

**Board of Governors**  
**Regular Meeting Minutes #332**  
**November 7, 2024**



**L.A. Care**  
 HEALTH PLAN

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

**Members**

Alvaro Ballesteros, MBA, *Chairperson*  
 Ilan Shapiro, MD, *Vice Chairperson\**  
 Stephanie Booth, MD, *Treasurer*  
 John G. Raffoul, *Secretary*  
 Jackie Contreras, PhD  
 Hector De La Torre  
 Christina R. Ghaly, MD

Layla Gonzalez  
 George W. Greene, Esq.  
 Supervisor Hilda Solis  
 G. Michael Roybal, MD, MPH  
 Nina Vaccaro, MPH  
 Fatima Vazquez

**Management**

John Baackes, *Chief Executive Officer*  
 Sameer Amin, MD, *Chief Medical Officer*  
 Terry Brown, *Chief of Human Resources*  
 Linda Greenfeld, *Chief Product Officer*  
 Todd Gower, *Chief Compliance Officer*  
 Augustavia Haydel, Esq., *General Counsel*  
 Alex Li, MD, *Chief Health Equity Officer*  
 Tom MacDougall, *Chief Technology & Information Officer*  
 Noah Paley, *Chief of Staff*  
 Acacia Reed, *Chief Operating Officer*  
 Afzal Shah, *Chief Financial Officer*

*\*Absent*

*\*\* Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>G. Michael Roybal, MD, <i>Board Member</i>, called the meetings to order at 1:06 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p><i>Board Chairperson Ballesteros joined the meeting.</i></p> <p>Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The meeting Agenda was approved.</p>	<p><b>Unanimously approved.</b>  <b>9 AYES (Ballesteros, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<b>PUBLIC COMMENTS</b>	<p><i>Andria McFerson, RCAC 5, is a bit distraught. She announced her public comment consists of the disparities that many genuine advocates go through as stakeholders and stakeholder representatives. She feels they have received discrimination and harassment unfortunately while rightfully opposing the infringements received from staff while using their amendment rights of freedom of speech, expressing the health disparities of the public members they represent as</i></p>	

**APPROVED**

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	<p><i>stakeholders while only respecting the honor of Robert's Rule of Order and the Brown Act. Throughout the last past several years, this has not been just one time. They have been unrightfully withheld from monies funded, from the budget. They need to be able to investigate that and investigate the new bylaws that they have in their democratic process. They were in a RCAC 5 meeting and she actually had staff come and impede on her ability to speak publicly. The Chair that you have there, the co-chair, called point of order while she was just speaking about specific instances where she felt discriminated against in the emergency room at Cedar Sinai. She feels very distraught and we need to evaluate that, as a BOG, on how the staff can intervene or interact to the rack members during a meeting while they are just trying to express themselves.</i></p> <p><i>Elizabeth Cooper thanked the Chair and members of the Board of Governors, and asked that they please take notice of public comments. Unfortunately she was late and had a lot of things on the agenda she wanted to speak about how important it is for the members. As a RCAC member of long standing, she feels that there needs to be more input from different versions. She's looking at the RCACs and appreciates all the work they have done, but the RCACs need to be more diverse. Because sometimes if one is there as a minority, one can feel isolated and cannot get their point across. The Board needs to look at that. She's opposed to the RCAC motion from the Board. She doesn't know whether it was approved. RCAC members should not be screened by a certain number of people they don't know, they should be as they come in. She feels that the board need to take more notice of the ECAC because the point she's concerned about is, only if you are on the ECAC board, as a RCAC member, you do not get any information, only the ECAC, and they do not communicate with their members. That's why she's here. Just like the Board, they communicate together, but the chairs and the staff don't have communication. She's been a chair. She's had great communications when she was a chair of a committee for the health advisory committee. But the Board Chair needs to take notice, in her opinion, of the ECAC operation and also look at the RCACs because the chairs do not communicate, some of them. She can't say all, with the members and that's very important to her. She wanted to speak on all of these agenda items. She was late, not because of her fault, but because of transportation. She read the agenda and wanted to speak on all items because she appreciates the Chair and Board members, but she wanted to speak on that. And she thinks it would be a discredit to her as a member.</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson wanted to discuss the regional community advisory committee membership. Ms. Cooper just talked about the selection committee and they do not have any sort of knowledge about who the selection committee is, but she knows that the committees are 80% one race. And so when they speak about diversity, they need just as many Caucasian, Black, Indigenous, Asian and every single person that needs to be a part of the ECAC, there should not be a selection committee. She doesn't have enough time to talk about exactly what she has written down, but that is one of the main reasons why she feels that they need the committees to give recommendations to the Board about the million dollar decisions that the Board makes so their voice needs to be heard equally and they need to be able to vote democratically equally as far as diversity goes.</i></p> <p><i>Elizabeth Cooper commented that she was late and had it all written out. She asked the Chair to check and make sure the staff makes sure that she is here in a timely manner and the transportation, so she can be courteous of the board. This is terrible and she needs to file a</i></p>	

