



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

For All of L.A.

# BOARD OF GOVERNORS MEETING

July 27, 2023 • 1:00 PM

L.A. Care Health Plan

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017

## Statement

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

## Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.9 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

L.A. Care Health Plan is governed by 13 board members representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children's health care providers, local hospitals and the Los Angeles County Department of Health Services.

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than \$180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

## Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.



- **L.A. Care Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

<b>L.A. Care Membership by Product Line – As of July 2023</b>	
Medi-Cal	<b>2,733,844</b>
L.A. Care Covered	<b>127,334</b>
D-SNP	<b>18,179</b>
PASC-SEIU	<b>49,190</b>
Total membership	<b>2,928,547</b>
<b>L.A. Care Providers – As of April 2022</b>	
Physicians	<b>5,709</b>
Specialists	<b>13,534</b>
Both	<b>364</b>
Hospitals, clinics and other health care professionals	<b>14,276</b>
<b>Financial Performance (FY 2022-2023 budget)</b>	
Revenue	<b>\$8.6B</b>
Fund Equity	<b>\$1,143,510</b>
Net Operating Surplus	<b>(\$90,772)</b>
Administrative cost ratio	<b>5.2%</b>
<b>Staffing highlights</b>	
Full-time employees (Actual as of July 2023)	<b>2,310</b>
Projected full-time employees (FY 2022-2023 budget)	<b>2,280</b>





**AGENDA**  
**BOARD OF GOVERNORS MEETING**  
**L.A. Care Health Plan**  
**Thursday, July 27, 2023, 1:00 P.M.**

**DRAFT**

L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, Conference Rooms 1017-1019, 10<sup>th</sup> Floor  
Los Angeles, CA 90017

**Members of the Board of Governors, 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 at the meeting to submit public comment.**

**To listen to the meeting via videoconference please register by using the link below:**  
<https://lacare.webex.com/lacare/j.php?MTID=mc6793b1f1d91da98f3ac28689725621b>

**To listen to the meeting via teleconference please dial: +1-213-306-3065**  
**English Meeting Access Number: 2486 481 2612 Password: lacare**  
**Spanish Meeting Access Number: 2483 833 7420 Password: lacare**

**Hilda Perez**  
L.A. Care Community Resource Center  
3200 E Imperial Hwy, Lynwood, CA 90262

**Supervisor Hilda L. Solis**  
500 West Temple Street, Room 856  
Los Angeles, CA 90012

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to [BoardServices@lacare.org](mailto:BoardServices@lacare.org), or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. The chat function will be available 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 right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message 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.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
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.

You can send your public comments by voicemail, email or text. If we receive your comment by 1:00 P.M., July 27, 2023, it will be provided to the members of the Board of Governors in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics and is received before the general public comment agenda item is called, it will be read at that item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when 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 prior to the board going to closed session.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Board of Governors appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. 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 (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

## Welcome

Alvaro Ballesteros, MBA, *Chair*

1. Approve today's Agenda *Chair*
2. Public Comment (*Please read instructions above.*) *Chair*
3. Approve Consent Agenda Items *Chair*
  - June 1, 2023 Board of Governors Meeting Minutes p.17
  - Provider Relations Advisory Committee, Audit Committee, and Technical Advisory Committee August Meeting Schedule **(BOG 100)** p.52
  - Human Resources Policy HR-209 (Internal Organizational Communications Systems) **(BOG 101)** p.54
  - North Star Alliances Contract Amendment **(FIN 100)** p.64
  - CCI Network Services Contract **(FIN 101)** p.65
  - Infosys Limited Contract Amendment **(FIN 102)** p.66
  - Cognizant Technology Solutions Contract Amendment **(FIN 103)** p.67
4. Chairperson's Report *Chair*
5. Chief Executive Officer Report p.68
  - Community Advisory Committee Restructure Information p.77 John Baackes  
*Chief Executive Officer*
  - Quarterly 2024 Vision Progress Report p.91
  - Community Health Investment Fund Annual Summary FY 2021-22 p.113
  - Monthly Grants & Sponsorship Reports p.160
6. Health Equity Plan p.162 Alex Li, MD  
*Chief Health Equity Officer*
7. Motions for Consideration Tom MacDougall  
*Chief Information & Technology Officer*
  - NTT America Inc. Contract (Cisco's Unified Contact Center Enterprise) **(BOG 102)** p.181
  - Optum Contract Extension (Impact Symmetry Software Licensing and Professional Support Services) **(BOG 103)** p.182
  - Community Health Investment Fund (CHIF) Grant to the California Association of Food Banks for CalFresh Outreach and Enrollment **(BOG 104)** p.183 Shavonda Webber-Christmas  
*Director, Community Benefits*

## Advisory Committee Reports

8. Executive Community Advisory Committee Hilda Perez / Layla Gonzalez  
*Consumer member and Advocate member*

## Committee Reports

9. Executive Committee *Chair*
- Government Affairs Update **p.211** *Cherie Compatore  
Senior Director,  
Government Affairs*
10. Finance & Budget Committee *Stephanie Booth, MD  
Committee Chair*
- Chief Financial Officer Report **p.300**
    - Financial Report – May 2023 (**FIN 104**) **p.311** *Afzal Shah  
Chief Financial Officer*
    - Monthly Investment Transactions Reports – May 2023 **p.322**
11. Compliance & Quality Committee *Stephanie Booth, MD  
Committee Chair*
12. Public Comment on Closed Session Items *(Please read instructions above.) Chair*

## ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes)

*Chair*

13. CONTRACT RATES  
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
  - Provider Rates
  - DHCS Rates
  - Plan Partner Services Agreement
14. REPORT INVOLVING TRADE SECRET  
Pursuant to Welfare and Institutions Code Section 14087.38(n)  
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology  
Estimated date of public disclosure: *July 2025*
15. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069  
Department of Health Care Services (Case No. Unavailable)
16. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION  
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- *Kindred Hospital v. L.A. Care Health Plan* (L.A.S.C. Case No. 22STCV19872, filed June 17, 2022)
  - *Kindred Hospital v. L.A. Care Health Plan* (L.A.S.C. Case No. 23STCV01166, filed January 19, 2023)
  - *Kindred Hospital v. L.A. Care Health Plan* (American Health Lawyer’s Association Case No. 7637, filed February 1, 2023)
17. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:  
Four Potential Cases

18. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

19. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Pursuant to Section 54957 of the Ralph M. Brown Act

Title: Chief Executive Officer

20. CONFERENCE WITH LABOR NEGOTIATOR

Pursuant to Section 54957.6 of the Ralph M. Brown Act

Agency Designated Representative: Alvaro Ballesteros, MBA

Unrepresented Employee: John Baackes

**RECONVENE IN OPEN SESSION**

*Chair*

21. Consideration of Chief Executive Officer's Compensation and Employment Agreement

*Chair*

**Adjournment**

*Chair*

**There is no Board of Governors meeting in August 2023.**

**The next meeting is scheduled on September 7, 2023 at 9 AM, it may be conducted as a teleconference meeting, and it will be held at an offsite location which will be listed on the meeting agenda.**

The order of items appearing on the agenda may change during the meeting.

**THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO [BoardServices@lacare.org](mailto:BoardServices@lacare.org). Please follow additional instructions on the first page of this Agenda.**

**ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.**

**NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 1:00 P.M.**

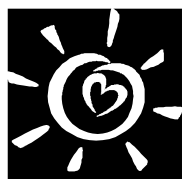
**AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:**

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Offices at 1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby, or
3. by email request to [BoardServices@lacare.org](mailto:BoardServices@lacare.org)

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to [BoardServices@lacare.org](mailto:BoardServices@lacare.org)

*An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.*

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



## Schedule of Meetings August 2023

Monday	Tuesday	Wednesday	Thursday	Friday
	1 <i>Provider Relations Advisory Committee Meeting</i> 1 PM <i>(for approx. 2 hour)</i>	2	3 <b>NO BOARD OF GOVERNORS MEETING</b>	4
7	8	9	10	11
14	15 <b>RCAC 3 *</b> 10 AM – 12 Noon	16 <b>RCAC 6 *</b> 10 AM – 12 Noon	17 <i>Compliance &amp; Quality Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i> <b>RCAC 9 *</b> 2 – 4 PM <b>RCAC 10 *</b> 2 – 4 PM	18 <b>RCAC 1 *</b> 10 AM – 12 Noon
21 <b>RCAC 2 *</b> 10 AM – 12 Noon <b>RCAC 5 *</b> 2 – 4 PM	22 <b>RCAC 7 *</b> 2 – 4 PM <i>Audit Committee</i> 2 PM <i>(for approx. 1 hour)</i>	23 <i>Finance &amp; Budget Committee Meeting</i> 1 PM <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	24 <i>Technical Advisory Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	25 <b>RCAC 4 *</b> 2 – 4 PM <b>RCAC 8 *</b> 2 – 4 PM
28	29 <b>RCAC 11 *</b> 2 – 4 PM	30	31	

**\* Application Clinics**





	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
<b>BOARD OF GOVERNORS</b>	<p><b>1<sup>st</sup> Thursday</b> 1:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*All Day Retreat – location TBD</i> <i>**Placeholder meeting</i></p>	<p>July 27 <i>No meeting in August</i> September 7* October 5** November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH</p> <p><b>Staff Contact:</b> John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
<b>BOARD COMMITTEES</b>			
<b>EXECUTIVE COMMITTEE</b>	<p><b>4<sup>th</sup> Wednesday of the month</b> 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2<sup>nd</sup> Wednesday due to Thanksgiving holiday</i></p>	<p><i>No meeting in July</i> August 23 September 27 October 25 November 15* <i>No meeting in December</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Hilda Perez <i>Compliance &amp; Quality Committee Chair</i></p> <p><b>Staff Contact:</b> Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2023 MEETING SCHEDULE / MEMBER LISTING**

	<b>MEETING DAY, TIME &amp; LOCATION</b>	<b>MEETING DATES</b>	<b>BOARD MEMBERS / STAFF CONTACT</b>
<b>COMPLIANCE &amp; QUALITY COMMITTEE</b>	<p>3<sup>rd</sup> Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p><i>No meeting in July</i> August 17 September 21 October 19 November 16 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Hilda Perez G. Michael Roybal, MD, MPH</p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
<b>FINANCE &amp; BUDGET COMMITTEE</b>	<p>4<sup>th</sup> Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2<sup>nd</sup> Wednesday due to Thanksgiving holiday</i></p>	<p><i>No meeting in July</i> August 23 September 27 October 25 November 15* <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA Hilda Perez G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p><b>Staff Contact:</b> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
<b>PROVIDER RELATIONS ADVISORY COMMITTEE</b>	<p>Monthly - TBD L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 1 1 pm</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p><b>Staff Contact:</b> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
<b>AUDIT COMMITTEE</b>	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><b>MEETS AS NEEDED</b></p>	<p>August 22 2 pm</p>	<p>Hector De La Torre Layla Gonzalez George Greene</p> <p><b>Staff Contact</b> Malou Balones <i>Board Specialist III, Board Services, x 4183</i></p>

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG. MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 694-1250 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.**

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
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2023 MEETING SCHEDULE / MEMBER LISTING**

	<b>MEETING DAY, TIME &amp; LOCATION</b>	<b>MEETING DATES</b>	<b>BOARD MEMBERS / STAFF CONTACT</b>
<b>GOVERNANCE COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH  <b>Staff Contact:</b> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>
<b>SERVICE AGREEMENT COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		Layla Gonzalez, <i>Chairperson</i> George W. Greene Hilda Perez  <b>Staff Contact</b> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>

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2023 MEETING SCHEDULE / MEMBER LISTING**

<p align="center"><b>L.A. CARE COMMUNITY HEALTH PLAN</b></p>	<p><b>Meets Annually or as needed</b> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH</p> <p><b>Staff Contact:</b> John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center"><b>L.A. CARE JOINT POWERS AUTHORITY</b></p>	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*All Day Retreat – location TBD</i></p> <p><i>**Placeholder meetings</i></p>	<p align="center">July 27 <i>No meeting in August</i> September 7* October 5** November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH</p> <p><b>Staff Contact:</b> John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
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2023 MEETING SCHEDULE / MEMBER LISTING**

<b>PUBLIC ADVISORY COMMITTEES</b>			
<p align="center"><b>CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</b></p>	<p align="center"><b>3<sup>rd</sup> Tuesday of every other month</b> 8:30 AM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center"><i>No meeting in July</i> August 15 September 19 November 21</p>	<p align="center"><b>Tara Ficek, MPH, Chairperson</b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center"><b>EXECUTIVE COMMUNITY ADVISORY COMMITTEE</b></p>	<p align="center"><b>2<sup>nd</sup> Wednesday of the month</b> 10:00 AM <i>(for approximately 3 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center"><i>No meeting in July</i> August 9 September 13 October 11 November 8 December 13</p>	<p align="center"><b>Fatima Vasquez, Chairperson</b></p> <p><b>Staff Contact:</b> Idalia Chitica, <i>Community Outreach &amp; Education, Ext. 4420</i></p>
<p align="center"><b>TECHNICAL ADVISORY COMMITTEE</b></p>	<p align="center"><b>Meets Quarterly 2<sup>nd</sup> Thursday of meeting month</b> 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">August 24* November 9</p> <p align="center"><i>*rescheduled</i></p>	<p align="center"><b>Sameer Amin, MD, Chairperson</b></p> <p><b>Staff Contact:</b> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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2023 MEETING SCHEDULE / MEMBER LISTING**

<b>REGIONAL COMMUNITY ADVISORY COMMITTEES</b>			
<p align="center"><b>REGION 1 ANTELOPE VALLEY</b></p>	<p><b>3<sup>rd</sup> Friday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>	<p><u>Application Clinics</u> August 18 10 am - 12 noon September 26 2 – 3:30 pm  October 20 December 15</p>	<p><b>Roger Rabaja, Chairperson</b>  <b>Staff Contact:</b> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 2 SAN FERNANDO VALLEY</b></p>	<p><b>3<sup>rd</sup> Monday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942</p>	<p><u>Application Clinics</u> August 21 10 am – 12 noon September 14 2 – 4 pm  October 16 December 18</p>	<p><b>Ana Rodriguez, Chairperson</b>  <b>Staff Contact:</b> Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 3 ALHAMBRA, PASADENA AND FOOTHILL</b></p>	<p><b>3<sup>rd</sup> Tuesday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330</p>	<p><u>Application Clinics</u> August 15 10 am – 12 noon September 26 2 – 4 pm  October 17 December 19</p>	<p><b>Lidia Parra, Chairperson</b>  <b>Staff Contact:</b> Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 4 HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE</b></p>	<p><b>3<sup>rd</sup> Wednesday of every other month</b> 9:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>	<p><u>Application Clinics</u> August 25 2 - 4 pm September 22 10 am – 12 noon  November 16</p>	<p><b>Sylvia Poz, Chairperson</b>  <b>Staff Contact:</b> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach &amp; Education</i></p>

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2023 MEETING SCHEDULE / MEMBER LISTING**

<p align="center"><b>REGION 5 CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER</b></p>	<p><b>3<sup>rd</sup> Monday of every other month</b> 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Bldg Multipurpose Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625</p>	<p><u>Application Clinics</u> August 21 2 – 4 pm September 18 10 am – 12 noon  October 16 December 18</p>	<p><i>Maria Sanchez, Chairperson</i>  <b>Staff Contact:</b> Cindy Pozos, Field Specialist Cell phone (213) 545-4649 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 6 COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE</b></p>	<p><b>3<sup>rd</sup> Thursday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Inglewood 2864 W. Imperial Highway Inglewood, CA 90303 (310) 330-3130</p>	<p><u>Application Clinics</u> August 16 10 am – 12 noon September 27 2 – 4 pm  October 18 December 20</p>	<p><i>Brigette Green, Chairperson</i>  <b>Staff Contact:</b> Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 7 HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY</b></p>	<p><b>3<sup>rd</sup> Thursday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>	<p><u>Application Clinics</u> August 22 2 – 4 pm September 19 10 am – 12 noon  November 21</p>	<p><i>Fatima Vasquez, Chairperson</i>  <b>Staff Contact:</b> Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 8 CARSON, TORRANCE, SAN PEDRO, WILMINGTON</b></p>	<p><b>3<sup>rd</sup> Friday of every other month</b> 10:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Wilmington 911 N. Avalon Ave. Wilmington, CA 90744 (213) 428-1490</p>	<p><u>Application Clinics</u> August 25 2 – 4 pm September 15 10 am – 12 noon  November 17</p>	<p><i>Ana Romo – Chairperson</i>  <b>Staff Contact:</b> Hilda Herrera, Field Specialist Cell phone (213) 605-4197 <i>Community Outreach &amp; Education</i></p>

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES  
AND REGIONAL COMMUNITY ADVISORY COMMITTEES  
2023 MEETING SCHEDULE / MEMBER LISTING**

<p align="center"><b>REGION 9 LONG BEACH</b></p>	<p><b>3<sup>rd</sup> Monday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (213) 905-8502</p>	<p><u>Application Clinics</u> August 17 2 – 4 pm September 21 10 am – 12 noon  November 20</p>	<p><b>Tonya Byrd, Chairperson</b>  <b>Staff Contact:</b> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 10 EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK</b></p>	<p><b>3<sup>rd</sup> Thursday of every other month</b> 2:00 PM <i>(for approximately 2-1/2 hours)</i> L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570</p>	<p><u>Application Clinics</u> August 17 2 – 4 pm September 22 10:30 am – 12:30 pm  October 19 December 21</p>	<p><b>Damara Hernández de Cordero, Chairperson</b>  <b>Staff Contact:</b> Hilda Herrera, Field Specialist Cell phone (213) 605-4197 <i>Community Outreach &amp; Education</i></p>
<p align="center"><b>REGION 11 POMONA AND EL MONTE</b></p>	<p><b>3<sup>rd</sup> Thursday of every other Month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661</p>	<p><u>Application Clinics</u> August 29 2 -4 pm September 20 10 am – 12 noon  November 15</p>	<p><b>Maria Angel Refugio, Chairperson</b>  <b>Staff Contact:</b> Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach &amp; Education</i></p>

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**Board of Governors**  
**Regular and Supplemental Special Meeting Minutes #318**  
**June 1, 2023**

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 \*\*  
 Hilda Perez \*\*  
 G. Michael Roybal, MD, MPH  
 Nina Vaccaro, MPH

