have good access to those services when they want them and we can provide them in a very efficient way. Dr. Brodsky responded that this is an important issue for him as he is a Psychiatrist by training. Medi-Cal has a bifurcated if not trifurcated system of managing behavioral health, with services provided by a mental health agency in the county, a substance use focused division of an agency in the county, and L.A. Care. L.A. Care intends to support as much integration as possible. He and Mr. Robinson will have a meeting tomorrow on skid row with key county stakeholders on	

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	this exact question. L.A. Care supports both para-professional and assessment care happening in the field, in facilities, and in the anchor and floating providers as much as possible. Fortunately, many providers that L.A. Care contracts with have existing ways to provide services and assign to L.A. Care, or assign to county programs with L.A. Care paying for services as needed. Board Member Roybal commented that he feels passionate about making sure that we figure out an effective way to integrate the services. Part of the problem is with three silos, which do not communicate and are not funded the same way. This may be an opportunity to break down those silos and force integration to address the issues. From his perspective, these are barriers to helping patients deal with medical illness, homelessness, mental health and substance use disorder issues. He would support any effort to integrate the services robustly. Supervisor Solis commented that the Board could have a whole session just on this topic. She is excited about these programs and wants to make sure that we are really trying to integrate all the sources of support offered by Los Angeles County. She is sure there have been discussions with Dr. Ghaly of DHS, but wonders if Dr. Ferrer of Los Angeles County Department of Public Health and Dr. Wong of Los Angeles County Department of Mental Health (DMH) were also engaged. She feels it is important to talk about collaborating among the systems of care. Los Angeles County has teams in the street now, and those services are barely sufficiently growing. She has concerns about making sure that costs are not duplicated and that planners are being strategic. Case management is very important and may not be fully funded. Case management could be very helpful in integrating the services available. She wonders if there is opportunity to expand service providers while making sure that in addressing medical needs, those individuals are provided access to other services, perhaps through Los Angeles County Department of Public Social Services and including housing, and making sure that data is properly kept to make sure services are delivered appropriately. Mr. Baackes responded that L.A. Care is very conscious of the split that you have mentioned. One of the things for which L.A. Care has been advocating is to encourage participation for homeless or housed members in the Enhanced Care Management (ECM) program. ECM provides members with one point of contact to link services through contracts with community based organizations. A second item is that a proactive work group with DMH had looked at integrating services for members with serious and persistent mental illness, and L.A. Care's services for mild to moderate mental illness. A problem is that patients are in the middle and not receiving consistent care. L.A. Care is trying to find a way to operate an integrated mental health system. L.A. Care has begun to work with Dr. Wong but the conversation is not at the level it needs to be. L.A. Care would like to resume that communication to prepare for when mental health money is going to come through the managed care plans and there would not be	

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	direct state support of the County mental health programs. The County mental health programs would need to contract with health plans, and L.A. Care is trying to get ahead of that direction. Dr. Brodsky commented that the health agency leaders have all sent their direct reports to participate in meetings. He feels like work is proceeding with a senior level of County engagement, and L.A. Care is excited to talk about ECM and other integration opportunities with them. Mr. Robinson commented that with the deployment of HHIP and IPP funds through the street medicine program, one of the key items we are working to incentivize is that every street medicine team also offers housing navigation and ECM services. There is a full package of care services for the teams supporting in the community. The other core component of the program still under development with feedback from key community stakeholders is the proposed regional anchor model. L.A. Care is hoping to create infrastructure for teams throughout the County from different organizations to know the default street medicine, field medicine provider in any region. When there is a need for co-management of services or for referrals, they will have information about the locations and availability of services. This will create infrastructure upon which additional levels of coordination of services for members can be built. Supervisor Solis appreciated the responses and offered to work with Dr. Wong on a meeting with Mr. Baackes and staff to work together. She noted that Los Angeles County teams are working with L.A. Care on much of what is being discussed here. She noted that coordination is needed to avoid any lapses in the systems of care. Mr. Baackes offered to contact the Supervisor's health deputy to restart the work group and discuss a proposal to Los Angeles City by L.A. Care related to the Inside Safe program. Chairperson Ballesteros commented that one of the biggest challenges in delivering both the clinical and the social services on the street team is that specifically for federally qualified health centers (FQHC) there's one billable visit allowed per day. With an integrated clinical team, the FQHC will be paid for only one visit, and that would be a disincentive to bring out multiple service providers. He has also heard from street teams that a big barrier is a lack of immediate access to emergency or interim housing. The team may reach a client that is ready to go right into housing, but the availability does not fit the timeframe. This can erode the client's trust in the service providers. L.A. Care has to figure out a way to across the county to provide immediate access to beds when needed. He further noted that the intent is to have coverage of the street teams across the County. However, in downtown skid row, there could be seven or eight different providers on the same day, and it can be very confusing to the clients. He suggested collaboration with DMH and DPH to combine some of the teams and resources to	

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	enable same day billable visits for different services. Supervisor Solis suggested a working group to address the issues that deserve a high level of attention. Chairperson Ballesteros commented that he understands that the funds do not pay for housing itself, and even if health plans provide the best possible services, the person is still on the streets. If a person wants to, they will need housing first. Some may not want housing, so the program is great for serving those people where they are. Housing is the chasm that needs to be bridged. The health plan is not providing the housing and must depend on other programs to make that chasm smaller. Mr. Baackes noted that Centers for Medicare and Medicaid Services (CMS) does not allow Medicaid funds to be used for housing. Health Plans can now use Medicaid funds for support services, which includes housing navigators, tenants' rights support and help with first month's rent. A problem has always been is that there is not enough permanent housing. A concern with Inside Safe is that it is temporary, and when the City stops paying and we have not been able to move any of the L.A. Care members into permanent supportive housing, they may end up unhoused. The complexity in resolving the challenges requires an extraordinary level of coordination. Chairperson Ballesteros noted it is wonderful that health plans have resources to help people with social services. Dr. Brodsky thanked the Board for the creativity in their comments. Chairperson Ballesteros commended Dr. Brodsky and Mr. Robinson for their work.	
CHAIRPERSON'S REPORT	**PUBLIC COMMENT** *Elizabeth Cooper commented that the information she is hearing is very helpful. She is concerned that it never gets to the RCACs. They don't hear this. They don't hear any of this and they can't comment on it. She knows board members do a wonderful job in the presentation, but the RCAC members are very vital part of L. A. Care. She would like to hear this presentation on a RCAC level in layman's terms. She wishes the chairperson would please take notice when all of these presentations come. He should direct Department of Consumer Engagement to have the RCAC membership participate. She comes here. She just feels so lost sometimes when she's hearing all this valuable information from very informed members of the Board. But what are the RCACs for if they can't get involved and give input through the Executive Consumer Advisory Committee? She hears nothing. She has been here a long time and they used to give input. There are so many people who are homeless. She networks as an advocate. She networks with people, and some of our L.A. Care members. What is Community Outreach doing to engage us? When you hear from the homeless, when you hear of this topic? Something needs to be done to engage the community outreach to engage us. They are members too. She is a member and she has engaged in these topics, homelessness and tenants' rights and et cetera. And we hear these outstanding people come and make a presentation. Please, Chairperson direct the staff to make sure that it comes down to the RCAC*	