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	<p><i>grievance. She had it written down and brought it here for public comment, she asked the chair to allow her to speak a few minutes later.</i></p> <ul style="list-style-type: none"> <li>• October 3, 2024 meeting minutes</li> <li>• Annual Review of Investment Policy AFS 008 <b><u>Motion FIN 100.1124*</u></b> <b>To approve Accounting &amp; Financial Services Policy AFS-008 (Annual Investment Policy) as submitted.</b></li> <li>• Revised Compliance &amp; Quality Committee Charter <b><u>Motion COM 100.1124*</u></b> <b>To approve the Revisions to the Compliance and Quality Committee Charter, as presented.</b></li> <li>• Children’s Health Consultant Advisory Committee Membership (CHC 100) <b><u>Motion CHC 100.1124*</u></b> <b>To appoint the following candidates on the Children’s Health Consultant Advisory Committee (CHCAC):</b> <ul style="list-style-type: none"> <li>○ Alex Li, MD, Chief Health Equity Officer, as member for the Ex-Officio L.A. Care Chief Health Equity Officer Seat</li> <li>○ Mona Patel, MD, as member for the Adolescent Health Seat</li> <li>○ Smita Malhotra, MD, as member for the Los Angeles Unified School District (LAUSD) Seat</li> <li>○ Ankit Shah, MD, as member for the Los Angeles County Department of Health Services (DHS) / California Children’s Services (CCS) Seat</li> </ul> </li> <li>• Regional Community Advisory Committee Membership (TTECA 100) <b><u>Motion TTECA 100.1124*</u></b> <b>To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their October 9, 2024, meeting:</b> <ul style="list-style-type: none"> <li>○ Diane Chavez, RCAC 2, Consumer</li> <li>○ Bolla Myrra, RCAC 2, Consumer</li> <li>○ Troyette Magee Cano, RCAC 4, Consumer</li> <li>○ Martha Perez, RCAC 4, Consumer</li> <li>○ Erki Castro, RCAC 5, Consumer</li> </ul> </li> </ul>	<p>Unanimously approved. 9 AYES</p>

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<p><b>CHAIRPERSON'S REPORT</b></p> <ul style="list-style-type: none"> <li>Nominations of charitable organizations to receive donated Board member stipends.</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper would appreciate very much that members of the Board take their comments, and they come here every day but there are some concerns she needs to address. She has been a RCAC member who tries to be [unintelligible], she's never invited on committees, never invited when they select people for the equity or any other committee. She needs the Board to take notice when committees and groups or forums where she never gets invited and she tries to be a good steward of L.A. Care, not only for herself but for the community and the people who she represents. But she would please like the Board to take notice, direct whoever is directing appointments and chairs in everything that please take notice. She would like to thank each of the Board members for being a Board member, but she would like the Board members to please take notice because you don't just represent yourself. She looked and when providers went to the Governor, they got 30 days to pay the bill. So what she's saying to providers, which she appreciates, they get notice but let the community too.</i></p> <p>Chairperson Ballesteros informed Board Members that there will be an opportunity to nominate charitable organizations to receive donated stipends of Board members. Board Services staff will send a request for nominations. Two of those organizations will be randomly selected for approval at the December 5 meeting.</p>	
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented she is not too happy, so please forgive her. There are some challenging things facing the nation. She thanked Mr. Baackes for his leadership and she enquired of the Chairperson of the Board of Governors and members, the RCACs should be allowed to have some kind of goodbye for him and money should be extended for all the RCACs because he has been part of the organization for seven years, and she would greatly appreciate if the Board approve it before he leaves, so the RCACs can say goodbye to Mr. Baackes. She hopes whoever the Board decides to nominate has an interest in the RCAC members, especially the consumer advisory committees. She asked the Board to please let them do something and allocate some money now, for them to just say goodbye to Mr. Baackes.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, responded that he is working to make sure he attends every RCAC meeting in the last two months of his tenure, so he will see members in their RCAC meetings, and he is looking forward to it.</p> <p>Chairperson Ballesteros added that the sentiment around acknowledging appreciation to Mr. Baackes for his years of service is something that we all feel deep deeply about.</p> <p><i>Andria McFerson wanted to figure out how they can have a recommendation committee, how they can better their bylaws and make it so that the presented bylaws that the BOG ruled for would base more on how the ECAC had ruled. They originally ruled in May that they only go by the bylaws of the state and how the state changed it. But it was presented to the BOG a whole other way to where they don't have Robert's Rule of Order. She just wants to make sure that they have the opportunity to speak because they don't have that with the RCACs anymore, and they want to have</i></p>	

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	<p><i>a purpose. They had a purpose for a very long time now, and she wants to make sure that they keep that. In honor of Mr. Baackes she really appreciates him for doing all of the services that he has done. She wants to make sure that they can continue once he leaves.</i></p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> <li>• Proposition 35 was approved by 66% of the voters, the highest approval rate of any of the ballot measures, and will direct desperately needed funding to the Medi-Cal program. The Managed Care Organization ballot proposition directs \$2 billion in tax revenue proceeds to the state general fund for 2025 and 2026. Almost \$2.7 billion will go to Medi-Cal to improve reimbursement in 2025, and \$3.2 billion in 2026. In 2027 and all the years after that, \$4.3 billion will be directed to Medi-Cal. Most of the money will go toward primary care physicians and specialty physician reimbursement, hospital emergency rooms, and more. A stakeholder committee will be created to work with the Department of Health Care Services on how the money will be spent. This is an important victory because it shows what can happen at the local level. The effort for this ballot initiative started in Los Angeles when an ecosystem of providers and health plans joined together to find more resources to serve a third of the population. The idea was developed and advanced. It is even more important now that we understand that local initiatives, local ideas can be organized around coalitions that can be formed to help everyone in our community. He will be a champion for this coalition to stay together because it's unique to see the providers united and there are other issues that could be tackled to improve the Medi-Cal program.</li> <li>• L.A. Care has had a major breakthrough with the Department of Health Care Services over a regulatory issue. Every year about 38% of those who enroll in Medi-Cal do not select a health plan during enrollment, in Los Angeles County they can select L.A. Care or Health Net. There is a default assignment algorithm used for enrollees who do not select a plan. The California Department of Healthcare Services (DHCS) bases the default assignments on the health plan quality scores. L.A. Care has had higher quality scores than Health Net in the years he has been CEO, and therefore L.A. Care has always received a majority of the default assignment. This year L.A. Care's portion of default assignment is 64% and Health Net has 36%. Kaiser does not register yet on the default assignment. DHCS proposed last year and again for 2025 a revision to the default assignment, basically watering down the difference between the health plans based on the quality scores. L.A. Care, as did many other health plans, objected to that because if DHCS wants the health plans to focus on quality, there should be an incentive to gain additional membership, and those additional members should be directed to a health plan with higher quality scores. DHCS acknowledged in a meeting this week that data submitted by L.A. Care's quality improvement department is going to be used in revising the proposed change so that there</li> </ul>	