\*Absent  
 \*\* via teleconference

**Management**

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>WELCOME</b></p>	<p>Al Ballesteros, <i>Board Chairperson</i>, called to order the regular and supplemental special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors at 1:09 p.m. The meetings were held simultaneously.</p> <p>Chairperson Ballesteros announced that Board Member Jackie Contreras has appropriately notified staff that she is participating remotely for “just cause” under the provisions of AB2449. There is a quorum of Board members physically present at this meeting. There was no one who is 18 years or older at the remote location with Ms. Contreras.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p> <p>Board Members have received in writing the voice messages and written public comments sent before the meeting. All comments sent before and during the meeting were read for up to three minutes. All are welcome to provide input.</p>	

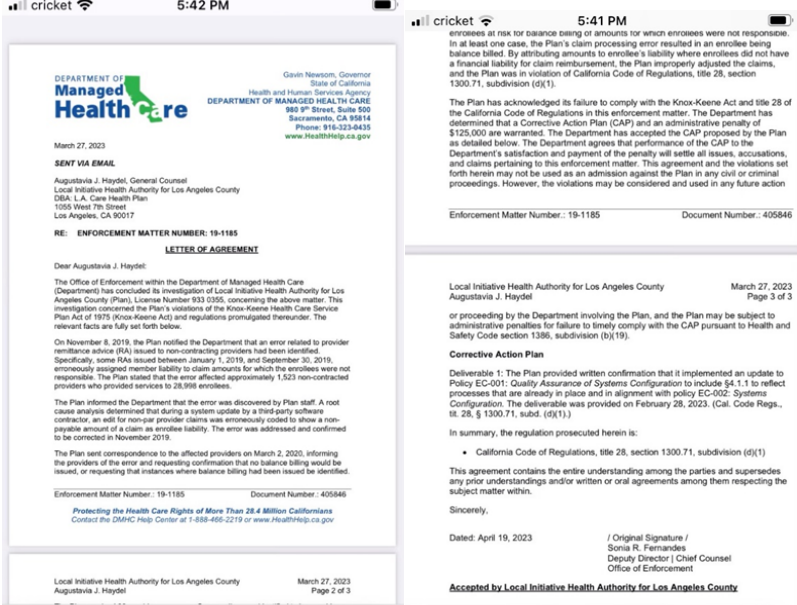
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>APPROVAL OF MEETING AGENDA</b></p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson, Chair of RCAC 6, stated for the record that The Brown Act requires that a meeting of a local public agency governing body to be open to the public. The legislators passed three bills in 2022 that made changes to The Ralph Brown Act. Beginning January 1, 2023, Assembly Bill 2449 also allows individual Board Members to participate in meetings remotely during emergency circumstances, but can miss three. Effective January 1, 2023, the agenda must provide an option for members of the public to participate in the meeting remotely by phone, internet, dial-in link, circulation of the public meeting materials board meeting materials must be within 72 hours of the meeting. And that would be 24 hours for the public. So that is per January 1 per Brown Act. With that being said we have not received any agenda items within the mandated amount of time and we would like to have the agenda so that we can go over it and we can comment accordingly. She still doesn't know when they will talk about the RCACs and things like that because she hadn't received the agenda in enough time to actually even ask questions.</i></p> <p>Augustavia Haydel, <i>General Counsel</i>, responded that she would check if materials were sent timely. There will be comments during today's meeting regarding the RCAC restructure proposal.</p> <p>The agendas were approved as presented.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Perez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</p>
<p><b>PUBLIC COMMENTS</b></p>	<p>Submitted via text on May 30, 2023 at 5:31pm by sender not self-identified</p> <p><i>Public comment &lt;EXPLETIVE&gt; is going on?!</i></p> <p><a href="https://www.latimes.com/california/story/2023-03-26/hospitals-complain-problems-persist-one-year-after-l-a-care-hit-with-record-fines">https://www.latimes.com/california/story/2023-03-26/hospitals-complain-problems-persist-one-year-after-l-a-care-hit-with-record-fines</a></p> <p><i>Elizabeth Cooper commented on behalf of her son, Jonathan Cooper, who appreciates the opportunity to speak through his parent. Ms. Cooper wished everyone a Happy Father's Day. Jonathan Cooper does not now have a father, and he hopes whether someone is a father or not, that they would be a father to someone, some member, somebody, and reach out. The role of father is very important in this day and time. She hopes that they will reach out and exercise their duty on behalf of the members.</i></p> <p><i>Elizabeth Cooper greeted the Board Chairperson, Members of the board of Governors, Mr. John C Baackes, Chief Executive Officer and the Honorable Hilda Solis, who represents the local initiative. First, since she didn't get the agenda in a timely manner for whatever reason, she hopes it is honored next time so she can read and concentrate. The Board will make a decision today. Hopefully, they might</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>not make a decision today. She is deeply concerned, as a member of the RCAC and former vice chair of L.A. Care before it became L.A. Care. She has learned a lot and she appreciates her role. She is deeply concerned about the role of the RCACs. She asks Board Members to see what they have done before they make a decision about the role of the RCAC and that might be on another topic. She asked Board member to please consider what RCAC 2 has done, for health care, housing, cultural diversity and all. As they get on those topics, she asked the Chairperson and Members of the Board to take notice of her concern and listen carefully because she is here to address issues. She is here to create good will, not ill will. She wants them to please listen to what she says today. All the members, and the two Consumer Board Representatives, Ms. Perez and Ms. Gonzalez, to please take notice of her comments as she speaks today.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, noted that there would not be a vote today on anything related to the RCACs. He will be commenting in his CEO Report on what is being proposed.</p> <p><i>Andria McFerson commented that she has been a RCAC member for quite a while now, advocating for people just like her - people who are disabled - from an empathy standpoint. Because she understands, and she thinks it is important that we all have an opportunity to speak about different things having to do with the public, and advocate for them properly by speaking to them and having a meeting together, like the RCACs. These meetings, according to ADA rights, everyone might not understand. Everyone might not be able to pinpoint how they relate to this specific meeting and what you talk about. That's the reason we have stakeholders and the meetings that we have within. We specifically explain to them exactly what is going on and how it would change, how it relates to their particular condition. We speak amongst each other and come up with actions to give to you, to advise you about what's going on with our health and what needs to happen to get better. That is the only reason why we have the RCACs. She feels it's important to speak about this today because there have been meetings lately where the Brown Act is taken away and they only had listening sessions. That meant that they could not file motions on what was said at the particular meeting. Actually she has a motion still on the floor right now. She actually filed a motion to make it so that they understand specifically how this election should go. But she was taken, she doesn't know how to explain it. She gets emotional when she talks about it because she feels it is important. She ran for Layla's [Gonzalez] position. And when she put the motion on the floor for them to talk about everything that was going on, because it was presented to them</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>by staff what they should do. Layla took the mic and she said she will hold on to it. And Ms. McFerson thinks that was not right. They should have another meeting discussing that.</i></p>	
<p><b>APPROVE CONSENT AGENDA ITEMS</b></p>	<ul style="list-style-type: none"> <li>• May 4, 2023 Board of Governors Meeting Minutes</li> <li>• Appointment of Alex Li, MD, as member to the Technical Advisory Committee <b><u>Motion BOG 100.0623*</u></b> <b>To approve Alex Li, MD, Chief Health Equity Officer, as a member of the Technical Advisory Committee (TAC).</b></li> <li>• BIG Language Solutions &amp; Avantpage Contracts Amendment <b><u>Motion FIN 100.0623*</u></b> <b>To extend existing contract terms with BIG Language Solutions and Avantpage by two years (2024-2026) and add funds in the total amount of \$4.6 million for a new contract total of \$10.05 million.</b></li> <li>• Cognizant Contract for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) Services <b><u>Motion FIN 101.0623*</u></b> <b>To authorize staff to execute a contract in the amount of \$5,910,461.77 with Cognizant to provide HEDIS and AMP software and services for the period of August 1, 2023 to July 31, 2026.</b></li> <li>• Delphix Corporation Contract Amendment to expand Delphix Data Masking Solution and enhance L.A. Care’s Data Security and Compliance platform <b><u>Motion FIN 102.0623*</u></b> <b>To authorize staff to execute contract amendment in the amount of \$4,026,000 with Delphix Corporation to provide continuous Compliance and Data Protection for L.A. Care Member and Provider data for a three year term starting in FY Q3 2023.</b></li> <li>• Cognizant Technology Solutions and HCL America, Inc. Contract Amendment for Information Technology Staff Augmentation <b><u>Motion FIN 103.0623*</u></b> <b>To authorize staff to amend contracts with Cognizant Technology Solutions and HCL America, Inc. (total contracts not to exceed \$11,559,573), for Information Technology staff augmentation services through September 30, 2023.</b></li> </ul>	

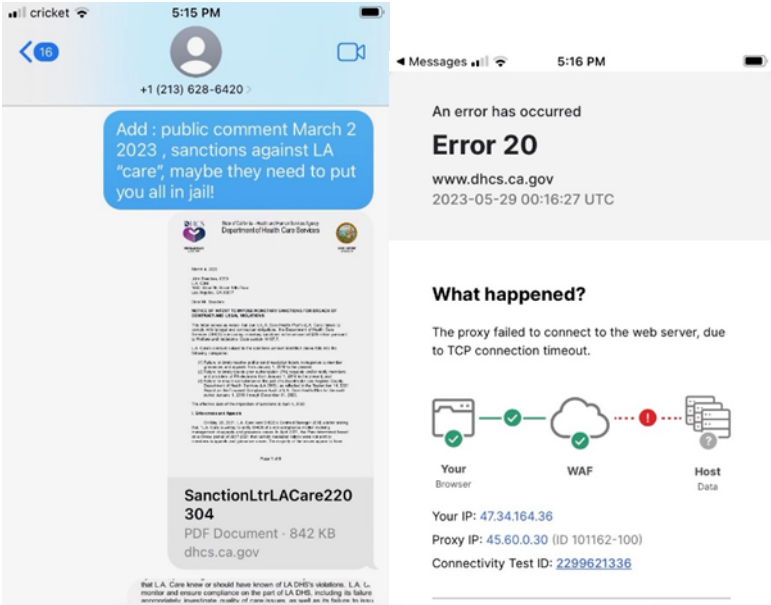
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Cognizant Technology Solutions for continued Hosting Services for the QNXT and CCA Core Systems <b><u>Motion FIN 104.0623*</u></b> To amend the existing contract with Cognizant in the amount of \$2,160,000 (total contract not to exceed \$108,244,459), for continued hosting services for L.A. Care’s core systems through December 31, 2023.</li> <li>• Imagenet, LLC Contract Amendment for Scanning Solution Services <b><u>Motion FIN 105.0623*</u></b> To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$600,000 (total contract amount not to exceed \$3,850,000) from July 1, 2023 through June 30, 2024 for scanning solution services.</li> <li>• Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank &amp; Investments Accounts <b><u>Motion FIN 106.0623*</u></b> To authorize following employees with authority over all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts: <ul style="list-style-type: none"> <li>1. Afzal Shah, <i>Chief Financial Officer</i>,</li> <li>2. Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, and</li> <li>3. Angela Bergman, <i>Controller</i></li> </ul> as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.</li> </ul>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Perez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</p>
CHAIRPERSON’S REPORT	<p><b>PUBLIC COMMENT</b></p> <p><i>Andria McFerson wanted to talk about the rights of stakeholders. When policies are spoken about during the BoG and discussed during the RCACs she thinks its very important that we advocate for everyone, from disabled to sick, to domestic violence victims. She advocates for those types of people because she has been homeless, she’s been a domestic violence victim, she is disabled, and she has been discriminated against. That’s the reason why she feels that she needs to make sure that the Board knows exactly how it feels to be discriminated against and to not be able to speak. With the RCACs, that’s what they do. They get together and talk about necessary issues having to do with the community and how people are being treated healthcare wise. It’s not a coincidence that Black people have the highest</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>mortality rate, the highest homeless rate or highest chronic illness rate. When she speaks on things like that it is not for herself, its for everyone. Everyone should be able to know exactly how it feels to go through what we go through so that we can change things. That's why they are here. She is not trying to be confrontational or combative, or anything like that. She wants to be sure that the Board knows exactly how it feels to not receive proper health care, then to want to talk about it and not have the opportunity to do so. She feels it is very important that the Board knows that. Hopefully they can talk about things and make it so that they have a better voice, and not just listening sessions as that's what they have had lately. And as far as the Brown Act goes and filing motions and doing things like that, like how most stakeholders do. They have had a free opportunity to do so. She hopes the Board makes a decision today to allow them to have the freedom to be a stakeholder, use the Brown Act, Robert's Rules of Order, and to carry out things how they are supposed to.</i></p> <p><i>Elizabeth Cooper commented that it's not often that she gets an opportunity to come speak before the Board. She is concerned. She is a simple person. She doesn't understand the language. Sometimes when it says ... all of you are smart people ... sometimes let's put it in layman's terms. When it comes to technology, she hopes the Board can encourage those who get contracts and amendments to say what this means and how it will affect the consumers. They are the ones that keep the engine going. She asked Board members to please listen to her. Please, when you give out the contracts, what she would like to see is that the Board makes sure that it hires people that are culturally and linguistically diverse. Often we see that contracts are given out but is there any oversight for contracts. That is very important, so they can make sure of that in interaction with people. She recommended to the Board of Governors to please make sure with any contracts that there is a diverse staff, that they have linguistically as well as culturally diverse. Because this is the public's money, and you can have a greater feeling of empathy when you see these contracts. That is what she looks at. She asked for an explanation of the contracts so she can understand what she is talking about.</i></p> <p>Chairperson Ballesteros offered to have a staff member follow up with her.</p> <p><i>Ms. Cooper asked if there was public comment for the Chief Executive Officer Report.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Ballesteros will call her for public comment on item 5, Chief Executive Officer Report.</p> <p>Submitted via text on May 28, 2023 at 5:54pm by Carolyn Rogers Navarro  <i>Carolyn Rogers Navarro Public comment, board chair report . In March 2023 LA Care was fined for billing enrollees for money they don't owe! \$125,000! That's not serving enrollees! So a sanctioned entity, which has already had a massive \$55 million fine ,is fined more and they claim to be acting in the best interest of enrollees, how is LA Care to be trusted?! Another thing, pandemic is over, you have no reason to keep the public out of your meetings, hiding behind your computers, it's a PUBLIC MEETING!</i></p>  <p>wpso.dmhc.ca.gov</p> <p>these grievances an aggravating factor.</p> <p><b>The Plan improperly processed non-contracted provider claims in violation of California Code of Regulations, title 28, section 1300.71, subdivision (d)(1).</b></p> <p>California law provides that a health care service plan or its capitated provider shall not improperly deny, adjust or contest a claim. (Cal. Code Regs., tit. 28, § 1300.71, subd. (d)(1).)</p> <p>As reported by the Plan, non-contracted provider claim RAs were improperly attributing amounts to enrollee liability following a system update. Many of these claims included claims for hospital emergency services. The Plan's error in processing claims put enrollees at risk for balance billing of amounts for which enrollees were not responsible. In at least one case, the Plan's claim processing error resulted in an enrollee being balance billed. By attributing amounts to enrollee's liability where enrollees did not have a financial liability for claim reimbursement, the Plan improperly adjusted the claims, and the Plan was in violation of California Code of Regulations, title 28, section 1300.71, subdivision (d)(1).</p> <p>The Plan has acknowledged its failure to comply with the Knox-Keene Act and title 28 of the California Code of Regulations in this enforcement matter. The Department has determined that a Corrective Action Plan (CAP) and an administrative penalty of \$125,000 are warranted. The Department has accepted the CAP proposed by the Plan as detailed below. The Department agrees that performance of the CAP to the Department's satisfaction and payment of the penalty will settle all issues, accusations, and claims pertaining to this enforcement matter. This agreement and the violations set forth herein may not be used as an admission against the Plan in any civil or criminal proceedings. However, the violations may be considered and used in any future action.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Add public comment, now your “helping “ the homeless , I wonder how many people have lost their homes, family members , lives and health BECAUSE of LA Care? In my daughters case I was willing to lose my home to help her, no parent of a child with a deadly illness should have to worry about that, because LA Care &lt;expletive&gt; PR relations “concern”!</i></p> <p>Chairperson Ballesteros reported that he would like to adjourn today’s meeting in honor of past Board Member and former Los Angeles County Supervisor Gloria Molina, who passed away earlier this month on May 14. He knows that many people in the room knew Supervisor Molina, who served on the L.A. Care Board several years ago. From his personal perspective, he knew Supervisor Molina to have done a lot of important work. A lot of work she accomplished on behalf of the community. She was always there for individuals that were underserved, always there for communities in need. She was a champion of individuals that are often not necessarily visible. He personally worked with her beginning in 1992 when she became involved in the cause for AIDS and HIV and really helped at a time when not many community leaders and politicians were doing that. Her work made a tremendous difference. It is appropriate that the meeting is adjourned in her memory. He invited other Board Members to comment.</p> <p>Supervisor Solis noted that Gloria Molina had a tremendous impact in 23 years serving on the Board of Supervisors. She did many great things including serving on this Board. She also helped to stabilize the health care system and helped us to create a new system of care in Los Angeles County. In 1994 after the Northridge earthquake, the old General Hospital was deactivated and a new hospital was built. She worked tirelessly to make sure there were sufficient beds made available. That was an ongoing fight because of funding, and Los Angeles County needed more federal funds to help provide sufficient beds. She was a tremendous leader then. Supervisor Solis was in the State Senate and Supervisor Molina would come to Sacramento almost every week to talk to legislators to try to secure funding to keep the new General Hospital adequately funded with sufficient beds. She did a lot more than that, she was a big environmentalist as well. The Board of Supervisors recently renamed Grand Park in her honor and as part of her legacy. She cared much about the outdoors, and the fact that many people from her community don’t have access to open spaces and parks. Those can be healing places for exercise, mobility, and things of that nature. She worked tirelessly to secure funding for that park. Everyone is sorry that she has passed. Supervisor Solis knows that her wishes are being granted to this day. She was a tremendous leader for the Latinx community and proclaimed herself a Chicana. In Los Angeles she served on the City Council, in the state Assembly and on the Los Angeles County Board of Supervisors. Supervisor Solis joins Chairperson Ballesteros in adjourning the meeting in her memory.</p>	