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• Board Officers Election	*members, because there's no engagement, as far as she's concerned. She can only speak as Elizabeth Cooper and she comes here to listen and to learn, and not just to sit and be a potted plant. She would like the Chairperson to please help members be engaged too.* Chairperson Ballesteros summarized the officer election process: • L.A. Care will follow the usual process for the annual officer election for the 2024 calendar year. • Board Members can nominate a colleague for one of the four officer positions, renominate the current officers, or nominate a new slate of officers. • Nominations can be submitted at the December meeting and can be sent prior to the December meeting. At the December meeting, the board will consider a motion to close nomination and the board will consider voting to elect officers on a slate. • All Board members are eligible for nomination to an officer position.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Elizabeth Cooper asked to speak on the election of officers. She would like to see a consumer president. She will be honest; honesty is the best solution. She'd like to see one of the advocates president so they can set the agenda. Because, as a member, it's very important for community engagement. She sees so many intelligent people sitting on the Board and she listens to them and sometimes tries to talk like them. She tried to, but she can't talk like them. She asked the Chairperson to help the consumers get involved. She has never been asked to be on the board. She's never been asked to sit. One doesn't have to be at the seat, but one can talk to the seat. So, when you come up with this election, elect some of the consumers, and she wants the consumers to be more engaged with our representatives on the Board. Don't be just like a potted plant. She hears so many people being engaged. Let's hear the consumers because we are the ones who call their legislators, and they are the ones who listen to us. She is engaged nationwide with her legislators, from the Governor on down to the legislators. When she comes here, she can support the Board's agenda and she appreciates that. She would like to see more developmentally disabled engaged. That's a population that seems to be forgotten, the disability community, the developmentally disabled, not just disabled. She would like to see more engagement. She asked the Chairperson to let Mr. Baackes know her concerns.* Mr. Baackes reported: • Five months are complete of the twelve-month Medi-Cal eligibility redetermination process. Eligibility redetermination was suspended for Medi-Cal beneficiaries during the public health emergency. Approximately 75,000 L.A. Care members were placed on hold for the month of November. That means either the member mailed in their redetermination package and it has not been reviewed yet, or the member did not mail it in and it has not	

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been received yet. In any event, those Medi-Cal beneficiaries on hold have 90 days to complete the paperwork and be reinstated. Since the beginning of this program, 283,000 members have been put on hold and 11,000 have been reinstated. Those members received the paperwork and about 4% completed it. The California Department of Health Care Services (DHCS) expects that 4% of the Medi-Cal members placed on hold will be reinstated. L.A. Care added 30,000 new members, resulting in a net loss in membership for November of about 48,000 members. Year to date, the net loss in Medi-Cal membership has been 153,000, which is about 5.6% of L.A. Care's total Medi-Cal enrollment. L.A. Care budgeted that after 12 months of eligibility redetermination, it would lose 13% of the Medi-Cal enrollment. Results are a little better than we thought, although January will be a big month because there are a lot of redetermination occurring. L.A. Care has requested DHCS to provide list of the anniversary dates for its Medi-Cal members so it could advise members when to expect the paperwork. L.A. Care is supposed to receive a list tomorrow from the DHCS that includes a complete file of the redetermination dates for its members. This will be a big step forward, because it will allow L.A. Care to be more targeted in messages to members who have a renewal date in a particular month and reinforce the importance of the mailing that package to continue to receive benefits. L.A. Care is very pleased with that development. There were comments in previous meetings about indigenous people in Los Angeles who are on Medi-Cal, and L.A. Care is working to have renewal information distributed to those communities. L.A. Care thanks Supervisor Solis for providing us with the connection to Comunidades Indígenas en liderazgo (CIELO), which is providing that information. Whenever indigenous people can be identified in the redetermination data, L.A. Care has not noticed any difference in the rate of renewals with that population, but L.A. Care will continue to monitor the data.

Board Member Vaccaro asked if L.A. Care would share redetermination information within the provider networks. Mr. Baackes responded that is the intention to let them know when there is a patient on hold so the provider can support that patient in reinstating benefits.

- Mr. Baackes reported that since 2015, L.A. Care has given providers a report card on the performance. The report card became the basis for performance incentives paid to those providers. Providers who made improvements in quality scores year over year are recognized annually. There is not a similar program for hospitals and skilled nursing facility (SNF) providers. L.A. Care has designed a program to be implemented in January 2024, and is discussing the program with some of the hospitals and SNFs and gathering their feedback. Information will be presented to the Board in February 2024. The program aims to measure quality outcomes. DHCS and the California Department of Managed Health Care (DMHC) have placed more emphasis on quality scores, and sanctions and corrective action plans are being linked to achievement of those quality goals. The program has been

