

**Board of Governors**  
**Regular Meeting Minutes #333**  
**December 5, 2024**

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



**L.A. Care**  
 HEALTH PLAN

**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>	Alvaro Ballesteros, MBA, <i>Board Chairperson</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.  Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.	
<b>APPROVAL OF MEETING AGENDA</b>	<b>The meeting Agenda was approved.</b>	<b>Unanimously approved. 7 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Roybal, Vaccaro and Vazquez)</b>
<b>PUBLIC COMMENTS</b>	<u>PUBLIC COMMENT</u> <i>Maritza LeBron commented that she suffers from shortness of breath and tachycardia. She had a problem with transportation today. She sat in the back of the vehicle, and it was very difficult to breathe. It is very important for all the drivers to be trained so members can have air in the back of the vehicle.</i>  Mr. Baackes responded that staff would speak with the transportation vendor.	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<ul style="list-style-type: none"> <li>• November 7, 2024, meeting minutes</li> <li>• Authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025 <b><u>Motion BOG 100.1224*</u></b> <b>To designate Communities Lifting Communities and Shelter Partnership as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025.</b></li> <li>• Revisions to the Conflict of Interest Code of the L.A. Care Health <b><u>Motion EXE 100.1224</u></b> <b>To approve revisions to the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to the CEO and General Counsel (including their respective designees) to make any non-substantive changes or changes that may be required by the County upon their review.</b></li> <li>• Revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) <b><u>Motion EXE 101.1224</u></b> <b>To approve revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) as submitted.</b></li> <li>• Availity, LLC Contract to support L.A. Care with Electronic Claims Clearinghouse Services <b><u>Motion FIN 100.1224*</u></b> <b>To authorize the staff to enter into a new contract and SOW #1 with Availity, LLC, for an overall contract amount of \$7,000,000, with a contract term from February 1, 2025 through January 31, 2030, for a total term of 5 years. This contract and SOW will allow Availity, LLC, to support L.A. Care with Electronic Claims Clearinghouse services through January 31, 2030.</b></li> <li>• Claris Health (formerly Santé Analytics) Scope of Work 2 (A3) Contract Amendment <b><u>Motion FIN 101.1224*</u></b> <b>To authorize L.A. Care staff to enter into SOW #2 Amendment #3 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$3,446,916 to \$5,591,916, an incremental increase of \$2,145,000, and increasing the contract terms from January 1, 2021 through December 31, 2024, to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will</b></li> </ul>	<p>Unanimously approved. 7 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Roybal, Vaccaro and Vazquez)</p>

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	<p>allow Claris Health to continue to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits, through December 31, 2027.</p> <ul style="list-style-type: none"> <li>• Claris Health (formerly Santé Analytics) Scope of Work 5 (A3) Contract Amendment <u><b>Motion FIN 102.1224*</b></u> To authorize the staff to enter into Amendment 3 to SOW 5 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$600,000 to \$9,585,825, an incremental increase of \$8,985,825, and increasing the contract terms from January 1, 2022 through December 31, 2024 to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health (formerly Santé Analytics) to continue supporting L.A. Care with Pareo Analytics through December 31, 2027, as we implement additional concepts and enhance recoveries. This extension ensures continued progress in optimizing our payment integrity efforts and maximizing savings.</li> <li>• Claris Health (formerly Santé Analytics) Scope of Work 6 (A2) Contract Amendment <u><b>Motion FIN 103.1224*</b></u> To authorize the staff to enter into Amendment 2 for SOW 6 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$4,076,950 to \$6,056,950, an incremental increase of \$1,980,000, and increasing the contract terms from January 1, 2022, through December 31, 2024, to January 1, 2025, through December 31, 2027, an incremental term of three years. This amendment will allow Claris Health (formerly Santé Analytics), to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health's Optical Character Recognition (OCR) software through December 31, 2027.</li> <li>• Claris Health (formerly Santé Analytics) Scope of Work 7 (New Contract) <u><b>Motion FIN 104.1224</b></u> To authorize staff to execute a new contract in the amount of \$7,680,000 with Claris Health for Pareo Pre-Pay analytics services for the period of January 1, 2025 through December 31, 2027.</li> <li>• WiPro Contract <u><b>Motion FIN 105.1224*</b></u> To authorize the staff to enter into a contract with WiPro LLC. for \$9,813,834 and for the term of January 01, 2025 to December 31, 2027. This contract will allow WiPro LLC. to perform claims processing, Provider Dispute Resolution processing,</li> </ul>	

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	<p>claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services.</p> <ul style="list-style-type: none"> <li>Quarterly Investment Report for the quarter ending September 30, 2024 (FIN 106) <b><u>Motion FIN 106.1224*</u></b> To accept the Quarterly Investment Report for the quarter ending September 30, 2024, as submitted.</li> <li>Regional Community Advisory Committee Membership (TTECA 100) <b><u>Motion TTECA 100.1224</u></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 November 13, 2024, meeting: <ul style="list-style-type: none"> <li>Norma Angelica Alvarez, RCAC 2, Consumer</li> <li>Yessica Chavez, RCAC 6, Consumer</li> </ul> </li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	<i>The Chairperson's report was postponed to later in the meeting.</i>	
<b>MOTIONS FOR CONSIDERATION</b>		
<ul style="list-style-type: none"> <li>Agreement for continued Community Resource Center Partnership with Blue Shield of California</li> </ul>	<p><i>(Board Member Raffoul joined the meeting.)</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, introduced an agreement to continue the Community Resource Center (CRC) partnership with Blue Shield Promise. Five years ago, L.A. Care entered into an agreement with Blue Shield Promise to co-brand and co-fund the CRCs and the expansion. That five-year agreement has ended, and a new five-year agreement has been negotiated and is presented for consideration. It calls for an \$87 million investment by Blue Shield over the next five years and a \$102,000,000 investment by L.A. Care over the next five years, subject to annual budget approvals. The 14th CRC will open on December 14, with a ribbon cutting scheduled at 10:00 a.m. He invited everyone to attend and commented that he has visited each of the CRCs recently and is pleased with the success in responding to the needs of the communities.</p> <p><b><u>Motion BOG 101.1224</u></b> To delegate authority to CEO to accept funds from Blue Shield in the amount of approximately \$82,000,000 with an approximate period of performance from January 1, 2025 to December 31, 2030; and to authorize the CEO to execute the funding agreement and any other relevant documents.</p>	<p>Unanimously approved. 8 AYES</p>

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<ul style="list-style-type: none"> <li>Resolution to Support L.A. Care Members regardless of legal immigration status.</li> </ul>	<p><i>(Board Member Contreras joined the meeting.)</i></p> <p>Alex Li, MD, <i>Chief Health Equity Officer</i>, summarized a Board resolution to reaffirm the mission to protect member access to healthcare coverage regardless of immigration status. With the recent election, there is a real credible threat with regard to deportation as well as public charge rules. As an organization, L.A. Care stands by members regardless of immigration status. This is an affirmation and provides staff with the capacity and ability to further that message and work with community partners to ensure that our members are not deterred from seeking health care coverage or fear a pathway to legal status.</p> <p>Board Member and Supervisor Solis thanked Dr. Li and the Board of Governors for this resolution. The undocumented population has a lot of concerns regarding this issue and access to medical care. We do not want to have as a risk, and they do not want to risk being able to receive Medi-Cal benefits. Safety and medical attention is something that they are looking for and that they need. That is the purpose of L.A. Care - for all Angelinos to have access to medical attention.</p> <p>Mr. Baackes added that the Board should be aware that we have 440,000 undocumented members in the plan representing about 17 % of our total enrollment of 2.6 million.</p> <p><b><u>Motion BOG 102.1224</u></b>  <b>L.A. Care Health Plan Board of Governors Resolution to protect member access to health coverage regardless of immigration status.</b></p> <p><b>Whereas, L.A Care Health Plan, the nation’s largest publicly operated health plan, is committed to advancing health care access for all Los Angeles County residents, regardless of immigration status;</b></p> <p><b>Whereas, immigrants are a vital part of our community;</b></p> <p><b>Whereas, recent conversations at the national level have included proposals to deport immigrants with unsatisfactory immigration status , which could deter such individuals from accessing non-cash based programs like Medi-Cal and Covered California;</b></p> <p><b>Whereas, California has expanded Medi-Cal to all eligible residents, regardless of immigration status;</b></p> <p><b>Whereas, health care access for vulnerable individuals and communities is part of L.A. Care’s mission and values;</b></p> <p><b>Be it resolved, that L.A. Care will strongly advocate for continued access to health coverage and benefits for all eligible children and adults regardless of immigration</b></p>	<p>Unanimously approved. 9 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Vaccaro and Vazquez)</p>

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	<p>status, and for the ability to protect and not disclose information that may lead to decreased access to health coverage resulting from negative impacts upon individuals' path to legal citizenship or status, including deportation.</p> <p>Thus, through this resolution, we do hereby reaffirm that we are dedicated to creating a more equitable and healthy Los Angeles County for all.</p>	
<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><u>PUBLIC COMMENT</u> <i>Public comment submitted anonymously, "what is John going to do in retirement?"</i></p> <p><i>Andria McFerson, RCAC 5, asked for accommodation for a person with a disability. Her whole comment has everything to do with making sure that all of the stakeholders have rights. We had a great CEO, John Baackes is awesome. The new CEO needs to be able to make sure that they adhere to stakeholder rights. Department of Healthcare Services, DHCS or something like that, members need to be able to go by those guidelines and knowing that when they speak about different things having to do with the billion dollar decisions that L.A. Care makes, it adheres to their necessity That's the best way. And that's everyone from people just like her who have fault, who advocated to have proper treatment so that we can lifesaving treatment. And she'll take one for the team because she already has. She's had brain surgery. While she's been advocating, at this point, when she feels this way, when she gets emotional and things like that, she has seizures. She's had four here. She's had brain surgery since she's been advocating, but nothing is going to make her stop. The only reason why she's here is for all of these people here that need assistance with low income health care insurance. Her personal story, she had a skateboard run into her in front of her house. That man kept going. Her ankle was fractured, but since she was low income, the hospital that night told her that her ankle wasn't fractured it was sprained, and she needed to go home. So, then she went to a specialist. That specialist, far and few between, said that she had to be in a cast for six weeks. Who's taking accountability for the people who are mistreating low income people? They're denounced. And she doesn't want to be denounced today. She wants the Board to take this seriously and please talk about this during the RCAC meetings so they can have open conversation. One of the Chairs here called point of order when she was telling that story.</i></p> <p>Board Member Booth asked for a copy of the Department of Healthcare Services (DHCS) stakeholder rights referenced in the public comment, and Mr. Baackes offered to provide the information.</p> <p><u>PUBLIC COMMENT</u> <i>Reginald Fagan is curious, Mr. Baackes indicated that the contract had expired for a vendor with the community centers. He asked if there is a form or some way that vendors</i></p>	

