

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – June 14, 2023

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, RCAC 1 Chair Estela Lara, RCAC 2 Chair Cynthia Contreas-Wood, RCAC 3 Chair, ECAC Vice-Chair * Silvia Poz, RCAC 4 Chair ** Maria Sanchez, RCAC 5 Chair Andria McFerson, RCAC 6 Chair Fátima Vázquez, RCAC 7 Chair, ECAC Chair Ana Romo, RCAC 8 Chair ** Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, At Large Member</p>	<p>Izmir Coello, Interpreter Pablo De La Puente, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Alex Mendez, Interpreter Estefanie Mendez, Interpreter Katelynn Mory, Interpreter Sina New, Interpreter Bo Uce, Interpreter</p> <p>Elizabeth Cooper, Public Rosa Fuentes, Public Reyna Hernandez, Public Maritza Lebron, Public Demetria Saffore, Public Arun Tes Yang, Public</p>	<p>Hilda Pérez, Member, Board of Governors *** Layla Gonzalez, Advocate, Board of Governors John Baackes, Chief Executive Office, L.A. Care Alex Li, MD, Chief Health Equity Officer, L.A. Care *** Francisco Oaxaca, Chief of Communication and Community Relations *** Miriam Admasu, Department Assistant, CO&E Tyonna Baker, Community Outreach Field Specialist, CO&E Malou Balones, Board Specialist, Board Services *** Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Rudy Martinez, Safety & Security Program Manager III, Facilities Services0 Christopher Maghar, Community Outreach Field Specialist, CO&E Joshua Mendoza, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services Frank Meza, Community Outreach Field Specialist, CO&E Nicole Moussa, Manager, Technical Information, Pharmacy & Formulary *** Alison Patsy, Quality Improvement Project Manager, Quality Improvement Department *** Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriguez, Board Specialist, Board Services Farid Seyed, Lead Unified Communication Engineer, IT Operations and Infrastructure Prity Thanki, Local Government Advisor, Government Affairs ***</p>
<p>* Excused Absent ** Absent *** Via teleconference</p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Member Andria McFerson, <i>RCAC 6 Chair</i>, motioned to have her motion discussed before Mr. Baackes speaks. Mr. Baackes stated that the meeting has not been called to order and he is speaking outside of the official meeting. Mr. Baackes stated that he was glad to be here and said he wanted to speak about the most important issue, which is the redetermination process. He noted that the process has begun again and the first month was June. If Medi-Cal Members do not fill out their forms, they will lose coverage on July 1. Forty-five percent of the people who were eligible to be renewed were renewed automatically. That meant they got a letter that said defendant of public social services and Department of Health care services have determined that you are eligible for another year of coverage. Because they were able to access other databases available to them. Mostly, of course, to make sure the income met was below the ceiling and other data. The 55 percent of the people to which the 20-page form was mailed, need to complete the redetermination process. That has to be completed no later than June 30. L.A. Care distributed that list to its providers and have made calls to those people, 127,000 robo calls. It just alerts them that you should have received this package. It should be completed by June 30. L.A. Care is available to help get the process done through its call center and community resource centers. In the event that a person does not complete it by June 30, they will be dropped from Medi-Cal coverage, and put on hold for 90 days. There is a 90-day grace period for the beneficiary to complete the requalification form. He asked that they reach out to their communities and inform them of the redetermination. L.A. Care has gotten reports from other states that they started doing this redetermination process in April. In addition, 80 percent of the people who are losing their coverage are losing it over procedural issues, meaning completing the form or they did not complete the form correctly. He emphasized enough how important it is that you get the package with the full redetermination form that is completed and returned by the due date.</p> <p>Mr. Baackes spoke about the work that L.A. Care has been doing through the California safety net coalition. The coalition was started in June of last year. L.A. Care called it the Los Angeles county safety net coalition and its goal was to bring together hospitals, doctors, clinics, and all health plans to say, the amount of money that we have in Medi-Cal for providers is not adequate to keep them in the program and we needed an increase. He noted that Medi-Cal operates about 60 percent of the revenue and about 30 percent of the revenue are commercially insured person so we thought to come together as an ecosystem, providers and plans went to the state and said look we do not have adequate</p>	

resources. Once the taxes are established, the coalition will get a proposition on the generalization ballot November 2024 to permanently to have this tax proceeds directed for Medi-Cal.