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	very helpful to the medical groups. It has helped L.A. Care improve its accreditation from the National Committee for Quality Assurance (NCQA). • RCAC members had brought to the Board an issue of accessible exam room equipment. A few years ago, L.A. Care implemented a program that outfitted many providers with accessible exam room equipment. L.A. Care would now like to make this a continuing part of the Community Health Investment Fund program. It is hoped to have a program in place by January 2024 so Providers can apply for funding for accessible equipment.	
• Vision 2024 Progress Report 4th Quarter	*Mr. Baackes referred Board Members to the written reports included in the meeting materials.*	
• Monthly Grants and Sponsorships Reports	*Mr. Baackes referred Board Members to the written reports included in the meeting materials.*	
• Government Affairs Update	Joanne Campbell, *Health Care Policy Specialist, Government Affairs,* reported the members of the US House of Representatives elected a new Speaker, Mike Johnson. Mr. Johnson is serving his fourth term representing the 4th District in Louisiana. The continuous resolution for federal funding runs out November 17. Speaker Johnson seeks to send dozens of funding bills to the floor for consideration before the stopgap measure expires. The House has passed over half of the 12 individual spending bills that historically received bipartisan support. This does not include the Health and Human Services funding bill. All of the individual funding bills must be passed to have a federal budget. She noted that the Speaker, as well as the Senate Majority Leader, might be open to supporting another stopgap funding measure. Neither have made a public statement, however experts across the board believe they will both be agreeable. On a similar topic late last week, President Biden sent Congress a $56 billion domestic aid package along with even larger foreign aid package. The domestic aid package includes childcare funding. Increased childcare funding was part of the COVID-19 recovery package and is in jeopardy if there is a government shutdown. The Speaker's priorities regarding the domestic and the foreign aid package do not match up with Senate leadership. The 12 individual spending bills and the domestic and foreign aid packages are not connected. This may cause friction between the two houses of Congress during negotiations. Board Member Booth asked about virtual specialty programs in the high quality network section of the Vision 2024 Progress Report for the 4th Quarter. At the one-year mark, it states that 82 eConsults were received and four visits. Since eConsult has had problems, she wonders what is being done differently. Mr. Baackes responded that DHS issue was that regulators determined	

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	eConsult was not a utilization management (UM) system. eConsult was very useful to DHS, but was not useful to L.A. Care, as a health plan, because it did not fit the UM definition used by DHCS. Amendments have been made so eConsult can be used as DHS intended, as the equivalent of hallway consultations between providers. Mr. Baackes introduced David Kagan, MD, *Senior Medical Director, Direct Network, Utilization Management,* who noted that a challenge for DHS is that no UM program seemed to be connected to eConsult. L.A. Care worked collaboratively with DHS to develop eConsult as a medical staffing and decision-making tool and a UM program for managed care. DHS is using the programs properly. Alex Li, MD, *Chief Health Equity Officer,* noted that this is for private doctors in L.A. Care's directly contracted network, and includes eConsult. It follows the rules and regulations for member choice for the provider based (initiated) decision, and the standard process will be followed if there are any Appeals or Grievances from members. Mr. Baackes acknowledged Phinney Ahn, *Executive Director, Medi-Cal*, who has been tracking and providing analysis for the redetermination activity. Board Member Contreras noted that there are waivers that will be effective October 1. The most impactful will be for individuals experiencing homelessness. Los Angeles County Department of Public Social Services (DPSS) can push the Medi-Cal redetermination forward without requiring a completed application for those with whom DPSS has had prior contact. There have been challenges with getting applications completed for these individuals. Another thing is that glitches in the automatic renewal system have been worked out. DPSS has been running at a 45% renewal rate for those eligible for automatic renewal, and that will increase to 73% by December. It will not be retroactive. This will be a significant increase in the processing rate.	
CHIEF MEDICAL OFFICER	Dr. Kagan reported on behalf of Sameer Amin, MD, *Chief Medical Officer*. L.A. Care is working with SNFs and hospitals around transitions of care. L.A. Care held three roundtable events with hospitals and SNP representatives to identify, catalog and brainstorm solutions for patients whose complex medical and psycho-social needs contribute to challenges in achieving smooth hospital discharge and placement, particularly for those who are experiencing homelessness and unable to take care of themselves for a variety of reasons. This problem is not unique to L.A. Care or to Los Angeles County; and much has been written about the challenges nationwide. Los Angeles County has a large Medicaid population and it does affect L.A. Care. With the feedback from the hospitals and SNFs, a multi-step, comprehensive set of interdependent initiatives was developed to address the challenges:	

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	• First was developing a more personalized and simplified referral process between the hospitals and the SNFs. This is a successful pilot currently with a high volume providers and high volume hospitals. When people at the facilities are in direct communication to each other, referral documentation has been pared down to two pages of relevant information. This is helping place patients faster, as the SNFs understand what the patient needs. • L.A. Care has revised contracts to bring clinical needs and financial reimbursement into alignment. Dr. Kagan thanked the Finance team for their support in making that happen. The models are being tested with the SNFs to gather feedback, which has been positive and constructive. Efforts are also being made to curate the network, in terms of size and capability, so that the supply of SNF availability meets patient demand. L.A. Care is also working to expand professional ancillary services that it provides through SNFs, to ensure that we have alignment between the nursing home and the professional services. L.A. Care has expanded the internal case management team to support SNFs on discharges. As discussed earlier, there is aggressive expansion of Community Supports (CS) benefits and in 2024 there will be a continued focused effort to transition institutionalized patients out of custodial care and back into the community. • With regard to discharges, L.A. Care has made some tremendous efforts internally in how it supports and works with hospitals. Bed availability in Los Angeles County is very tight; there are not enough beds in Los Angeles County to support the members that need it, and L.A. Care is working with what is available. Effective November 1, L.A. Care's internal team was restructured to improve support for hospitals; the inpatient case management team has been assigned to specific hospitals. This will allow case managers to work together and develop a relationship as they communicate about what patients need, and conduct discharge planning earlier. Although there are some inefficiencies in the new model, we believe that the inherent value of people talking to each other is going to improve patient care. The discharge authorization team is achieving same day responses for patients who are ready to leave the hospital. L.A. Care is working with a wide selection of post-acute vendors and ancillary services on effective authorizations, to avoid any impediment to patient care. The hospitals tell us that the patient needs durable medical equipment or needs a place to go. The hospitals and the vendors work together, and L.A. Care works to reconcile the authorizations and the claims. This is working quite well. A substantial effort has been made to expand our difficult placement team by three-fold and L.A. Care now has three nurses focused on the most difficult and challenging patient placements. L.A. Care is able to support our hospitals more efficiently. L.A. Care has initiated standing weekly calls with high volume hospitals to discuss any potentially challenging patient discharges. Recurrent joint operations meetings are focused on operational metrics and large scale	