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	<p><i>can apply for doing contractual work with the centers. He is particularly interested because he was reflecting recently and thinking about the community centers, and that they're there for the members. But has there been thought to outreach local businesses and other stakeholders in the community in terms of public health issues, things of that nature. Because it falls under the umbrella of ensuring that members are able to have environments that are conducive for wellness. Is that something that L.A. Care is working on or is there someone in within the network that he can talk to? He thinks public health is so important.</i></p> <p>Mr. Baackes thanked him for the question. The resolution approved by the Board is to renew a partnership agreement with L.A. Care's partner, Blue Shield Promise to operate the Community Resource Centers (CRCs), not a vendor relationship. L.A. Care has a robust program that includes community-based organizations using the CRCs. The CRCs have health education programming conducted by contracted outside vendors. Since expanding the CRCs in partnership with Blue Shield, the space has been opened to community-based organizations and social service agencies with office hours on the premises, making it easier for members to have face to face access for enrollments in programs like Cal Fresh and other community-based organizations. There are technology bars in the resource center so members without high-speed internet access can avail themselves of it there for virtual appointments. He introduced Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, who is in charge of the CRCs, to review the vendor contracts in place and opportunities for other community-based organizations to participate.</p> <p>Mr. Baackes noted that L.A. Care has barely scratched the surface on what these community resource centers can do. During COVID restrictions, L.A. Care was able to partner with food vendors and food providers, and CRCs became distribution centers for food baskets as food insecurity was a huge issue during the pandemic. Flu shot clinics were conducted in conjunction with the University of Southern California pharmacy program, and a school backpack distribution program is offered every year. L.A. Care has a robust involvement in the communities now, but we think it is just at the beginning.</p> <p>Mr. Baackes reported this is his last report to the Board of Governors, and he asked the people who report to him directly to sit with him as a team because he wants to recognize them during this closing report.</p> <p>Mr. Baackes reported on the state of the plan. When he arrived in 2015, L.A. Care was dealing with explosive growth in enrollment brought about by the implementation of the Affordable Care Act (ACA) in 2014, participation in the new Cal Medi-Connect (CMC) program for dually-eligible beneficiaries, and a decision to enter Covered California as L.A. Care's first commercial product. To deal with the change and complexity in the organization, a matrix</p>	

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	<p>management structure was put in place that has provided accountability for all the new products and eliminated the silos of operations that had previously worked in isolation. The matrix structure remains in place today.</p> <p>The health plan quality scores were mediocre at best when he arrived. The Value Initiative for IPA (VIIP) Performance was instituted and held delegated medical groups accountable. That platform incorporates the pay for performance incentives for providers. All three plan partners participate in the effort. To reward high achieving providers, an annual recognition dinner was established that has been a highlight of L.A. Care’s relationship with providers. The provider report card is being extended in 2025 to include hospitals and skilled nursing facilities. The results are that quality scores improved, and L.A. Care has a material positive difference between it and its competitor, Health Net, even after the departure of Kaiser as a plan partner.</p> <p>It was apparent when he joined L.A. Care that the delegated model had increased in complexity as many doctors participated in multiple delegated entities. The delegated model did not add value to the members or the medical practices and added unnecessary administrative expense. L.A. Care began offering direct contracting with primary care doctors and specialty physicians without a third party delegate. The direct network has now grown to almost 400 primary care doctors and 1300 specialty physicians caring for 47,000 L.A. Care members. A list of 120 primary care doctors want to switch their contractual relationship with L.A. Care to the direct network from a third party, demonstrating that this is an attractive alternative contracting option.</p> <p>In 2015, there were four CRCs, offering free health education programs to anyone whether they were an L.A. Care member or not. Four seemed inadequate to him for a county covering 4500 square miles and a population of 10 million, and L.A. Care embarked on a plan to expand the number of CRCs and the services provided onsite. Today, in partnership with Blue Shield Promise, the 14th CRC will open in Lincoln Heights on December 14. Everyone is invited to the event. The CRCs continue to provide free health education classes for children through senior citizens. Member services staff and hosting social service agencies were added as well as access to high-speed internet service.</p> <p>In 2018, he asked the Board of Governors to set aside 5% of L.A. Care’s unassigned reserves for five years to create a workforce development fund, now known as Elevating the Safety Net (ESN), and last year the Board approved another \$50 million for the fund. To date ESN has funded 56 four-year medical school scholarships, recruited 194 new primary care doctors to LA County's safety net, helped 199 doctors reduce their medical school debt by \$180,000 in exchange for a three-year commitment from each to the safety net, and 7,300 home caregivers</p>	



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	<p>for chronically ill members have been trained. There is still \$114 million in the fund to keep these programs going for a few more years.</p> <p>The technology supporting L.A. Care has significantly improved, with a commitment to continuous quality improvement. Under that philosophy, there are currently several business transformation projects underway that are nearing full implementation. For example, a customer relationship management system is being implemented that will include a provider portal. The beta test will begin on December 19 and the program will be open to all providers early in 2025. The member portal will open in February 2025. The Board approved funding for these programs in prior capital budgets and it has taken multiple years to bring to fruition. The telecom system is being overhauled and will move to the cloud in February 2025. Call recording analytics will be added in January 2025. Likely the one improvement that will be the most helpful is the provider target state program, which will create a provider network management system that will provide one source of data on the existing providers, where they are located and their current status. That will be implemented by May 2025. There is a list of many more improvements, but he wanted to highlight these because of their significance.</p> <p>In 2023, he proposed that L.A. Care create a Provider Relations Advisory Committee to allow a forum for providers to discuss critical issues impacting the providers' ability to serve members at the highest quality level. In less than two years, the committee has been recognized by participants as a unique forum for discussion, idea creation, feedback and collaboration.</p> <p>Finally, the financial position of L.A. Care is as strong as it's ever been. L.A. Care has had two back-to-back years with the surplus from operations that give L.A. Care reserves of \$2.2 billion or 91 days of operating expenses. This reserve will serve the plan in the challenging years it faces with new federal administration that is committed to reducing funding for entitlement programs.</p> <p>After his report, Mr. Baackes will introduce two resolutions for Board consideration: one to expand Board designated funds for Elevating the Safety Net (ESN), and the second is to ask the Board to consider the creation of a foundation to safeguard those funds.</p> <p>He would like to recognize his appreciation for the expertise of the leadership team at L.A. Care before the Board and the public.</p> <p>Alex Li, MD is the Chief Health Equity Officer. In less than two years in this role, he is building enduring relationships and partnerships across Los Angeles County to address health disparities such as black maternal birth rates and public health issues like gun violence. He led the process that gained health equity accreditation for L.A. Care by the National Committee of Quality Assurance (NCQA).</p>	

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	<p>Todd Gower is the Chief Compliance Officer. He joined L.A. Care when his predecessor retired in 2023, and he has re-energized the compliance function to a new level of discipline and excellence.</p> <p>Linda Green is the Chief Product Officer and oversees the three product areas. She has used the matrix management structure to achieve material growth in all areas using the resources of the enterprise without building her own empire. She has three remarkable executive directors for each product segment.</p> <p>Phinney Ahn is Executive Director of the Medi Cal product. She has close to 20 years of experience at L.A. Care and is a prime example of promotion from within. When Mr. Baackes arrived, she was a project manager in the CEO office and today leads Medi-Cal, serving 90% of L.A. Care’s 2.6 million covered lives.</p> <p>Victor Hurtado, Executive Director of Medicare, leads the Medicare product, which has had to go through a major transformation. DHCS limited the CMC product that led to the expansion in 2014, and Victor led a successful conversion to a Dual Special Needs Plan (D-SNP).</p> <p>Cristina Inglese, Executive Director, leads the Commercial Products and has achieved growth for L.A. Care, which is now the largest HMO plan in Los Angeles County in Covered California, against five commercial competitors. L.A. Care will continue to hold that position after the upcoming open enrollment because L.A. Care is still the price leader. She also manages the very challenging PASC-SEIU product for 50,000 in home supportive service workers.</p> <p>Tom MacDougall is Chief Information Technology Officer. He leads L.A. Care’s large number of information technology projects and is bringing L.A. Care into the 21st century. Technology changes take forever. Mr. MacDougall cuts through the noise, gets to the essence of a project and sees it through to timely implementation.</p> <p>Terry Brown, Chief Human Resources Officer, diligently keeps L.A. Care in compliance with California’s multiple complex labor laws and the bewildering array of federal regulations. He is supported by Darren Lee, Deputy Chief Human Resources Officer.</p> <p>Noah Paley is Chief of Staff. The chief of staff title is the most fluid title in any organization, meaning it can be whatever you want it to be. Mr. Paley has taken on the most challenging areas to manage and has been a trusted administrator in handling all aspects of the provider network, including contracting and network accuracy. He oversees communications, government relations, and community resource centers. If there's a problem, Mr. Baackes calls Mr. Paley first.</p>	

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	<p>Acacia Reed is Chief Operating Officer, one of the most challenged positions in a health plan because it requires meeting the expectations of regulators, members, providers, and internal colleagues. Ms. Reed is a top notch problem solver. She is assisted by Suma Simcoe, Deputy Chief Operating Officer. Ms. Simcoe is improving essential operations since joining L.A. Care last year and he hopes she is here a long time, because she's doing a great job.</p> <p>Afzal Shah is Chief Financial Officer. Mr. Shah has brought a strategic focus to financial management, budgeting and reporting. Jeff Ingram is the Deputy Chief Financial Officer, and together they are a financial dynamic duo.</p> <p>Augustavia Haydel, General Counsel, is an L.A. Care treasure, and the Board of Governors probably knows her best of all the members of this team. She has been his North Star, guiding him from his first days as a novice in the California public entity health plan world. She has steered him away from potential legal and regulatory potholes.</p> <p>His partner for the last two years in bringing L.A. Care Health Services to its highest level of performance is Sameer Amin, MD, Chief Medical Officer. Dr. Amin has built bridges in collaboration with the functional areas in the matrix that are essential to adding value for members and providers. Mr. Baackes has worked with almost a dozen chief medical officers in his 48-year career in five health plans and can say unequivocally that Dr. Amin has no peers among them.</p> <p>Mr. Baackes thanked the team, he could not have done any of this without them.</p> <p>Board Member Gonzalez asked about the Medicare Plus debit card and what it means for members. Mr. Baackes asked Mr. Hurtado to respond. Mr. Hurtado stated that the debit card is a monthly allowance that allows members to access over the counter drugs, groceries, gas, utility bills and automotive fuel. A member enrolled in Medicare Plus can spend the funds wherever the card is accepted.</p>	
<ul style="list-style-type: none"> <li>Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Mr. Baackes referred to the written report included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> <li>Authorization to adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to</li> </ul>	<p><i>(Board Members Supervisor Solis and De La Torre joined the meeting.)</i></p> <p>Mr. Baackes introduced a motion to allocate an additional \$50 million from L.A. Care's unassigned reserves to the Board Designated fund that supports Elevating the Safety Net (ESN) programs. L.A. Care has had two extraordinary years of financial performance, and this is the time for the Board to consider protecting that program by allocating another \$50 million. The original set aside was \$155 million. In October 2023, after a very financially successful year, the Board allocated another \$50 million. Today there's \$114 million remaining. If L.A.</p>	