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	<p>will be a much more narrow watering down of quality scores L.A. Care will likely lose 5% of its default assignment when DHCS was proposing to lower it by 10%. He commended the quality improvement department staff, Sameer Amin, MD, <i>Chief Medical Officer</i>, and Edward Sheen, MD, <i>Chief Quality and Population Health Executive</i>, who lead that department, and staff members, Matthew Pirritano, <i>Director, Population Health Informatics</i>, and Betsy Santana, <i>Senior Manager, Quality Improvement Initiatives</i>, who did the work. The value of this is the data talks, and if data is harnessed and L.A. Care presses the case, it can help improve regulations. Health plans are battling many Medi-Cal rate issues for 2025. The Finance Department is very good at collecting data to challenge DHCS assumptions and decisions. He wanted to acknowledge the staff that accomplished an important task.</p> <ul style="list-style-type: none"> <li>L.A. Care is making a big difference through its special investigations unit (SIU). SIU works to combat fraud, waste and abuse. It is a small department, with a small budget. In 2024, SIU investigated, recovered and saved over \$14 million. But more than just the return on the investment, SIU has also been responsible for two arrests and 13 convictions of health care fraud, with an additional 11 cases to be prosecuted this year. Chris Fisher, DHCS Investigations Branch Division Chief, works with all the special investigation units from across the state. He has acknowledged that L.A. Care submits more fraud referrals than any other organization. L.A. Care SIU is the best. Mr. Baackes commended Michael Divine, <i>Director, Special Investigations Unit</i>, and his staff for the great work they are doing. It is not just the monetary recovery, but fraud, waste and abuse cannot be tolerated given how precious the Medi-Cal dollars are.</li> </ul> <p><i>L.A. Care SIU communicates health care fraud issues to Plan Partners and health care providers involved. SIU also presents ongoing “schemes and scams” during health care fraud investigative roundtables that we host with SIU counterparts on a quarterly basis. The funds reported are attributable to L.A. Care’s recoveries and do not include amounts attributable to other entities.</i></p> <p><i>(Board Member Greene joined the meeting.)</i></p>	
<ul style="list-style-type: none"> <li>Vision Progress Report</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>Results of the recent election are widely reported. Republicans were elected to a majority of seats in the U.S. Senate. Results are as yet undetermined for the House, including a few key California congressional positions, and it is a very close race.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• President-elect Trump’s platform will be similar but with his party in the majority in the U.S. Senate and possibly in the House, California will have additional challenges. Some of the main issues are immigration, abortion and climate control. The President-elect is not expected to overregulate Artificial Intelligence (AI).</li> <li>• L.A. Care is preparing to engage on health care issues that may arise. There may be proposals for Medicaid work requirements and changes in eligibility for the Affordable Care Act or for federal enhanced subsidies.</li> <li>• California has many ongoing lawsuits against the prior Trump administration challenging some of the federal regulations. California’s Governor has called a special session of the state Legislature that will begin in early December and will enhance the judicial budget for additional lawsuits.</li> <li>• Government Affairs will meet with newly-elected Legislators in California and in Washington D.C. to educate them regarding L.A. Care, the safety-net and its mission.</li> </ul> <p>Board Member and Supervisor Solis noted that Los Angeles County is also preparing. The CEO just called a meeting with department heads to work together and unify to fortify programs as best we can. She is concerned about mixed families that L.A. Care serves. She was not serving on this Board when Trump was serving as President. She would like to know what kinds of prevention and information that will be provided to prepare families that may be impacted. Mr. Baackes responded that L.A. Care shares her concern. Through the community health investment fund, L.A. Care has provided and will continue to provide funding to many of the organizations that serve those families, on immigration matters and financial matters.</p> <p>Chairperson Ballesteros suggested there may be an opportunity to proactively review what could be done in order to respond quickly. Mr. Baackes noted that resources could be made available. Shavonda Webber-Christmas, <i>Director of Community Benefits</i>, participated in a meeting yesterday with a group of community representatives to discuss post-election concerns. She may want to comment on that when she gives her report today.</p> <p>Board Member Raffoul noted that all are very happy about the passage of Prop 35, the MCO tax, but it is dependent on a federal match. He asked about the risk of the federal match. Mr. Baackes responded that funding is locked in through 2026. There may be risk beginning in 2027 because provider taxes must be approved every three years by Centers for Medicare and Medicaid Services (CMS). Another potential danger is that the previous administration considered imposing work requirements for Medicaid beneficiaries and block grants. Block grants could limit the federal contribution to the Medicaid program.</p> <p>Ms. Compartore reviews the Los Angeles County legislative platform in preparing L.A. Care’s own legislative agenda, which will be presented to this Board in February.</p>	