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	operational challenges that the hospitals and L.A. Care can work together as efficiently as possible. All of this will dovetail nicely with work done in transitional care services. The new CalAIM program includes ensuring that members are transitioned properly out of the hospital back into the community, and that the health plan provides the transitional care services. In 2023, the focus has been around high risk members and in 2024, it will be expanded to low risk members. Over the past five months, transitional care cases have increased tenfold. There is now 44% engagement of patients when L.A. Care is providing transitional care services. L.A. Care is able to reach out to the member within one day of being notified that the member is being discharged and the team includes a group of case managers, care coordinators and community health workers. Last week L.A. Care received significantly updated guidance from DHCS about changes in requirements in the management of low risk patients being discharged from the hospital. Historically, high risk and low risk members had the same requirements. DHCS has now made the requirements for low risk patients significantly less stringent, and L.A. Care members will now need to be seen by a primary care provider (PCP) within 30 days of a hospital discharge. Given the patient loads for L.A. Care providers, this will be difficult to manage. L.A. Care is working with the various large volume systems on how we can ensure that patients get the appropriate appointments they need within the required time frames. L.A. Care will coordinate with providers the on these efforts, because a substantial amount of the transitional care work for the low risk numbers is going to be done amongst the delegated network of providers. • Within the Appeals & Grievances (A&G) areas, there have been lots of discussion on how L.A. Care will process, adjudicate and act on Grievances in a more efficient and timely manner. He thanked Acacia Reed, *Chief Operating Officer,* for supporting his work with staff. Staffing, workflows and training materials have been redrafted to align within required compliance. A significant amount of medical director support has been dedicated to the A&G department. Peer review efforts have expanded across a much wider cast of physicians with much more diverse clinical backgrounds to ensure that members are getting the care they need at the best possible quality level. Metrics continue to improve in the performance of the direct network. He highlighted that all the internal utilization management (UM) metrics are within regulatory compliance, and continue to improve. They are actually the best ever in terms of the work that the internal medical management teams are doing. Call center wait times over the past 10 months internally in medical management have gone from 5 minutes wait time to 33 seconds' speed to answer. The abandonment rate has dropped from 60% to 4% with better training and better staffing. Like all health plans, L.A. Care is constantly adjusting the authorization requirements so as not to obstruct or delay care but to ensure authorization for care is effectuated well and	

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	members are getting the care that they need. More effort is going into case management; making sure that our members are connected with services. • With regard to medical director staffing, a decision was made to bring in a substantial amount of new physicians. Five physician medical directors are or will be on boarded since July, across a much wider array of specialties. This will allow expansion of peer view efforts and make a much larger impact on ensuring that our members are getting the care that they need. Board Member Booth asked if the physicians being in a broader spectrum of specialties is to match reviews by specialty. Dr. Kagan confirmed she is correct, and it brings a different brainpower. L.A. Care is creating care management under new requirements for pregnant individuals or children special health care needs, and having an OBGYN or pediatrician specialist allows the health plan to create those programs in a more appropriate way. Supervisor Solis is pleased to hear his report. She asked if the CEO has met with some of the hospitals that originally may have had some concerns and what feedback has been received. Mr. Baackes responded that since March he has met with the largest hospital systems, as they are the ones that had the most concerns. The changes made in L.A. Care's Health Services operations are recognized and feedback from those hospitals has been that L.A. Care is now the easiest plan to work with about placing a difficult patient, or in terms of a referral. It is a complete turnaround in terms of the hospitals' attitude. He hopes that Board Member Greene, if he were present, would support this statement. The Hospital Association of Southern California (HASC) is holding a hero's award dinner to recognize front-line workers and Mr. Baackes led an effort among local health plans to raise $100,000 for the benefit of those workers. A scholarship program was created through the generosity of health plans. Progress is being made in improving L.A. Care's relationships with the hospitals. Mr. Baackes noted that hospital representatives said to him that they always felt comfortable contacting him for assistance. Supervisor Solis thanked Mr. Baackes for the report. Mr. Baackes commented that Dr. Kagan reported on transitions of care and the regulations that the DHCS imposed, which L.A. Care found extremely onerous. L.A. Care and other health plans in Los Angeles County got together and figured out that if all health plans fully staffed up at least 600 new people would need to be hired to comply. The health plans would be competing for staff with hospitals, skilled nursing facilities and clinics. The group of five health plans went together to meet with DHCS representatives and successfully achieved significant modifications.	

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	Board Member Roybal noted that he is unsure if DHCS is aware how much the 30-day PCP visit after a hospital admission will impede access for all patients. For some hospitalizations, it makes no sense for a PCP to see that patient within 30 days. A patient experiencing a complication following surgery would need a surgeon. The requirement has a potential to decrease access, especially since there are not enough primary care providers. Mr. Baackes responded that is an important concern, and DHCS responded by modifying the requirement to narrow the spectrum of who has to be seen within 30 days. Dr. Kagan noted the requirement was originally 7 days. Mr. Baackes noted that one of the reasons for promoting the reinstatement of the managed care organization (MCO) tax was to generate additional funds for primary and specialty care services. Adding a regulation that does not have a clinical basis is only undoing the good that could be done with the additional funds. The health plans and providers need to speak with one voice. Board Member Booth asked if this was for regulators to have clear data on whether a patient complied with the 30-day post hospitalization requirement without allowing any room for judgement by physicians. She asked if there is clarity on the level of risk for the patient. Dr. Kagan responded that DHCS has determined what is considered high risk, and all the rest falls into lower risk categories. When asked if he feels this is reasonable, Dr. Kagan responded it is fair, but he does not necessarily agree that it makes sense clinically. Some patients do not need a 30-day follow up. Dr. Booth noted that some patients might look high risk because of the words on the paper, too.	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee (ECAC)	**PUBLIC COMMENT** *Elizabeth Cooper commented she first want to say she's speaking from participation over the years. Regarding the public advisory committee, she's deeply concerned, but she wants to hear more input from the two representatives who represent hundreds of L.A. Care members who are consumers. She listens to the very intelligent remarks of Board members. She rarely hears those two advisory members. There is a new chair, a new advisory committee member, and she hopes she take notice. What she is concerned about as a public and a member of one of the advisory committee members, that they never say anything on the agenda that we, in the public, who they represent. For instance, she brings up many topics, but she doesn't hear, it's like silence. That means consent. Do you agree or do you disagree? We need our representatives just like you are members of the Board, and the Board of Supervisors gives comments, but she never hears anything from the advisory committee members who represent the consumers. She brought up many topics from the advisory committee members and it never gets on the agenda. And what is the advisory committee members for there? They're to represent them. What is the consumer enhancement department? It is to represent the consumers who have a voice. She can*	