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<p>address emerging safety net and community needs through FY 2026-27</p>	<p>Care was to continue at the same pace in providing eight full four-year medical school scholarships each year, providing 30 grants to bring new primary care doctors into the safety net, provide medical school debt relief of \$180,000 for a three-year commitment to stay in a safety net practice, that would total expenditures of over \$12 million a year. The board could operate the programs for another 14 years with an additional \$50 million in the fund. Adding \$50 million leaves the door open for modifying ESN programs as the environment changes, and as other needs arise to be addressed in workforce development that funding could be available. He recommends this as a prudent action.</p> <p>Board Member Ghaly commented that it is certainly a wonderful program. She asked when the program funding would run out of if the \$50 million is not provided. Mr. Baackes responded that it would last another 9.5 years. Board Member Ghaly asked about the desire to add the \$50 million now. Mr. Baackes responded that is because L.A. Care has the funds. Board Member Ghaly is concerned about the change in the federal administration bringing in an era of more financial uncertainty for health plans and for the providers that rely on the health plans. She speaks not just for Los Angeles County Department of Health Services (DHS), but for many other partners when she thinks the road ahead is really rocky. Mr. Baackes agreed, and he noted that the next resolution addresses that. Board Member Ghaly commented that the risk is of potentially needing to save resources and not make allocations even for programs as valid as this one. If it has sustainable funding for the next several years rather than planning so far ahead for something that we do not need to do at this point. Mr. Baackes responded that certainly is a decision the Board could make, even if the funds are set aside in a designated fund, it can be reversed through the budget on an annual basis. Mr. Baackes noted that the reason in 2023 for designated the funds was because it was a stellar year. L.A. Care has had a second stellar year and will not have them in the near future. Mr. Shah has made that clear in his comments about the rate situation coming up. He agreed that it will be really rocky going ahead and with the new federal administration, but we still need these programs for workforce development. Board Member Ghaly commented that the counter argument to that is that if the money is set aside, it appears that it is not necessarily available for other pressing priorities, even if, to your point, it could be reallocated by a Board vote. There would be less ability to be able to pivot to whatever is the pressing need of the day, depending on what those needs are.</p> <p>Board Member Gonzalez asked if L.A. Care would be able to use these funds to have more nurse practitioners or physician assistants for development of those careers. Mr. Baackes responded that the motion is to set aside the money in the Board Designated reserve. Over the years various changes have been recommended by staff, and the Board can certainly recommend changes to it. L.A. Care has had many requests from the community to consider allied professionals, nurse practitioners, and nurses, and that is certainly a future decision the</p>	

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	<p>Board can make. Having the designated funds means that L.A. Care is fulfilling its commitment to workforce development here in the County. It will be badly needed for a long time to come. It is not about where the money goes, he just gave the examples of what L.A. Care has used it for, but the Board could certainly expand the program and that particular point has been brought up many times.</p> <p>Board Member Roybal noted that it is not yet known, but from what was said, it sounds like L.A. Care would not have excess funds probably for the next three years or longer. As you said before, with the current funding the program as itself would exist for nine years. At the current rate of spending, this additional funding would extend to 14 years. He asked if DHCS could take the funds back, which goes to the second motion about protecting funds. Board Member Roybal is concerned that whatever is allocated for the program, DHCS can take funds back, and there is a new mechanism for DHCS approval of community benefits spending. L.A. Care might have all the good intentions of having the fund last nine years, but if funding is not protected, it could just go away if DHCS does not allow L.A. Care to continue funding the program. Mr. Baackes responded that he is correct and that is the nature of the second motion.</p> <p>Mr. Shah commented that the motion is written to allow these funds to be used towards the requirements in the community reinvestment All Plan Letter (APL) from DHCS, which has not yet been released. L.A. Care expects the APL to be released during the first calendar quarter of 2025. The draft APL that has been reviewed includes workforce development as a key community reinvestment area, with health plans required to allocate up to the lesser amount of 5% of net income or 7.5% of the revenue. The motion is written in a way that these funds can be used towards that requirement, and it would not be separate funding.</p> <p><b><u>Motion BOG 103.1224</u></b>  <b>To authorize adding \$50 million from CY 2024 net income to the Board Designated Fund for workforce development to address emerging safety net and community needs.</b></p>	<p><b>Approved by roll call.  10 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)  1 NAY (Ghaly)</b></p>
<ul style="list-style-type: none"> <li>• Authorization for the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the</li> </ul>	<p>Mr. Baackes noted that this motion addresses the issues that Board Members Ghaly and Roybal brought up. In addition to the unknown threat of a new federal administration reducing funding for programs like Medicaid, the California contract requires that Medi-Cal health plans invest a certain amount into community investments, as Mr. Shah just described. The final APL has not yet come out. In the draft APL, the health plans cannot count current community investments toward that requirement, the community reinvestment program has to be new and must also be approved by DHCS. The draft APL also includes provisions to share governance for approval of the community reinvestments. Mr. Baackes would like to leave the Board with a tool to use in the future to further protect L.A. Care’s community investment,</p>	

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<p>Safety Net Board-restricted funds</p>	<p>and the idea is to create a foundation. He is not recommending creating a foundation, in this motion that you do a feasibility study under the direction of the General Counsel. It will involve outside counsel opinion on a foundation that, once funded with the Board Designated Fund, could further isolate the fund from acuity adjustments. The last claw back amounted to \$280 million, with \$180 million from L.A. Care and the rest from plan partners. If there is a minimal amount of profit in a year, any spending that L.A. Care would like to continue for the scholarships, the grants or so forth might not be possible. He asks that the Board approve a feasibility study so that next year, that information is in front of the Board. Inland Empire Health Plan created a foundation five years ago, Partnership Health Plan in northern California is considering a foundation and Blue Shield has had a foundation for years. There are many considerations.</p> <p>Board Member Booth stated this motion is not making a decision now to form a foundation, but to authorize people to look into it. Mr. Baackes responded that is correct, he does not have information about how it could be done in a way where the Board of Governors has control.</p> <p>Board Member and Supervisor Solis asked if other organizations with a foundation had funding clawed back by any government entity. Mr. Baackes responded he believes that would not be possible as the foundation funds would not be part of the health plan reserves, in a separate entity, but the Board would need to study and develop a structure to ensure the funds would be used as intended. Board Member Solis asked about case law in this area.</p> <p>Ms. Haydel responded that research needs to be done and that is why Mr. Baackes brought forward the idea of a feasibility study. Supervisor Solis asked about a Board to govern the funds. Mr. Baackes responded that would be part of the study. Mr. Baackes thinks the Board should have that information available so if it appears that the funds are threatened, the Board can take action. Supervisor Solis noted that with the County, departments had foundations, and for some reason that kind of got away from the Board of Supervisors governance, and away from what the values and restrictions should have been. It really needs good oversight and accountability. Mr. Baackes agreed, and that is why he recommends getting outside experts to give the Board information about guidelines and rules. The Board can then make a decision about whether it is an idea with pursuing or not. Mr. Baackes commented that there is so many threats on the horizon that the Board should have this information to make an informed decision.</p> <p>Board Member Gonzalez asked how much it would cost and how long it would take, and where the funds would come from. Mr. Baackes responded that the foundation would be endowed with the Board-restricted funds, and the cost for the feasibility study, would come</p>	

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	<p>out of L.A. Care administrative expenses. Ms. Haydel stated that the cost would not be significant.</p> <p>Board Member Vaccaro asked for examples of other public health plans that have a successfully run foundation or is this a new idea. Mr. Baackes responded that Inland Empire Health Plan created a foundation five years ago and Blue Shield has had a foundation for years, so those examples would be models to review.</p> <p><b><u>Motion BOG 104.1224</u></b>  <b>To authorize the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the Safety Net Board-restricted funds.</b></p>	<p>Approved by roll call.  <b>11 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p>Joanne Campbell, <i>Health Care Policy Specialist, Government Affairs</i>, reported:</p> <p>At the federal level, Congress is expected to vote on stopgap funding through a continuing resolution that would fund the government until March 2025; averting a partial shutdown that would begin on December 20. Funding will likely be extended another few months. For 2025, it is expected the House and Senate GOP will use budget reconciliation, which requires 51 vote majority instead of the normal 60, to address immigration, energy, and health care. While it is not expected that the GOP pursue the repeal of the ACA, efforts to cut Medicaid or institute new requirements, such as work requirements, have been mentioned. Government Affairs staff will continually monitor this and will reach out to all legislative offices. Meetings are already planned in February.</p> <p>At the State level, a new legislative session has begun. Assembly Bill AB4 has been reintroduced. This proposed legislation expands access regardless of immigration status, to California Covered, the health benefit exchange. AB4 was proposed last year and aligns with the L.A. Care resolution to support members, which the Board approved earlier today. Additionally, two legislative proposals announced by the California Attorney General aim at safeguarding medication abortion and enforcing California's Reproductive Privacy Act. Both bills, if enacted, would align with more than two dozen other laws intended to make California's reproductive health a safe haven, since the US Supreme Court's Dobb decision three years ago, which eliminated federal abortion protection. L.A. Care will take a support position on AB4 and on the family planning rights legislation in accordance with the Board approved policies.</p>	

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	<p>A Special Session has been called by California’s Governor, focused on providing legal resources to safeguard California's values and rights. It was proposed as a \$25 million fund for the California Department of Justice and other state agencies. The legislation is expected to reach the Governor's desk and be signed into law before January 20, 2025.</p> <p>Board Member Solis noted that about two weeks ago the Los Angeles County Board of Supervisors affirmed the values outlined in legislation and supported the Governor in his efforts. She suggested L.A. Care Board of Governors could also send a message that that the Board is in agreement with the Governor in declaring California’s values and rights. Ms. Haydel suggested that the Board could discuss and come to a consensus without a vote, which is not specifically on the agenda. There are items on the agenda for other related issues, so perhaps a discussion and an expression by all the Board members could be documented in the meeting minutes.</p> <p>Board Member Gonzalez is in agreement with Supervisor Solis and an affirmation, a statement that we are in agreement could be made.</p> <p>Board Member Booth asked if the Board of Supervisors read the Governor’s statement. Supervisor Solis offered to provide a copy and send it to the Board members. Supervisor Solis noted that a resolution was approved by the Board of Supervisors to reaffirm support for the values and rights, and resolution is public. Ms. Haydel suggest that L.A. Care’s CEO has the authority through the government relations platform to develop a statement on behalf of the Board based on the board's discussion. Mr. Baackes responded that he would do that, and there was no objection from Board Members.</p>	
<p><b>CHAIRPERSON’S REPORT</b></p>	<p><u>PUBLIC COMMENT</u></p> <p><i>Submitted via Webex chat message by Gustavo at 1:33 pm LACMA wishes you nothing but the best, John. You've been a steady hand, fantastic role model, amazing friend and colleague, and we hope your next chapter is as exciting as the last. You've left a legacy that will be talked about for generations. Thank you for your leadership and for taking a leap of faith to partner with us and support those physicians caring for the most vulnerable, Best Wishes John.</i></p> <p><i>Andria McFerson, RCAC 5, has spoken about peer on peer support from day one with real volunteers like RCAC members who have been through many things, of course, not only mental disparities, but those instances where that could cause chronic illnesses. Mental disparities that can cause chronic illnesses, like strokes and heart attacks and different things like that. People who actually suffer those things, could be RCAC members like herself. The peer on peer communication is the best type of communication. RCACs need to be able to have some sort of outreach. That outreach with the RCACs should be a part of the budget, which is they should be able to know their rights as far as RCACs to</i></p>	