Mr. Baackes mentioned that L.A. Care opened its twelfth community resource center last Friday in Long Beach on Atlantic avenue. He said that many of you were there and I was so delighted to see so many of the RCAC members in person.

Chairperson Fatima Vazquez called the meeting to order at 10:27 a.m.

Members of the Executive Community Advisory Committee, L.A. Care staff, and the public can attend the meeting in-person at the address listed above. Public comment can be made live and in-person at the meeting. A form will be available to submit public comments.

Accordingly, members of the public should join this meeting via teleconference as follows:

<https://us06web.zoom.us/j/87295442661>

Teleconference Call –In information/Site

Call-in number: 1-415-655-0002 Participants Access Code: 2493 960 6832 (English)

Call-in number: 1-415-655-0002 Participants Access Code: 2481 767 1812 (Spanish)

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail.

Attendees who log on to lacare.zoom using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Zoom to use the “chat” feature.

The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.

2. To use the “chat” during public comment periods, look at the bottom of your screen for the icon that has the word, “chat” on it.

3. Click on the chat icon. It will open a window.

4. Select “Everyone” in the to: window.

5. Type your public comment in the box.

6. When you hit the enter key, your message is sent and everyone can see it.

7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Board of Governors, Member Representatives

Layla Gonzalez

L.A. Care Health Plan, Member Advocate

Hilda Perez

L.A. Care Health Plan, Member Representative

Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on June 14, 2023, it will be provided to the members of the Executive Community Advisory Committee at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to three (3) minutes at item IX Public Comments on the agenda.

Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda.

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

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org.

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Government Code Section 54957.95 to supplement language already part of the Brown Act :

(a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.

(b) As used in this section, “disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following:

(1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law.

(2) Engaging in behavior that includes use of force or true threats of force.

(54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.)
AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.

Ms. Haydel stated that she has two issues she would like to respond to from Chairperson Ballesteros and from Mr. Baackes about public comments that were made at the June 1 Board Meeting. During Public Comment at the June 1 Board meeting, Member McFerson referred to a "motion on the floor" at the May ECAC meeting about the election for Board Seats and that because of the motion, the validity of the Consumer Seat on the Board of Governors election process could be negatively impacted. Her understanding is that Member McFerson did make a motion during the discussion of the restructure process concerning the restructure process. Member McFerson's motion could not be discussed at the May ECAC meeting because it was not on the agenda. The motion is on today's agenda and will be discussed later today. The only motion related to the election during the May ECAC meeting was to accept staff's recommendation to effectively suspend the election for the Advocate Seat on the Board of Governors until 2024, approved by 10 voting members of ECAC. Staff will continue reviewing other concerns raised during public comment at the June 1 board meeting, which did not relate to the Consumer Seat election but rather related to RCAC and ECAC meeting processes.

Agenda and Packet Distribution Process
Clarify that provisions in the Brown Act related to the timing of distribution of meeting materials:

The Brown Act specifies the timing for sending materials to those who request them. The requirements do not specify the timing for receipt of the materials by those who requested them. The agenda or meeting packet should be mailed no later than the time the agenda is posted or delivered to members of the legislative body, and a website link those materials must be provided if requested. Failure by any requestor to receive the agenda does not constitute grounds to invalidate actions taken at a meeting

There was a concern expressed that the Brown Act indicates that holidays or weekends are excluded in calculating the 72 hour requirement for sending materials prior to a meeting. . This is incorrect. Holidays and weekends are included in counting the 72 hours, unless the posted agenda is not accessible to the public. L.A. Care's posted agenda is accessible to the public.

Member Russel Mahler, *RCAC 1 Chair*, stated that there is a motion on the floor and needs to be voted on.