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	<p>Dr. Amin added that many of the CalAIM programs are authorized by federal waivers that require CMS approval. In particular, the Community Supports programs that underpin a lot of the work with the unhoused requires CMS approval. His team has begun work to determine funding those programs if there were an issue. Mr. Baackes noted that the waiver is scheduled to end in 2026, and DHCS is drafting the next waiver. We could expect a different reception to that next waiver.</p>	
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson commented that the health service strategy update, architectural framework, she is speaking from a stakeholder member frame of mind, improving outreach and engagement department, expanding components of health care services, improving accountability, increasing transparency. Basically the health services act include an increased infrastructure to create pathways to advance health equities and reduce disparities for individuals with health needs. L.A. Care stakeholder RCACs will meet approximately bi-monthly and should have the right to provide L.A. Care Board of Governors with guidance and recommendations on Los Angeles countywide population health care goals and associated measures. Like how the purpose of the Department of Health Care Services has established a phased approach to identify stakeholder committee participants should be established, of course. Right now in each service area, the committees are primarily one race. She loves everyone. She advocates for everyone no matter what, but they need equality. A full countywide population should be equally established within L.A. Care stakeholder committees with goals and associated measures. Initially, the RCACs should provide input and recommendations on the countywide population health care system goals. The RCACs should then provide input and recommendations on publicly reported measures associated with the statewide population. Basically they should be given the motions first and then vote on those motions as RCAC members and bring it back to the Board. The two seats that represent members should vote accordingly. That's a better systematic goal for them.</i></p> <p><i>Elizabeth Cooper would like the chief medical doctor to please take notice of her comments. She is concerned. She is the parent of a disabled son, and it is very challenging to get him to get the COVID and the flu vaccine because many places will not accept the disabled. She wants to make it easier for her son to get it. She is deeply concerned. She does not mean to be political, but she wants to get it before January. That is her concern. She wants to know where the disabled can get vaccines. She thinks there needs to be more notice, as a member of the RCAC and consumer she asked Board members to take notice, for someone who has a disabled child.</i></p> <p>Chairperson Ballesteros asked staff to follow up on the request from Ms. Cooper.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, followed up on Mr. Baackes' earlier remarks about L.A. Care's work with DHCS on regulatory measures. He is proud of the team and the work they've done to develop that relationship. He has reached out to the state personally and there has been significant progress.</p>	



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	<p>Dr. Amin introduced John Madrigal, <i>Health Services Strategy Manager</i>. Mr. Madrigal will summarize decisions made during the recent internal Health Services strategy summit for 2025 and beyond.</p>	
<ul style="list-style-type: none"> <li>Health Services Strategy Update – Architectural Framework</li> </ul>	<p>Mr. Madrigal commented that he heard a RCAC member talk about a systematic approach to making sure member considerations are implemented into L.A. Care strategy, and he assured that is built into the strategy for 2025.</p> <p>Mr. Madrigal reported that the Health Services strategy summit was a two-day meeting to kick off the strategic planning process, and a strategic trajectory for the 2025 calendar year. On the first day, conversations were focused on strategic alignment and the tactics to more closely align with member needs and the L.A. Care enterprise goals. The second half considered integration. Not only does Health Services work toward alignment to the enterprise goals and member needs, but to ensure that individual departments in health services, which are quality improvement, medical management, pharmacy, and community health, are working like a well-oiled machine delivering seamless care.</p> <p>On the second day, conversations focused on working with other divisions of L.A. Care to move strategic initiatives forward in collaborative partnerships with compliance, operations and provider network management. The outcomes of those discussions will be used to extend partnerships to departments such as human resources and legal services. Lastly, operational investment in health services was considered along with extending these efforts to impact member outcomes and experience. Options were discussed such as the potential of delivering clinical services at community resource centers (CRCs) and adopting additional technologies and platforms to drive population health outcomes.</p> <p>In response to the public comment around member engagement, he noted that a focal point of the strategy is a robust and effective member engagement framework, with traditional formats of in-person engagement and touch points along with digital solutions so that members are active participants in the healthcare journey. Health Services staff will consider those kinds of things in working with quality improvement teams to take ownership of the initiatives and have a presence in the RCAC committees and other forums where members and consumers are present, so the feedback can be employed in developing strategies.</p> <p>Some other areas are, as Mr. Baackes mentioned, data analytics and technology. The analytics capabilities are driving insights and decision making and those capabilities will be strengthened. A comprehensive network management strategy will be developed to work with providers to curate the network toward balancing clinical quality with member engagement and operational efficiency. Quality improvement initiatives grounded in care coordination efforts will ensure services are seamlessly delivered and integrated across programs and providers to reduce friction in member experience. Practice transformation and value based improvement will</p>	

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	<p>ensure that provider practices and the provider groups with which they are associated are following best clinical quality practices.</p> <p>The timeline for strategy development is projected to end in December. He could present the final strategic action plan, taking into consideration member feedback and data analytics to drive personalization, tailoring interventions to specific member needs across all member segments and populations.</p> <p>Key outcomes of the strategy summit will help operationalize the strategy. A main goal is to centralize strategy management. A new framework in health services will involve analysts and project managers as the key drivers of strategies. Analysts generate business insights and project managers take those insights and turn them into actionable plans to implement the strategy, and help members engage and be active participants in their experience.</p> <p>Dr. Amin commented that the integrated framework is important to make sure every element is addressed and an initiative can be successful. All the goals and strategy are evaluated in this framework, to make sure to communicate the right data between L.A. Care and providers and members. That we have the right contracts with providers, the right network with sufficient providers and specialists and a method to engage with the providers, and to engage with the members. Dr. Amin noted that centralizing clinical analytics and program management is important. He acknowledged that administrative costs are going up and reimbursement is going down. It is incumbent upon Health Services to properly use resources, to reduce duplication, provide visibility, track progress, democratize the data, and prioritize tasks. Centralizing will include operations, training and a partnership with information technology (IT).</p> <p>Mr. Madrigal reviewed a timeline for transferring to a digital space to actively participate in tracking and monitoring of strategies and initiatives. He noted this will enable centralized planning and tracking into real time status updates so that everyone is aware of what's going on in real time, enable data driven decision making and facilitate accountability. The digital space assigns responsibilities to team members directly responsible for an initiative and also those who have an attachment to it for collaboration.</p> <p>Dr. Amin noted that projects will be entered on JIRA, a program management dashboard. Leadership meetings will be redesigned to focus on strategy, and instead of reacting as things come up, be proactive to move initiatives forward. Departmental meetings will be redesigned to focus on status of the goals, key performance measures and metrics. A review will also be conducted of the entire member journey. Social determinants of health and other programs needed will be grouped according to the member to ensure services are provided.</p>	