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<p><b>CHIEF EXECUTIVE OFFICER REPORT</b></p>	<p><b>PUBLIC COMMENT</b>  Submitted via text on May 28, 2023 at 5:28pm by <i>Carolyn Rogers Navarro</i>  <i>Carolyn Rogers Navarro Public comment June 1 2023LA Care board meeting , how does the state of California continue to allow LA Care to service vulnerable enrollees. It's odd to me that Mark Ghaly "leads" healthcare in California and his wife Christine Ghaly just happens to be on LA Care's board! How is that allowed? I posted about the sanctions against LA Care and oddly I can't see the sanctions at website but that's okay, I saved a screenshot (attached). Ms Ghaly always has so much to say on TV but here I hear roll call and sometimes she doesn't respond so where is she?</i></p>  <p><i>Odd, I post DHHS letter about saunctions and now can see it! My public comment above is for CEO report and I will be listening! Edit I Can't see DHHS letter</i></p> <p><i>Andria McFerson is trying to advocate for better health care, and that is her only reason up here, nothing else. She thinks its very important being that they have the highest mortality rate. There is an election coming up, and they haven't talked about that yet. Technically, like she said, there is still a motion on the floor for that and it's been seconded by the Chair. And they were never allowed to discuss in the public</i></p>	

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	<p><i>or allowed a chance to comment on the motion as well. If there is an election, it will be null and void basically because there is still a motion on the floor regarding that actual election. As a Black woman she has had such a hard time. She was told that basically, Erica Lesley, she is a chair on the housing board in Santa Monica. And she was told that she had to be a member in order to refer Ms. McFerson over to become a chair at Layla's (Gonzalez) seat. Mc. McFerson was later told that she did not have to be a member to refer Ms. McFerson over to Layla's position. We never got a chance to talk about it. Ms. McFerson doesn't know, she feels like she has been discriminated against and there's nothing being done about it. She wished everyone Happy Juneteenth.</i></p> <p>Chairperson Ballesteros asked staff to look into that.</p> <p><i>Elizabeth Cooper addressed her comment to Members of the Board and interested parties. She has to give her personal experience. She is a tenant. Her disabled son is a tenant. She would like L.A. Care to start giving grants to those who are disabled. Those are the ones you do not hear about. She has a disabled son. As a parent she comes before the committees and supports different issues. But when she sees housing is an issue because it is a human right. She and her son are subjected to unfairness, not eviction, but unfairness, only because of the color of her skin, she believes. They are good tenants. This is where she feels L.A. Care should make a decision. What about the disabled members who are subjected to management who are not culturally diverse, management decision. As she stands today, she comes up here and gives her voice. She fights for her son, because he is the most precious thing to her. But there should be some communication with healthcare for the disabled who are living in an apartment which is very challenging now with rent. So many members face that. Who does she go to when she has an issue? This is healthcare, housing is a human right. When she sees so many people who are homeless and so many who have disabled family members. Who do you go to when you have conglomerates like management companies, LLCs? She feels, Mr. Baackes, it is her humble hope that when some of these grants are given out, think about the tenants. Most of your consumers might be tenants, and they might be facing challenges just crafting a letter of response. That is very important when these grants are given, think about your members, some of whom might be tenants. Some of them might be at risk. She has spoken to at risk housing. She asked who the disabled talk to when they might have issues? She is not a lawyer, but who to they talk to? That is her concern, when these grants are</i></p>	

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	<p><i>given out, think about the tenants. Most of them might be tenants themselves and might be facing housing issues. You try to be a good person. But she believes in justice for all and has advocated for all types of issues. She feels that L.A. Care needs to consider money to help tenants, even to just respond to a letter. Some of them don't know how. So they can stay out of being homeless. It is not just about home ownership, it's about the tenants, some of whom will be impacted.</i></p> <p>Mr. Baackes responded to Ms. Cooper and for everyone at the meeting, that L.A. Care has made a number of grants over the years from the Community Health Investment Fund to organizations that provide exactly the support services she is looking for. There is an agenda item later in the meeting for a grant to the Los Angeles Mayor's Fund, aimed at helping people who are already housed, but threatened with eviction for whatever reason. He offered to provide a list of agencies that L.A. Care continues to fund.</p> <p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>• Redetermination of eligibility for Medi-Cal is underway. The process to redetermine eligibility for Medi-Cal benefits will take 12 months for all beneficiaries. Information was mailed by Los Angeles County Department of Public and Social Services (DPSS) in April to the beneficiaries with an annual renewal date in June. L.A. Care has asked DPSS for the names for monthly renewals so direct outreach can be conducted to assist those members with the renewal process. L.A. Care is now receiving renewal information from the California Department of Health Care Services (DHCS). There is a new process by which information from various sources can be used to automatically complete the eligibility redetermination automatically, and the beneficiary does not have to complete a form. For the first month, approximately 45% of the beneficiaries were automatically renewed for another year. There were 127,000 beneficiaries who must complete the form. L.A. Care received a list of those who need to complete the form. L.A. Care notified Plan Partners of their members who need to complete the form. L.A. Care also sent information to medical providers about the Medi-Cal beneficiaries they serve who need to complete the form, so the providers can alert those members. L.A. Care can now conduct direct outreach to Medi-Cal beneficiaries regarding the redetermination date and assist them in completing the form. This will help avoid a situation where a beneficiary might not know about the redetermination until they try to pick up a prescription or try to get an appointment for health care services. L.A. Care will learn about members who have not completed the eligibility form when enrollment data is sent by DHCS in the last week of June. L.A. Care will continue to follow enrollment very closely.</li> </ul>	

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	<p>L.A. Care has certified Medi-Cal enrollment staff at eight of the Community Resource Centers (CRC) to assist beneficiaries with completing the form, and all CRCs will have certified enrollers by mid-June. The form can also be completed online.</p> <p>The volume of calls to L.A. Care’s member services line regarding Medi-Cal enrollment has increased in May but remains remarkably low, and members may be getting information from other sources.</p> <p>On May 10, L.A. Care hosted an educational webinar attended by more than 500 providers, and a recording of the webinar is available on L.A. Care’s website.</p> <p>L.A. Care’s partnership with DPSS, led by Board Member Contreras, has been very helpful in getting renewal information and updated information continues to be exchanged.</p> <p>Dr. Contreras noted that DPSS is tracking the number of information packets that have been returned. The renewal period began on May 4 and DPSS has received approximately 14% of the forms. The official due date is at the end of June, so the volume is expected to increase over time. When a completed form is received from a beneficiary, any negative action on eligibility is stopped while the information is processed. It is critical for the beneficiary to get the information into the system. The information sharing is critical to ensure contact information is up to day so outreach can be conducted. Dr. Contreras appreciates L.A. Care’s efforts in making sure beneficiaries receive the information and supporting the beneficiaries in completing the form.</p> <p>Mr. Baackes thanked Dr. Contreras and noted that DPSS has been very receptive.</p> <ul style="list-style-type: none"> <li>• A story ran recently in the LA Times related to delays in transfers for hospital patients. The article articulated that the transfers are difficult for people in hospitals who need less acute care settings like skilled nursing facilities, because of the low bed capacity in those facilities and staffing of those beds. The article pointed out that there was no immediate solution. L.A. Care is addressing this in brainstorming forum with local representatives. The first session was on April 27. The forum addressed the difficulty in moving clinically complicated patients to an appropriate setting for care. Attendees included clinical staff representatives from 80 skilled nursing facilities, 30 hospitals, and others. A goal was to find solutions collaboratively, and as partners. Health plans, skilled nursing facilities and hospitals are working to resolve the back up in hospitals and get these patients in the appropriate level of care. A follow up meeting was held May 31. A list of issues that need to be addressed by each type of service provider was compiled. A third session will be convened at the end of June to move forward with resolutions. The problem is not unique to Los Angeles County, it is happening across California. It is somewhat of a result of the post-pandemic period due to the pent up demand for elective procedures. Hospitals are crowded and emergency room use is increased, and there is a lack of clinical staff. Some nursing homes have beds they cannot fill because there is no staff to attend to the patients.</li> </ul>	

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	<p>Hospitals are stretched in terms of finding appropriate staff. It is hoped the forums provide a viable way for the facilities and health plan to come together to find a solution. The forums have been remarkably useful so far. Mr. Baackes will report on this at future meetings.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported that the meetings have been very elucidating for everybody in the health care system in Los Angeles County. A repeated point is that the health care system has created some ambiguity in the system. The hospital is defensive because a number of patients are waiting to get into skilled nursing facilities, but these may be very difficult patients to function successfully in a skilled nursing facility. Ambiguity was created around the condition of these patients because the hospital needs them to be transferred. Ambiguity was also created around the capacity of the skilled nursing facilities to serve some patients. A benefit from the forum is a recognition that both hospitals and skilled nursing facilities recognize a need to take the ambiguity out and create clarity in the system so that patients move through more fluidly. Dr. Amin is encouraged by the conversations and observed that representatives have come with an action-oriented approach, a willingness to take next steps and to make hard choices.</p> <p>Board Member Roybal noted that the article implied that it was less difficult for patients with private insurance to be transferred. If payment is the issue, what is being done in Sacramento to make sure there is an understanding that Medi-Cal rates are sufficient. Mr. Baackes responded that it appears that private pay patients or those covered by commercial insurance don't have the same issues with transfers because the nursing homes, skilled nursing facilities are not obligated by law or regulation to accept the transfer of a patient and do not have to be explicit about the reason. Clearly, reimbursement for Medi-Cal beneficiaries is the lowest. L.A. Care is reviewing its reimbursement to skilled nursing facilities.</p> <p>Dr. Amin added that there are confounding factors in the differences between Medi-Cal and commercial insurance, notably the patient condition and ability to function at a skilled nursing facility. Medi-Cal patients may have many conditions that may affect their function in a skilled nursing facility. The destination of Medi-Cal patients after discharge from the skilled nursing facility may also not be very clear. There are a predominant number of patients who are homeless, have substance abuse or mental health issues, have issues with obesity or may not be mobile. All of these make it very difficult for them to do well in a skilled nursing facility, and a skilled nursing facility may be less likely to accept the transfer. In the article, a more direct line was made to private pay patients who are more likely to be accepted to a skilled nursing facility. There is some degree of that, but in addition to lower pay for Medi-Cal patient, it is also a different population of patients who have more</p>	

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	<p>complications with social determinants of health and may be more difficult to transfer to a skilled nursing facility.</p> <ul style="list-style-type: none"> <li>• California Safety Net Coalition (CSNC) started last summer in Los Angeles County, advocating for increased funding for Medi-Cal using proceeds from the Managed Care Organization tax (MCO). The MCO tax had been in place for nine years in California and was not renewed in 2022. MCO is a tax collected on health plans that is matched by the federal government. Medi-Cal health plans receive the tax paid through the rates paid by state regulators. Commercial plans do not receive the taxes back. Residual MCO tax revenue went into the State’s General Fund. Governor Newsom announced a 2024 Budget in January 2023, proposing to reinstate the MCO tax. The Governor’s May Revised Budget includes the MCO tax revenue going into the general fund, with the additional funding generated from the federal government going toward supplementing Medi-Cal rates. The CSNC seems to have influenced the Budget Revise. There are still issues to be addressed in how the funds are distributed. CSNC will continue to address those issues with the administration and is pursuing a ballot initiative to permanently direct that the bulk of the MCO tax revenues to supplement Medi-Cal.</li> <li>• The Board created a Provider Relations Advisory Committee (PRAC) at the last meeting. A Charter has been drafted, and members have been identified representing four hospitals, FQHCs, independent physicians, IPAs, skilled nursing facilities, transportation, durable medical equipment and behavioral health providers. Twelve members have accepted the invitation to participate, and L.A. Care is scheduling the first meeting in July. Supervisor Solis encouraged having community based members involved in health care on the PRAC, such as patient groups or promotoras.</li> <li>• Mr. Baackes reported that there is no proposal to eliminate the existing Regional Community Advisory Committees (RCAC). RCAC members are represented through the Executive Community Advisory Committee, whose members are the Chairs of each RCAC and two at large members. The proposal discussed with RCAC members is to realign the RCACs with the geographic service planning areas (SPA) of the Los Angeles County Department of Public Health. The SPA structure includes a wealth of data about the health status of people in those communities and will be helpful in discussions about the needs in that community. The proposal also creates additional forums in addition to the RCACs. The proposal will not move forward until after it is considered by ECAC, and if they are interested in moving forward with the changes there will be a vote to do so. L.A. Care’s history and practice has been to amend the Operating Rules for the advisory committees. The revision to the operating rules will be brought to the Board of Governors for approval. If ECAC does not revise the Operating Rules, it will not come to the Board. The decision will be in the hands of the ECAC. There will be a thorough airing of the proposal with</li> </ul>	

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	<p>feedback before it is advanced to the Board. When the proposal gets closer to consideration by the Board, it will be thoroughly discussed. At this point, it is still in process with RCACs and ECAC.</p> <ul style="list-style-type: none"> <li>• L.A. Care recently celebrated the 15<sup>th</sup> Anniversary of the opening of the first Resource Center in Lynwood, with Margaret Coins as the Director. Ms. Coins is still there, and the facility moved from a small storefront to a freestanding building in the same site. The celebration wasn't just about starting the CRC and that it's been going strong for 15 years, but it was also to recognize a very important staff member, Angel Mendoza. He was an advocate for the resource center and spread the word in the community about services available there. Sadly, Mr. Mendoza died of COVID in December 2020. At the Anniversary Celebration, the Training Room was dedicated to Angel Mendoza. It was delightful to see his parents, brother and sister there. Mr. Baackes knew Mr. Mendoza and last saw him at a Flu Vaccine Clinic in December 2020. He and his sister were there registering people for the flu vaccine as volunteers. That was an indication of the kind of dedication he had to his community. It was a privilege to have him as a member of the L.A. Care family. The dedication in his honor was well deserved and well earned.</li> </ul> <p>Board Member Perez commented that according to the Operating Rules for the Consumer Advisory Committees Revised on February 8, 2018, and effecting April 5, 2018, the consumer advisory committees (CAC) which includes the Executive Community Advisory Committee and the Regional Community Advisory Committees, and are collectively referred to as community advisory committees, or CACs. Since 2018, they are called CACs. There was information presented to RCAC members about restructuring of the RCACs. There was a lot of information to digest. Staff informed the members that the RCACs would not meet until January 2024. There was a little bit of confusion with regard to this information. Some members were mistakenly informed that the RCACs were not going to meet anymore, that they were going to disappear. Members were told by the staff that it was information only, that these changes or restructuring would be informational because the decision was already made. With Mr. Baackes' comments today, she understands the information will be presented to ECAC and ECAC has a way to approve these changes. She would appreciate clarification. Mr. Baackes clarified that his comments are accurate and he takes responsibility for it as the Chief Executive Officer. If there was a miscommunication or misinterpretation of what was communicated before, he takes responsibility for that, as well. This will come through ECAC. If ECAC wants to adopt the recommendations or amend them, they will have a chance to vote on the Operating Rules, which has been L.A. Care's history and practice. The operating rules will ultimately come to the Board of Governors. Mr. Baackes offered to have Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, review the proposal with the Board of Governors at a future meeting. Board Member Perez noted that she is participating in today's meeting</p>	

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	<p>from the Lynwood Community Resource Center. She really appreciates that Mr. Baackes remembers Angel Mendoza. He did a lot of work throughout the community to make sure that schools, CBOs and other agencies knew about the CRC and connect their community members and other community members to the CRC. Mr. Baackes thanked Ms. Perez for attending the Celebration. She took lots of pictures and talking with everyone there. He thanked her for being there and for her support.</p> <p>Mr. Baackes confirmed that the draft Charter for the PRAC could include the amendment suggested by Supervisor Solis earlier in his report. There is no further action required by the Board.</p>	
<ul style="list-style-type: none"> <li>• SB 510 Litigation Update</li> </ul>	<p><i>There was no report on this item.</i></p>	
<ul style="list-style-type: none"> <li>• Monthly Grants and Sponsorships Reports</li> </ul>	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<p><b>CHIEF MEDICAL OFFICER</b></p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, referred to his written report included in the meeting materials (<i>a copy of his report can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• There is a significant effort at L.A. Care to provide more resources to members to manage their care, make sure transitions in care are conducted properly. He views care management as a continuum of care <ul style="list-style-type: none"> <li>○ 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,</li> <li>○ 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</li> <li>○ General Case Management, which is often done through providers in their offices for the low-risk members.</li> </ul> </li> </ul> <p>As Cal-AIM has rolled out the definitions of these terms has changed, and the resources that L.A. Care puts toward each has changed.</p> <p>Enhanced Care Management services is an area of very high-risk case management that is being further defined by Cal AIM. It was rolled out as part of the Safety Net Initiatives department and the work has now moved to the core care management department. Noah Ng, <i>Director, Enhanced Care Management</i>, has taken leadership of the team. He is conducting a full assessment of roles, technology and processes and incorporating the information</p>	



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	<p>coming from DHCS in policy guides. In reviewing this with him, Dr. Amin has found some great opportunities in data integrity, payment model, clinical oversight, network, regulatory notification staffing, and documentation. There are opportunities to mature the services provided for ECM.</p> <p>Complex Case Management will engage more members as L.A. Care increases the number of community health workers and services. There will be more opportunities to engage with members who need these health services. One area of increased engagement is transitions of care, defined and brought about through CalAIM. DHCS asked that health plans manage all transitions of care for members moving between facilities or to home. This is a big call to arms, not only for high-risk members in 2023 but also for all members in 2024. There are about 10,000 movements per month for L.A. Care members. This is a large task and L.A. Care is working on how it can be accomplished by focusing initially on things that could represent the most benefit for members. L.A. Care is reviewing transitions among the highest-risk members in populations such as Seniors and People with Disabilities, long-term care, and those already in ECM. In order to achieve this, L.A. Care is dramatically expanding staffing in these areas. Positions have been opened for close to 40 community health workers, 10 case managers, 18 care coordinators, multiple supervisors, clinical oversight reviewers, trainers and managers to do this work for just the highest risk patients. It is a significant expansion of staff.</p> <p>The issue underlying the DHCS requirements for managing transitions coming up in 2024, L.A. Care will have to do it for every member. In order to do that, more staff will be needed. There will be difficulty in meeting the cost for these services, and in finding sufficient staff. L.A. Care would be competing with other employers who are stakeholders; such as hospitals, clinics and other providers. It is not known if there are enough candidates for employment in this field in Los Angeles County. Consideration should be made as to whether this level of care will benefit members or if it would potentially be diluting the system by providing this care for the lowest risk members. It is known that transitions in care are often the most complicated for those with the highest risk, and should that be where the major efforts are focused.</p> <p>L.A. Care is working on advocacy efforts, along with Local Health Plans of California (LHPC), the statewide trade association regarding the DHCS requirements. There is a common sense approach to it, and some changes that L.A. Care would like. Discussions are ongoing. A main message today is that L.A. Care is dramatically expanding staff and the work that is being done for those highest risk members, to deliver the needed care for transitions for that population. Dr. Amin is very proud of the work being done and the work the care management team has taken on, and he is very positive about the ability to make an impact on members in this way.</p>	