	<p>Member McFerson stated that any conversation that staff is having should be heard by everyone.</p> <p>Member Deaka McClain, <i>Member At-Large</i>, called for Point of Order and asked Member McFerson if she has any questions for Ms. Haydel because she is waiting.</p> <p>Ms. Haydel stated that the motion is on today's agenda. Her understanding is the motion Ms. McFerson made concerning restructure at the May meeting was not on that Agenda and therefore could not be taken up for action and that is why it's offered on today's agenda.</p> <p>Member McFerson stated that she can file a motion on the agenda. So when that agenda item was spoken about, I didn't file the motion. So it was that motion actually on the floor right then and there.</p> <p>Ms. Haydel said that she will try to reclarify, there is a Brown Act provision that allows a Board member to attend a meeting based on emergency circumstances where they had initially intended to be on site but needed to be remote under certain circumstances. That is not the same emergency circumstance that allows other kinds of motion to be put on agenda without prior notice to the public. The motion Ms. McFerson made in May was made under a motion of emergency. She is not understanding the use of the rule.</p> <p>Member McFerson stated that it means the next meeting for concerns of the welfare of the group while another Chair is speaking, you can file a motion basically concerning the welfare of the group. And that motion was basically so that we cannot take away the RCACs. Ms. Haydel asked that she please send her an email with her concerns. Member McFerson responded that she would do so.</p>	
<p>APPROVE MEETING AGENDA</p>	<p>Member McFerson asked that the motion she placed on the agenda as a standing item 4A.</p> <p>Member Maria Sanchez, <i>RCAC 5 Chair</i>, stated that she would like the time allotted for each agenda item to be respected.</p> <p>Member Estela Lara, <i>RCAC 2 Chair</i>, stated that the agenda item be limited if the time goes over.</p> <p>The Agenda for today's meeting was approved with the changes mentioned above.</p>	<p>Approved by roll call. 7 AYES (Byrd, Cordero, Mahler, McClain, McFerson, Salazar, Sanchez)</p> <p>1 NAY Lara</p> <p>2 ABSTENTIONS (Refugio, Vazquez)</p>

APPROVE MEETING MINUTES	The May 10, 2023 meeting minutes were not approved because the minutes were not distributed to Spanish speaking members in to time to review. They will be placed on the agenda for the July meeting.	
STANDING ITEMS		
UPDATE FROM CHIEF EXECUTIVE OFFICER	<i>This Chief Executive Officer update was given before the meeting was called to order.</i>	
ECAC MOTION	<p>Member McFerson presented the following motion:</p> <p><i>Motion: To continue with the same RCACs as they did before with the right to speak, add things to the agenda, and vote on specific things and advise these two seats right here and to advise the Board so they can adhere to the necessities of the people and their health care.</i></p> <p>Member McFerson amended the motion:</p> <p><i>To Continue Regional Community Advisory Committee meetings as agreed upon initially by all relative parties with all future plans made only by those in congruent with The Brown Act, including all relative stakeholders, so that all RCAC meetings continue throughout the year and with any changes made only by official Robert's Rules of Order and the Brown Act procedural practices.</i></p> <p><u>PUBLIC COMMENT</u></p> <p><i>Submitted by Elizabeth Cooper, RCAC 2 Member:</i> <i>First, she would like to thank the motion for being presented and for those who voted for it. She is extremely disappointed in the no vote from RCAC 2 Chair without any consultation with RCAC 2. She does represent RCAC 2, but is disappointed in the no vote. She is a former RCAC 2 Chair and signed her name on the Knox Keene License. This is a great legislative matter under legislation. For someone who has been there since the beginning she supported the ECAC. She is sure the members know the consequences of this, should the RCACs be dissolved. This will affect culture participation and she has seen Afro American participation.</i></p> <p>Member McClain asked for clarification. She asked Member McFerson if she is asking for a vote on this new motion and asking the RCACs not take a break. Member McFerson said that they have time, but they have to get on it right now. They have to make sure they speak as a group and get funding for the RCACs.</p>	