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	<p><i>have functional meetings that do just that - have community outreach peer on peer. There's nothing wrong with that. Yet the agendas are handwritten by staff, so they have absolutely no access to speaking to each other about functional things that would be able to touch the community in a positive way. She thinks it's important. She knows John Baackes has to speak about different things that he's done throughout the time that we've been here, and he's been great. She agrees, but they need to focus more on making sure that the next CEO focuses on proper outreach and peer on peer outreach because that's what the RCACs are here for. They are here for something functional to do something well for the community. And that's it. There's nothing wrong with saying that, is there? No, absolutely not. On the agendas, please instruct the staff of Outreach and Engagement to allow more time to speak about what they would like to do to have better functionality into the community and do what we need to do to have that peer on peer outreach. And that's all she is asking for today.</i></p> <p><i>Estela Lara stated it is a pleasure to be before this distinguished Board of Governors. She wants to commend Mr. Baackes and she personally wishes to say thank you very much for his service to L.A. Care. He has improved sevenfold, the membership and their health plan. It is under your leadership that we owe you a debt of gratitude for enhancing the programs, for creating the programs and for all that you've done during the tenure that you've been with us. She has known him, for she doesn't even know how long now, but she thinks that this Board has seen how much things have improved for our members, and she thinks it's really a result of his leadership. And especially also the top tier staff members that he has flanking him today. They are excellent in what they do. She was going to say each of their names, but he already said it. So, it is an honor to have met him and to realize that had it not been for his creativity along with all these members the plan would not have improved so much. It takes a whole set of people to do so, and you have done it with excellence. And the fact that he is staying here still in a consulting position until the transition goes through says a lot about his character. Other people say goodbye, but not him. He said he would continue here until the transition has gone through and making them aware of where we are at this point and what else you had in mind when these programs began and how they've gotten to this point. So, she wants to say kudos to him, kudos to his excellent staff. Because altogether they have made an excellent collaboration. She didn't realize that the enrollment had gone up. The 2.6 million members are that much better for themselves and for their families because of everything the staff have all done. They are wonderful, excellent, and each of them deserves a round of applause. The staff are great and it's only because of everything they do, even the things that we don't see behind the scenes. With the restructure with the roundtable, which we didn't like that round table. They listened to us, which is very important to us because sometimes people weren't really listening, but they did. And that is something that takes a lot for people to say that the members are important and what the staff has done for us.</i></p>	

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	<p><i>Hilda Perez is a former Board Member, and she commented it is good to see everyone. She's emotional, she's a woman, hear her roar. She wanted to be at the last meeting for John Baackes as she was at the very first one. She would like to say personally that she truly admires and appreciates everything he's done for the membership, for the RCACs, for the staff. The ambition and the projects brought to their communities make a difference. She likes to be at the community resource centers a lot because that's where one can see the people that one serves firsthand. One can see how many people line up for the gift cards for the grocery stores. How many people do not have a turkey, a ham or the basic food for their table. How many people do not have diapers for their babies. And that makes her personally go back to the centers and revisit the reason why they meet. And she would like to say thank you for listening to them, for saying yes. For saying yes to their proposals and recommendations. She wanted to point out the fact that he mentioned every single person on his team, and for her that is a true leader, someone that recognizes everyone's efforts. She wanted to wish John the best. She remembers that it was not even in her thoughts that she would be part of a committee to choose a CEO for the largest health plan in California, and she gives thanks to the Lord for that. She also believes that a wise decision was made in hiring John Baackes. She thanked him so much for everything he did for their communities. There's a lot of things to do, there's so many things to do, but she believes that L.A. Care is headed in the right direction. Mr. Baackes, she doesn't know what to say. She should have brought something written, but she always speak from her heart. She was not planning to say anything but thank you so much. She hopes he fares well in his new endeavors.</i></p> <p><i>Deaka McClain wasn't planning on speaking. She was going to send an email, but she wants to thank her fellow colleagues that have spoken before her for giving her the encouragement to speak to Mr. Baackes today. Mr. Baackes will truly be missed. She really appreciates the relationship that has formed over the years with him. Like she said at another meeting, she remembers the day that they met, and he sat right by her at a RCAC meeting, and she didn't even know who he was. That just proves how down earth he is, and he doesn't let his position go to his head. He really has a position and rolls up his sleeves. He makes sure that each one of the members are sure to get what they need, especially access to health. It's one thing to say in words, access to health, but it's a whole other dynamic when it isn't walked out. And whenever ECAC as well as the temporary ECAC, came before him, ECAC gave him their concerns. He really took the time to listen. And one time she wants to mention particularly is when they were doing the restructure. They were having a meeting, and it went over. But it went over because he took the time to hear their concerns. And she remembers when he said, well, L.A. Care has to turn it in, and she forgot what day it was, but he extended it because he said that L.A. Care would be fined, she's paraphrasing what he said. And he said, he'd deal with that later. He didn't care about that, he wanted to hear from members. He took the time to come to each and</i></p>	

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	<p><i>every RCAC to hear their concerns and make changes. She wants to let him know he's going to be missed and she thanked him for helping her be a better leader, by his example.</i></p> <p><i>Joyce Sales is the RCAC 6 Chair and an L.A. Care member, but new to the Board meetings, the RCAC 6 meetings. When she signed on, it was like months before everything shut down, pandemic wise. She just wants to say that in meeting Mr. Baackes, it has definitely been a pleasure. This is the first time in her professional career that she has had direct access to the decision maker. So that's always nice. One of the reasons why she's been self-employed her entire professional life, and, she just wants to say it's been a pleasure. She's sorry that our reign together was short lived, but she knows he's still going to have his fingers in the pot, be it verbal or otherwise, and they just want to thank you. They want to thank him and wish him the best in whatever those future endeavors may be for he and his family.</i></p> <p><i>Mr. Lopez spoke in Spanish and below is the English version of his comments provided by a professional interpreter.</i></p> <p><i>Jose Lopez, RCAC 3, is speaking for the third time at the Board meeting. The first time he was at a Board meeting he wrote 10 pages of notes and read 2-4 pages each day. He is thankful for the blessing of being able to be at three meetings. He knows there is very little time, and he thanked the Board as he has learned so much. He will, in his heart, miss Mr. Baackes a lot.</i></p> <p><i>Sylvia Socio, RCAC 6, is sorry to insist in things that have already been talked about, but she has some issues that are really concerning her. For instance, do you have a specific protocol to follow, specifically she means in hospitals. Because if they are asked, are you undocumented, the person doesn't have to answer. However, who could stop the immigration officers if they stand at the entrance of the hospital or around the corner or worse in the ER, when you don't have control of what's going on. The EMTs have all your information that they are ready to pass on to the medical staff. She's concerned about details, how is this going to be managed. Besides that, she has been following the City Council and Board of Supervisors decisions as much as the Governor, but she cannot help thinking what would happen if the center administration might put their paw into medical files, as a whole. Because they have an attitude of revenge on every respect, and they will come after the State of California because we have always been a sanctuary state. And all that concerns her, mainly what they might do if they get control of medical funds and what would you do in that case, are you ready for that? She thanked Mr. Baackes.</i></p> <p><i>Chairperson Ballesteros commented that this is hard, as Mr. Baackes has been CEO for nearly 10 years. He thanked Mr. Baackes for recognizing the executive team and speaking about his appreciation of each one. One thing is very clear, and he is speaking for the whole Board, and</i></p>	

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<p><b>Recognition of Service to L.A. Care</b></p> <ul style="list-style-type: none"> <li><b>John Baackes</b></li> </ul>	<p>that is that the whole Board thinks that this is an amazing executive team at L.A. Care. The Board appreciates all the work done by the executive staff, the chiefs and the deputies, on a daily basis. He thanked Mr. Baackes for assembling an amazing team, a winning team. We are going to recognize Mr. Baackes starting with a video that was put together for him (<i>the video shown at the meeting is available for viewing on the L.A. Care website</i>).</p> <p>Ana Rodriguez, <i>Temporary Transitional Executive Community Advisory Committee Chairperson</i>, commented that sometimes they fight with Mr. Baackes, sometimes they agree with him. She presented a Certificate on behalf of the members of the Regional Community Advisory Committees (RCACs). Deaka McClain, <i>Temporary Transitional Executive Community Advisory Committee Vice Chairperson</i>, read from the Certificate: in recognition of his dedication, leadership, exceptional service to the RCACs and for his commitment to health, equity, and empowering community voices and driving meaningful change. Members will miss him. Ms. Rodriguez thanked Mr. Baackes.</p> <p>Mr. Baackes commented that the advisory committees are a very important part of the legacy of L.A. Care. He values talking directly with members. It is very important. It keeps him grounded. He thanked them.</p> <p>Board Member and Supervisor Hilda Solis commented that it is quite hard to follow all the statements and comments made by the public and especially the community advisory committee members that represent L.A. Care and the volunteers. On behalf of all of us, we want to say thank you to John Baackes. It is a true testament to Mr. Baackes, who she has known since 2016 and before, when she was running for Supervisor, he was there. More importantly, the care that he took with this organization, and she was happy to serve on the Board then for about a year or so. She and Mr. Baackes got to know each other. In one of the first meetings, it impressed her when he talked about the Community Resource Centers and there were maybe seven CRCs then. Her first question for him was about whether a CRC was located in the first district, and he told her there was already a CRC in the first district. L.A. Care opened a CRC in Pomona, and she was there. It really struck her that he was somebody who means business, if L.A. Care could go all the way out to Pomona. L.A. Care has members in Pomona, but how important it was to do that. It is not easy, dealing with community and making sure we have boots on the ground, the staffing that goes with it and the monies set aside are really important. That is a mission that gives her energy to stay on the Board because she knows how valuable it is. The County of Los Angeles cannot provide access to health care services and bridge the disparities. The County can try, and it can also do better with the partnership and what L.A. Care has established, we will be able to do to do that. There can be very challenging and problematic times ahead, not just for residents and the people we serve, there is a lot of fear in our community with different elements. It is not all because of</p>	