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	<p>Collaboration is a core principle. A goal is to not just expand the health plans tasks but to work collaboratively in the community to do this work, including working with provider groups to help expand their ability to do some of this. It doesn't make sense for the health plan to do this alone. Already the hospitals are doing some of this work for inpatients, and provider groups are doing this work when the patient gets back to them after discharge from the hospital. L.A. Care is trying to coordinate the system and not for the health plan to do it alone.</p> <p>Board Member Roybal asked about the outcome desired in expanding case management to all patients, are they looking at reducing admissions, or to decrease utilization and re-hospitalization? He also asked if L.A. Care is working on the cost to provide this level of service to avoid a situation where an unfunded mandate ends up pulling resources from things that prove more useful or have better outcomes for patients or members in general.</p> <p>Dr. Amin observed that those are great questions that align with questions that health plans have asked of DHCS. As managed care plans, what is the core endpoint that we are trying to seek? A majority of health care services are provided to the highest risk patients, so that may be the better population to serve. Lower risk patients may not need transitions of care from the health plan. There have been many forums to discuss this with DHCS. The answer is usually that it is the right thing to do. Health plans have advocated that even though it may be a good and helpful thing to do, it should not water down the system or take resources from patients that really need services. In trying to provide everything to everybody, it may not be cost effective and actually may not truly benefit members. Considerations should be cost, outcomes, metrics and it is hoped it will take effect. Mr. Baackes talked with Plan Partners and competitors in Los Angeles County and he wants to organize a trip to DHCS to advocate. The estimate between all the plans was that 600 people would need to be hired to meet the mandate. The new positions would be nurse care managers and community health workers, among others. Recruitment would compete with hospitals, public health sites, FQHCs and other health care providers. Employees in these categories are already hard to find. Mr. Baackes suggested there might be other ways to achieve this. Dr. Amin has pointed out that probably 90% of these transfers do not require additional help. He suggested to focus on the people who do need assistance. He noted that in his experience, having someone visit a patient discharged from a skilled nursing facility to their home, to review new medications and get rid of old medications. Compliance with medications is important in reducing readmissions to the hospital. L.A. Care will ask the trade association, hospital associations and California Association of Health Facilities to ask them to join in advocacy with DHCS. Dr. Amin noted that under the current guidance from DHCS, 10-15% of L.A. Care's employees would be working on this single program, and the cost would be astronomical. A majority of the cost and</p>	