	<p>Member McClain said she was under the impression that ECAC could not vote to extend the RCACs. She is confused that they could even have the vote.</p> <p>Member Mahler said he agreed with Member McFerson and they should vote on the motion so the RCACs know what is going on.</p> <p>Dr. Eakins stated that she would like to correct the misinformation that has been provided to members. Staff went to members and gave them the opportunity to ask questions, some they were able to answer, some they were not able to answer. Their questions that were not answered were noted so they could be answered later. People could ask their questions on an answer sheet. To say staff did not give information is wrong to say members did not have the opportunity to ask questions or give input in a thoughtful or meaningful way is incorrect. It's not true. In response to Member McClain, she said she is correct. Staff put the motion at the table. It gives them the opportunity to hear and share and to give you updates. That was a given. Since the motion and the conversation is kind of out of order but staff does its best to be transparent and open with the conversations that have been had.</p> <p>The motion was not approved.</p>	<p>Approved by roll call. 3 AYES (Cordero, Mahler, McFerson, Refugio, Salazar)</p> <p>2 ABSTENTIONS (Byrd, Lara, McClain, Sanchez, Vazquez)</p>
<p>GOVERNMENT AFFAIRS DEPARTMENT UPDATE</p>	<p>Prity Thanki, <i>Local Government Advisor III, Government Affairs</i>, gave a Government Affairs Update (<i>a copy of the written report can be obtained from CO&E.</i>).</p> <p>STATE BUDGET UPDATE</p> <p>On May 12th, Governor Gavin Newsom released a \$306 billion budget proposal for the 2023-24 fiscal year. Known as the “May Revise” – it contains updated spending/revenue estimates and updated priorities to the proposed state budget that the Governor released in January 2023.</p> <p>Governor Newsom is projecting a \$31.5 billion deficit. After years of a budget surplus, his Administration is forecasting a downturn in funding due to combination of capital gains and losses and delayed tax filings due to severe winter storms. The May Revise reflects a \$37.2 billion in total budgetary reserves and additional funds from the Managed Care Organization (MCO) tax.</p> <p>The Legislature has until June 15th to pass the main budget bill. The budget spending plan is generally spread out across multiple bills, including “trailer bills” which contain many budget provisions and details. There is no deadline for the budget trailer bills. So this adds a level of complexity and uncertainty to the budget process. The Governor must sign the main budget bill by June 30 and then it goes into effect on July 1. The budget year runs from July 1 through June 30.</p> <p>Highlights of the May Revise impacting L.A. Care Members: Medi-Cal Caseload Estimates</p>	

The May Revise assumes that Medi-Cal caseload will peak at 14.2 million residents in 2023-24, which represents a 1.4% decrease. This reflects the impact of California's Public Health Emergency unwinding plan and continuous coverage requirements that were not included in Governor Newsom's January Budget.

Medi-Cal Redeterminations

Medi-Cal beneficiaries will begin losing coverage beginning in July 2023. The Medi-Cal caseload is projected to grow through June 2023 and then decline to a projected 12.8 million beneficiaries by July 2024 following the redetermination activities. L.A. Care is working with the County of Los Angeles and the State to help qualified members that lose Medi-Cal benefits transition to its L.A. Care Covered™ (Covered California product line) product where most people will have a zero or low premiums.

Expansion of Coverage

The May Revise maintains full funding to expand full-scope Medi-Cal eligibility to all income eligible adults ages 26-49 regardless of immigration status on January 1, 2024. It also includes increases for previous expansions for adults 50 and older and ages 26-49 .

Managed Care Organization (MCO) Tax

The May Revise proposes a bigger MCO tax with an earlier start date. This results in \$19.4 billion in total funding, including \$3.4 billion for 2023-24. The funding is proposed to support Medi-Cal investments that improve access, quality, and equity over an 8- to10-year period. These investments include rate increases to at least 87.5% of Medicare for primary care, obstetric care, and outpatient non-specialty mental health providers and the remainder will be put into a special fund reserve for future consideration.