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	hear the intelligent remarks from the Board members. As one who once served as vice chair, they brought many issues before the board. But please, the two representatives, the consumer advocate and the consumer representative, it's not about longevity for her, but she's listening. Please do something, don't be a potted plant. You give your points of view too. She hears so many comments, and the consumers have a voice on this Board of Governors, we should. They should direct the consumer CEO and make sure they give us the input. Because she feels like she's just here talking. It takes a lot of time and sometimes a little bit of courage to speak, but she hopes our two representatives, and she wants to welcome our new representative, and she hopes that she speaks up, and the customer advocate, just like the Board members. So that's why she's here. She's not here to attack; she's here to offer suggestions. The consumer advisory committee used to be very powerful voice, but now she only hears silence. Where are the consumers who come before the Board? Encourage them to get involved. She would like to see, she knows this is a sensitive remark, but she has to say it, we need to see more diversity on that Board too. We need to hear some voices of those that are powerless. She hopes the two representatives make sure. She can address it to them because they are the ones who they were elected to serve. She would like to see our advisors; she'd like to see our representatives who represents the RCACs. That's something she hears all the time, but they do not talk. She asked the Chairperson to take notice during meetings. Board Member Booth asked all the members on the Board that feel they represent consumers, patients or are an advocate representative to raise their hands. [*Several Board Members raised a hand.*] *There were additional remarks from Ms. Cooper that were inaudible on the audio recording as she was too far from the microphone.* Board Member Vasquez thanked the members that attended the ECAC in person and those present today. [*Board Member Vazquez spoke in the Spanish language, and her remarks are written as translated into English.*] The Temporary Transitional Executive Community Advisory Committee (TTECAC) met on October 11. • Mr. Baackes gave a Chief Executive Officer update. He gave a report earlier in this meeting. • Dr. Amin discussed various structure changes and investments made in L.A. Care Health Plan's Health Services department over the past year. He emphasized the significant increase in resources allocated to case management and the expansion of the case management department by over 60%. The expansion includes employment of community health workers and care managers, focusing on treating complex conditions and ensuring the proper coordination of care for members transitioning in and out of healthcare facilities. Board Member Gonzalez continued the report:	

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	• Ms. Thanki and Ms. Campbell gave a Government Affairs update. • A federal judge ruled last month that the Deferred Action for Childhood Arrivals (DACA) program is unlawful. DACA started in 2012 by President Obama to protect from deportation young immigrants who had been brought to the United States as children. DACA holders can work legally in the United States and travel abroad with permission from the government. It is important to note existing DACA beneficiaries will not lose protection from deportation and they can still renew DACA status. This will affect those not already enrolled in DACA, as they will not be able to apply for DACA. Appeal of the decision is expected and it will be months or perhaps years before the federal courts render a final decision. Many had hoped that Congress would pass legislation that would provide a path to U.S. citizenship for DACA holders and other undocumented immigrants, but that is unlikely until at least 2025. • The committee held a TTECAC Chair/Vice-Chair Election. They congratulated Ana Rodriguez from RCAC 2 in the San Fernando Valley, on her election as Chairperson. Deaka McClain, Member At-Large, was elected Vice-Chairperson. Board Member Gonzalez noted that ECAC has not received any documentation as to what is mandated and what changes or recommendations were made for the restructuring of the advisory committees. She requested that a report be given to ECAC. She understood that a matrix would be provided to inform ECAC about the changes. But that is not the same as the actual document provided by the state. She asked that the actual document be provided rather than a paraphrased version of it. Board Member Vazquez commented [*Board Member Vazquez' remarks were in Spanish and are presented here translated into English.*] that she would also like to see a broader representation so they are able to give robust information to the members. That would be their greatest impact, and they are here to serve the members. Board Member Shapiro commented that it is very nice to meet Ms. Vazquez and he welcomed her to the Board.	
BOARD COMMITTEE REPORTS		
Executive Committee	**PUBLIC COMMENT** *Elizabeth Cooper asked about the diversity on the committee for the Community Investment Priorities. She's concerned when these investments are made, that's where money comes in, and she looks at money. Who is on there? How does one get on the committee and what kind of investment is LA Care making? She knows these are challenging questions, but we the people have a right to know, because see these issues are not discussed. We have no RCAC meetings so she can't participate now with the fiscal year of 2023. No more*	

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	RCAC meetings, she was informed. She would like to know what are the investments, who gets the investments, who's on the committee, is the committee made of diverse members; Afro Americans, native Americans, people who speak another language. These are the things that need to be brought to the attention of the Board. She asked that the answers because she needs to know who's on the committee, who's making the decisions. Because where the money goes, if there's no diversity then you don't know whether there's fairness and that its going to the total community of the great city of Los Angeles and Los Angeles County. Mr. Baackes responded that there is no committee. The Community Health Investment Fund (CHIF) has been around almost since the beginning of the operation of the health plan, and is run within the administration of the organization. There will be a presentation by Shavonda Webber-Christmas, *Director of Community Benefits*, about the priorities for the CHIF in the 2023-24 fiscal year. This process invites community organizations to apply for grants and funding through the program. The selection of grantees is very rigorous. Ms. Webber-Christmas will go over that for the Board. A written report is provided to the Board every year on the grants made, the organizations receiving the grants and follow up activity. Chairperson Ballesteros noted that the grants are approved by the Board. There will be presentations for proposed grants brought to the Board for approval, there will be discussion by the Board when the presentations are made. Chairperson Ballesteros reported: • The Executive Committee met on October 25. • The approved meeting minutes can be obtained by contacting Board Services and will be available on the website. • The Committee reviewed and approved a motion at that meeting that was approved earlier today on the Consent Agenda. • The Committee approved a motion for Human Resources Policies HR 105 (Employee Benefit Plans), HR 109 (Jury Duty and Witness Subpoenas), and HR 709 (Language Proficiency Assessment). Those motions do not require full Board approval.	
• Community Health Investment Fund (CHIF) Priorities FY 2023-24 **(BOG 100)**	Ms. Webber-Christmas presented the proposed priorities for the Community Health Investment Fund (CHIF) for FY 2023-24 (*a copy of her presentation can be obtained by contacting Board Services)*: Overview • As of October 1, 2023, the CHIF Program has supported more than 979 projects for 190 unique community entities, and invested more than $138 million in organizations caring for under-resourced communities.	