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	<p>immigration status, she thinks it also has to do with economic status and the inability to raise families outside of this poverty that people are experiencing. She commends Mr. Baackes on behalf of the County Board of Supervisors for continuing to put people front and center in the things that he does and remain especially mindful of what has been done in helping young physicians continue their careers. Health care workers are the biggest segment of the economy that needs to continue to grow. She is hopeful that effort will continue.</p> <p>She noted that her colleagues will say something too, and they have served obviously quite longer than she has on the Board. She is profoundly proud to work with Mr. Baackes and L.A. Care staff. L.A. Care immediately provided CalAIM funds to support health care in key areas, such as Skid Row and MacArthur Park. Looking at those needs in terms of homelessness and the unhoused and helping seniors. Sometimes when she comes to these meetings the Board hears people that complain. But they may not be fully aware of the bountiful services that are provided. We have to continue to improve access, in all languages and serve people where they are. That is something that she knows Mr. Baackes fully understands and she appreciates that.</p> <p>Board Member Ghaly thanked Mr. Baackes for his tireless leadership of this organization over the last several years. She thinks he is a true advocate and a believer in the power and promise of the Medicaid program in the United States, in California and in Los Angeles County. He knows what it means to people, to communities, to families, and he has dedicated his career, and she is so pleased in this latter part of his career, to seeing the success of Medicaid, Medi-Cal in California. There are millions of people in Los Angeles that have better health care today, better access to physicians, nurses, social workers, housing, and other services because of what he has done, and his leadership at L.A. Care. He has been a real partner for her in her role at DHS and she really appreciates that, and she knows her team does as well. He was always just a phone call away. He was always available to talk through issues and partner with DHS as it went through various situations in their respective roles. She appreciates his spirit of collaboration, communication, and partnership. She is excited for him in this next phase of his life and cannot wait to see what he does next. He will still be busy, and she cannot wait to hear about it. She thanked him for all he has done, for his leadership, for his willingness to innovate and try something new, because there have been a lot of new things in Medicaid over the last several years and he was not afraid to try them.</p> <p>Board Member Roybal thanked Mr. Baackes for all the years of service that he provided at L.A. Care. Board Member Roybal believes that times and leaders often coincide. L.A. Care had the good fortune to have a leader whose time was really appropriate and supportive of the health plan, patients, members and providers. On behalf of all the physicians that he worked with who have benefited from L.A. Care and the programs that Mr. Baackes has instituted, the IHSS workers who he worked with and whose patients have benefitted from training, other</p>	

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	<p>allied health staff who have benefited and will continue to benefit from all the training, he thanked Mr. Baackes from the bottom of their hearts and congratulated him on the next chapter in his journey and he fully expects to see what you do and how you do it, with just as much flair and aplomb as he has always done.</p> <p>Board Member Contreras congratulated Mr. Baackes, and she is excited for him. She has come to accept the fact that people do retire. Although she wants all the good people to stick around forever. He is one of the first people to reach out to her in her new role as Department of Public Social Services (DPSS) Director. He was calling and emailing her about the Medi-Cal unwinding. She appreciated his persistence, but most appreciated that he was not calling her to ask what she was going to do, he was calling to ask what L.A. Care could do. That is the organization that he has built over these years, the team that he has built. He is an incredible resource. She offered one more reflection: hearing the members talking about him, the way that he reaches out to them, the way that he connects with them, the way that he supports them is so beautiful and a reflection of who he is as a leader and as a person. She wished him all the best.</p> <p>Supervisor Solis presented Mr. Baackes with a commemorative scroll signed by all five LA County Supervisors on behalf of the 10 million residents of Los Angeles County. She congratulated him on his 10 years of services provided to Los Angeles County and L.A. Care.</p> <p>Mr. Baackes thanked all of them, and noted it is a bit overwhelming. It was wonderful to see his daughter in the video. A year ago, when he gave notice to the Board, if he had known then where the world would be today, he would not have left. There will be a lot of work to do going forward. He likes a good fight and a righteous fight, so he will be devoting time, energy and resources to do whatever he can to emerge from this next period in a better place. He will not sit aside and say well, that is the way it is. He wants to do something to ensure continued advocating for this population and the providers that support them. He is not going, he is retiring but not surrendering.</p> <p>Chairperson Ballesteros commented that Mr. Baackes is a great leader and has been a great leader of L.A. Care. He remembers when Mr. Baackes first came to L.A. Care, he made it a priority in the first few months to talk to the community clinics. He attended meetings and listened to the needs of the clinics. He has delivered on those requests more than 150%. When there were problems in the Antelope Valley and one of the biggest provider organizations caused nearly a collapse in the safety net, Mr. Baackes and L.A. Care stepped in and saved that safety net, with more than 24,000 people getting care. Mr. Baackes made it a priority to ensure that network was preserved and put resources behind it. Today that system is more robust, with more services in place. There are more providers because the Elevating the Safety Net program proved to be very effective in areas like that. Under his leadership and</p>	

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	<p>his staff, historic investments are being made to serve the homeless in Skid Row, in MacArthur Park and in other parts of Los Angeles County. He is saving lives, and that is not just hyperbole. The term is used all the time. Mr. Baackes saved lives in the Antelope Valley. He is saving lives among the homeless. The term, a great leader, does not even give enough justice to the fact that due to Mr. Baackes' work, people are alive.</p> <p>Chairperson Ballesteros read the resolution by the L.A. Care Board of Governors commending Mr. Baackes for his service (<i>a copy of the Resolution can be obtained by contacting Board Services</i>).</p> <p>Mr. Baackes thinks he said it all in his earlier remarks. This is inspiring him to keep going and he will keep going. He thanked the Board for the recognition.</p> <p>Board Member Raffoul commented on behalf of the hospitals in Los Angeles County. There have been ups and down with L.A. Care and hospitals over the years and regardless of the issue, Mr. Baackes has always been open. He would take calls in the morning, at night, in the middle of the day – he has always responded to questions and was always very accessible. He appreciates that even going through hard times Mr. Baackes was very inclusive. Instead of pushing back he invites everyone to the table. He formed a committee and invited providers to talk through their concerns and resolve them. That takes a lot of maturity and leadership. Board Member Raffoul appreciates his inclusiveness and his leadership. Mr. Baackes will be missed.</p> <p>Board Member Gonzalez would like to thank Mr. Baackes for remembering the In-Home Support Services (IHSS) home care providers at a time when it was really critical. During the pandemic there were no PPGs, no gloves, no masks. Care providers were trying to care for the recipients and did not know how people were getting sick or how it was passed on to others. People were afraid and very timid; they did not want to care for anybody because they were afraid of getting them sick. Mr. Baackes took the steps to ensure that the providers would have the needed equipment, and at a time where there were supply shortages. Board Member Gonzalez thanked him on behalf of the care providers and the members.</p> <p>Board Member Booth commented that Mr. Baackes made huge progress with the members, and did things that other people did not do, like L.A. Care Covered. He gathered diverse groups in health care that rely on the dwindling pot of funding and aligned them. He did a great job with the health plan. He also built a fantastic cabinet of leadership supported by others with great back up and great workers. She noted that there has been major change in every year that Mr. Baackes has been CEO. It has been kind of crazy, and he brought the health plan successfully through all of those. Mr. Baackes leadership has truly been transformational and has brought L.A. Care to a height that she's not sure anybody would have thought it would achieve. She thanked Mr. Baackes.</p>	

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<p><b>Recognition of Service to L.A. Care</b></p>	<p>Board Member Vaccaro, on behalf of community health centers and federally qualified health centers, she thanked him for his partnership. Ten years of listening to the problems and challenges that they are experiencing, some that are not sure how they will fix, and yet he has created a team that really helped, in partnership and hand in hand, to solve the problems, things that have been issues and pain points for years. They are now seeing resolutions. Workforce is the top priority for community health centers and the safety net initiative and the structures that he put in place with provider recruitment and loan repayment have made a significant difference for community health centers to expand services, bring in more providers and take care of more consumers. She noted it is profound to her to hear consumers of a very large health plan talk about the relationship they have with the CEO. That is really special, and she hopes he really sees and feels that, because she sees that and it is so important. She thanked Mr. Baackes for listening to the L.A. Care consumers and addressing their problems with humanity and care. She thanked him for his leadership. She feels he welcomes problems with open arms, and he likes to solve them. The challenge then goes to his team to solve those problems because he committed to it. She thanked him for that, because if no is the constant response, it is hard to make change become great. And she really thinks he made L.A. Care become great.</p> <p>Mr. Baackes considers it a high compliment to be called a problem solver. He thanked Board Member Vaccaro.</p> <p><i>Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter.</i></p> <p>Board Member Vazquez thanked Mr. Baackes for everything he has done. She remembers when at the beginning Mr. Baackes visited all the RCACs. For all the members, it was quite significant that Mr. Baackes wanted to see exactly what was happening with the members as far as health care within their community. During the pandemic era, members had a lot of difficulty in accessing health care and they worked on it. They had a good feeling that they had good leadership that helped them through hardships and difficulties. Members never felt alone because they had Mr. Baackes as a leader, they also had great people under him leading them, and that helped them through the process. She had the opportunity to visit with the new medical school students who will work in the community. The program will help future generations. There are other great things that Mr. Baackes did, and he has left us with a great feeling to continue working toward accomplishing their goals. She thanked Mr. Baackes.</p> <p>Chairperson Ballesteros noted that it is also the last Board meeting for Hector De La Torre, the immediate past Chairperson of the Board. Chairperson Ballesteros read a resolution in commendation of Mr. De La Torre’s service to L.A. Care. He thanked Mr. De La Torre for his excellent service to L.A. Care.</p>	