Distressed Hospital Loan Program

The May Revise includes \$150 million General Fund one-time to provide interest-free cashflow loans to not-for-profit and public hospitals in significant financial distress or to governmental entities representing a closed hospital, for purposes of preventing the closure of, or facilitating the reopening of, those hospitals.

Housing & Homelessness

The May Revise preserves the full \$3.7 billion in funding for homelessness programs, as committed in previous budgets, including \$1 billion for the Homeless Housing, Assistance and Prevention grant program.

Supplemental Security Income/State Supplementary Payment (SSI/SSP)

The May Revise continues to include an 8.6% increase in funding for the SSI/SSP and Cash Assistance for Immigrants (CAPI) program. This allocation provides recipients with an increase in grant levels to \$1,134 per month and \$1,928 per month for couples.

	<p>California Food Assistance Program (CFAP) Expansion Update The May Revise moves up the issuance of food benefits for older undocumented immigrants to start October 2025, instead of the January Proposal that delayed it until 2027.</p> <p>Government Affairs will continue to monitor and provide key updates on the budget process as it related to RCAC Members.</p> <p>Member McClain asked when the services for undocumented people will begin and asked if L.A. Care is advocating for this. Ms. Thanki stated that they will begin October 2025 and noted that there are advocates that are pushing for this program.</p> <p>Member Mahler asked if anyone has thought about the expenditures of families that are already receiving these services. Ms. Thanki responded the tax is funding being used to cover those services.</p> <p>Ms. Gonzalez thanked Ms. Thanki for her presentation. She noted that the report mentions “older”, but would like to what age. Ms. Thanki responded that she will need to clarify that, but thinks it refers to 65 and older.</p>	
<p>HOUSING AND HOMELESS INITIATIVE PROGRAMS UPDATE</p>	<p>Mr. Calhoun gave a Housing and Homeless Initiative Programs Update <i>(a copy of the written report can be obtained from CO&E.)</i>.</p> <p>PUBLIC COMMENT</p> <p>Submitted by Elizabeth Cooper, RCAC 2 Member: <i>The reason I stand here is the reason with rent and all the others, all the homeless people, even there what I wonder the biggest problems first, I would like to make a request to the director. Make sure that hopefully you have diverse staff because some people who are holding these programs might not be diverse. And I hear so many people of color who said very hard to enter the program. So I as a person, is going to help. As a member of the RCAC, too -- I want to make sure that these programs are funded by the public fund and that the people who you hire and who implement the program are deserve it. Because that is what each and every taxpayer who supported this and giving you the opportunity, I would like to ask you what about the tenants, is it a program that you can develop where tenants can be educated? Quickly and that is one of the most important things. If your credit is good how to implement, some people at risk now being evicted because they don't know their rights. And please sir, can you do something about that? Thank you. Thank you, madame Chair. Didn't mean to go over time.</i></p> <p>Mr. Calhoun thanked Ms. Cooper for her comments. He said that that is a priority for the initiative and in regards to the diversity, a priority within the CalAIM housing programs is</p>	

educating newly recently housed members on the requirements of tenancy and the lease. There are three housing release programs: housing navigation, housing deposits and housing tenancy services. The last program is for members who have recently been housed or are ex homeless and found housing, and it is essentially tenant case management. One of the case management focuses for this work is in educating individuals about their responsibilities and about the requirements of them in rent payments, the lease stipulations and the requirements of the lease. It's a very important point. He is glad she made it and that is definitely the focus of one of our core housing-related programs under CalAIM.