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	<p>Dr. Amin noted that health services will be more proactive in determining technology solutions, in partnership with IT.</p> <p>Health Services will centralize transitions of care within the system. Right now it occurs across multiple areas of the medical management department. A member who is coming through the system or a provider who is trying to engage has to talk to different areas within health services and to other departments at L.A. Care. There will be one department for transitions of care, with a single person piloting a member throughout their course. It will be a simplified system, to be implemented in first quarter 2025.</p> <p>Mr. Madrigal noted that a core focus is on driving network performance with providers, groups and plan partners. Those relationships depend on internal partnerships with provider network management, finance, IT and compliance. In the same ways that an integrated division is built by tying departments closer together, closer attachments can be built between health services and other divisions to optimize the network and to deliver better quality care overall.</p> <p><i>(Board Member De La Torre joined the meeting.)</i></p>	
<p><b>CHIEF FINANCIAL OFFICER</b></p> <ul style="list-style-type: none"> <li>Financial Performance Report – August 2024</li> </ul>	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson commented that when he spoke in the presentation about better outreach to make better financial decisions to receive information and recommendations, a full RCAC population health approach would be a great opportunity. Consider an entire population of Los Angeles County to deploy whole person care interventions, coordinate across delivery systems providing necessary in person information from all those members receiving health care services, third party surveys, she's been talking about the surveys for a very long time now. They could use real data to identify groups targeted that statistically received the worst treatment or care, improve quality of care across the health care treatment continuum, monitor the effectiveness of services across populations. That is basically particular things like member support, their treatment, prescription approvals, and health care services overall being approved in order to do so. The stakeholder support continuous improvement and can actually identify and track the racial and ethnic disparities with the health care outcomes moderate to low income Los Angeles County residents are faced with including higher rates of health disparities and mortality rates. Having to do with the overall community but primarily the Black community having the highest mortality rate, highest mental illness rate and a lot of other things having to do with health disparity. So these surveys would be great. So if the finance department can talk about different instances where they can implement some sort of finance coverage for surveys for the members in itself.</i></p> <p><i>Elizabeth Cooper commented she would like for the financial department to monitor how much money is going to the RCACs. Are they getting their fair share? So that the RCACs can participate in the services and the outreach. She certainly would like the financial department to make sure that the budget of the Regional Consumer Advisory Committees is not cut, because they're the voice of the people and the voice of the community. And Chairperson, she would like you to please</i></p>	

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	<p><i>take notice along with the Board Members, regarding the RCACs because she does not want their budget cut. So it is important for her, for whoever and important for the members of the community to know how important the regional consumer advisory committee is of L.A. Care. They are in the services they operate.</i></p> <p>Afzal Shah, <i>Chief Financial Officer</i> reviewed year to date August financials.</p> <p><u>Membership</u> As has been the trend, enrollment is 161,000 members favorable for Medi-Cal, and about 20,000 favorable for L.A. Care Covered (LACC). A majority is due to higher than expected enrollment following Medi-Cal eligibility redetermination.</p> <p><u>Consolidated Financial Report</u> Financial performance for August resulted in an overall net loss of \$84 million, excluding the Housing and Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP), which is \$64 million unfavorable to the forecast. There were adjustments in the August financials on both the revenue and healthcare cost sides, including the major organ transplant (MOT) risk corridor, unsatisfactory immigration status (UIS) risk corridor, and changing the LACC risk adjustment factor (RAF) from .66 to .64. The final calendar year 2024 acuity adjustment on revenue was included as an offset to healthcare costs. Year to date (YTD) results show favorability of about \$69 million, excluding HHIP/IPP. A majority of the surplus is driven by a positive investment income environment. If the investment income was excluded, the loss from operations (excluding HHIP/IPP) would be \$112 million, or 1.1% of revenue.</p> <p>The September year to date financials have not been finalized, but currently show about 2% margin, not including investment income, and another 2 % for the investment income.</p> <p><u>Operating Margin by Segment</u> MCR by line of business results are ahead of the forecast for Dual-Eligible Special Needs plan (DSNP) and Medi-Cal, and behind the forecast for LACC, primarily due to risk score adjustments. The RAF was adjusted from 0.70 to 0.66 and further adjusted from 0.66 to 0.64 due to younger, less acute membership, because L.A. Care is the lowest price plan in both Los Angeles County Regions 15 and 16. PASC-SEIU MCR is flat. Overall, L.A. Care has a little bit of favorability from an MCR perspective, from 93.4 to 92.5.</p> <p><u>Key Financial Ratios</u> Year to date administrative margin is slightly ahead of forecast. Other key indicators are performing better than forecast.</p>	