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- CHIF awards improve clinics' workforce and infrastructure, access to care and improved health outcomes for members, and social determinants for under-resourced communities. All grant awards strengthen the health and social safety net.
- Staff seeks Board approval to allocate the approved $10 million CHIF fund* across Community Benefits' Grant making Priorities for FY 2023-24

The awards improve clinic workforce and infrastructure, improve access to care, improve health outcomes for our members and address social determinants for under resourced communities. All of L.A. Care's grant awards strengthen the health and social safety net. The four proposed CHIF grant making priorities for FY 2023-24 are:

PRIORITIES PROJECTION SUMMARY	
PRIORITY/PORTFOLIO	**ALLOCATION**
Support the health care safety net to improve infrastructure and address disparities	$4,450,000
Advance solutions for social determinants of health to reduce inequities	$2,800,000
Close pervasive health disparities gaps	$1,500,000
Empower and invest in health and health related social service organizations that address systemic racism	$1,250,000
Total CHIF Allocation	$10,000,000

Supervisor Solis commented that she is very pleased with the report, and especially pleased to see that justice involved communities are included in the last priority. That also helps us serve individuals that are coming out of the carceral system, whether it is youth or those coming out of jails, to receive some assistance through reentry programs and prevention. Many of them will end up on the street without that assistance. She hopes that L.A. Care will work with some of the new initiatives at LA County such as Justice, Care and Opportunities Department (JCOD), Department of Youth Development (DYD), and Care First Community Investment (CFCI). These are organized groups working with almost the same populations. She suggested that joint support could better expand some of this work to help sustain those groups doing hard work helping both L.A. Care members and LA County residents.

Board Member Gonzalez asked if projects to provide accessible examination tables for health care sites would be included in the CHIF grant making. Ms. Webber-Christmas responded that it is included as part of the first CHIF priority, supporting health care safety net infrastructure.

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	It will be included in annual planning for funding so that it would be accessible throughout the year. Ms. Webber-Christmas expressed her appreciation for the Executive Committee's discussion and reflection on the important impact that community health investments have on the health care system, social determinants of health, and the individuals that benefit from the services. *Board Members Ballesteros, Greene and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of subsection c. to close pervasive health disparities gaps and/or d. to support the health care safety net to improve infrastructure and address racial inequities, and those Board Members' vote reflects a vote concerning the entire Motion excluding those items for which the member is abstaining.* Board Member Booth proposed an amendment to subsection d. in the motion to add, "health related" before social service organizations. **Motion BOG 100.1123** 1. **Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2023-24 allocation of $10 million in the following priority categories:** a. **Support the health care safety net to improve infrastructure and address racial disparities, recommended at $4.45 million,** b. **Advance solutions for social determinants of health to reduce inequities recommended at $2.8 million,** c. **Close pervasive health disparities gaps, recommended at $1.5 million, and** d. **Empower and invest in health and health related social service organizations that address systemic racism, recommended at $1.25 million**. 2. **Delegate authority to the CEO to adjust CHIF priority category amounts noted above to align with evolving community needs and requests. All other policies and procedures related to CHIF grant-making investments will remain.** Shavonda Webber-Christmas thanked the Board of Governors for their approval of the 2023-24 CHIF Priorities.	**Amended motion was unanimously approved by roll call.** **9 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Roybal, Solis, Vaccaro and Vazquez) with abstentions noted for portions of the motion.**
Finance & Budget Committee	**PUBLIC COMMENT** *Elizabeth Cooper commented that the reason why she comes here is sometimes public comment on these issues need the public concern. You might or might not agree with the public, but it's important in a democracy that the public have a voice, and I appreciate the voice and that you've given me the opportunity. Regarding the chief financial report, she's concerned, she never thought about the budget, but we all have a budget in our home. Sometime we have sometimes not, but I would like to budget to consider, the Financial department, et cetera, she doesn't have the agenda in front of her, to consider more money*	

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	for the RCAC's participation. It has not been discussed, but please put more money in the budget for the RCAC members so they can participate in all aspects of L.A. Care's decisions. Because it's very important. They are the ones that get the engine to go. They're the ones who you ladies and gentlemen are representing. She thanks each and every one of the Board Members for this holiday season and peace and goodwill. She feels these issues need to be discussed and the financial budget needs to be put in for consumer activity. And that's something that she's been very concerned about. She hopes that Board Members consider with the budget for the fiscal year of 24, not just for Elizabeth Cooper, but for those voices that do not say something. Put money in for more public engagement and for more public participation because I find that that's not too good, in her opinion, public comment, and please in the budget so that we can learn more about the system. For this year, I would like to thank you, ladies and gentlemen, and members of the Board of Governors, particularly the Chair and the Chief Executive Officer, for giving her the opportunity to speak about the budget. But that's so important. Congress has advisors. Sacramento has a budget, L.A. Care has a budget. But how you use that budget is very important for the good of all the members, regardless of their status, whether they're on a Board or whether they on a committee. So please put some more money in there for public engagement. Treasurer Booth reported that the Committee met on October 25 *(a copy of approved minutes can be obtained by contacting Board Services)*. The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda. The Committee received written reports on Sponsorships & Grants and Monthly Investment transactions, which are also included in today's Board meeting materials (*copies of all the reports can be obtained by contacting Board Services*).	
Chief Financial Officer Report	Afzal Shah, *Chief Financial Officer*, reported on the August 2023 Financial Performance *(a copy of the report can be obtained by contacting Board Services).* <u>Membership</u> Membership for August is 2.9 million members, which is almost 42,000 favorable to the forecast. This favorability is driven by Medi-Cal, with lower than expected disenrollment and higher than expected enrollment, with 32,000 members added. There were approximately 20,000 terminations and 1200 retroactive disenrollments in August. The forecast assumed an overall 1% drop in membership for Medi-Cal across all categories of aid. There was a slight unfavorability in membership for L.A. Care Covered (LACC) of about 1800 members. <u>Consolidated Financial Performance for August 2023</u> Excluding financial performance for Housing and Homelessness Incentive Program (HHIP) and CalAIM Incentive Payment Program (IPP), financial results for the month of August reflect a net surplus of $32.9 million, about $8 million behind the 9+3 forecast. $66.5 million in	