Submitted by Maritza LeBron, RCAC 7 Member:

Good morning, everybody. Thank you for this opportunity because every time I'm here in the meeting, we are always listening with audio phones and everybody is participating. Now, I feel the same experience that being able to like a family like we are because we live in California. And we have to -- we have empathy one to another, me as a Hispanic person and I'm from Puerto Rico. So I have blood -- Black blood, Hispanic, Indian. And as a single mother, because when you don't have your kids anymore -- to do many things. I'm not sick enough to get approved for different programs. And I'm not disabled to qualify for other help. You end up on the street and I was talking to Fatima on my way over here that many people before 65 years old, they already on the street. But all the agencies, they want to help only people with kids. Or people that are disabled completely. And they ended up raped, abused, because of the system. With whom we don't qualify due to the connection of agency. They put too many barriers for people. For people who have some disability and limitations, we don't qualify. Until I ended up in an ambulance with many different things that they could mean a lot to me. And cry enough to see if they could help me. And I would like to be inclusion for everybody. To have programs for everybody. So you can, if you go to the streets and give flowers but you don't give it to anybody and you don't help anybody and then we end up being the same. We have to be equal. Thank you.

Mr. Calhoun responded that were excellent points made about challenges to the provision of services. Particularly, he appreciated the point that she made about barriers to accessing services. The work that L.A. Care is trying to do is meant to address those barriers. He mentioned one of L.A. Care's priority orders is for improved data sharing between L.A. Care and other service provider agencies. This week, L.A. Care will be completing its second data exchange and that is an excellent example in trying to reduce barriers. Because if one agency providing services can't communicate and share information with the other, then it will manifest in terms of extra work for L.A. Care members to receive services as they have

	<p>to go back and forth from one agency to the other to understand how best to receive services.</p> <p>Ms. Gonzalez asked what is L.A. Care going to contribute to this collaboration. Mr. Calhoun responded that L.A. Care conceived and structured the investments that he talked about. L.A. Care will support the creation of four assessment teams under the ideal expansion program throughout the county</p> <p>Ms. Perez asked Mr. Calhoun if members have questions about this initiative if he will be able to answer them in the future. Mr. Calhoun responded that he will be available to answer questions in the future.</p>	
<p>MEMBER ISSUES</p>	<p><u>PUBLIC COMMENT</u></p> <p>Demetria Saffore: <i>She wanted to discuss the following issue. I'm a member that is a senior and a person with disabilities. I've been having issues with getting access to care. I have children. I had a referral back in October of last year. Where I was refused access to an oncologist. My kidney specialist put in a request for me to see the onologist because they're concerned that I might have cancer. And I had a referral to, all of you, all of you don't see people with insurance. So I called member services while they were full still active when I ask that they change the provider to somebody that they contract with. Or they told me I had to start all over with my doctor that referred me. And I'm not understanding. That doesn't make any sense if the referral is still active, they should give me a provider, so I filed a grievance about that and I have yet to hear about the grievance. And then my next referral -- sleep apnea treatment for the last 4 years and the whole time I have been on treatment for that, I'm having issues getting my supplies. And it's been to once a year where I receive my supplies which is not enough. I'm supposedly to receive a sleep mask every 3 months, not once a year. And so there are problems with that, I dealt with it yesterday, the health navigator, the issue is not being resolved and they're blaming my physician and I don't know why they want to file a grievance against my doctor when my doctor did their part. They did all the paper work for the referral. It's just when it gets in L.A. Care's hands, it just gets lost. And I don't know what else to do. So that's why I came here to discuss it here.</i></p> <p>Member Mahler stated that L.A. Care has been stalling on members getting care in a timely fashion. He had a friend who had a son that came down with valley fever, he was shifted to Las Vegas, when he came back, his mother would get an in-home nurse to help out with the day-to-day basis. L.A. Care approved it but then they never received it and this past Friday</p>	