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	<p><u>Tangible Net Equity (TNE)</u> The TNE is 856% this month with days of cash on hand at 84 days.</p> <p>Board Member De La Torre commented that he has said many times that L.A. Care’s MCR at 93 means that \$0.93 out of every dollar is being spent on care, not on bureaucracy and other things. That is a Medicare-level of MCR, not common for Medi-Cal, which is much more expensive care. It is incredibly impressive that L.A. Care has maintained a Medicare-level cost ratio, and he thanked all the staff for their hard work.</p> <p><b><u>Motion FIN 101.1124</u></b> <b>To accept the Financial Reports for August, 2024, as submitted.</b></p>	<p><b>Unanimously approved by roll call.</b> <b>11 AYES (Ballesteros, Contreras, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<p><b>PERFORMANCE MONITORING – OCTOBER 2024</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Reginald Fagan commented he’s not sure if this falls under this item, he’s concerned about the performance and quality improvement (PQI) and how it is evaluated with performance monitoring. He noticed that those PQIs for various providers, are written up by staff. He asked about a way to quantify and generate reports, and how the reports are filtered into a performance monitoring scenario? He noticed that there are providers that seem to be chronic violators, and he does not see much change. He thinks that is something that should be prioritized, if it is not being done because it truly impacts a person’s ability to achieve wellness.</i></p> <p>Dr. Amin responded that L.A. Care has a vigorous way of tracking PQIs and getting back to the providers. He can talk with Mr. Fagan about the PQI process in detail. It is made public in the Compliance and Quality committee meetings.</p> <p><i>Elizabeth Cooper asked if performance monitoring is required for all services or just for those providers, is that for performance because, in layman’s terms, what does performance monitoring monitor? She needs to know that answer. Her concern is for the disabled community who are LA care members. She would like more attention, because there is a committee for the disabled, but she cannot be involved, she has not been invited to be involved. As a parent of a disabled member of L.A. Care she would like the Board to take notice and respond. There is very little said about the disabled community consumers of L.A. Care. She needs more representation because she feels out of place when she asks questions or gets involved for the disabled. She has no support and she appreciates the monitoring that is making sure that the committee that represents L.A. Care consumers.</i></p> <p>Dr. Amin reported that the performance dashboard is included in the meeting materials. The first area for review is utilization management (UM). In previous months UM results are 99.6 % to 100%. He assured the Board that follow up is conducted with any delegated provider groups performing outside of the normal performance results.</p>	

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	<p>Acacia Reed, <i>Chief Operating Officer</i>, reported that Call the Car performance is trending where it should be, a turnaround from transfer trip deficiencies earlier this year. L.A. Care’s abandonment rate for Call the Car is also performing well within the service level agreement for performance. For claims operations, performance shows a slight dip in volume in August. For payment processing time, there is a slight dip in the total paid, which includes interest. The faster turnaround time on processing and reduced volume, means there is less interest paid. Turnaround time performance is well above 95% for 30-day calendar turnaround time and 90-day calendar time is trending upwards toward the 99% rate. Finally, the claims denial rate is slightly up from last month, reflecting work done by staff to trigger action that new providers who are not in the system need to provide necessary information for claims to be paid.</p> <p>Noah Paley, <i>Chief of Staff</i>, noted that since a corrective action plan was put into place from last year's performance, Call the Car is fully compliant in six of eight categories of performance. There are two categories, hospital discharges and transfers, for which performance is slightly below the required 100% performance level. L.A. Care’s transportation team is working to bring on vendors to supplement transportation capacity and bring the result for transfers and discharges up to a 100%. L.A. Care will contract one or two additional vendors, with their own fleets of vehicles, to improve performance before year end.</p> <p>Chairperson Ballesteros, with consensus of the Board, announced that items 11, 12, 13, 15 and 16 on the Agenda will be postponed to a future meeting.</p>	
<p><b>COMMUNITY HEALTH INVESTMENT FUND PRIORITIES FY 2024-25 (BOG 100)</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper objected to taking public comment off the Agenda for the postponed items. Ms. Cooper would like to inquire where the investment goes and get a copy of it. As a lay person she sometimes can't understand the language of the Board. She likes to keep it simple. She asked what the health investment fund does and if it goes to all the communities.</i></p> <p><i>Andria McFerson commented that she is not quite sure whether her comment is in compliance with community health investment fund priorities. Sometimes people have a preconceived notion that those who have mental health disparities choose or are under the influence, but people who are just disabled mentally, physically, and there are many different entities that affect people in their day to day lives, those who could have been through a domestic violence situation, childhood violations, things like discrimination and harassment unfortunately could lead to many mental illnesses. She has been through all of the above, but even after something as severe as brain surgery, she continues to move on and advocate for those who can't advocate for themselves, including seniors. It is very hard to do so throughout the County of LA. Sometimes people have a preconceived notion that some people who have mental disparities could go through the resources throughout the County, but she's spoken about more peer support, and thinks that the community health investment fund priorities should focus a lot more on those particular topics so that we can have</i></p>	