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	<p>work done would be hard for him to justify as meaningful. Calls would be unanswered, or the patient would wonder why they are being called for a brief hospital stay.</p> <p>Board Member Vaccaro asked if this mandate is for all plans, so the workforce issue would affect the entire state. Dr. Amin replied it is for all plans and every member in Medi-Cal. Member Vaccaro will review the information with her association because that would be a major impact on health care workforce recruitment that is already challenging. Dr. Amin noted that it would also require a great deal of duplicative work among providers and health plans.</p> <p>Chairperson Ballesteros commented that Dr. Amin is describing work that duplicates some of the ECM case manager's work. Dr. Amin noted that he had asked the same question, because there are already programs in CalAIM to take care of these members. L.A. Care has done that internally. It is difficult to coordinate, particularly because how things are documented and where members are, so the work can be confirmed by the managed care plan. Health plans will be held responsible that the ECM provider has coordinated the transitions of care. The current guidance is extensive, and requires that all transfers between care settings be accounted for by the managed care plan, down to a single discharge summary, among other things. It will be a challenge.</p> <p>Vice Chairperson Shapiro commented that providers want the best care for patients and would love to have a health navigator for each of them. He suggested starting strategic conversations today among health plans, providers, and community members. If the implementation is delayed, it will provide time for all to work collaboratively on improvements to the system.</p> <p>Board Member Booth asked about the data repository and access to that data. Dr. Amin responded that L.A. Care is getting data from as many hospitals and other facilities as possible. Mr. MacDougall added that there would be a clinical data repository that will be adjacent to the Health Information Exchange (HIE). He reported that as L.A. Care collects data for internal use. It could be shared externally with others participating in the HIE who need the data for patient care.</p> <p>Chairperson Ballesteros suggested that L.A. Care should follow up with trade associations to develop an advocacy plan on the issues with DHCS guidelines requiring transfers are managed by the health plan.</p>	
<ul style="list-style-type: none"> <li>Government Affairs Update</li> </ul>	<p><i>(This item was moved to earlier in the meeting.)</i></p> <p>Cherie Compartore, <i>Senior Director of Government Affairs</i>, reported: California State Budget</p> <ul style="list-style-type: none"> <li>California state budget negotiations are starting to wrap up although some hearings remain scheduled. The budget proposals have indirect impact on L.A. Care's operations but no new proposals with direct impact.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Funding for expansion of Medi-Cal for undocumented people ages 26-49 remains in the budget and will be effective January 1, 2024.</li> <li>• Funding is included for DHCS to implement a statewide program for school-linked behavioral health services for students under age 25 years.</li> <li>• Funding up to \$15 million is included for Los Angeles County for some CARE Court implementation costs. Much more funding will be needed for this program in Los Angeles County. <i>The Community Assistance, Recovery, and Empowerment (CARE) Act was signed into law in late 2022. The CARE Act creates a new pathway to deliver mental health and substance use disorder services to the most severely impaired Californians who too often suffer in homelessness or incarceration without treatment. The CARE Act moves care and support upstream, providing the most vulnerable Californians with access to critical behavioral health services, housing and support.</i></li> <li>• Funding of \$150 million to support financially distressed hospitals preceded the Budget approval and is already in effect.</li> <li>• There is disagreement over the use of \$330 million in revenue collected through the health care individual mandate penalties. Governor Newsom proposes to put those funds in the General Fund. The original legislation includes provisions to use the funds to offset new mandates in California or lower the cost of care. The outcome is unclear.</li> <li>• It is expected that the Budget will be signed by the Constitutional deadline of June 15.</li> </ul> <p>California Legislative Report</p> <p>Ms. Compartore referred Board Members to the Legislative Matrix included in the meeting materials (a copy can be obtained by contacting Board Services). Only bills that were passed out of the Appropriations Committee are included on the list, and there are more bills than originally expected this year. Some bills were held in Committee for next year in the two-year legislative cycle. These bills may come back next year.</p> <ul style="list-style-type: none"> <li>• A bill to provide grants to encourage more people to become IHSS providers did not pass out of Appropriations Committee.</li> <li>• Bills L.A. Care is supporting that are still moving are a couple of bills for CalFresh to remove limits in eligibility for undocumented, and remove the age limit 55 and older. In addition, AB348 sets guidelines for sugar and fat in school-based student meals. One bill that L.A. Care does not have a position on but is closely monitoring is SB525, which would increase the minimum wage for most hospital workers to \$25 per hour. This bill passed the Assembly Health Committee with the minimum votes. Revisions are being proposed. This bill is not expected to pass, unless it is amended.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Federal Legislative Report</p> <ul style="list-style-type: none"> <li>• House Speaker McCarthy and President Biden reached an agreement on the US Debt Limit until January 21, 2025.</li> <li>• The bill includes a pilot program for Medicaid work requirements. For CalFresh beneficiaries (SNAP) there is already a work requirement, and the bill will increase the upper age to 55 years over the next 4 years, and the pilot will sunset in 2030.</li> </ul> <p>Supervisor Solis is interested in CARE Court for L.A. County because it has implications for many working to reach individuals who are falling out of the safety net. She encouraged continued pressure for funding increases for Los Angeles County. L.A. County has the largest segment of individuals who could benefit from this program and L.A. County has to compete with other counties for the funding. She also noted that the loans for financially distressed hospitals is good news and she is glad the legislature is helping to address this issue.</p> <p>Ms. Compartore noted that supporting and advocating for the CARE Court legislation is within the 2023 legislative guidelines approved by the Board. Government Affairs staff will move forward with L.A. Care advocating for increased funding for L.A. County CARE Court.</p> <p>Board Member Perez requested the information in Spanish for ECAC and RCAC members.</p> <p>Supervisor Solis asked Board Member Contreras to comment on the changes in age limits for CalFresh beneficiaries. Member Contreras responded that DPSS is analyzing the potential impact. DPSS has concerns and has advocated for beneficiaries through the American Public Human Services Association. The work requirements diverge from the direction California is going in supporting DPSS customers. Work requirements have not traditionally resulted in positive outcomes and can become bureaucratically challenging for customers trying to meet the requirements. DPSS will continue to monitor the process.</p> <p>Board Member Gonzalez asked about AB 557 and 817 related to open local agency meetings. Ms. Compartore responded that AB 557 and AB 817 are moving forward.</p>	
<b>ADVISORY COMMITTEE REPORTS</b>		
<p><b>Executive Community Advisory Committee (ECAC)</b></p>	<p><b>PUBLIC COMMENT</b></p> <p><i>Elizabeth Cooper commented that as a long time member that once served as the Chair, she is disappointed. She asked where ECAC gives any input to the Board? Are they advising the Board? As she looks at the candidates for the committee, do they know what their position is or are they just ready to be on the Board? There are many issues coming up. She just addressed the homeless. That is a health issue. She appreciates all the good work everybody is doing. But she is very disappointed. Right now, she has not heard Layla or Hilda address the issues. She has attended the meetings for years as a RCAC member. She is disappointed. She looks at the Board Book. Members are supposed to give input to the Board Members and it is</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>up to the Board to make the final decisions. She looks at the candidates. Only a few who have been here and addressed issues. And she hasn't said anything. She is going to vote. She is concerned. She asked that Layla and Hilda take notice. There are issues like the homeless. When she talks about it. What are you doing for tenants? She talks to RCAC members who are facing the same issues of homelessness. Yes, you do give money but here comes the Mayor's Budget. And what are you going to do? Have you addressed the issues? Talk to the members, just go talk to a few members. Because the ECAC should be bringing issues before this Board. That is what she gets frustrated as a member. She has been involved. She has letters from Board of Supervisors members, from former Board members. She has not heard one ECAC motion brought before this Board for consideration. Where are the ECAC members who are running for office. They have a nice profile. But what are they doing for the RCACs when issues come up. She has brought up issues. Where are the disabled issues? She doesn't hear them. She and her son face issues. But who do you go to? She doesn't speak for herself, she speaks for other RCAC members. She interacts with them. She sees a brochure of candidates who are running. We do not have anything about what they are doing for the public other than a long profile. Please talk about what you are doing for the RCAC members who you represent. The other Board Members here talk about what they are doing for their constituents. Where are the RCACs? She is completely disappointed and frustrated as a long time member. She is glad about the election but she feels this election. This is not a time for games. The election process she is concerned about. Long after they are no longer on the RCACs, the RCACs will stand. Culturally and linguistically matters should be addressed.</i></p> <p><i>Andria McFerson commented that RCAC 6 has been important over the years. They filed motions and followed them through. The resource guide, when it was a RCAC they made sure they had everything the community needed and they talked about those things and it was very important to them. When they talk about the RCACs and different things like that we do have a purpose. The resource guide is now only online. When she first filed the motion she was told people could dial 311. That was during the motion, while the motion was on the floor. They have made a resource guide but not for homeless people. People who are disabled, people who may not be able to go to an online source. She thinks that's important. She can show her phone right now. She has seizures, she has had a couple seizures here. The last time she had a seizure she cracked her phone. That is just something that people have to do when they are disabled. Something that they have to deal with.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Because of that, a lot of people don't have access to an online source to receive an agenda or any other information that L.A. Care has. She asks that the people who are requesting the information, can you please send it to their house 24 hours ahead of time? And the law states that not to give it to them on a Friday to Monday. She thinks that is very important because they need to be able to read through the actual agenda and see how it relates to us so we can make comments and let you know how it is going to affect us. As far as the health promoters go, she thinks they are very important. She wants to give "props" out to Tanisha and Marlene. They are awesome. People like me who are disabled have an opportunity to give back to the community. She worked two jobs all her life and when she became disabled, she wasn't able to work. So the health promoter program gives her an opportunity to do so.</i></p> <p>Mr. Baackes thanked Ms. McFerson for her service.</p> <p>Board Member Gonzalez thanked all of the members that attended the ECAC in person and those present today. Members here in person today:</p> <ol style="list-style-type: none"> <li>1. Estela Lara</li> <li>2. Andria McFerson</li> <li>3. Damares O Hernández de Cordero</li> <li>4. Fátima Vazquez</li> <li>5. Elizabeth Cooper</li> <li>6. Maria Toscano</li> <li>7. Rosario Moreno</li> <li>8. Maria Sanchez</li> <li>9. Marina Garcia</li> </ol> <p>ECAC met in person on May 10, 2023. A copy of the meeting summary and agenda can be obtained on the website or by contacting the CO&amp;E Dept.</p> <p>ECAC received an update from John Baackes. He was advocating for the MCO tax to go toward increasing Medi-Cal rates. He reminded members of the importance of completing their Medi-Cal redetermination forms sent from DPSS so members won't have any interruption of coverage.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Oaxaca explained that the CO&amp;E department will have additional platforms and venues to facilitate more discussion, which has been brought up earlier today and also brought up by Ms. Andria McFerson. The focus groups and roundtable discussions will allow more input and fresh viewpoints. He announced the grand opening of Long Beach Community Resource Center. All RCAC 9 members were invited for the ribbon cutting ceremony that will take place at the center on June 9.</p> <p>Ms. Merkens gave an update on the upcoming Board Seat Election.</p> <p>Ms. Acosta gave a presentation about Gun Violence Prevention and Health Equity, specifically regarding Gender Identity and Sexual Orientation. In her presentation on Gun Violence Prevention, she spoke about the ongoing urgency and L.A. Care’s efforts on Gun Violence Prevention and noted L.A. Care’s Summit on December 9, 2022. She encouraged members to wear orange at the next ECAC meeting. Orange is the color used to support survivors of gun violence. June recognizes Gun Violence Awareness.</p> <p>Ms. Gonzalez and Ms. Lee gave a presentation on L.A. Care’s Colorectal Cancer Screening interventions. The interventions were launched in March for Colorectal Cancer Screening Awareness Month and targeted 20 zip codes with the lowest screening rates in L.A. County. The purpose is to inform members about the importance of screening, when to start screening, and encourage members to talk with their doctor to find out if they are due for one and arrange a screening. The interventions are pending a six-month post-intervention evaluation.</p> <p>Happy Father’s Day to all the Dads out there being a vital part of a child’s life.</p> <p>She thanked ECAC for asking her to stay and finish her term so there won’t be a vacancy on the Board. Hopefully more candidates can be found for that position.</p> <p>Board Member Perez invited everyone to the next ECAC meeting. She welcomed Higinio Carrillo from RCAC 8 who is participating virtually.</p> <p>Children want to make their fathers proud. An involved father promotes inner growth and strength. Studies have shown that when fathers are affectionate and supportive, it greatly affects a child’s cognitive and social development. It also instills an overall sense of well-being and self-confidence. She wished everyone a Happy Father’s Day.</p> <p>In regard to Ms. Cooper’s participation today, she noted that the qualifications and responsibilities were given to all the candidates for the seat she is honored to hold at the moment. All RCAC members were given the Member and Member Advocate Representatives to the Board of Governors Election Guide. The document was put together by Board Services</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>so members could get to know more information about the candidates for the upcoming election.</p> <p>She welcomed Dr. Jackie Contreras on behalf of the members.</p> <p>She thanked Supervisor Solis for taking the health promoters into consideration in the workforce of health. Member Perez is a health promoter and it makes her proud that their work is recognized in the health care system. She recognized Ms. McFerson’s comment in regard to the health promoters program. They are honored to be invited to the CRCs throughout L.A. County. L.A. Care is about to open the CRC in Long Beach, RCAC 9. Everyone is invited. Member Perez received an email from Isabella Lee, <i>Community Resource Center Community Representative II</i>, to invite Member Gonzalez to the event. Member Perez made sure that RCAC 9 members were invited, but was told that not all of the RCAC 9 members responded. There is still time to resend the invitation. Member Perez asked that staff make sure that the RCAC 9 members are invited to the opening ceremony. The CRCs have a huge role in bringing resources to the community and helping community members connect with services available. Mr. Baackes included in his report that he knew Angel Mendoza. Mr. Mendoza would go to schools and churches in the community to let them know about the CRC in their community, and that it was ready to provide information and resources. During the pandemic CRCs provided food for food security, vaccination clinics. Services were provided not only at the CRCs but also in different areas. Supervisor Solis attended some of them. Member Perez reported that Lluvia Salazar, ECAC At-Large Member, recommended that CRC staff and RCAC members need to be more connected, and establish a communication link or network among them. RCAC members know the community they live in, and CRCs have always provided members with resources and information that (<i>Member Perez experienced technical difficulties</i>).</p> <p>Member Perez continued her report.</p> <p>Mr. Oaxaca informed members at the last ECAC that a member of the CRC staff would be present for RCAC meetings at CRCs. Member Perez is eager to see this collaboration.</p> <p>During the ECAC meeting in May, Board Services presented alternatives to ECAC members with regard to the Consumer Advocate Seat. ECAC members voted to ask Member Gonzalez to remain in the seat for the rest of the term. Member Gonzalez was asked if she was willing to do it and she kindly accepted. That is the reason Member Gonzalez will remain in the advocate seat for the rest of the term. She referred members to the Election Guide for information members might need in regard to the election. It is available in Spanish, Khmer and Chinese.</p>	
<b>Children’s Health Consultant Advisory Committee</b>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported that the members of the Children’s Health Consultant Advisory Committee met on May 16 (<i>minutes can be obtained by contacting Board Services</i>).</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• He presented the May 2023 Chief Medical Officer report.</li> <li>• Laura C. Gunn and Kristin Schlater gave a report on L.A. Care’s Child and Maternal Clinical Quality Measures and Perinatal Programs. Through its perinatal programs, L.A. Care identifies and conducts outreach to pregnant members offering perinatal educational materials and assistance with scheduling prenatal visits. Members are mailed trimester specific pregnancy materials and relevant resources. A general pregnancy informational letter was mailed to <i>non-trimester specific</i> members from all lines of business. Approximately 85 members received <i>trimester specific</i> monthly packets and approximately 865 members received a <i>non-trimester specific</i> general letter. L.A. Care also conducts telephonic outreach to new mothers with information on the importance of postpartum visits and assistance with scheduling an appointment with their provider. Approximately 5,000 live calls are made annually. L.A. Care held a text messaging prenatal campaign focusing on Black/African American Managed Care L.A. Care members and all L.A. Care Covered members. Eligible members receive text messages emphasizing the importance of prenatal care visits and resource links. In its postpartum campaign, L.A. Care texted all eligible L.A. Care members and L.A. Care Covered members messages regarding the importance of postpartum care visits and resource links.</li> </ul> <p>Board Member Gonzalez asked if information about the doula benefits were included. Dr. Amin responded that there is a separate system by which L.A. Care reminds members of the doula benefit.</p>	
<b>Technical Advisory Committee</b>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported that the Technical Advisory Committee (TAC) met on May 11.</p> <ul style="list-style-type: none"> <li>• He presented the May 2023 Chief Medical Officer report.</li> <li>• Dr. Li gave an update on the Health Equity Mitigation Plan. Phase 1 will first make an initial assessment and identify high-level priorities. Phase 2 will refine, add specific timelines and metrics, and Phase 3 will disseminate, act, evaluate and assess its findings.</li> <li>• A motion was approved earlier today confirming Dr. Li as a member of TAC.</li> <li>• Dr. Parrish gave an update on L.A. Care’s NCQA Health Equity Accreditation. The Health Equity Accreditation incorporates existing Multicultural Health Care Distinction standards and raises the bar to a higher degree of equity. The survey will take place in December 2023. In addition to MHC requirements, the survey adds a collection of sexual orientation and gender identity data including preferred pronouns and sex assigned at birth.</li> </ul>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	PUBLIC COMMENT	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Elizabeth Cooper stated that when she speaks she is not angry, she is passionate. She heard the two members. She is concerned because all the issues are so important, and she was very impressed with all the presentations. On the Motion for the Mayor’s Fund, Ms. Cooper thinks Mayor Bass is trying to do a very good job. But from her perspective, always appeal, the devil is in the details. Ms. Cooper would like to look at, when you donate this fund, what will it be used for? How will it be used? That is her concern. When you give the Mayor or any public official a donation. She asked how much the Board will give to the homeless.</i></p> <p>Mr. Baackes responded that the motion amount is \$1,006,000.</p> <p><i>Ms. Cooper recommends to Board members, particularly those who represent consumers, those who cannot speak and maybe she has tried to be a voice like so many others. She asked Board Members to hear her plea, that some of that money should be directed to give some of that money so it can specifically be used for tenant education. Many tenants who are L.A. Care members do not know anything about a lease; do not know anything about new laws that will affect them. Some will be homeless. She has spoken to some L.A. Care members who are not present here, who will be at risk for being homeless. She has been evicted. She asked Board Members Gonzalez and Perez to have some of that money directed to tenant education and tenant advisory committees. She pleaded that Chairperson provide tenant money for the homeless. He has that decision to make. She asked to please direct the CEO some of the money to go for tenant education, tenant information. That is very important. She thanked him because that is very important. There are also disabled tenants who do not know their rights. A portion of the money should be considered. She asked Board Members to please consider her comments.</i></p> <p>Mr. Baackes noted that the Mayor’s Fund for Los Angeles is working with the Mayor, whose goal is to remove 17,000 people from homelessness to temporary or permanent supportive housing. The Mayor’s Fund of Los Angeles is working hand-in-hand to prevent more people from becoming homeless. To Ms. Cooper’s point, the Mayor’s Fund asked L.A. Care to support that effort. They are asking for \$1,006,579 for the Legal Aid Foundation of Los Angeles to coordinate 150 to 200 private attorneys who will be available to advise people on exactly what Ms. Cooper is talking about – their rights – and assist them in avoiding eviction and homelessness.</p> <p>Board Member Booth stated that is exactly the point. She asked if that makes sense to Ms. Cooper.</p> <p><i>Ms. Cooper would like some of the funding, not just to give it to them, but make sure these organizations, whether Legal Aid or any other, put in the contract where they</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>have to assist and give a report back to the Board of Governors on what they are doing with the money.</i></p> <p>Board Member Booth commented that she thinks it is important to know that most, if not all, of the money that goes through L.A. Care to housing, L.A. Care would like to divide it up and give it to all L.A. Care members, but there are so many restrictions on what L.A. Care does with the money. L.A. Care is not allowed to pay for housing. That is another issue and it is important to know.</p> <p>Dr. Amin stated that through the Community Supports (CS) programs, and a number of elements have been implemented, there are a few elements that focus specifically on housing. Two that may be applicable to the members Ms. Cooper refers to and advocates for are housing navigation and sustaining services. This is a case management resource that helps people sustain the home, helps with letters they receive and having a better understanding of managing their resources so they can pay the rent. L.A. Care provides those resources. He offered to connect Ms. Cooper with staff that can provide more detail about the program.</p> <p>Alex Li, MD, <i>Chief Health Equity Officer</i>, added that L.A. Care held the first meeting about tenancy advocacy rights, attended by 14 clients.</p> <p><i>Andria McFerson stated defending many people suffering from negligence. She advocates for the homeless. She has said many times before that when someone enters a shelter they need a psychological evaluation. Once they receive that psychological evaluation they can be placed in the proper program, whether it be job training, relocation for domestic violence victims or a mental health hospital. Whatever the case may be, we need someone who is a psychologist, psychiatrist, someone trained to evaluate people before they are taken to a shelter. She knows a lot of people who are in a shelter right now and no one is helping them. If someone has a medical degree that evaluates these people and makes it so that people like her receive proper care, then we would have less people homeless and on the street. She has a friend that is developmentally delayed. He stayed on the street for three years because every time someone looked at him they saw him as someone who was insignificant, who was dirty, and did not have any sort of importance. Then they had a program for him that they evaluated him mentally and gave him a service worker. The service worker placed him in a senior home and made sure he had an IHSS worker. Some people don't look disabled but they still need help.</i></p> <p>Dr. Amin noted that he thinks they are aligned in this, and L.A. Care has specifically targeted money towards patients with issues with activities of daily living (ADL). This is exactly what she was speaking to with her friend who is developmentally delayed. L.A. Care has set \$85 million to be given to the Homeless Initiative (HI), which will use the money in part for services</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>to help patients and members who have issues with ADL and who are homeless. The money is very targeted in that way. To speak to Ms. McFerson's other concern about patients and members in shelters, that is specifically where the CS for housing navigation is targeted. He would like L.A. Care's Homeless Housing and Support Services (HHSS) department staff has an opportunity to speak with members, perhaps at an ECAC meeting. Dr. Amin encouraged everyone to spread the word about resources available through L.A. Care.</p> <p>Chairperson Ballesteros reported that the Executive Committee met on May 24. The approved meeting minutes can be obtained by contacting Board Services and will be available on the website.</p>	
<i>The Government Affairs Report was presented earlier in this meeting.</i>		
<ul style="list-style-type: none"> <li>Financial Support For Mayor's Fund of Los Angeles Housing Program (EXE 100)</li> </ul>	<p>John Baackes, <i>Chief Executive Officer</i>, referred to his comments earlier in this meeting and to the motion included in the meeting materials.</p> <ul style="list-style-type: none"> <li>L.A. Care was approached by the Mayor's Fund to help support Mayor Bass' program to remove 17,000 people from homelessness into shelter, funded by the City of Los Angeles. The Mayor's Fund requested support of a companion effort to keep people already housed in their homes. That effort aligns with the health and housing incentives approved by the Board. He recommends support for \$1,006,579 to help coordinate services for 150 to 200 attorneys to advise people on their rights and how to avoid eviction.</li> </ul> <p>Chairperson Ballesteros asked about the total budget for the program. Mr. Baackes responded the funding represents one-third of the total budget. Chairperson Ballesteros asked about reports to L.A. Care about the impact of its support. Mr. Baackes responded that all the grants from L.A. Care for the Housing and Homelessness funds require reports to L.A. Care. L.A. Care must report to the state on the use of grant funding. L.A. Care has collaborated with Health Net on the \$114 million in funding to help address housing and homelessness and must report how many people have been moved off the street with the funding. Chairperson Ballesteros asked if individuals are eligible regardless of residency status and Mr. Baackes confirmed eligibility regardless of residency status.</p> <p><b><u>Motion EXE 100.0623</u></b>  <b>To authorize staff to execute a contract in the amount of up to \$1,100,000 with the Mayor's Fund of Los Angeles to hire staff who will train, coordinate and support between 150-200 pro bono attorneys for the period of June 1, 2023 to May 31, 2024.</b></p>	<p><b>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Perez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</b></p>
<p><b>Finance &amp; Budget Committee</b></p>	<p>Board Member Booth reported that the Committee met on May 24. <i>(Contact Board Services to obtain a copy of approved meeting minutes.)</i> The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Chief Financial Officer Report	<p>Mr. Shah presented Financial Reports for April 2023 <i>(a copy of the presentation can be requested by contacting Board Services)</i>.</p> <p><u>Membership</u> Total membership for April 2023 is just over 2.9 million members. There was an error in the 3+9 forecast that double counted the Medi-Cal portion of Dual-Eligible Special Needs Plan (DSNP) membership. This resulted in an approximately 26,000-member variance between actual and the forecast. The unfavorability will continue to carry forward in reports until the forecast is updated with an 8+4 or 9+3 refresh.</p> <p><u>Consolidated Financial Performance</u> The result for April is an \$81 million surplus, which was \$42 million favorable net surplus to the monthly forecast, when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p>From an operating margin standpoint, it was favorable to the forecast by \$31 million. The major driver has to do with the In-Home Support Services (IHSS) reconciliation for CY 2014-2017. The Department of Health Care Services (DHCS) provided updated expense experience that reduced the cost estimates for that period (lower claims). The net impact of that adjustment was \$21 million for April.</p> <p>There is a \$280 million net surplus through the 7 months ended April 2023, which is \$151 million favorable to the forecast.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> <li>- <b>Overall</b> our MCR is 91.6% versus forecast of 93.4%; excluding HHIP/IPP we are at 92.0% vs 93.6%.</li> <li>- <b>Medi-Cal</b> MCR is favorable to forecast at 92.1% due to the IHSS reconciliation and lower FFS and CBAS claims. The ultimate target is 91.0% - 91.5%.</li> <li>- <b>D-SNP</b> MCR is lower than forecast and still performing unusually well at 78.4%. This appears to be lower than expected for a DSNP product, and staff is still reviewing this in more detail.</li> </ul> <p><u>Reported vs. Paid Claims Trend</u> Monthly paid claim levels and reported claims levels are aligned with past performance and the year-end reserve position is holding up, with seven months of experience for the fiscal year.</p> <p><u>Key Financial Ratios</u> The Medical Care Ratio is 92.0%. The administrative ratio was 4.6%, lower than the forecast of 4.9%.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims is below the benchmark this month. As mentioned before, the cash to claims ratio will not fully recover until the IHSS balances with DHCS are fully settled.</p> <p><u>Tangible Net Equity &amp; Days of Cash on Hand</u> April Fund Balance was \$1.37 billion that represents 623% of Tangible Net Equity, ahead of the 600% benchmark. Days of cash on hand at the end of April was 72 days.</p> <p>TNE graph uses L.A. Care’s metrics as of April 30, 2023 and its peer group uses the Quarterly DMHC filing ending March 31, 2023.</p> <p><b><u>Motion FIN 107.0623</u></b> <b>To accept the Financial Reports for April 2023, as submitted.</b></p>	<p><b>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Perez, Raffoul, Roybal, Shapiro, Solis, and Vaccaro)</b></p>
<ul style="list-style-type: none"> <li>Monthly Investments Transactions Report</li> </ul>	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>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 April 30, 2023 was \$2.56 billion</p> <ul style="list-style-type: none"> <li>\$2.5 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$34 million in Local Agency Investment Fund</li> <li>\$77.7 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<p><b>Compliance &amp; Quality Committee</b></p>	<p>The Compliance &amp; Quality Committee met on May 18. The approved meeting minutes can be obtained by contacting Board Services.</p> <ul style="list-style-type: none"> <li>Mr. Mapp and the Compliance Department presented the Chief Compliance Officer report.</li> <li>Mr. Sobetzko gave an Issues Inventory Update for April 2023. As of April 30, 2023, 127 items are listed in the Issues Inventory. Forty issue items were added to the inventory, and 38 issues require remediation.</li> <li>Ms. Crandall gave an update on Appeals &amp; Grievances 2022 and 2023 Trend Analysis.</li> <li>Over 67 percent of L.A. Care’s access grievances have been resolved by the next business day. Delay in authorizations at the Primary Care Physician office identified as the top access issues.</li> <li>Attitude and service at Primary Care Physician office identified as the top issue, members report providers are not paying attention, rude and unprofessional.</li> <li>Billing Discrepancy identified as the top billing and financial issue along with balance billing have been the top concerns with L.A. Care members. Member education on benefit of</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>premium, deductible and co-payment continue to cause member frustration and it can be confusing. Over 49 percent of L.A. Care’s billing and financial grievances have been resolved by the next business day.</p> <ul style="list-style-type: none"> <li>• Mr. Gower gave a report about Risk Management Status Updates. One of the top 10 risks is related to the Compliance Program Effectiveness. With the Plan <b>winning new contracts</b> and past Corrective Action Plans, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at risk. Mitigation activities include: <ul style="list-style-type: none"> <li>○ Engage third-party to conduct Annual Compliance Program Effectiveness assessment</li> <li>○ Reorganize Compliance department and hire new people</li> <li>○ Complete Corrective Action Plan Validation after Compliance Program Effectiveness assessment</li> </ul> </li> <li>• Current status: A vendor has been engaged to perform an Annual Compliance Program Effectiveness assessment</li> <li>• Dr. Amin presented the May 2023 Chief Medical Officer Report.</li> <li>• Ms. Martinez presented information about L.A. Care’s Managed Care Accountability Set measures for Measurement Year 2023 and Reporting Year 2024. <ul style="list-style-type: none"> <li>○ Top priority measures are set to a Minimum Performance Level (MPL), the national NCQA 50th percentile by Department of Health Care Services (DHCS).</li> <li>○ Not meeting the MPL may lead to sanctions and additional projects such as PDSAs or a SWOT analysis.</li> <li>○ This year there are 18 measures held to the MPL, plus 24 reportable measures that may be added in subsequent years.</li> <li>○ DHCS has proposed increasing measures held to MPL to 25 in 2024.</li> <li>○ Two new measures come from the CMS Core Set of measures (not HEDIS) and are now held to MPL for MY 2023:</li> </ul> </li> <li>• Developmental Screening in the First Three Years of Life</li> <li>• Topical Fluoride for Children</li> <li>• Mr. Chang gave an update about the Care Management Department and training for New Care Managers. <ul style="list-style-type: none"> <li>○ Between April 2020 and April 2023 Care Managers increased from 19 to 69 and the number of supervisors increased from three to eight to manage the increase in cases over the same period.</li> </ul> </li> </ul>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ New Care Managers go through 6 weeks of intensive training to learn not only the workflows, care model, and the systems, but also the values of L.A. Care and the team. New hire curriculum includes:               <ul style="list-style-type: none"> <li>● Motivational Interviewing</li> <li>● Trauma-Informed Care</li> <li>● L.A. Care’s care model and overall approach with members for care planning</li> <li>● Community-Based Care Management Model</li> </ul> </li> </ul> <p>Member Booth noted that the Board has heard today that there are challenges in filling open and new positions. It is fantastic to see the recent success, as there are quite a few new workers added quickly.</p>	
<p><b>PUBLIC COMMENT on Closed Session Items</b></p>	<p><i>Andria McFerson asked about item 20, Public Employee Performance Evaluation for the CEO. She wanted to make sure that all staff are instructed to follow the Brown Act with proper instruction, proper evaluation and proper direction from Mr. John Baackes. The last meeting that they had Ms. McFerson had a motion on the floor just to talk about what was given to them by Linda Merkens. She gave a presentation about how they can either keep Ms. Gonzalez in the position that she is in or they can start the election all over again. Ms. McFerson filled out an application to become a candidate for Ms. Gonzalez’ position. Unfortunately, Ms. McFerson has received a lot of discrimination throughout the whole process. She would like to speak to Mr. Baackes. She is sure he has no idea. With that being said, this election does not need to be followed through if there is a motion still on the floor, the public hasn’t been able to speak, and we weren’t able to vote on it. It was seconded by another Chair. Ms. McFerson wants to follow proper protocol and ask the Board to consider that.</i></p> <p>Mr. Baackes responded that he was not able to attend the entire ECAC meeting where this occurred and he will ask for an investigation.</p> <p><i>Elizabeth Cooper commented that the late Tina Turner said best of all the rest. Even though Ms. Cooper might disagree with Mr. Baackes at times she thinks he is the best of all the rest, and she asked everyone to applaud him.</i></p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Board Member Perez thanked Katrina Miller-Parrish, MD, L.A. Care’s former Chief Quality and Information Executive, who left L.A. Care in May. She thanked Dr. Parrish for eight years of brilliant leadership through which the HEDIS and quality improvement standards went up for L.A. Care. As part of the membership, members might not know who she is, but Member Perez would like to say that she was excellent and always tried to put L.A. Care at a better level of performance.</p> <p>The Joint Powers Authority Board of Directors meeting adjourned at 4:14 pm.</p>	

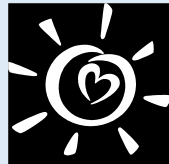
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:15 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2025</i></p> <p><b><u>From the Supplemental Special Agenda</u></b></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Section 54956.9(d)(1) of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: City of Los Angeles, Municipal Facilities Committee and Rising Realty Partners, HRRP Garland, LLC.</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of Appeals for the Federal Circuit Case No. 20-2254)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• PIH Whittier &amp; PIH Downey v. L.A. Care (L.A.S.C. Case No. 19STCV18084, filed May 24, 2019), consolidated with:</li> <li>• PIH Whittier &amp; PIH Downey v. L.A. Care (L.A.S.C. Case No. 21NWCV0052, filed Jan. 27, 2021)</li> <li>• PIH Whittier &amp; PIH Downey v. L.A. Care (L.A.S.C. Case No. 22NWCV00596, filed Jul. 14, 2022)</li> </ul>	

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: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
<b>RECONVENE IN OPEN SESSION</b>	The Board reconvened in open session at 5:57 p.m. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting adjourned in memory of former Board Member and former Los Angeles County Supervisor Gloria Molina, at 5:57 p.m.	