	<p>he passed away because of that negligence. He wants to know why L.A. Care approves something but then they don't get services right away.</p> <p>Member McClain stated that she was denied services for a hospital bed. She was told she had to go through a third part to pay for it. She is waiting for a denial letter so she can take it to a third party for payment.</p>	
<p>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p>	<p>Mr. Oaxaca gave a Communication and Community Relations Department Update <i>(a copy of the written report can be obtained from CO&E.)</i>.</p> <p>Ms. Haydel thanked Mr. Oaxaca for his report and stated that she was asked by Chairperson Ballesteros and Mr. Baackes to respond to some public comments from the June 1 Board meeting. This is the second portion of her report. The first portion of the report was about the packet distribution process. This report is about the Board election process. During public comment Member McFerson referred to a motion concerning the election for board seats and because of the motion, the validity of the consumer seat on the Board of Governors election process could be negatively impacted. Her understanding is that Member McFerson did make a motion during the discussion concerning the restructure process. Ms. McFerson's motion could not be discussed in the ECAC May meeting, because it was not on the agenda but was discussed earlier today. The motion was on today's agenda and it's already been discussed. Member McFerson, proposed a motion on restructure, not on the election process. Member McFerson thanked Ms. Haydel for the clarification. She said a motion made during the May ECAC meeting was on a staff recommendation to effectually suspend the election for one seat and it was approved by members of ECAC.</p> <p>PUBLIC COMMENT Elizabeth Cooper, RCAC 2 Member: She thanked Mr. Oaxaca for his presentation. Very briefly she has listened to him and number one, her concern with him has culturally sensitive. She said she would like a report sent to her legislators. This committee did not vote for it. The RCACs did that. Our Chairs did not vote the staff gave them 75 minutes and feels that's unconstitutional. She would like all information sent to her so she can send it to Governor Newsom and legislators. This is very important. As a person for democracy who fought for this program, it doesn't matter if it comes and goes. It's always an opportunity. I will appeal to the Governor.</p> <p>Member McFerson said she would like to give Ms. Cooper nothing but respect as a cofounder. They all have rights here and actually, they can have the power to state if we even want RCACs, she means the staff members to stay. They cannot form a formal investigation of the budgeting plan. They can ask a formal investigation of each staff member in this room. There are some staff member that are doing a great job. And she'll</p>	

	<p>show nothing but love to them and she is honest, but there are some staff members that take over the meeting that use coercion while a motion is on the floor. They can't speak unless the Chair allows them to speak and specifically someone calls you out and then once they vote on that motion, of course, it's going to be different. She asked Ms. Haydel if ECAC can have Mr. Oaxaca and all the different people that go under his direction, which is Ms. De La Torre, Dr. Eakins, and Mr. Rodriguez. All of these three people have impeded on a meeting while we're speaking.</p> <p>Ms. Haydel responded that she can file a grievance against an individual with Board Services or Compliance and will be assigned to the appropriate staff and investigate.</p>	
<p>BOARD MEMBERS REPORT</p>	<p>Ms. Gonzalez gave the Board Report:</p> <p>She would like to thank all the ECAC and RCAC members here today.</p> <p>The Board of Governors met on June 1. Meeting minutes can be obtained by contacting Board Services and packets are available on L.A. Care's website.</p> <p>The list of motions approved at that board meeting is available from CO&E. She thanked the RCAC members that joined the Board meeting in person or virtually. They were happy to see members there in person and those who spoke up with public comments. Public comment gives Board Members the opportunity to hear from members. It is greatly valued and helps L.A. Care better its service for members. The following members attended in person:</p> <ol style="list-style-type: none"> 1. Estela Lara 2. Andria McFerson 3. Damares O Hernández de Cordero 4. Fátima Vazquez 5. Elizabeth Cooper 6. Maria Toscano 7. Rosario Moreno 8. Maria Sanchez 9. Marina Garcia <p>Mr. Baackes gave a CEO Report. He spoke about Medi-Cal Redeterminations, L.A. Care's relationship with hospitals and the forums L.A. Care is hosting to help improve patient transfers, the new Provider Relations Advisory Committee, the California Safety Net Coalition, the advisory committee restructure, and the 15th anniversary of the L.A. Care CRC at Plaza Mexico in Lynwood. He gave a CEO update earlier today.</p> <p>In his Chief Medical Officer Report, Dr. Amin provided an update on CalAIM. There is a significant effort at L.A. Care to provide more resources to members to manage their care</p>	

and to make sure transitions in care (hospital to another level of care or home) are managed for the benefit of the member. He views care management as a continuum of care involving many levels:

- Enhanced Care Management, which is the most intense form of care management and often happening by way of vendors in the community and provider groups doing this work
- Complex Case Management, the next grouping of high-risk members, that is done by the health plan, case managers, care coordinators and community health workers, and
- General Case Management, which is usually done by providers in their offices for the lowest-risk members.
- He is conducting a full assessment of roles, technology and processes and incorporating information from DHCS in policy guides. In reviewing care management, Dr. Amin has found some great opportunities in data integrity, payment model, clinical oversight, network, regulatory notification staffing, and documentation. Complex Case Management will engage more members as L.A. Care increases the number of community health workers and services for members.