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<ul style="list-style-type: none"> <li>• <b>Hector De La Torre</b></li> </ul>	<p>Mr. Paley commented that serving in a multifaceted role at L.A. Care and interacting with all the internal functional areas and with many of external partners and stakeholders, he is immensely grateful for Mr. Baackes' caring, compassionate leadership of this vital public health plan. Along with his colleagues and coworkers, he is very fortunate to have participated in bringing Mr. Baackes' strategic blueprints for bringing to life all of the community focused programs and operational enhancements over the past nine+ years. Simply put, under Mr. Baackes' thoughtful direction, L.A. Care has substantially optimized its ability to deliver on the promise of managed care for the many members who are relying on our attention and care. He paraphrased Michelangelo, Mr. Baackes has helped free the angel from the marble. He thanked Mr. Baackes.</p> <p>Mr. MacDougall commented there is a line in the movie Jerry McGuire, you had me at hello. Mr. MacDougall had retired from the ACA, where he had worked for six years. He never wanted another job, he only wanted to consult and do his thing. He spent time with Mr. Baackes and it is particularly gratifying to Mr. MacDougall to hear from community members about Mr. Baackes. Mr. MacDougall is an Angeleno and lived near Board Member De La Torre. He grew up in poverty. In his first conversation with Mr. Baackes, he asked if Mr. MacDougall knew how many people die every day on the streets of Los Angeles, and he told him the number. Mr. Baackes then said, with L.A. Care's mission, the reason the organization exists, unless we in the community are doing the work we are supposed to be doing, we are not doing anything at all. To hear how important his relationship has been with the community and with the members, it is important, and his hat goes off to Mr. Baackes. He thanked Mr. Baackes. He noted Mr. Baackes has been in some ways the toughest and the kindest man he has ever met, and he appreciates that. Mr. Baackes is very kind, he cares, and he lends an ear. He stops and he listens. Mr. MacDougall hopes L.A. Care never loses that spirit as we go forward. He commended the Board and recognized the passion in this room, from the members, from the Board, and from his colleagues. He has the world of respect for the people he works with every day. We are all in this together and it is important and there's people that count on us, so thank you.</p> <p>Mr. Gower thanked Mr. Baackes for all that did for the organization in the toughest of times, especially during COVID, moving to a hybrid work environment, as well as expand membership for this organization. Mr. Gower had heard a lot about Mr. Baackes while consulting at L.A. Care, but working with him has been humbling. The Compliance team also let Mr. Gower know that Mr. Baackes is a really cool CEO and it will be tough see him go. It has been amazing. His thoughtfulness and his roll-up-your-sleeves approach in navigating everything that has happened with L.A. Care and in the County, it shows remarkable leadership and courage. He is an example of what it means to lead through strength and empathy. On behalf of the entire Compliance team, he thanked Mr. Baackes for his support,</p>	

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	<p>clarity of vision and dedication to ensuring L.A. Care continues to be a beacon of compliance, integrity, and excellence.</p> <p>Mr. Shah commented on the success due to Mr. Baackes' leadership and hard work on the Safety Net Coalition, especially given the current administration and federal activities. As a result of the passage of Proposition 35, about \$2 to \$5 billion a year will be added to the Medi-Cal program. As a finance person, Mr. Shah can say it will make a difference in the lives of Medi-Cal members every single day. It is especially important in the face of current headwinds. He has already made a mark with this change and by fighting back against the odds. He did not know it at the time, but he has done it. He thanked Mr. Baackes.</p> <p>Ms. Haydel commented, and this applies to both Mr. Baackes and to Mr. De La Torre because she was in the room with them, they exhibited something that the late John Lewis talked about the courage to get into good trouble and necessary trouble for the right reason. She noted that they are scary when they are together. She thanked them for their dedication to the mission and to the people. Whenever they stepped out on that cliff, she got the parachutes ready and was prepared to jump over the cliff with them. She thanked both gentlemen, very much.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Board of Directors meeting adjourned temporarily 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><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>December 2026</i></p> <p><b>CONTRACT RATES</b> 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> <li>● Plan Partner Services Agreement</li> </ul> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County</i>, L.A.S.C. Case No. 24STCV15962</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act</p>	

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	<p>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three potential cases</p> <p>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>	
<p><b>Reconvene in Open Session</b></p>	<p>Augustavia Haydel announced there is no report from closed session.</p>	
<p><b>Consideration of New Chief Executive Officer’s Appointment and Compensation</b></p>	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson from RCAC 5 commented that she was trying to ask a question because during closed session public comment is usually called so that they can make a comment on the agenda items within closed session. When a five-minute break was called, she was trying to walk over to ask when they would be allowed to make public comment on the agenda items that were closed, or the agenda items specifically that the Board was going to cover. Unfortunately, one of the staff members, Linda Merkens, she continues to receive harassment from her. Ms. Merkens pushed her. She’s not quite sure whether they understand that she has epilepsy, and she’s been saying that for a long time now. Her ankle is black and blue right now, so she doesn’t have access like everyone else to stand properly and brace herself. When that happens, a staff member does not need to do things like that. She has continuously had harassment from Linda Merkens. When the Board Member, Ms. Gonzalez, was running at their RCAC meeting, well actually she was stepping down. And they said that they would have another election, and they did. Ms. McFerson was the only one that ran. Linda Merkens stated during that meeting that they should not have an election and Ms. Gonzalez should stay, even though she had met her tenure. And she continues to receive that harassment from Linda Merkens, something needs to be done, please. She would ask that someone help her out. This is a public comment to everyone on record, knowing that that ambulance right there could have been her. She cannot take that harassment. The PTSD causes seizures, she can’t do that. Please note that she is just here for one reason and one reason only, to better access to care. That would definitely be the decision makers that the Board is, and please understand that she’s not here to address anyone in a in a wrong way. She just had a question on whether they were going to have public comment on that closed session item. And just so that the Board could understand that she’s not making these things up she is going to show her leg that is black and blue right now.</i></p>	

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	<p>Chairperson Ballesteros introduced a motion to appoint Martha Santana-Chin as Chief Executive Officer of the Local Initiative Health Authority for Los Angeles County, including its affiliated organizations.</p> <p><b><u>Motion BOG 105.1224</u></b>  <b>To appoint Martha Santana-Chin as Chief Executive Officer of the Local Initiative Health Authority for Los Angeles County (including it’s affiliated organizations), effective January 6, 2025, and to approve the employment agreement between L.A. Care and Ms. Santana-Chin, as attached.</b></p>	<p><b>Approved unanimously by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</b></p>
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p><u>PUBLIC COMMENT</u>  <i>Andria McFerson asked that any information from the Chief Medical Officer report be broken down in a brief synopsis and given to the RCAC meeting so that they can talk about it and discuss those things and how it affects them.</i></p> <p>Dr. Amin, MD reported on expanding services provided at the Community Resource Centers (CRC) (<i>a copy of his presentation can be obtained by contacting Board Services</i>). Health Services staff has explored this over the last few months, and he will discuss it with the Board and gather input. The plan is not yet ready for implementation, staff is evaluating the potential return on investment and determining the services to be offered at CRCs.</p> <p>He summarized considerations for expanded services in the CRCs. A significant reason is to address the administrative burden on network providers. Access for members can be difficult at the clinics and there are significant administrative tasks being added to regulatory requirements and expansion of reporting requirements on medical assistants and ancillary staff in the clinics. Regulators have levied financial sanctions on the health plan and those are passed down to the providers for quality of care and gaps in care that need to be addressed by providers. There is a long list of quality-of-care items to be addressed. There is some overlap between the quality programs required but not 100% alignment. Sanctions are imposed not just once or twice, but sometimes three times or even four times. Sanctions for Medi-Cal Managed Care Accountability Sets (MCAS) also affect enrollment auto assignment through the quality withholds, so the sanctions can grow to a very large cost not only for the health plan, but for the healthcare ecosystem in Los Angeles County. Fines also may not be reinvested in the local healthcare system. L.A. Care needs to find a way to close the quality-of-care gaps because it is one financial driver for the health plan.</p> <p>L.A. Care could simply advise primary care clinics to work harder to complete new regulatory requirements and improve access to care, but that may not work. He suggested that a better</p>	

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	<p>approach is to ask providers how L.A. Care can collaborate with them on closing the gaps and determine how the health plan could help with improvements.</p> <p>The 14 CRCs are a great resource with sites throughout Los Angeles County. CRCs are in the right geographic locations and through this footprint some clinical care could be delivered in collaboration with primary care providers (PCPs). It is proposed to have ancillary wrap around resources available to relieve some of the workload load for PCPs. Examples of potential services include well-care visits for children, adolescents and adults, developmental screenings, follow-up after emergency care, lab services like cancer screenings, lead screenings, along with HIV and STI testing. Vaccinations could also be offered in the CRCs along with care management, complex case management and enhanced care management. L.A. Care can provide services for disease management for asthma, cardiovascular disease, congestive heart failure, diabetes, and bring pharmacists into the CRCs for medication therapy management and comprehensive medication review. There's potential for transitions of care work in the CRCs. To do this, L.A. Care would need to retool CRCs to turn them from community facing sites into clinic sites, potentially with beds and other equipment. The regulation for lab draws and clinical work would need to be addressed.</p> <p>There could be a significant member impact, not only in closing care gaps, but in reducing inpatient and emergency room utilization and in growing and retaining enrollment. If health plan members start seeing the CRCs as places to get care, they would have a tighter connection with the health plan. There is a solution for staffing requirements, by having medical directors, nurse practitioners, medical assistants, case managers, community health workers, as well as social services in the CRCs. L.A. Care is developing a plan for staffing the 14 CRCs that will be fully developed and brought to the Board for consideration. This would be a major endeavor for the health plan and before launching it, the resulting lower cost of care overall for L.A. Care should be assured.</p> <p>An estimated \$38 million in revenue could be returned to the health plan by closing care gaps, with a 6% improvement in clinical quality performance for members within seven miles of each CRC, which is achievable. The return on investment could be significant through reduced inpatient and emergency room utilization.</p> <p>There may be an impact of 20% on potentially avoidable costs with potentially \$9.4 million in savings for inpatient utilization and \$2.8 million savings in outpatient emergency department services for patients that live within 10 mi of a CRC. The product team was asked about the return on investment in delivering clinical services and potential growth in sales from the CRCs. The potential is up to \$3.75 million in years one through three, and \$1.25 million in year one. Altogether, there's a potential opportunity for a return of \$51.7 million from clinical quality improvement, reducing adverse utilization and membership growth, representing about</p>	

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	<p>a 2:1 return on investment. The startup costs and the annual costs are estimated at \$28 million, the majority of which will be the initial cost of retooling the CRCs.</p> <p>The meaningful effect would be improving care for members and improving member perception of L.A. Care as a health plan that is helping to improve access and provide care. Additional details are not included in this brief overview, such as how to make sure that the primary care doctors are informed about the care delivered in the CRCs, what can be done for the FQHCs in an alternate payment methodology with fewer clinic encounters and improving the care gaps. There is much detail in the background, a lot of conversations with the large provider groups. There are conversations ongoing about how to do this, and it will be a complicated and expensive endeavor.</p> <p>This overview was to inform the Board of Governors, and staff will come back with more information and discussion. There will be an opportunity in the new year to decide whether to pursue this effort. From the health services and operations standpoints, leadership has been very proactive in pursuing this course. Conversations with Anthem and Blue Shield Promise will be held around their investment in the services. Some initial talks have been held with Blue Shield Promise, and they're very excited about the proposition. He stated that current services available at the CRCs would not end, the new services would be added. The CRCs have always been open to anybody in the community, whether an L.A. Care member or not, and those services would still be available.</p> <p>Board Member Booth commented in favor of the proposal with the opportunity to improve care for L.A. Care members. She asked about the hours the services would be offered. Dr. Amin responded that Mr. Baackes has been a huge proponent of this and he's right that L.A. Care needs to make sure there is sufficient throughput in these clinics, otherwise there won't be any return on investment, improvement in quality or reduction in care. L.A. Care needs to make sure that care is available when members need it and have strong connections with primary care doctors.</p> <p>Mr. Baackes added that one concern particularly with the MCAS measures including health screening and immunizations for children will make it easier for families. The daytime hours are not convenient, just as it's difficult for them to get to their primary care doctor's offices, so evening and weekend hours are absolutely essential and that would be part of the plan.</p> <p>Board Member De La Torre is wholeheartedly supportive. We know that these preventive measures are important, particularly for children who are not getting everything that they need. He noted that a 2022 State Auditor Report showed that the Department of Health Care Services was not making sure that children were getting needed preventive care before they start school. In fact, less than 50% of children enrolled in Medi-Cal had at least some of the preventive services that the American Academy of Pediatrics recommended in the Bright</p>	