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	revenue was recognized in August for IPP. L.A. Care has recognized only the revenue it has spent for IPP. Clarification has been received on performance and the remaining balance has been recognized in the year to date financials. Consolidated Financial Performance Year to Date as of August 2023 Year to date excluding HHIP and IPP, financial results are $381,882 million surplus, which is about $56 million better than the 9+3 forecast. The biggest driver is incurred claims, which are favorable to forecast by about $62 million. There is also favorability related to Community Based Adult Services (CBAS), Enhanced Care Management (ECM), Major Organ Transplant (MOT) and Long Term Care (LTC). Offsetting these items are capitation and fee for service increases. Administrate expense had been favorable for at least the first seven to eight months, is unfavorable by $3.5 million. Operating Margin by Segment For the 11 months ended in August by line of business, the total revenue healthcare expenses, and the ratio between health care expenses and revenue overall, excluding HHIP and IPP, are performing about 0.4% better than forecast at 92.1% versus 92.5%. MCR for all segments is close to the 9+3 forecast, with some variation in DSNP. For the new fiscal year, Cal MediConnect (CMC) will no longer be reported separately as all of those members have transitioned into the Dual Eligible Special Needs Plans (DSNP). Key Financial Ratios The cash to claims ratio is higher than forecast because L.A. Care received capitation payments from DHCS on August 31 and payments were completed in early September. LA Care also received Medi-Cal Hospital Quality Assurance Fee Program (HQAF) payments for hospitals in August, which were paid in September. Tangible Net Equity and Days of Cash on Hand Fund balance is $1.6 billion, representing 700% of the tangible net equity (TNE) requirement. The fund balance is the net of the assets less liabilities. For the month of August, L.A. Care currently has enough cash to cover operating expenses for about 82 days. **Motion FIN 103.1123** **To accept the Financial Reports for August 2023, as submitted.**	**Unanimously approved by roll call.** **9 AYES**
• Monthly Investments Transactions Report	Mr. Shah referred to the investment transactions reports included in the meeting materials (a *copy of the reports can be obtained by contacting Board Services)*. This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of August 31, 2023 was $2.1 billion. • $2 billion managed by Payden & Rygel and New England Asset Management (NEAM)	

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	• $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
Compliance & Quality Committee	Committee Chairperson Stephanie Booth reported that the Compliance & Quality Committee met on October 19. *The approved meeting minutes can be obtained by contacting Board Services.* Todd Gower, *Interim Chief Compliance Officer,* and the Compliance Department presented the Chief Compliance Officer report. • Michael Sobetzko, *Senior Director, Risk Management and Operations Support*, gave an Issues Inventory Update. He spoke about Part D auto forward for the coverage determination appeals report timeliness issues over a 5-month period. The issue has resulted in a cap request of Navitus. In all, there were 10 new issues created in August and two issues have been closed. • Mr. Sobetzko gave an update on top risks. One of the top risks pertains to the C2 - HRA Assessment / Reassessment Timeliness. When HRA assessments are not completed in a timely fashion, there is a potential that enrollees who need extensive care management interventions will not receive them. IT development team completed the D-SNP monitoring report on August 11, and the business unit completed post-production validation. A report to identify L.A. Care Medi-Cal members requiring an HRA was deployed and completed. • Magdalena Marchese, *Senior Director, Audit Services* and Mr. Gower gave an Internal Audit (IA) Update. The internal update outlines several key points regarding IA activities: − There are 27 project streams to support IA execution and Compliance Operations. − Ten projects are currently active, with one completed and three in the final report Quality Assurance (QA) phase. − One project has been divided into two phases to facilitate an IT Data Management Audit. − There are six projects in progress. − There are four projects specifically aimed at supporting Risk Management in Compliance, which include Annual Risk Assessment, Compliance Operations support, and IA Annual Planning. − Ten projects are being considered and four are on hold by a third party. *(The full written report can be obtained from Board Services.)* Dr. Amin presented the October 2023 Chief Medical Officer Report. Dr. Kagan gave a CMO report on his behalf earlier today. Ms. Martinez reported that DHCS issued all health plans in California two Performance Improvement Projects (PIPs) to begin in September of 2023 through 2026. The first PIP is	

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	based on disparity, specifically Black/African American Children who will be turning 15 months in 2023. The measure's focus is the Well-Child Visits in the First Thirty Months of Life: 0-15 months. The second non-clinical PIP will be focusing on behavioral health needs around Emergency Department Use for Substance Use and Mental Illness. DHCS is requesting plans choose an area of focus to improve the coordination of care with their provider for follow-up visit. One closed PIP was related to Improving Childhood Immunizations rates in SPA 6. L.A. Care conducted clinic-based outreach based on L.A. Care Health Plan custom missing vaccine report. A second closed PIP was related to Improving Diabetes A1C Control. The interventions conducted were health education outreach and text-messaging campaign.
	
	A third QI project from Medi-Cal that will close in 2023 is the Strengths, Weaknesses, Opportunities and Threats for both the Well-Child Visits in the First Thirty Months of Life and Childhood Immunization Combination – 10. The interventions included developing a custom W30 report and flu brochure encouraging Flu vaccine uptake in children 6 months and older. For Covered California, the QI project is a disparity-focused project on improving A1C levels among Black/African American and American Indian/Alaskan Native populations. Currently members are contacted to enroll into Medically Tailored Meals and offered the option to work with L.A. Care registered dieticians.
	
	Ms. Sadochi-Smith gave the following updates:
	• Facility Site Review (FSR): DHCS has agreed to give all health plans until December 31, 2023 to complete all FSR/Medical Record Review (MRR) backlog surveys. To date, the FSR team has completed 377 FSR/MRR backlog surveys out of 420, and has completed all current surveys and initial surveys due for 2022 (meaning we are not adding to the backlog.) The quarterly goal of 53 backlog FSR/MRR for each quarter from Q4 2021 to Q3 2023 has been exceeded. L.A. Care has assisted other health plans by taking on 29 of their backlog audits to conduct and complete the FSR/MRR.
	• Initial Health Assessment (IHA) and Annual Cognitive Health Assessment (ACHA)
	  o IHA: DHCS had two findings in the March 2023 Audit.
	    ✓ 1-The Plan did not ensure the provision of a complete IHA to each new member.
	    ✓ 2-The Plan did not ensure the provision of a complete IHA within the required timeframe.
	  L.A. Care is waiting for the results. PHM, EPO, and Compliance have drafted a Corrective Action Plan (CAP) based on the preliminary findings.
	  o ACHA: L.A. Care is operationalizing improvements now that the ACHA All Plan Letter has been thoroughly reviewed and implemented. It is too early to assess performance.	