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	<p><i>more eye to eye communication and that would be with the RCACs. That would be with maybe a committee having to do with particular specific goals towards working with people who have different mental health disparities. That would be more welcoming and give L.A. Care data on how it would affect members positively and work directly with the L.A. Care members on better health and better mental health.</i></p> <p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, responding to Ms. Cooper, reporting that her department has already engaged in conversation with several funding partners regarding election results concerns. They are planning to ensure that Community Health Investment Fund (CHIF) investments made across initiatives and ad hoc investments are able to address community needs as they evolve. There are specific populations that will be targeted. L.A. Care is planning to address issues of immigrant populations from all countries, birth equity issues, maternal and child health issues, as well as general access to Medicaid expansion programs, which may be at risk but have met community health needs. L.A. Care will continue to make sure that CHIF funding incorporates these issues as we plan this year's specific initiatives' foci by engaging with those able to be in front and steering the narrative instead of reacting to it.</p> <p>Ms. Webber Christmas referred to the information included in the meeting packet and to her report at the last Board meeting on the progress made in the 2022-23 fiscal year. The four priorities have not changed from last year for 2024-25. Previous investments have been very effective in providing care to more patients that need the services provided. As of October 1, 2024, L.A. Care has supported 1,061 projects and nearly \$148 million in grant awards, including 2023-24 awards.</p> <p>She reported that this year's Healthcare Infrastructure and Innovation investments may help increase the number individuals who need CalAIM to enroll in those programs and help providers engage them for that purpose. For Advancing Solutions for Social Determinants of Health to Reduce Inequities, we have several programs, one that will look a little bit different, but still engage the community to enhance food security. The Community Wellness Initiative that has been operated through the California Association of Food Banks, will engage a broader group of food security programs, working with the County of Los Angeles and other foundations to bring more food security options. The Closing Pervasive Health Disparity Gaps priority will continue a focus on birth equity and particularly African American infant and maternal mortality. There will be continued investments in health and health related social service organizations that address systemic racism. Staff will reach out to organizations, as noted earlier, to support efforts that ensure the populations that L.A. Care serves are served well and have the resources to persevere in this environment.</p>	

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	<p>Ms. Webber-Christmas reviewed the four priority areas and funding proposed in the motion:</p> <ul style="list-style-type: none"> <li>• supporting healthcare safety net at \$5 million,</li> <li>• advancing solutions for social determinants of health at \$2.2 million,</li> <li>• closing pervasive health disparities gaps at \$1.6 million, and</li> <li>• empowering and investing in organizations to address systemic racism at \$1.2 million.</li> </ul> <p>She also indicated that the motion requests the Board’s approval to delegate authority to the CEO, to ensure that if needs change, that the CEO can shift funds between the priorities.</p> <p>Supervisor Solis asked about the connections or programs for food insecurity as she has seen a recent need to recognize and support farmers, local farmer’s markets that use electronic benefit transfer (EBT) cards. Helping to support those food distribution outlets to improve access for communities.</p> <p>Ms. Webber-Christmas responded that a landscape analysis is underway for those possibilities. L.A. Care will continue to support Cal Fresh enrollment as well as look at food recovery organizations, farmers markets and community gardens as opportunities.</p> <p>Supervisor Solis enquired about homelessness and prevention, as there are big overdose issues, particularly in MacArthur Park. She asked about other prevention programs to get more teams and better information for health care providers. Some providers may not have the capability or training to address this population. A potential is there to get a core group of providers that do this to help train potential new providers or providers that may not be doing this now but could take that next step. There was a discussion at a recent Board of Supervisor’s meeting about this.</p> <p>Dr. Amin responded that the community health department is part of health services, and L.A. Care is starting a MacArthur Park care collaborative that is anticipated to generate more providers. A \$30 million incentive is funded and ten new street teams will be out there shortly. Contracts are aligned and funding is being started right now. L.A. Care is working toward more brick and mortar facilities to help support the needs in that community. L.A. Care is in Skid Row as well.</p> <p>Chairperson Ballesteros suggested combining the street teams with the farmers markets so that visitors who may not be in in care might be able to access health care. Dr. Amin agreed that services for the unhoused could be aligned with the work being done through community health investments. There may also be opportunities through the community reinvestments required by the new all plan letter issued by DHCS. The community health team is already working with Ms. Webber Christmas and with Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, through the Elevating the Safety Net program areas.</p>	



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	<p><i>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.</i></p> <p><b><u>Motion BOG 100.1124</u></b></p> <ol style="list-style-type: none"> <li><b>1. Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2024-25 \$10 million allocation as designated across the following priorities:</b> <ol style="list-style-type: none"> <li><b>a. support the health care safety net to improve infrastructure and address racial disparities, recommended at \$5 million,</b></li> <li><b>b. advance solutions for social determinants of health to reduce inequities recommended at \$2.2 million,</b></li> <li><b>c. close pervasive health disparities gaps, recommended at \$1.6 million, and</b></li> <li><b>d. empower and invest in health and health related social service organizations that address systemic racism, recommended at \$1.2 million.</b></li> </ol> </li> <li><b>2. Delegate authority to the CEO to adjust CHIF priority designations above to align with evolving community needs and requests. All other policies and procedures related to CHIF grant making investments will remain.</b></li> </ol> <p>Mr. Baackes commended Ms. Webber-Christmas, who does a wonderful job representing L.A. Care in the community and with the community based organizations funded by L.A. Care over the years.</p>	<p><b>Unanimously approved by roll call.</b>  <b>8 AYES (Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, and Vazquez)</b>  <b>3 ABSTENTIONS: Ballesteros, Greene and Vaccaro</b></p>
<b>ADVISORY COMMITTEE REPORT</b>		
<b>Transitional Temporary Executive Community Advisory Committee</b>	<i>Report was postponed to a future meeting.</i>	
<b>Children's Health Consultant Advisory Committee</b>	<i>Report was postponed to a future meeting.</i>	
<b>Technical Advisory Committee</b>	<i>Report was postponed to a future meeting.</i>	
<b>BOARD COMMITTEE REPORTS</b>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Executive Committee	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> <li>Recommend to the Board that Board Officers election be delayed to the February 2025 meeting.</li> </ul>	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> <li>Recommend to the Board that initiation of consideration of a nomination for the seat representing health plan/health insurance expertise be delayed to February 2025.</li> </ul>	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> <li>Los Angeles County Department of Public Health Medical Debt Project (<b>BOG 101</b>)</li> </ul>	<p>Mr. Baackes was contacted by Barbara Ferrer, PhD, MPH, MEd., Director of Los Angeles County Department of Public Health (DPH), asking L.A. Care to support the medical debt relief coalition with \$2 million, in addition to the \$5 million appropriated by the Board of Supervisors.</p> <p>Mr. Baackes recommends that the Board approve the grant funding:</p> <ol style="list-style-type: none"> <li>To provide an online financial assistance application portal that people facing medical debt can access to apply for assistance in reducing medical debt, and</li> <li>Any remaining funds after purchase of the software described in 1 be used to assist L.A. Care members experiencing medical debt.</li> </ol> <p>Supervisor Solis thanked L.A. Care for considering this motion and she encouraged support of the motion. It is very important for residents in Los Angeles County with medical debt. She confirmed that the Board of Supervisors has allocated \$5 million toward resolving this issue. There is great need for this assistance.</p> <p>Board Member Greene commented he is extremely supportive of L.A. Care in taking this action. The health care community, the hospital community recognizes that medical debt is a very serious issue and our hospitals have systems in place to identify those who are experiencing or may experience financial duress, to try and help them mitigate going into medical debt. The Hospital Association of Southern California has been working with the</p>	