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

APPROVED BY:

\_\_\_\_\_  
John G. Raffoul, *Board Secretary*  
Date Signed \_\_\_\_\_



**L.A. Care**  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** BOG 100.0723

**Committee:**

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** Approval of updated meeting schedule to include the August 1, 2023 Provider Relations Advisory Committee, August 22, 2023 Audit Committee, and August 24, 2023 Technical Advisory Committee meetings.

**Background:** The Audit Committee meets as needed.

**Member Impact:** Public input is welcome at all Board and Committee meetings.

**Budget Impact:** None.

**Motion:** To approve the updated meeting schedule to include the August 1, 2023 Provider Relations Advisory Committee, August 22, 2023 Audit Committee, and August 24, 2023 Technical Advisory Committee meetings.

**2023 Regular Board and Committee Meeting schedule** *(revised 20230721)*

**BoG:** Board of Governors, meets 1<sup>st</sup> Thursdays of the month at 1:00 pm for approximately 3 hours, and meets all day in September for strategic discussion

**C&Q:** Compliance and Quality Committee, meets 3<sup>rd</sup> Thursdays of the month at 2:00 p.m. for approximately 2 hours

**Exec:** Executive Committee meets 4<sup>th</sup> Wednesdays of the month at 2:00 p.m. for approximately 90 minutes

**F&B:** Finance & Budget Committee meets 4<sup>th</sup> Wednesday of the month at 1:00 p.m. for approximately 60 minutes

**CHCAC:** Children’s Health Consultant Advisory Committee meets 3<sup>rd</sup> Tuesdays every 2 months at 8:30 a.m. for approximately 2 hours

**ECAC:** Executive Community Advisory Committee meets 2<sup>nd</sup> Wednesdays of the month at 10:00 a.m. for approximately 2 hours

**TAC:** Technical Advisory Committee meets 2<sup>nd</sup> Thursday of meeting month at 2:00 PM

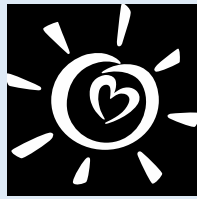
**JPA and LACH:** Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

**Meetings are usually held at 1055 West 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017**

**Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.**

<u>January 2023</u> <i>No Board meeting</i> 1/11 – ECAC 1/17 – CHCAC 1/19 – C&Q 1/24 –F&B, Exec TBD – Audit,	<u>February 2023</u> 2/2 – BoG 2/8 – ECAC 2/9 - TAC 2/16 – C&Q 2/22 –F&B, Exec	<u>March 2023</u> <b>3/2 BoG (tentative)</b> 3/8 – ECAC 3/16 - C&Q 3/21 – CHCAC 3/29 – F&B, Exec TBD – GOV
<u>April 2023</u> 4/6 – BoG 4/12 – ECAC 4/20 – C&Q 4/26 – F&B, Exec	<u>May 2023</u> 5/4 – BoG 5/10 – ECAC 5/11 - TAC 5/16 – CHCAC 5/18 – C&Q 5/24 – F&B, Exec	<u>June 2023</u> 6/1 – BoG ( <i>offsite</i> )* 6/14 – ECAC 6/15 – C&Q 6/28 – F&B, Exec
<u>July 2023</u> <i>No BoG Committee Meetings</i> 7/27 – BOG	<u>August 2023</u> <i>No Board meeting</i> <b>8/1 – PRAC</b> 8/9 – ECAC 8/15 – CHCAC 8/17 – C&Q <b>8/22 - Audit</b> 8/23 – F&B, Exec <b>8/24 - TAC</b>	<u>September 2023</u> 9/7 – BoG ( <i>offsite all day retreat</i> )* 9/13 - ECAC 9/14 – C&Q 9/19 – CHCAC 9/27 - F&B, Exec TBD –GOV
<u>October 2023</u> <b>10/5 BoG (tentative)</b> 10/11 – ECAC 10/19 – C&Q 10/25 - F&B, Exec	<u>November 2023</u> 11/2 – BoG 11/8 – ECAC 11/9 - TAC 11/14 – CHCAC 11/15 - F&B, Exec* <i>*Due to Thanksgiving holiday</i> 11/16 – C&Q	<u>December 2023</u> 12/7 – BoG 12/13 – ECAC <i>No other meetings</i>

\*Offsite locations are tentative



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** BOG 101.0723

**Committee:**

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** Approve revision to Human Resources Policy & Procedure HR-209 (Internal Organizational Communications Systems) to expand types of communication platforms L.A. Care uses for employees.


New Contract    Amendment    Sole Source    RFP/RFQ was conducted

**Background:** L.A. Care Health Plan (L.A. Care) maintains various mechanisms to enhance internal organizational communications that include written, verbal and electronic media, resulting in an informed, productive work force. We encourage the use of all appropriate methods of communication to enable employees to accomplish their work as efficiently as possible.

**Member Impact:** None

**Budget Impact:** Minimal

**Motion:** To approve the Human Resources Policy & Procedure HR-209 (Internal Organizational Communications Systems), as presented.

	<b>INTERNAL ORGANIZATIONAL COMMUNICATION SYSTEMS</b>	<b>HR-209</b>
<b>DEPARTMENT</b>	HUMAN RESOURCES	
Supersedes Policy Number(s)	6308	

DATES					
Effective Date	<del>11/20/1996</del> 11/20/1996	Review Date	7/14/2023	Next Annual Review Date	<del>7/14/2024</del> 7/14/2024
Legal Review Date	<del>7/14/2023</del> 7/14/2023	Committee Review Date			

LINES OF BUSINESS			
<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered	<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> MCLA
<input type="checkbox"/> PASC-SEIU Plan	<input checked="" type="checkbox"/> Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
<input type="checkbox"/> PP – Mandated	<input type="checkbox"/> PP – Non-Mandated	<input type="checkbox"/> PPGs/IPA	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Specialty Health Plans	<input type="checkbox"/> Directly Contracted Providers	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Other External Entities

ACCOUNTABILITY MATRIX			

ATTACHMENTS	

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
<b>NAME</b>	Terry Brown	<del>Ruben Simental</del> Jyl Russell
<b>DEPARTMENT</b>	Human Resources	Human Resources
<b>TITLE</b>	Chief Human Resources Officer	Senior Director, HR Business Support Services



**AUTHORITIES**

- HR-501, “Executive Committee of the Board: HR Roles and Responsibilities”
- California Welfare & Institutions Code §14087.9605

**REFERENCES**

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**HISTORY**

REVISION DATE	DESCRIPTION OF REVISIONS
10/11/2006	Revision
<del>6/6/2023</del> 7/14/2023	Transfer policy into new format and <a href="#">expand types of communication platforms</a>

**DEFINITIONS**

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**1.0 OVERVIEW:**

1.1 L.A. Care [Health Plan \(L.A. Care\)](#) maintains various mechanisms to enhance internal organizational communications ~~including~~ that include written, verbal and electronic media, resulting in an informed, productive work force. We encourage the use of all appropriate methods of communications to enable employees to accomplish their work as efficiently as possible.

**2.0 DEFINITIONS:**

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

2.1 [Covered Individuals – all L.A. Care employees, temporary staff, agents and consultants that must adhere to this policy.](#)

**3.0 POLICY:**

3.1 All staff must adhere to the specific guidelines that are established to utilize the internal organization~~al~~ communication systems.

**4.0 PROCEDURES:**

~~4.1.1 Bulletin Boards~~

~~4.1.11.1 Human Resources maintains bulletin boards in the pantries located on each floor and in the HR lobby area. All items are approved by, posted, and removed by Human Resources or Communications and Marketing. Approved postings may include:~~

~~4.1.1.11.1.1.1 Legally required postings to inform staff of employment regulations such as OSHA, Workers Compensation, EEOC, USERRA.~~

~~4.1.1.21.1.1.1 Announcements of activities, events and benefit programs of interest to all staff, to include credit union publicity, seminars and workshops, official Employee Activities Committee events, Employee Assistance Program publicity.~~

~~4.1.1.31.1.1.1 Job Vacancy announcements and postings.~~

~~4.1.21.1.1 Personal business or commercial solicitation items or services will not to be posted.~~

~~4.1.31.1.1 Departmental bulletin boards are located in many departments and are used for official departmental and organizational business only. These bulletin boards are maintained and monitored by departmental management.~~



~~4.1.41.1.1~~ The public bulletin board is located in an area where the public has access, and contains the official communications to the public regarding Board of Governors, Advisory Committees and Board Committee meeting announcements. This bulletin board is maintained solely by Board Services.

#### 4.24.1 E-Mail, ~~and~~ Voice Mail, WebEx Messaging and Other Communication Systems Controlled by L.A. Care.Jabber

~~4.2.14.1.1~~ The e-mail, ~~and~~ voice mail, WebEx Messaging and other communications ~~and Jabber~~ systems that are controlled by L.A. Care are the property of L.A. Care and have been provided for use in conducting the organization's business. All communications and information transmitted by, received from, or stored in these systems are the property of L.A. Care.

~~4.2.24.1.2~~ Employees Covered Individuals have no right of personal privacy, nor should they have any expectation of privacy, in any matter stored in, created, received or sent over L.A. Care's e-mail, ~~and~~ voice mail, WebEx Messaging and other communication ~~Jabber~~ systems controlled by L.A. Care.

~~4.2.34.1.3~~ L.A. Care reserves and exercises the right to monitor, access, retrieve and delete any matter stored in, created, received or sent over its e-mail, ~~and~~ voice mail WebEx Messaging, and other communication ~~Jabber~~ systems controlled by L.A. Care, for any reason, without the permission of any employee.

~~4.2.44.1.4~~ Even if employees Covered Individuals use a password to access the e-mail, ~~and~~ voice mail, WebEx Messaging and ~~Jabber~~ other communication systems controlled by L.A. Care, the confidentiality of any message stored in, created, received or sent from these systems cannot be assured. Use of passwords or other security measures does not in any way diminish the organization's rights to access materials on the systems, or create any privacy rights of employees Covered Individuals in the messages and files on the systems. ~~Upon termination, Any passwords used by employees Covered Individuals must be revealed to the employee's supervisor and to authorized persons in Information Systems upon request, as these e-mail, and voice mail and Jabber files may need to be accessed in the employee's absence.~~

~~4.2.54.1.5~~ Employees Covered Individuals should be aware that the deletion of any e-mail, ~~or~~ voice mail, WebEx Message or other ~~Jabber~~ messages or files on any system controlled by L.A. Care ~~will~~ would not truly eliminate the messages from the systems. All e-mail, ~~and~~ voice mail ~~and Jabber~~ WebEx Messaging messages, and the contents of additional systems that may be controlled by L.A. Care in the future- are stored on a central back-up system in the normal course of data management.



~~4.2.64.1.6~~ ~~In spite of~~ Although L.A. Care ~~ha's~~ the right to retrieve and read or listen to any e-mail, ~~or~~ voice mail, ~~or Jabber-WebEx Messaging~~ messages ~~or messages on other communications systems controlled by L.A. Care,~~ such messages should be treated as confidential by other ~~employees~~ Covered Individuals and accessed only by the intended recipient unless authorized by Human Resources. ~~Employees-Covered Individuals~~ may not retrieve, read or listen to any e-mail, ~~or~~ voice mail, WebEx Messaging message or Jabber messages on any other communications systems controlled by L.A. Care that are not sent to them unless authorized by Human Resources.

~~4.2.74.1.7~~ The policies of L.A. Care regarding the prohibition of ~~sexual or other-unlawful~~ harassment, discrimination and retaliation apply fully to the e-mail, ~~and~~ voice mail, WebEx Messaging and Jabber other communication systems controlled by L.A. ~~eCare~~ systems. Therefore, no e-mail, ~~or~~ voice mail, WebEx Messaging message or Jabber messages on other communication systems controlled by L.A. Care should be created, sent, printed or saved, ~~or, if inadvertently received, printed or saved, if they contain intimidating, hostile or offensive material concerning sexual orientation, age, disability or any other characteristic or class protected by law in a way~~ that is inconsistent with L.A. Care's policies and procedures.

~~4.2.84.1.8~~ The e-mail, ~~and~~ voice mail, WebEx Messaging and Jabber other systems controlled by L.A. Care may not be used to solicit for religious or political causes, commercial enterprises, outside organizations, or other non-job-related solicitations unless specifically authorized by Human Resources.

~~4.2.94.1.9~~ The use ~~management of e-mail to~~ all staff email distribution lists "All Mail Recipients" is ~~managed~~ maintained and updated by Human Resources ~~the IT D~~ department(s), distributions are managed by the Communications department, and should be limited to time-sensitive messages that are related to the business of L.A. Care or be of a general nature to benefit all employees. ~~Sending of "All Mail Recipients" emails must be reviewed and sent by the Chief of Human and Community Resources. A separate e-mail group is available for those employees who want to be informed about time sensitive information of a general nature such as lost and found, last minute reminders for Employee Activities Committee events, or leftover available food. This "General Announcement Distribution List" is maintained by Human Resources. Employees are encouraged to use the Intranet message board for other business related messages of a general nature that are not time sensitive such as reminders for upcoming training sessions or meetings, sending thank you notes, etc.~~

~~4.2.104.1.10~~ The e-mail, voice mail, WebEx Messaging and Jabber other systems controlled by L.A. Care shall not be used to send (upload) or receive (download) copyrighted materials, trade secrets, proprietary



financial information, member information or similar materials without prior authorization from L.A. Care management. Employees should ask their manager ~~Employees, if uncertain,~~ about whether specific information should not be disseminated or may be inappropriate for transfer, ~~should resolve all doubts in favor of not transferring the information unless authorized by L.A. Care management.~~

~~4.2.114.1.11~~ 4.2.114.1.11 Employees are reminded to be courteous to other users of the systems and to always conduct themselves in a professional manner. E-mails, ~~and~~ voice mails, WebEx Messaging messages and Jabbers messages on other L.A. Care controlled communication systems are sometimes misdirected or forwarded and may be viewed or heard by persons other than the intended recipient. ~~Users should create e-mail and voice mail communications with no less care, judgment and responsibility than they would use for letters or internal memoranda written on L.A. Care letterhead.~~

~~4.2.124.1.12~~ 4.2.124.1.12 E-mail, voice mail, and WebEx Messaging Jabber provides the same potential for almost instant communication as a telephone, and has the same pitfalls. Ill-considered comments made in haste and anger could have long-term destructive consequences. Such e-mails, voicemails, and WebEx Messaging Jabbers can reappear at inopportune moments in the wrong hands over a long period of time. Therefore, the following guidelines are important:

~~4.2.12.14.1.12.1~~ 4.2.12.14.1.12.1 The most basic rule for e-mail, voice mail, WebEx Messaging and Jabber other communications systems controlled by L.A. Care is to not put anything on e-mail in writing or in a recording which recording, which a person would not say directly to the recipient, want transmitted to others, want published in public or want preserved forever.

~~4.2.12.24.1.12.2~~ 4.2.12.24.1.12.2 Use humor carefully and avoid sarcasm. In the absence of voice inflection and body language, attempts at humor can be misinterpreted.

~~4.2.12.34.1.12.3~~ 4.2.12.34.1.12.3 Do not send an e-mail, voice mail, WebEx, WebEx Messaging message or Jabbera message or recording on any other communication system controlled by L.A. Care when you are angry or upset. Take the time to settle down and rethink your message.

~~4.2.12.44.1.12.4~~ 4.2.12.44.1.12.4 Use a clear descriptive title.

~~4.2.12.54.1.12.5~~ 4.2.12.54.1.12.5 Be clear and concise.

~~4.2.12.64.1.12.6~~ 4.2.12.64.1.12.6 Use normal grammar, punctuation and capitalization. All caps are very difficult to read and, in e-



mail environments, can be considered the equivalent of shouting.

~~4.2.12.74.1.12.7~~ 4.2.12.74.1.12.7 When sending e-mail and voice mail messages, indicate the priority level of the email~~the e-mail message~~, and use the hHigh P~~priority~~ code infrequently.

~~4.2.12.84.1.12.8~~ 4.2.12.84.1.12.8 Before writing an e-mail, WebEx Messaging message or Jabber~~other form of electronic message~~, first think about whether it is the best medium for your message. Use the telephone or talk in person.

~~4.2.134.1.13~~ 4.2.134.1.13 Employees should also use professional and courteous greetings on the voice ~~mail boxes~~mailboxes so as to properly represent L.A. Care to outside callers.

~~4.2.144.1.14~~ 4.2.144.1.14 In order to avoid accidentally disclosing message contents to unauthorized listeners, employees should refrain from listening to voice mail messages while using the ~~speaker phones~~speakerphone feature.

~~4.2.154.1.15~~ 4.2.154.1.15 Because e-mail records and computer files may be subject to discovery in litigation or other public proceedings, or public records requests under the California Public Records Act, employees are expected to avoid making statements in e-mail, on voice mail, in WebEx Messaging~~Jabber~~ or in computer files that would not reflect favorably on the employee or the organization if disclosed to the public.

#### 4.34.2 Internet

~~4.3.14.2.1~~ 4.3.14.2.1 L.A. Care recognizes the value of the iInternet in the accomplishment of the organization's work.~~Employees may access the Internet only with prior approval of their supervisor, and may only access Internet sites that are directly related to the employee's work. L.A. Care also recognizes that employees may occasional use the Internet for personal use. In order to promote productivity, quality, and efficiency at work, personal use of the Internet must be kept to a minimum.~~

~~4.3.2~~ 4.3.2 ~~The only exception is that employees may access Internet sites that may be helpful in research, educational opportunities, or other related activities, but only during the employee's non work time such as meal breaks and rest periods.~~

~~4.3.34.2.2~~ 4.3.34.2.2 At no time may any employee access iInternet sites that are sexually explicit, violent, hateful, or related to gambling or other inappropriate activity. Employees are prohibited from accessing personal social media sites of any kind unless required for their work~~it's L.A. Care business related.~~



4.3.44.2.3 L.A. Care reserves the right to monitor employee internet use access patterns.

#### 4.44.3 Intranet

4.3.1 The organization maintains an internal communication tool, the intranet, which is accessible on the PC desktop to all employees. The intranet contains information of interest to all employees including the internal job postings, updates on organizational performance and reports, organizational charts, training programs, policies and procedures, internal manuals, and information on new hires and L.A. Care and departmental activities.