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	<p>Futures requirements. Nearly 75% of two-year old children did not receive the required number of preventive services, which includes lead screening, vaccines and some of other developmental measures. The use of CRCs as a hub for care is a great use of the facilities that are out in the community to take care of these shortfalls.</p> <p>Mr. Baackes commented that one of the frustrations with DHCS about preventive measures is the sanctions and fines for health plans that do not achieve the DHCS goals. L.A. Care has repeatedly pointed out that the issue is about education for the parents about these essential services. There is hesitancy on the part of some parents to bring their children in for vaccines. The sanctions and fines aren't helping to overcome that. If L.A. Care can bring this project to fruition and provide another convenient outlet, maybe with incentives like gift cards to get them to come in, it would be a step in the right direction.</p> <p>Dr. Amin noted that providers have creative ideas to increase throughput in the CRC clinics. Providers have offered to retool their programs to incentivize providers to send patients to the CRCs, and they are even thinking about member incentives.</p> <p>Board Member and Supervisor Solis supports the proposal. She noted that the resource centers are provocative and are not demonstrated in other parts of the County in this way. She encouraged working with staff at local elementary schools and secondary schools to reach the parents. Some schools have health care counselors or nurses and there are opportunities to help expand reach and lessen the burden on schools for preventive care.</p> <p>Dr. Amin noted that Los Angeles Unified School District has a number of clinics throughout the County and L.A. Care could partner with them for vaccinations and other care.</p> <p>Board Member Ghaly thanked Dr. Amin for the information, it is an exciting proposal, it is innovative and there are a lot of opportunity to better coordinate care that has provided right now in a lot of different networks and places with arbitrary rules. It is also immensely complicated and will take a lot of work in collaboration and partnership and a lot of work with teams in finance and contracting, and with all the providers, many of whom have contracts that are structured in many different ways. She applauds the proposal and looks forward to working together on it. She noted that this cannot be implemented quickly.</p> <p>Dr. Amin noted he has experience with these types of clinics at other health plans and other delegated provider groups, it's an extremely complicated operation that will require staff, new contracts and partnership with providers. Implementation will take a while. This would be a sea change for the health plan and how Medi-Cal is practiced in the County.</p> <p>Dr. Ghaly added that among the various things that need to be worked through, one of the first is the proper documentation and sharing of services. And if the approach will be phased, an easy place to start would be those providers that participate in the Los Angeles Network for</p>	

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	<p>Enhanced Services (LANES), because it offers an opportunity to have the health information exchange that is important in coordinating care - otherwise providers would document care in separate electronic health records and others do not have visibility.</p> <p>Dr. Amin commented that he has done this a couple of times and failed at times, so he knows exactly how not to do it. He has done it through different point of care tools, and LANES is a good idea. The beginning of it will probably be through a phased approach, and it won't go live in all 14 CRCs at one time. It will likely start in the areas of most need and move from there.</p> <p>Board Member Roybal supports the concept, and he thinks it will work. One thing that will help make it work is if it makes the PCP's job easier. He recommended thinking about not only nurse practitioners (NPs), but also clinical pharmacists. There is a robust clinical pharmacy group in his clinic, and when a patient has high blood pressure, a thyroid disorder, a need to be treated for latent TB or for H pylori or need to have depression medications titrated, they are referred to the clinical pharmacist. Providers appreciate this because it is one less thing that the PCP has to do. Clinical pharmacists appreciate it, and they can also do immunizations, because it helps increase their scope. It also helps improve care by streamlining access. The key is helping providers understand the benefit to their own operation by allowing clinical pharmacists to do some work and freeing the physicians for other work.</p> <p>Board Member Gonzalez commented that she thinks Board Member Vazquez would agree, that members have been asking for this for a long, long time, and she's so glad that it has reached the planning stage. Knowing it will take a while before this comes to fruition, she asked that Dr. Amin provide a short report to the ECAC, as the members would appreciate it. Dr. Amin agreed.</p> <p>Mr. Baackes cautioned the timing of a report to ECAC, as the planning will take time and members will want to see action. Based on his interactions with members, he recommended sharing the information close to the time the implementation will begin.</p> <p><i>Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter.</i></p> <p>Board Member Vazquez thanked Dr. Amin for his presentation. She is very hopeful about these added services. She noted that members go to the clinics, and they experience long wait times and a lot of other issues. Members that go to the clinics have many complaints, so this is great because a lot of members go to the CRCs. Members want other places to access some of the services. There are many reasons that some of the members go to the clinics. They have questions about care, because there are a lot of myths sometimes about vaccines for the</p>	