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	<p>County on this issue for quite some time. He appreciates the efforts that the County has made in this regard. The presumptive eligibility tool would be sustainable and could have long term real impacts for those individuals who now or may in the future experience medical debt. This is a worthwhile investment. He is very supportive and appreciates Mr. Baackes having the long range view to recommend and to require that a significant amount of these funds be dedicated towards a sustainable tool that can make such an impact on the medical debt.</p> <p>Board Member Gonzalez asked how the beneficiaries will be determined. Mr. Baackes responded that Dr. Li participates in the coalition, and he invited Dr. Li to respond. Alexander Li, MD, <i>Chief Health Equity Officer</i>, responded that this is the beginning of the investment and it is hoped that the coalition will raise enough money to erase all the medical debt owned by collection agencies. The County contracted with a very experienced administrator with a process to help individuals and families with a high burden of medical debt based on income level. There is a process in place and again, he is proud to be part of the L.A. Care family and this coalition.</p> <p><b><u>Motion BOG 101.1124</u></b>  <b>To approve delegated authority to Chief Executive Officer, John Baackes, to utilize to \$2,000,000 to identify a patient financial assistance program and reduce the medical debt of low-income Los Angeles County residents.</b></p>	<p><b>Unanimously approved by roll call.  11 AYES (Ballesteros, Contreras, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<p><b>Finance &amp; Budget Committee</b></p>	<p><i>Report was postponed to a future meeting.</i></p>	
<p><b>Compliance &amp; Quality Committee</b></p>	<p><i>Report was postponed to a future meeting.</i></p>	
<p><b>PUBLIC COMMENT on Closed Session items</b></p>	<p><i>Elizabeth Cooper wondered whether there was a violation of the Brown Act as a motion under number 14 was discussed but there was no public comment. On the closed session item, she thinks maybe there should not be so many existing litigation items. She is sorry about this happening so that community issues and RCACs and the members who need can be discussed. She would let that go. That is her only concern for the public on closed session items.</i></p> <p>Chairperson Ballesteros responded that there would be a review and response to her complaint.</p> <p><i>Sylvia Poz is the chair of RCAC 4, and she just wanted to comment it would be great if Call the Car would be able to have a sign in hospitals, letting people know that they are entitled to transportation when they're let out of the hospital. She has encountered a lot of patients who need transportation and they have L.A. Care, and from everything they say they qualify for the transportation. They do not know how or where to call for a ride. It would be great to maybe have big bulletins and put them in the hospital so people know about it. That was the only comment she wanted to make.</i></p>	

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	<p>Mr. Paley responded that he would follow up on that suggestion.</p> <p><i>Reginald Fagan was just speaking to someone in regards to this. If you remember last month, he came up and shared some of his friend's frustrations with moving forward in addressing social determinants of health. There has been some movement from L.A. Care, but overall the process took almost three years to actually move it forward. Several PQIs were issued on this particular provider, but it did not seem that there were any teeth. So consequently his health has been jeopardized. He was just sharing with the lady with the food program, he has been on numerous national boards. He is considered an expert in area of food security, regenerative agriculture. But he spiraled down. What he is trying to say is L.A. Care has people that have gifts, and if we do not work to move in an exponential way, we were losing valuable resources, people that have access assets. He is one of those people. He appreciates whatever help can be done and encourages the Board to understand the gifts that L.A. Care has in this organization, member-wise.</i></p> <p><i>Andria McFerson wanted to talk about the discussion concerning new services programs, marketing strategies, business plans or technology. Once again, she asks that L.A. Care have accountability from their medical professionals working with the city, the county, the state. All can work together by giving more positive empathetic outcome, and the only way we can address these things is with real data. The only way to receive real data is from people like the members, with surveys, written, call in or virtual, and have a direct connection with the departments. It can pilot real empathy training according to the data from the people who are being treated. The surveys would consist of survivors of many different disparities and the mistreatment and abuse of providers.</i></p> <p>Chairperson Ballesteros thanked the public and the members for coming here today and wished them all a very healthy and safe Thanksgiving.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 2:57 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 2:58 pm. No report was anticipated from the closed session.</p> <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>November 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul>	

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	<p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act One Potential Case</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA</p>	
<b>RECONVENE IN OPEN SESSION</b>	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 4:49 pm. There was no report from closed session.	
<b>Consideration of Chief Executive Officer’s Compensation</b>	<i>This item was not discussed.</i>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 4:49 pm.	

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

APPROVED BY:  
DocuSigned by:  
*John Raffoul*  
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John G. Raffoul, *Board Secretary*  
Date Signed 12/6/2024 12:18 PM PST