#### 4.4 Bulletin Boards

4.4.1 Human Resources maintains bulletin boards in the pantries located on each floor and in the HR lobby area. All items are approved by, posted, and removed by Human Resources or Communications and Marketing. Approved postings may include:

4.4.1.1 ~~Legally required~~ Legally required postings to inform staff of employment regulations such as OSHA, Workers Compensation, EEOC, ~~USERRA~~ and USERRA.

~~Announcements of activities, events and benefit programs of interest to all staff, to include credit union publicity, seminars and workshops, official Employee Activities Committee events, Employee Assistance Program publicity.~~

4.4.1.2 ~~Job Vacancy announcements and postings.~~

4.4.2 ~~Personal business or commercial solicitation items or services will not to be posted.~~

4.4.3 ~~Departmental bulletin boards are located in many departments and are used for official departmental and organizational business only. These bulletin boards are maintained and monitored by departmental management.~~

4.4.4 ~~The~~ A public bulletin board digital display is located in an area where the public has access, and contains the official communications to the public regarding Board of Governors, Advisory Committees and Board Committee meeting announcements. This bulletin board is maintained solely by Board Services The digital display content is provided by Board Services and Community Outreach and Engagement staff, and documents are electronically added to the display by Information Technology staff.

#### 4.5

#### 4.64.5 Standards of Conduct



4.5.1 All activities on E-Mail, Voice Mail, WebEx Messaging ~~message and Jabber~~ messages on other communication systems controlled by L.A. Care must comply with all L.A. Care policies and procedures.

~~4.6.14.5.2~~ Any employee who discovers misuse of the e-mail, voice mail, ~~Jabber~~ WebEx Messaging, ~~I~~nternet, ~~or I~~ntranet systems ~~or other communication systems controlled by L.A. Care~~ ~~should~~ must immediately report such misuse to their supervisor.

~~4.6.24.5.3~~ Violations of these guidelines may result in disciplinary action, up to and including immediate termination of employment.

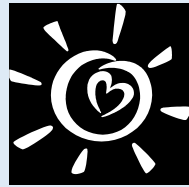
## 5.0 MONITORING:

5.1 Human Resources reviews its policies routinely to ensure they are updated appropriately and has processes in place to ensure the appropriate required steps are taken under this policy.

## 6.0 REPORTING:

6.1 Any suspected violations to this policy should be reported to any member of the management or Leadership Team, any of L.A. Care's Human Resources Business Partners in the Employee Business Support Services unit or ~~dial ext. 6947 (myhr)~~ ~~(confidential line)~~, Compliance Department or Compliance Helpline at (800) 400-4889.

7.0 L.A. Care reserves the right to modify, rescind, delete, or add to this policy at any time, with or without notice.



**L.A. Care**  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2022

**Motion No.** FIN 100.0723

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth MD

**Issue:** Amendment to add funds to a contract with North Star Alliances, LLC to provide event planning, staffing, logistics and execution, and support community marketing, sales and promotional activities.

**New Contract**  **Amendment**  **Sole Source**  **RFP/RFQ was conducted in 2017**

**Background:** North Star Alliances, LLC (NSA) has provided all event planning, staffing, logistics and execution services for L.A. Care since 2017. In addition, NSA has also provided all event logistics support for health plan corporate events and for community marketing and sales efforts. The vendor has provided staff augmentation services that allows the Marketing and Sales department and the Communications and Community Relations department to extend the reach of their efforts in the community. As the Public Health Emergency has ended, activities in the community have continued to increase. In FY 2022-23, L.A. Care expects to open four more Community Resource Centers (CRCs) - West L.A., Lincoln Heights, South LA and Panorama City, and re-introduce others to their communities. The Lincoln Heights and Panorama City locations will replace resource centers in Boyle Heights and Pacoima respectively. The opening of these sites will conclude the CRC expansion plan with 14 total centers. The L.A. Care Sales team has redeployed into the field and is continuing to be provided with community event support. Collaborations with key Community Resource Center community partners have expanded and the number of events that will require support from NSA have increased. L.A. Care staff requests approval to amend the current agreement to increase total funds to \$2,978,000 and extend the term of the agreement until December 31, 2023. This will accommodate the additional services required for FY 2022-23 and into FY 2023-24 to ensure uninterrupted NSA support while re-procurement for these services is completed. Staff will issue an RFP during FY 20 22-23 to re-procure these services.

**Member Impact:** L.A. Care members will benefit from this motion through enhanced access to health care resources, information and services offered at an increased number of community events and at new Community Resource Centers and through enhanced local community relations support.

**Budget Impact:** The cost was anticipated and included in the approved FY 2022-23 budget for the Communications and Community Relations Department.

**Motion:** **To authorize staff to increase the total funds available in the existing \$1,950,000 contract with North Star Alliances, LLC by \$1,028,000 for a new total amount of \$2,978,000 to provide event planning, logistics, staffing and execution services and community relations support through December 31, 2023.**





**L.A. Care**  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** FIN 101.0723

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Issue:** Execute a contract with CCI Network Services to provide Telephony Dial Tone (PSTN – Public Services Telephone Network) for Circuits, Local/Long Distance, Toll-free, & Direct Inward Dial services to our organization while drastically reducing the overall cost and providing more stable service over the incumbent vendors Verizon Business and Lumen.

**New Contract**    **Amendment**    **Sole Source**    **RFP/RFQ was conducted in 2023**

**Background:** L.A. Care staff requests approval to execute a contract with CCI Network Services from August 9, 2023 to August 31, 2026 in the amount of \$2,400,000. The vendor will provide L.A. Care with telephony services and SIP circuit management which includes the ability to consolidate DID's, manage toll-free service's full lifecycle, local and long distance services management and support. L.A. Care requires these services for our members and providers to contact our organization via Toll Free numbers.

In 2023, L.A. Care conducted a Request for Proposal (RFP) process that evaluated three different vendors. CCI Network Services was selected during that process because they provide a superior service and offered a substantial cost savings that the other vendors could not deliver.

L.A. Care currently spends about \$7.8 million over 3 years (\$2.6 million per year) for Telephony services with Verizon Business and Lumen. Transitioning telephony service to CCI Network Services will greatly reduce cost which is estimated in the amount of \$5.4 million over 3 years (\$1.8 million per year). We will achieve these cost savings by using Least Cost Routing capabilities (LCR) which allows the carrier to route our traffic over multiple major PSTN carriers based on the lowest cost route without sacrificing quality. This will allow L.A. Care the ability to seamlessly control toll-free service routing and circuit connectivity while providing the ability to move across major carrier networks seamlessly avoiding major impacting service interruptions.

**Member Impact:** The cost savings of switching to CCI Network Services positively impacts the company financially and allows multiple carrier connected backend networks which in turn benefits members thru better programs and services.

**Budget Impact:** The cost was anticipated and included in the approved budget for the IT department in this fiscal year. We will budget the balance in future fiscal years.

**Motion:** **To authorize staff to execute a contract in the amount of \$2,400,000 with CCI Network Services to provide Telephony Service for the period of August 9, 2023 to August 31, 2026.**



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** FIN 102.0723

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Issue:** Amend existing contracts with Infosys Limited for Information Technology staff augmentation services to continue through September 30, 2023.

**New Contract**    **Amendment**    **Sole Source**    **RFP/RFQ was conducted in 2018**

**Background:** In June, 2015, the Board of Governors approved motion FIN 107.0615, authorizing staff to negotiate contracts with Cognizant, HCL, and Infosys, following a competitive bidding process. In September, 2018, L.A. Care conducted a Request for Proposal (RFP) process that evaluated more than twenty vendors. Cognizant, HCL, Infosys, and Solugenix were selected during that RFP. All of these vendors provided competitive rates and supply resources with the specialized expertise required to support initiatives at L.A. Care. These vendors compete to meet our staff augmentation needs position by position so we adjust the allocation of dollars between these vendors in these contracts.

The total cost of the revised contract agreement with Infosys Limited is \$800,000 through September 30, 2023. The primary strategic programs these resources will support are CalAIM, DSNP, VOICE, Provider Network (PNOR), Enterprise Performance Optimization Program (compliance), and Edifecs, along with several smaller projects to improve L.A. Care's value delivery to our members and internal customers.

**Member Impact:** The services purchased under this agreement will improve L.A. Care's technology delivery capability, which in turn indirectly results in enhanced quality and more efficient services to all members.

**Budget Impact:** The staff augmentation contract expenses were anticipated and included in IT's approved FY22-23 budget.

**Motion:**     **To authorize staff to amend contracts with Infosys Limited for an additional amount of \$800,000 (total not to exceed amount of \$9,854,516) for IT staff augmentation services through September 30, 2023.**



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** FIN 103.0723

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**Issue:** To amend a contract with Cognizant Technology Solutions (Cognizant) to provide ongoing technical support for Salesforce projects.

New Contract  Amendment  Sole Source  RFP/RFQ was conducted

**Background:** L.A. Care staff requests approval to amend an existing contract with Cognizant adding \$292,000 for continued Salesforce implementation activities relating to the VOICE Program, Unwinding Kaiser, DSNP 2024, Provider Attestation initiative, and capabilities to capture member demographics in Salesforce, through December 31, 2023. The work will center around several major projects including:

- Enabling the tracking and capturing of Provider Attestations as part of the EPOP program
- Capturing of member demographics (AFS, SOGI, R&E, Member Opt-out) in Salesforce (IDT)
- Handling the changes for DSNP 2024 project
- Unwind Kaiser

**Member Impact:** The Salesforce-based Intelligent Desktop (IDT) application is gradually replacing a number of separate applications used to track and answer inquiries in CSC and is used extensively in support of a variety of inquiries, outreach efforts, and escalation of issues for resolution. The integration of the Salesforce tool with the phone system in the CSC in particular, will enable our agents to greet callers by name when they call from a known phone number and have their record retrieved before the agent picks up the phone.

**Budget Impact:** The cost of the contract was anticipated and included in the budget for the Information Technology (IT) department for FY 2022-23 and remaining amounts will be included in the IT FY 2022-23 budget.

**Motion:** To amend the existing contract with Cognizant in the amount of \$292,000 (total contract not to exceed \$6,680,069) for continued Salesforce implementation activities through December 31, 2023.



July 17, 2023

TO: Board of Governors  
FROM: John Baackes, *Chief Executive Officer*  
SUBJECT: **CEO Report – July 2023**

We have had a robust start to the summer months here at L.A. Care. We launched a new Community Resource Center in Long Beach, which we operate in partnership with Blue Shield Promise. The new Center will provide a multitude of services for the community and we are proud to make it available.

I also had the honor of attending commencement ceremonies at UCLA Geffen School of Medicine and the Charles R. Drew University of Medicine and Science. These were exciting events and the graduating class included five L.A. Care scholars from our Elevating the Safety Net initiative. L.A. Care provided full scholarships for the new graduates, and we are truly building a pipeline of safety-net doctors for the future. In July, we named eight new L.A. Care Scholars, four of whom will enter the UCLA Geffen School of Medicine and four who will attend Charles R. Drew University of Medicine and Science this fall. I have included the press release as part of this report.

We have continued to diligently get the word out to members regarding redeterminations to minimize the impact it will have and help members retain coverage. Most of our Community Resource Centers provide in-person assistance for people needing support with their paperwork. An article from the L.A. Times describing the scope of the redetermination process is attached.

Early this summer we also achieved success with the Coalition to Protect Patient Access (formerly the L.A. Safety Net Coalition/California Safety Net Coalition), and have successfully secured the MCO tax which will benefit Medi-Cal rates. An article has been attached to this report.

Following is a snapshot of our progress on some of our community- and provider-focused work.

	Since Last CEO Report (5/24/23)	As of 7/17/23
<b>Provider Recruitment Program</b> Physicians hired under PRP <sup>1</sup>	—	152
<b>Provider Loan Repayment Program</b> Active grants for medical school loan repayment <sup>2</sup>	-3	132
<b>Medical School Scholarships</b> Grants for medical school scholarships <sup>3</sup>	—	48
<b>Elevating Community Health</b> Home care worker graduates from CCA’s IHSS training program	—	5,963

Notes:

1. The number of physicians fluctuates as physicians are hired and/or leave clinics.
2. The number of active grants for loan repayment may decrease due to physicians completing their service commitment, paying off debt, or leaving prior to completing their service commitment.
3. The count includes scholarships that have been awarded and announced, not prospective scholar seats.

Below please find organizational updates for June and July:

### **L.A. Care Supports Biden Administration Plan to Offer Health Coverage to DACA Recipients**

In June, the Biden Administration proposed a rule that would expand access to health coverage for Deferred Action for Childhood Arrivals (DACA) recipients. The rule would allow DACA recipients to obtain comprehensive health care coverage by enrolling in Medicaid, the Children’s Health Insurance Program (CHIP), or the Affordable Care Act’s Health Insurance Marketplace. L.A. Care wrote to the Centers for Medicare & Medicaid Services to express support for this proposal, and that comment is included with this report.

### **L.A. Care Commits More Than \$1 Million to Improve African American Maternal and Infant Mortality Rates**

Pregnancy-related mortality rates among Black women are more than three times higher than the rate for White women. Infants born to Black women are more than twice as likely to die compared to those born to White women, and economic status is not a factor. Instead, the disparities are rooted in systemic racism. Last year, L.A. Care launched the Generating African American Infant and Nurturers’ Survival Initiative (GAAINS), to address these disparities. This last June, L.A. Care committed an additional \$1.1 million to benefit nine community-based organizations, policy research agencies, and clinical providers to help close the historic and widening health disparity gap.

### **Long Beach Community Resource Center Grand Opening Held in June**

L.A. Care and Blue Shield Promise are bringing a much needed Community Resource Center to North Long Beach, enriching the community with free health-focused programs and services. A grand opening ceremony was held on June 9 to celebrate the center and highlight the services it will provide to the community. Similar to the other Community Resource Centers, the Long Beach location will offer free fitness and wellness classes, programs, and services that are open to the general public to enhance the community’s overall well-being.

### **L.A. Care and Health Net Contribute Funding to Address Homelessness**

L.A. Care and Health Net are investing \$114 million over the next few years to address the homelessness crisis. The funding is the part of a state program to assist with matching funds from the American Rescue Plan, known as California’s Housing and Homelessness Incentive Program (HHIP). Funding will be used to secure leases, pay for other housing related costs, and to conduct field assessments to identify social needs for those who are unhoused. L.A. Care’s portion of the investment is \$80M.

### **Speaking Engagements**

- June 13 – 15. AHIP 2023, *Influencer Series Breakout: Building a Health Care Workforce for Tomorrow.*

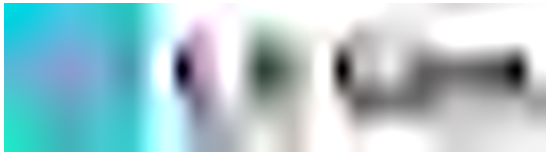
### **Attachments**

Elevating the Safety Net

L.A. Times Redetermination

LACMA Safety Net

DACA Proposed Rule Public Comment



## L.A. Care Announces Eight 2023 Elevating the Safety Net Scholars

Tuesday, July 11, 2023

### *Students from Underrepresented Communities Receive Full Medical School Scholarships*

LOS ANGELES – L.A. Care Health Plan, the nation’s largest publicly operated health plan, is proud to announce its sixth group of Elevating the Safety Net medical school scholarship awardees today at a special “white coat” ceremony. Eight students from underrepresented communities will each receive a full-ride medical school scholarship worth more than \$375,000, allowing them to graduate without medical school debt.

Elevating the Safety Net is a \$155 million initiative, which launched in 2018 to address a growing physician shortage across the country that threatens low-income communities of color. Research shows that increasing the racial and ethnic diversity of physicians improves patient outcomes within communities of color. But the number of Black and Hispanic physicians remains low in this country.

“L.A. Care has long recognized diversity among the health care workforce will mean better outcomes for our members,” said John Baackes, L.A. Care CEO. “I am proud to say, the vast majority of our L.A. Care scholars come from communities of color, and all have expressed a commitment to work in underserved communities.”

Four of the 2023 L.A. Care Elevating the Safety Net Scholars will attend the Charles R. Drew University of Medicine and Science, which is launching its own independent medical school this year, thanks in part, to a \$5 million grant from L.A. Care.

"Through L.A. Care's Elevating the Safety Net initiative, we are empowering these CDU students from our new four-year MD program's inaugural cohort to pursue their passion for serving underserved communities without the burden of overwhelming debt," stated Deborah Prothrow-Stith, Dean of CDU's College of Medicine. "These scholarships provide the necessary support for our future physicians, allowing them to stay focused on their mission of promoting social justice, health equity, and access to care for all."

Berenice Elizarraraz, who majored in Anthropology at UCLA, and got a Masters in Biomedical Science at the California University of Science and Medicine, is one of the CDU scholars.

“I am endlessly grateful to have been selected as an L.A. Care Scholar in 2023,” said Elizarraraz. “L.A. Care’s earnest investment towards my future and goals will always be appreciated and will help me in my goal of providing culturally competent care to my LatinX community.”

Four of the L.A. Care Scholars will attend the David Geffen School of Medicine at UCLA.

The L.A. Care Scholarship is transformative for the student recipients and also far-reaching because it positively impacts their families, their future patients, and the communities they will serve,” said Steven Dubinett, MD,

dean of the David Geffen School of Medicine at UCLA. “We are honored to partner with L.A. Care and share their commitment to improving the health of the Los Angeles community.”

Victor Arechiga, who majored in Biology at Williams College, is one of the UCLA scholars.

“I could not be more excited and honored to be a part of this year's L.A. Care cohort of Elevating the Safety Net scholars,” said Arechiga. “L.A. Care’s generosity will help me follow my passion, which is to reduce health disparities within low-income communities.”