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	<p>children and they want to know if it is the right thing to do. This project would be a good way to help members and parents.</p> <p>Dr. Amin commented that further information will be provided at future meetings.</p> <p><i>(Board Member and Supervisor Solis left the meeting.)</i></p>	
<p><b>Performance Monitoring – November 2024</b></p>	<p>Dr. Amin referred Board Members to the report included in the meeting materials.</p>	
<p><b>CHIEF FINANCIAL OFFICER</b></p> <ul style="list-style-type: none"> <li>• Financial Performance Report – September 2024</li> </ul>	<p>Chairperson Ballesteros announced that due to time constraints, items 10, 12, 13, 15 and 16 would not be discussed at this meeting.</p> <p><i>(Board Member Contreras left the meeting.)</i></p> <p>Mr. Shah reported on the financial results through September 2024.</p> <p>Total membership for the year ending September 2024 was 2.6 million members, which is around 215,000 members favorable to the 4+8 financial forecast. There will likely be some favorability into the next fiscal year. Medi-Cal membership throughout California and the country could change under the new administration, information will be provided to the Board as it becomes available.</p> <p>Financial results for the month of September include a large net revenue surplus of \$134 million, excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP).</p> <p>The twelve months ended September 2024 resulted in a \$419 million net surplus, which is \$272 million favorable to forecast when HHIP and IPP are excluded. Investment income has been favorable due to investments in Treasuries. Excluding investment income, the surplus would be a little over \$200 million, or about 1.9 % of revenue, which is where DHCS expects the health plan to be. Of that \$200 million excluding interest income and based on the board motion approved earlier in the meeting, L.A. Care will place \$50 million in board designated funds, roughly 25% of the \$200 million surplus for the year ending 2024.</p> <p>Mr. Shah reviewed L.A. Care’s net income in millions of dollars and the percentage of revenue over the last six years. Net income for the last two years is almost \$900 million, higher than the previous four years combined. In part, that is due to a favorable interest rate environment, but it is also due to improved operations, better contracting, and the leadership team working towards ensuring that L.A. Care has more efficient operations overall.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>For each year's end two comparisons are made: compare the actuals to the most recent 4+8 forecast, and a comparison to the original budget approved by the Board. The original budget is planned without knowing revenue from DHCS, because even draft rates are not available at that time. The original forecast is generally a high-level estimate of the budget, and multiple forecasts are done throughout the year to realign the budget. The original budget assumed a \$302 million surplus, results are \$225 million favorable. He reviewed highlights of the original budget compared to the actual financial results. The largest area of favorability includes rates from the state and provider re-contracting. There was major favorability in investment income. The investment environment is expected to be not as favorable in the coming years.</p> <p>On the expense side, there is unfavourability in the administrative expenses in comparison to the forecast. As discussed in prior meetings, there is close to \$91 million higher expense than was budgeted. This is an area that every chief officer, including the CEO, has had lots of discussions around better internal controls. L.A. Care will be moving toward three-year administrative and health care cost projections. It is difficult to project revenue in the future because there are many unknowns in the economic environment, but a disciplined approach towards administrative expense can be achieved. Another item to note is the incurred claims. Membership was higher than expected and resulted in higher revenue than expected and of course, higher claims and higher capitation than expected. So, \$153 million in incurred claims, with risk corridor impacts of \$125 million.</p> <p><i>(Board Member Ghaly left the meeting.)</i></p> <p>Mr. Shah reviewed the ratio of overall health care expense to revenue by line of business. The forecast was 94% MCR, and actual results were nearly two and a half points better, at 91.7% overall. Medi Cal is the main driver of improved performance for the year, with 92% MCR, equal to forecast. DSNP also improved over forecast. Covered California results are unfavorable to forecast due to the risk adjustment factor (RAF) score, moving from .7 to .64. L.A. Care is the lowest priced health plan in the Covered California marketplace in Los Angeles County, and enrolls younger and healthier members, which lowers the RAF. PASC SEIU is virtually unchanged.</p> <p>The key financial ratios are all positive. Mr. Shah noted that the administrative expense ratio is compared to the 4+8 forecast and is a slightly favorable to the forecast but is unfavorable to the original budget.</p> <p>The Tangible Net Equity (TNE) is healthy at 881%, with 91 days of cash on hand.</p> <p>Finance Committee Chair Booth reported that the Committee met on October 23 and November 20 <i>(contact Board Services to obtain approved meeting minutes).</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b><u>Motion FIN 107.1224</u></b>  <b>To accept the Financial Reports as of September 2024, as submitted.</b></p>	<p><b>Approved  unanimously. 8 AYES  (Ballesteros, Booth,  De La Torre,  Gonzalez, Raffoul,  Roybal, Vaccaro and  Vazquez)</b></p>
<ul style="list-style-type: none"> <li>Monthly Investment Transactions Reports <i>(Informational Only)</i></li> </ul>	<p>The investment transactions reports are included in the meeting materials <i>(a copy of the reports can be obtained by contacting Board Services)</i>. 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 L.A. Care's total investment market value as of September 30, 2024, was \$3.6 billion.</p> <ul style="list-style-type: none"> <li>\$3.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$125 million in BlackRock Liquidity T-Fund</li> <li>\$11 million in Los Angeles County Pooled Investment Fund</li> <li>\$6 million in Local Agency Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>Quarterly/Annual Internal Policy Reports <i>(Informational Only)</i></li> </ul>	<p>Mr. Shah referred to the reports that are included in the meeting materials pursuant to internal policies. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over \$250,000, and sole source purchases over \$250,000.</p>	
<b>ADVISORY COMMITTEE REPORT</b>		
<b>Provider Relations  Advisory Committee</b>	<p>This item was not discussed <i>(contact Board Services to obtain a copy of approved meeting minutes)</i>.</p>	
<b>Transitional  Temporary Executive  Community Advisory  Committee</b>	<p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5, wanted to know how long a tenure is for a Board seat. That would be the regular one that's elected and then also the temporary. She would like to know specifically, what are the guidelines, what is the time frame that they will have for another BOG seat. Specifically, the RCACs need to be able to vote on different things like that, especially if there will be provisions and time constraints, time changes, whatever the case may be, being that it is having to do with the RCACs and how they are represented. She believes that it should be presented during the RCAC meetings, and they should be able to speak on those things and vote accordingly. Also, with the temporary transitional executive community advisory committee. They represent the RCACs, and a more diverse Advisory committee is needed right now if you do look at the statistics. She does not know how to basically explain that according to the race, but it is primarily one race. So, when</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>they do that, they bring up only certain Items having to do with that particular community. Everyone is important, of course, every single person deserves to have different topics that affect them. So, they need to be able to go to the CRCs and talk about the RCACs.</i></p> <p>Board Member Vazquez reported that TTECAC met on October 9, 2024. (Board Member Vazquez spoke in Spanish and below is the English version of her comments provided by a professional interpreter. She thanked all the members that attended the TTECAC in person and those present today.</p> <ul style="list-style-type: none"> <li>• A motion to approve new members of the Regional Community Advisory Committees (RCAC) was approved earlier today on the consent agenda. We welcome the newest members of the RCACs.</li> <li>• Francisco Oaxaca provided an update to the Committee. Mr. Oaxaca reminded the TTECAC members that the ribbon cutting ceremony for the Community Resource Center (CRC) in South Los Angeles would be on October 11, 2024. TTECAC and RCAC 6 members are invited. The CRC in Lincoln Heights will be ready by February 2025. More information will be shared as we get closer to the opening of the center. The CRCs will extend business hours starting in March 2025. Mr. Oaxaca is currently working closely with Blue Shield Promise to finalize a new five-year agreement to jointly operate the CRCs, effective January 2025.</li> <li>• Wendy Schiffer reported on L.A. Care’s Strategic Vision 2024-25 through 2026-27. The Strategic Vision for L.A. Care Health Plan outlines a comprehensive plan for the fiscal years 2024 to 2027, noting the organization's mission to provide quality healthcare to vulnerable populations in Los Angeles County. The vision includes four strategic directions: improving operational efficiency, supporting a robust provider network, enhancing member experiences and quality of care, and promoting equitable healthcare as a national leader. Specific goals involve modernizing systems, expanding community resource services, optimizing care management, and advocating for sustainable funding and equity in healthcare access. The plan also highlights the importance of collaboration with community partners and the integration of innovative technologies like artificial intelligence to improve health outcomes.</li> <li>• TTECAC approved a motion asking the two consumer Board Members to continue to serve until election of new nominees can be completed in mid-2025. TTECAC also directed the proposed rules for the election be reviewed at RCAC meetings, with feedback from members to be brought for review at the February meeting, when a final version of the election rules will be considered for approval.</li> </ul> <p>Board Member Gonzalez reported that TTECAC met on November 13, 2024.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Mr. Baackes gave last CEO update to the committee. She thanked Mr. Baackes for attending the meeting.</li> <li>• A motion to approve new members of the Regional Community Advisory Committees (RCAC) was approved earlier today on the consent agenda. We welcome the newest members of the RCACs.</li> <li>• The committee received a report from Karen Rios about the 2025 L.A. Care Benefit Rollout, highlighting the health plan's mission to provide affordable, quality healthcare to over 2.5 million members, with a modest 6.2% rate increase for 2025. The plan includes expanded eligibility for Medi-Cal, the new availability of the Silver 73 plan for those above 200% FPL, and a wide range of benefits like telehealth, chronic disease management, and wellness rewards. L.A. Care's extensive provider network and community resource centers further support its commitment to serving low-income and vulnerable communities.</li> <li>• Tanisia Johnson provided an update on several health promotion initiatives. She explained the Self-Measured Blood Pressure Program targeting African American and Latino L.A. Care members and a Digital Health Promoters pilot that significantly increased engagement and vaccination rates. She also highlighted collaborations with organizations like the American Cancer Society, asthma education workshops in Spanish, and community events focused on food security and health education.</li> <li>• The committee approved a motion that proposes adding Hoyer lifts or electronic lifts to the Community Health Investment Fund program to assist patients with getting on and off examination tables, with providers receiving training on their proper use.</li> <li>• Board Member Gonzalez reported that she was able to attend meetings of RCACs 1, 2, 5 and 7.</li> <li>• The sentiment is the same among members of all of the RCACs, there's not enough doctors, it's hard to get an appointment, members can't get a referral, it takes forever to get a referral and the treatment that they're getting at the clinics is really bad. This was expressed in all of the RCACs that she visited in the last two months, and it and it doesn't seem to be getting any better now that the pandemic has finally ended.</li> </ul>	
<ul style="list-style-type: none"> <li>• Request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting</li> </ul>	<p>Board Member Gonzalez presented a motion from TTECAC to request L.A. Care to include Hoyer lifts in the Community Health Investment Fund program to aid with patients getting on and off examination tables. And the motion also includes that providers who receive funding for the Hoyer lifts or electronic lifts receive training on how to use them effectively.</p> <p>At the November 13, 2024, the Interim RCAC 8 Chair presented to TTECAC a motion approved by the committee members of RCAC 8 asking TTECAC committee members to please discuss and consider forwarding a motion to L.A. Care's Board of Governors to add Hoyer Lifts or electronic lifts to the Community Health Investment Program (CHIF) funding.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
on and off examination tables.	<p><b><u>Motion TTECA 101.1224</u></b>  <b>A request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting on and off examination tables. The motion also includes that providers who receive funding for the Hoyer Lifts or electronic lifts receiver training on how to use them effectively.</b></p>	<p><b>Approved unanimously. 8 AYES</b></p>
<b>Children’s Health Consultant Advisory Committee</b>	<p>This item was not discussed. <i>(contact Board Services to obtain a copy of approved meeting minutes).</i></p>	
<b>Technical Advisory Committee</b>	<p>This item was not discussed. <i>(contact Board Services to obtain a copy of approved meeting minutes).</i></p>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	<p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5, asked about the recommendation that the Board election be delayed to February of 2025. The RCACs did not get an opportunity to vote on that date change. They were told that it was going to change according to what the TTECAC had decided upon and presented today. They didn’t have the opportunity to vote on any sort of time frame having to do with the two seat representatives. Also, the topic that the Board was talking about before, she thinks that it is important, the annual employee incentive program and different things like that. She thinks it’s important to broaden the spectrum and have more employees work directly with the RCACs. The Outreach and Engagement department so that we can (public comment time had elapsed).</i></p> <p>Chairperson Ballesteros reported that the Committee met on October 23 and November 20. Copies of the approved minutes can be obtained by contacting Board Services and will be available on L.A. Care’s website.</p>	
<ul style="list-style-type: none"> <li>Annual Employee Incentive Program</li> </ul>	<p>Mr. Brown summarized a motion to fund the annual incentive program. This year the amount necessary to fund the program is \$12.63 million that will be going to slightly under 2400 employees.</p> <p><b><u>Motion EXE 102.1224</u></b>  <b>To authorize the disbursement of funds not to exceed \$12.63 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care’s FY 2023-24 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.</b></p>	<p><b>Approved unanimously. 8 AYES</b></p>


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>Recommend to the Board that Board Officers election be delayed to the February 2025 meeting.</li> </ul>	<p>The Executive Committee recommends that the Board officer election be delayed to the February 2025 meeting.</p> <p><b>There was no objection from Board members to hold the officer election at the February 2025 meeting.</b></p>	
<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>	<p>The L.A. Care Board of Governors nominates a Board Member representing health plan or health insurance expertise. The Executive Committee recommends a process to fill this seat through an ad hoc committee to receive applications, screen candidates and bring a recommendation to the Board.</p> <p><b>There was no objection from Board members about the proposed process.</b></p>	
<p><b>Finance &amp; Budget Committee</b></p>	<p>This item was not discussed. <i>(Contact Board Services to obtain a copy of approved meeting minutes.)</i></p>	
<p><b>Compliance &amp; Quality Committee</b></p>	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson commented that it's important that we know exactly some sort of follow up during the RCAC, of course, she thinks that's very important There are high mortality rates in all cultures, and they need better organization compliance, working with different organizations. Organizations that deal with maternal health. The Asian health coalition. They have all kinds of different things having to do with the community that they need to work directly with. Also, like today the technical advisory committee. Miss Cooper could not participate today because she did not have assistance in knowing how to participate in this meeting, but yet she was in the hospital, and she wasn't able to come today. They need to work with the compliance and quality committee for those who are delayed.</i></p> <p>Board Member Booth reported that the Compliance and Quality Committee met on October 17 and November 21. <i>(Contact Board Services to obtain approved meeting minutes.)</i> The Chief Compliance Officer and compliance department staff reported. The Committee approved an update on the Committee charter. The Committee heard reports from the Special Investigations Unit. The issues inventory was updated. The risk management program is maturing well. L.A. Care has a focus on improving delegation oversight, monitoring, reporting, and streamlining regulatory intake and distribution of information. Coordination has improved between departments working together to resolve issues in a transparent fashion.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Chief Medical Officer reported on facility site reviews results, an overview regarding the initial health appointments and a report on managed care accountability sets for 2023.</p> <p>The Committee approved a 2024-25 program description for the future and an evaluation of the 2023-24 program.</p>	
<p><b>PUBLIC COMMENT</b> on Closed Session items</p>	<p><i>Andria McFerson, RCAC 5, asked about the whole closed session and how they can work directly with the public employee performance evaluation, that they actually have an evaluation from the receivers, people who receive the services in itself, so that they can have proper numbers, proper data, proper statistics, and proper empathy towards training the public employee that serves with L.A. Care. She guesses because she has absolutely no idea what is going to be spoken about with this agenda item. They used to have it to where it was introduced to the community first and they knew exactly how it related to them and then they can make a comment. So, excuse her if her comment is a little broad. Then also the watches, the emergency watches, see if they can work with someone directly so that they can have better senior access to care if they fall or something like that. They need to bring that up so in future references, maybe that's a topic that they can work with.</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 5:07 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 5:07 pm. No report was anticipated from the closed session.</p> <p><b>REPORT INVOLVING TRADE SECRET</b> Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>December 2026</i></p> <p><b>CONTRACT RATES</b> 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> <li>● Plan Partner Services Agreement</li> </ul> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <i>KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County</i>, L.A.S.C. Case No. 24STCV15962</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act <i>HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County</i> L.A.S.C. Case No. 21STCV47250</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION            Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:            Three potential cases</p> <p>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 5:29 pm. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 5:29 pm.	

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

APPROVED BY:  
DocuSigned by:  
  
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 John G. Raffoul, *Board Secretary*  
 Date Signed 2/27/2025 11:32 AM PST

**APPROVED**