Ms. Compartore gave a Government Affairs update at the board meeting and Ms. Thanki gave us an update earlier today.

Chairperson Ballesteros adjourned the meeting in honor of past Board Member and former Los Angeles County Supervisor Gloria Molina, who passed away last month. He appreciated the important work that Supervisor Molina has done on behalf of the community. She was always there for individuals that were underserved and always there for communities in need.

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member:

She thanked the Chair for her courtesy. She asked Ms. Gonzalez to inquire about the resource centers that are being defunded. No changing the RCAC, no changes in the fund, no changes for the ECAC. And this has not been discussed. She would like this before she goes to the legislator and also when the CCI Councils were disbanded, they made it possible for all the RCAC members who were interested to come to the meeting for the Board of Governors. She asked they will be able to provide child care like they did for the CCI. She asked that that be brought up as an emergency request. She asked and appealed to them because they've been very gracious in times and returned her calls. She noted that she has been a good advocate and asked that they get back to her, because this is an emergency.

Member McFerson thanked them and said they definitely enjoyed that whole experience of the ribbon cutting for Long Beach and appreciated all RCAC members that came. She said

	<p>they missed all the members that did not make it. She said they do want to continue with RCACs. She asked Ms. Gonzalez and Ms. Perez if they talk about the RCACs and how they did need input from the RCACs and is there anyway that they can have an emergency request to have them vote on the three RCAC meetings that the 11 RCACs are suppose to have within the rest of the year. That's from June to December. Ms. Gonzalez asked for clarification, she would like to know if she meant an emergency meeting so the RCACs will continue. She noted that they will not be disbanded so she is unsure if it will be necessary. Ms. Gonzalez that they have to abide by the new rules and regulations, the RCACs will continue, which was made clear, the RCAC meetings will continue, and RCAC members have to reapply. That was very clear. There will not be a discontinuation of the RCACs. People will have to reapply and they can choose to attend whatever information meeting they wish.</p>	
OLD BUSINESS		
DIABETES INTERVENTION UPDATE	This item was not discussed due to time limitations.	
HEALTH EQUITY AND DISPARITIES MITIGATION	This item was not discussed due to time limitations.	
FUTURE AGENDA ITEMS		
	<p>Member Byrd stated that she would like the committee to discuss Black history month, which is February of next year, but thinks they should get an early start.</p> <p>Member McFerson noted that L.A. Care spends \$100,000 to support African Americans and would like to see a presentation on how the funds are used.</p> <p>Member McClain would like a discussion about food insecurity placed on the agenda.</p> <p>Member Lara thanked staff for all their help and efforts.</p>	
PUBLIC COMMENTS		
	<p>Submitted by Elizabeth Cooper, RCAC 2 Member:</p> <p>She thanked the Chair. She has always respected the staff. She was there when they were booming the finding for staff and has always acknowledged their support of the staff. Dr. Eakins has been helpful to her in so many ways when she had a crisis. She respects her even though they have different points of view. She said to look at her records since she has been a member of the RCACs and how she has supported the staff in acknowledgment of all their work, but when they disagree, it doesn't mean you don't like them, because they are here to advocate.</p>	

ADJOURNMENT	Chairperson Vazquez thanked the interpreters, L.A. Care staff, and the public for attending. The meeting was adjourned at 1:22 p.m.	

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Fatima Vasquez, *ECAC Chair* _____
 Date _____

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APPROVED BY

Fatima Vasquez, *ECAC Chair*

Date 9/13/2023