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PUBLIC COMMENT on Closed Session Items	*Joyce Sales commented that she is very new to this forum. She is a long time L.A. Care member. Through an unexpected situation, she has been asked to chair the RCAC 6. Her question is in regard, and correct her if she's out of line because she's not used to being in these type of environments, she's been self-employed her entire professional career, so she kind of does her own thing. With regard to Ms. Christmases' presentation, there's always the conversation about removing the systemic racism, increasing the diversity. But when she talked about the funds that were awarded, I noticed that the GAAINS, which her understanding is related to African American programs or funding, whatever, was reduced by $25,000, and then the overall dollar amount was reduced by another $250,000. She's trying to factor the funding that is granted, is it going to private entities? Is it going to nonprofits? Is it going to corporate entities? How is that money being dispersed? Why is it when we talk about the systematic racism, the diversity that the numbers, the need, is always reduced, when the areas that are most needed are always reduced, but we don't get the funding and the services?* Ms. Webber-Christmas responded that L.A. Care recognizes that the amount of funding is decreasing across priorities, however, the Generating African American Infant & Nurturers' Survival (GAAINS) initiative under Close Pervasive Health Disparities Gaps has been in place for two years. This will be the third year. Funding was allocated based on prior years' need. However, the motion also allows John Baackes, CEO, to make adjustments as necessary. If there is more interest in programs to be funded, staff will ask for his consideration. The organizations that are funded across the Community Health Investment Fund are all nonprofit organizations. Those that have been funded over the past two years for GAAINS have been reported. The smaller nonprofit organizations that provide birth worker services in the community, including doulas and midwives, and are part of this particular fund, which takes a village approach, and includes clinics and networks and a number of organizations that are thinking and working towards improving the real health outcomes and the issues within African American and infant and maternal mortality. Chairperson Ballesteros offered his assistance to Ms. Sales to help her feel comfortable participating in Board meetings. *Deaka McClain is the currently the member at large representing people with disabilities. She will try to do this quickly; she has more than one comment. First, she thanked her colleague Joyce for bringing up the issue about the funding for systematic racism. She just wanted to piggyback on that as well. As far as the funding being decreased, she appreciates the explanation. However, it was said that Mr. Baackes can use his discretion as needed. She appreciates that, but at the same time, how can she say this diplomatically, sometimes, as needed is not good enough. Sometimes, it needs to happen right then and there, because we can't wait to as needed. Because something has already happened, but we're waiting to as needed. If she's making sense. She doesn't know if shes saying it right. She hopes people understand what she's saying. Particularly because she can only speak for African Americans. When it comes to her people, her population, most of the time. She's not saying it doesn't affect other nationalities. That's not what she's saying. We watch the news and a majority of the time it's affecting her people, and then we're saying, as needed. Does that make sense? Okay. But she appreciates the clarification. Just wanted to put that out there and encourage with the funding that extensive training be done in this area when it comes to racism, because sometimes we have hinted racism. And then it doesn't come out until later. For example, the George Floyd incident, if that would have been critiqued or monitored a little bit more, we might not have that situation. The next thing she wants to highlight is more funding be placed on the RCAC work plans, or maybe just in general, for preventing intimate*	

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	partner violence. She has been here a long time, and while she has been here, she mentions domestic violence many times as part of the work plan. It hasn't happened yet. She will continue to bring this up because she feels that domestic violence, or intimate partner violence is a public health issue, and it will cut down on some of the expense that has to be paid when a person comes into the emergency room for being beat up. But if we focus on intervention and prevention a little bit more often, and educate, bring awareness to this issue, she thinks it would cut down on some of the expense. She will bring it up at the temporary ECAC meeting about organizations that we are part of. We talk about these things for people that are on Medi-Cal to help prevent domestic violence and intimate partner violence. *Elizabeth Cooper commented first, the Thanksgiving season is coming in a couple of weeks. She is thankful that she can speak today. And she's thankful for her son, Jonathan, who encourages her to keep going. Sometime she gets discouraged. She's hearing some of the members talk. As an African American brought up in the South, born in the South, she knows how hard it is. She talks about voting and getting involved in this system, and the system can make it work. She also thinks about L.A. Care since many years ago she was part of some of the issues that are discussed today. She would like the Board to put on the agenda, and the Executive Committee, please put on the agenda some of the things for consumers. She only has a voice in the RCACs, but she hears the voices of the people who have spoken, and she hears the voices of some issues, but often times she's been a little discouraged. Maybe she gets discouraged because many of the things we the public speak about, never gets a part of the agenda. And there is such nice wonderful leadership here. She appreciates every member of the Board; she really does from the bottom of her heart, on behalf of Jonathan. She also appreciates the CEO, Mr. Baackes, who has been sensitive. She has come before here and cried and it's not about longevity for her, she's been here many years. What she would like to see the Board do is be more sensitive to consumer issues as they speak. They're the voices of the community. She feels there needs to be diversity and she appreciates her representation there* on the Board. *And she's not demeaning anyone, but it's very important. Listen to the voices. Don't just say, thank you, wham, bam, thank you. Ma'am. But please listen to them and their voices, because they go in the community. She lives in kind of a diverse community. Some of the people come with her with their voices, and it's been a privilege this year to be a part of L.A. Care. Another wonderful thing is her son, who's developmentally challenged, and you've seen him at the Board. He's just as interested now. When he watches TV, he doesn't want to watch the fun things. He listens to what the people are saying, maybe he got it from his mom, but when he watches television, he watches what is happening on the news. But may she say something to the Board before she closes: please consider all this concern is voting. You might think that's not an issue. But what is going to happen in 2024 is going to affect healthcare. Please encourage the members to start now, get involved, vote. As an African American, she knows the challenges we've had in voting and so that's one thing we are very compassionate about. She's not saying other groups aren't. But vote, vote, vote. Because healthcare. She commented that she respects Mr. Baackes a lot, but on a funny note, will everybody here get a turkey? Will RCAC members get a turkey? They deserve a turkey; please don't forget to give them a turkey.*	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 3:35 pm. Chairperson Ballesteros thanked the members that came to the meeting and wished everyone a Happy Thanksgiving. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:45 pm. No report was anticipated from the closed session.	

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	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 2025* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act *In re: UpHealth Holdings, Inc., et al., Case No. 23-11476 (LSS), pending in the United States Bankruptcy Court for the District of Delaware* 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 CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act *MemorialCare Select Health Plan v. L.A. Care Health Plan* American Health Law Association, Case No. 7028, filed April 28, 2022	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:32 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 4:33 pm.	

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

APPROVED BY:
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John Raffoul
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John G. Raffoul, *Board Secretary*
Date Signed 12/11/2023 | 12:47 PM PST

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