The four scholars who will attend the Charles R. Drew University of Medicine and Science are:

- Alexander Afewerki – BS, Human Biology and Society, UCLA; MA, Applied Life Science, Keck Graduate Institute
- Lule DeShields – BS, Nutritional Science, UC Berkeley
- Berenice Elizarraraz – BS, Anthropology, UCLA; MA, Biomedical Science, California University of Science and Medicine
- Sigry Ortiz Flores – BS, Biology, UC Merced

The four scholars who will attend the David Geffen School of Medicine at UCLA are:

- Victor Arechiga – BS, Biology, Williams College
- Daisy Hernandez-Casas – BS, Microbiology, Immunology and Molecular Genetics, UCLA
- Itzel Melgoza – BS, Neuroscience, Columbia University
- Rick Rios – BS, Biological Sciences, UC Davis

Since 2018, L.A. Care’s total investment in medical school scholarships is more than \$17.6 million. In addition to the scholarships, Elevating the Safety Net offers grants for clinics and practices to recruit new physicians into the safety net clinics and practices that treat these communities. It also offers medical school loan repayment for physicians who commit to working in the safety net for three years. Thanks to the Elevating the Safety Net initiative, there are 152 newly recruited physicians now working in the L.A. County safety net, and 174 physicians have been awarded loan repayment grants since 2018.

# Los Angeles Times

## Tens of thousands of L.A. County residents could soon lose Medi-Cal coverage. Here's why

BY EMILY ALPERT REYES  
STAFF WRITER

Tens of thousands of people in Los Angeles County could lose their Medi-Cal coverage in July, according to preliminary data provided to a health plan that serves Angelenos on the public program.

L.A. Care, a publicly operated health plan in L.A. County, said that early data provided by the state indicate that roughly 40,000 of its members enrolled in Medi-Cal could lose their coverage this month, although final numbers are still pending.

Those figures do not include Medi-Cal recipients who are not covered by L.A. Care, which serves roughly 2.7 million of the nearly 4.7 million people in L.A. County who were enrolled in Medi-Cal as of this spring, according to [state figures](#). The numbers are expected to keep shifting as more people return paperwork that was due Friday to renew their coverage in California's Medicaid program, the beginning of a process that will play out over the next year.

But the tentative figures are an early sign of the serious shift underway as the federal government has rolled back rules that helped people stay on Medicaid, one that has troubled health providers and advocates who fear many patients will unnecessarily lose medical coverage for which they qualify.

“Losing Medi-Cal coverage is not a mere inconvenience or annoyance,” said David Kane, an attorney at the Western Center on Law & Poverty. “For far too many it can be life-threatening. It can mean that transportation to dialysis does not show up. Surgery is canceled. You cannot pick up your prescription drugs.”

Earlier in the pandemic, federal rules had prevented states from booting people from their Medicaid programs, allowing people to hang onto coverage without turning in paperwork to prove they were still eligible.

By late June, the rollback of those rules had pushed more than 1.5 million people off Medicaid across the country, according to [a KFF analysis](#). Some may have started earning too much money to qualify for Medicaid, but many were stripped of their coverage for “procedural reasons” such as not turning in paperwork on time, raising alarm that eligible patients could be losing their health benefits because of missed mail or other bureaucratic hang-ups.

When that happens, it's “not because the state has affirmatively validated that that individual or kids or family is over income,” but rather due to “red tape” such as a family not responding to a renewal notice, which “could be because their contact information was outdated — they moved three times since the start of the pandemic,” said Daniel Tsai, deputy administrator at the federal Centers for Medicare & Medicaid Services.



“So we have been both pressing and urging every state ... to really do everything in their power to help keep people covered,” Tsai told reporters.

California, which had more than 15 million people in its Medi-Cal programs as of this spring, is starting to eject people in July, later than in many other states. More people are expected to lose their coverage over the next year, as a new round of cases comes up for reassessment each month.

In Orange County, the CalOptima Health plan said that more than 10,000 of the 46,000 members whose paperwork was due back by the end of June had not returned it by early Friday, putting those Medi-Cal enrollees at risk of losing their coverage in July. Such patients would still have a chance to renew their coverage within 90 days and get retroactive coverage to July, according to a CalOptima Health spokesperson.

In L.A. County, nearly 180,000 renewals were due back to county officials by the end of June, according to its Department of Public Social Services. More than 53,000 cases were automatically renewed as L.A. County checked information against a federal database for other government programs, but roughly 126,000 households were mailed packets and had to provide information by the end of the month, according to the county department.

L.A. County officials said they would not have data on the total number of local households losing their Medi-Cal coverage in July until the middle of the month. Community groups have raised concerns about whether L.A. County is prepared for the deluge of renewals that it will need to process over the next year, especially with Angelenos already facing [long waits](#) for help when they dial the county for assistance with Medi-Cal.

Kane said he was especially alarmed that across the state, some people who have filled out, scanned and uploaded paperwork to a state website have still gotten mail warning them they will lose their Medi-Cal, raising concerns that people could be disenrolled despite turning in their information on time.

“It’s critical that counties process every piece of information that comes in, because that is what is needed to keep people covered,” Kane said.

L.A. Care projects that 13% of its Medi-Cal members will lose their coverage over the coming year. Government agencies and community groups have worked to alert people that the process is underway and ensure that people ejected from Medi-Cal obtain other health coverage.

As the health plan has started to get tentative figures for how many people could be disenrolled in July, “I’m somewhat relieved that it wasn’t bigger,” said John Baackes, chief executive of L.A. Care. Baackes credited automatic renewals for sparing many families from having to fill out and return paperwork.

But the numbers nonetheless leave him concerned. “Some of those people who didn’t complete the process need the coverage — and they won’t discover it until they go to fill a prescription or go for a doctor’s appointment,” Baackes said.

Some may realize that quickly enough to try to retroactively reinstate their coverage within the 90-day window, Baackes said, but others will “have to start all over again.”



## LACMA Recognizes L.A. Care Health Plan CEO for Visionary Leadership in Expanding Medi-Cal Access

June 29, 2023

As California reached a new deal in the form of a tax on health care plans in what has been described as a once-in-a-generation investment into a system that serves nearly 16 million Californians, the LACMA board of directors wanted to specifically thank L.A. Care Health Plan CEO John Baackes for his vision and leadership as he started the LA Safety Net Coalition in 2022 to delve into solutions specifically to help fund Medi-Cal while expanding access to care for the working poor.

That vision has morphed into a statewide coalition. The last three times California levied this tax on health plans, it used the money to balance the budget during economic downturns. Now, for the first time, much of the revenue will be spent to improve the state's publicly subsidized healthcare system — and in a year when the state faces a \$32 billion budget deficit.

After federal funds are factored in, the state will be able to spend north of \$35 billion, according to Jennifer Kent, a former administration official who helped the coalition propose a structure for the tax. It would be the largest-ever investment in Medi-Cal. For the coming year, the deal hews closely to what Governor Gavin Newsom proposed in May. Some of the money will be used to balance the budget, with \$3.5 billion going into the general fund. Three specialties will get a boost to their reimbursement rates: Primary care, OBGYN, and some mental health care services will start being paid 87.5% of what the federal government pays them through Medicare.

\$75 million will be used to create new residency slots for medical school graduates, focusing on underserved areas, likely in the Central Valley, parts of Los Angeles, and the Imperial Valley.

“Who thought a year ago when a cross-section of hospitals, doctors, medical groups, FQHCs, and health plans here in Los Angeles met with the goal of increasing Medi-Cal payments to providers where we would be today? Our Los Angeles Safety Net Coalition evolved into the California Safety Net Coalition bringing the same ecosystem together for the first time to advance a common mission to increase the abysmal reimbursement providers receive for caring for one-third of the state population depending on Medi-Cal for their access to health care.

While we thought our only path forward was a statewide ballot initiative in 2024, Governor Newsom amended his January budget message to include money for the first increase in Medi-Cal funding in decades with his budget revision that was adopted in June. The state incorporated a financial model developed by the consultants we engaged for the LASNC a year ago that will provide the necessary financial resources.

For me and I hope others this was a valuable lesson in the value of coalitions acting as a system of care as opposed to each segment trying to go it alone. Let's learn from this achievement to make further improvements in financing as well as addressing burnout and building a pipeline for more providers to be in the Medi-Cal network,” John Baackes, CEO, L.A. Care Health Plan.

“As a member of the L.A. Care Technical Advisory Committee and as a member of the LACMA board, I want to recognize the efforts of CEO John Baackes and the L.A. Care Board of Governors for their historic launch of what is now a statewide coalition,” said LACMA board member Dr. Hector Flores. “This achievement will improve the stability of nearly 20,000 private practices serving Medi-Cal patients in our state and will enhance access to specialty and hospital services for safety net clinics. Kudos also to the California Medical Association and its CEO, Dustin Corcoran, for leading the work of this unique coalition to serve all Californians,” Flores said.

June 23, 2023

Submitted via [www.regulations.gov](http://www.regulations.gov)

Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
Attention: CMS-9894-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850



**John Baackes**  
Chief Executive Officer

*Re: CMS 9894-P: Clarifying Eligibility for a Qualified Health Plan Through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children's Health Insurance Programs*

As the nation's largest publicly operated health plan, L.A. Care serves more than 2.9 million enrollees residing throughout Los Angeles County in Medicaid, Covered California (marketplace) and Medicare/Medicaid Duals programs. L.A. Care is writing today to express our support for the proposed rule that would expand access to health coverage by removing a barrier to health care faced by Deferred Action for Childhood Arrivals (DACA) recipients. The rule would allow DACA recipients to obtain comprehensive health care coverage by being able to enroll in Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act's Health Insurance Marketplace.

Increasing access to health care coverage for DACA recipients will also result in an increase in the rate of health care coverage for children. Approximately 29 percent of DACA recipients are parents and the majority have children that are U.S. citizens. Years of research has shown that by providing health care coverage for parents, those same parents are likely to ensure that their children are also enrolled in health coverage programs. Increased access to health care coverage also improves access to services, decreases financial stress, and provides peace of mind that parents and their children can get the health care they need when they need it.

By allowing DACA recipients to participate and access federal subsidies in the marketplace, the rule aligns with the goals of the Affordable Care Act – specifically, to lower the number of the uninsured and make health care coverage affordable to more people. Furthermore, DACA recipients represent relatively young, healthy adults and thus may improve the overall marketplace risk pool. Nearly 64 percent of DACA recipients indicate their health is excellent or very good, and an additional 28 percent report their health is good.

California currently provides Medicaid coverage (state-only funds) to low-income residents, regardless of immigration status, who are under 26 years of age or 50 years of age and older. Starting in 2024, California will provide Medicaid coverage to the last cohort of low-income residents from 26 to 50 years of age, regardless of immigration status. The rule would provide federal matching funds for DACA recipients that enroll in Medicaid. This important federal funding could potentially allow states to use state-only funds to fund health care coverage for remaining uninsured populations.

L.A. Care reaffirms its commitment to DACA recipients by supporting this important rule to ensure DACA recipients have access to comprehensive health care coverage, and we thank the Administration for its leadership on this issue.

Sincerely,



John Baackes



A public entity serving Los Angeles County • 1055 West 7th Street, 10th floor • Los Angeles, California 90017

Telephone 213.694.1250 • Fax 213.623.8606 • [www.lacare.org](http://www.lacare.org)

Accreditation of Medi-Cal and L.A. Care Covered

For a **Healthy Life**

# Restructuring of Consumer Advisory Committees



**L.A. Care**  
HEALTH PLAN<sup>®</sup>

*For All of L.A.*



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
— SINCE 1997 —

June 27, 2023

# Proposed Changes - RCACs

- RCACs will remain
  - Meeting frequency will change from bimonthly to quarterly
  - Areas of representation will change from 11 regions to 8 SPAs
    - Number of RCACs will change accordingly
  - Membership will be up to 20 members in each RCAC
- Meeting operations will continue to be subject to the Brown Act and Robert's Rules of Order
- RCACs will continue to meet at CRCs
- RCAC members are not permitted to serve on a community roundtable



# New - Community Roundtables

- Community roundtables (5) would be added
  - Ongoing group spaces for community members representing all service regions to engage in conversations regarding targeted health related topics.
  - Consumer engagement is targeted toward 4 L.A. Care interest areas: Health Access, Social Determinants/Health Equity, Advocacy and Community Health Education & Outreach
  - 1 Roundtable would be dedicated to L.A. Care CBO partners and healthcare providers as a dedicated space for knowledge sharing, networking, and capacity building.
  - Up to 13 members in each with bimonthly meetings
  - Would not be “committees of the board” and not subject to Brown Act requirements or Robert’s Rules of Order
    - Would permit less structured, more engaging topic specific discussions with members
    - Could also discuss and provide feedback on proposed proprietary L.A. Care initiatives in private



# New - Focus Groups

- Focus group opportunities will be added
  - Special population groups organized on an as-needed and limited basis to offer feedback regarding specific topics
  - Up to 13 members in any one group
  - Meetings will be as needed
  - Participants would be from across the county





# ECAC

- ECAC will remain unchanged
  - Representation from RCAC chairs, consumer board members (ex officio) and at-large members will not change.
  - Meeting frequency (10 meetings per year) will not change
  - Stipend structure will be adjusted to provide an increase over current amount
    - A single stipend will be offered to cover meeting participation and to reimburse any personal transportation costs
  - Membership will turn over on a regular basis due to term limits being applied to RCAC membership
    - An exception will be made for the consumer board members who serve for 4 years but are non-voting, ex-officio ECAC members



# Foundation for Restructuring

- Beginning in 2019, staff reviewed feedback from multiple sources (including community members) and found that the current engagement system would be enhanced by strategically including components that:
  - Better align intentions and expectations between L.A. Care and its community advisory committees
  - Maximize opportunities for diverse voices to be heard
  - Create more intentional opportunities for two-way communication
  - Increase opportunities for our members to bring forth emerging issues that the health plan may be unaware of
- Current structure has been in place for over 20 years. Plan has changed substantially with new products, a more diverse membership, new regulations.
  - With new regulations going into effect on January 1, 2024, this is an appropriate time to look to refresh the structure with more opportunities for community involvement.



# Foundation for Restructuring

- DHCS has also included new consumer advisory committee requirements for health plans to implement beginning in January 2024:
  - Additional specific functions and roles for consumer advisory committees
  - Clear deadlines for selection and replacement of advisory committee members
  - Selection of a member to serve on the DHCS statewide consumer advisory committee and support of their participation
  - Development and implementation of a member diversity and recruitment plan
  - New monthly and annual meeting activity and membership recruitment and demographics reporting



# DHCS Community Advisory Committee Design Technical Advisory Group (TAG)

- TAG membership included various health, policy and advocacy agencies throughout California.
- The TAG discussed best practices in a variety of areas, including (but not limited to) recruitment, trust and partnership, CAC composition, integrating consumer feedback into our work and effective communication practices.
- Participation provided L.A. Care the opportunity to better understand DHCS's expectations and recommendations for successful Community Advisory Committees.
- Participating in the TAG was an important step towards L.A. Care validating next steps in restructuring our Community Engagement programs.



# CAC Member Input Process

- Informational sessions have been held at each RCAC
- Introductory presentation has been provided to the ECAC
- Questions from informational sessions and from ECAC have been collected and responses used to create an FAQ document.
- After presentation to the Board of Governors, staff will return to ECAC with a final restructuring proposal for consideration and an advisory vote
- Following the advisory vote, a final proposal will be presented to the Board of Governors for approval



# Transition Period

- After the 2023 board member election, RCAC and ECAC operations entered a transition period for the balance of 2023
  - RCACs will wind down meetings to allow staff and members to focus on key activities:
    - Recruitment of new member candidates
    - The participant application and selection process
    - Capacity building of new members
    - Final preparations for new RCAC structure and kick off of Community Roundtables
  - ECAC will move to a temporary Transitional ECAC (TECAC) until June 2024
    - Will continue to serve in its role as a board advisory committee
  - Final restructuring proposal will be presented to Executive Committee and BOG for approval of any changes to CAC Operating Rules in late 2023
- Proposed restructuring to be launched in January 2024



# Volunteer Membership Rules

- Term limits will be implemented for the RCACs and Community Roundtables
  - 2-year terms
  - Maximum of 2 terms
- All current members will be required to submit an application for membership in the restructured RCACs and the community roundtables
  - A selection committee will review applications, conduct interviews and choose participants
  - Selection committee to be made up of staff from the CO&E, Health Equity, and Community Benefits Program departments and CBO advocate members of the RCACs.



# Volunteer Member Support

- Stipends will continue
  - Stipend structure will be adjusted to compensate for fewer RCAC meetings and also increase the overall annual amount provided above the current amount
- Food and beverages will continue to be available at all meetings
- Transportation to meetings for eligible members will also continue
- Transportation, accommodations and expenses will be covered for the DHCS statewide consumer advisory committee TAC representative





# Common Concerns

- “Number of RCACs is being reduced”
  - While the number of RCACs is being reduced from 11 to 8, we are adding 5 more advisory bodies in the form of the roundtables for a total of 13 forums for members to be heard
  - RCAC representation will be from 8 regions instead of 11 but will still be from all parts of the county
  - The 8 regions will be the SPAs which will align the RCACs with all other work taking place across the county. Data sources are also by SPA and would be able to inform RCAC conversations. This is not possible with the current 11 regions
  - While we are not changing the target membership for RCACs from 20, best practices indicate that 8-13 members is ideal.
  - There are currently about 120 participating members with probably only 40% of them actively engaging. With the right member recruitment and selection process, we would have up to 160 active and engaged members.



# Common Concerns

- Term limits
  - A best practice to ensure fresh voices are heard on a regular basis. Confirmed through participation on the DHCS statewide advisory technical advisory committee.
- Stipends
  - Stipends will continue and be adjusted to provide additional amounts to compensate for fewer meetings per year and to account for inflation over many years.



## Introduction

### Vision 2024

L.A. Care’s strategic plan, Vision 2024, outlines our major goals for 2021-2024. Vision 2024 guides us towards continued growth and success using the framework offered by the four strategic directions that remain our guideposts—Operational Excellence, High Quality Network, Member Centric Care, and Health Leader. The Vision 2024 document is shared with the Board of Governors at the beginning of the Fiscal Year, and is available upon request thereafter.

### Progress Reports

L.A. Care reports to the Board of Governors regarding the progress made towards the goals in Vision 2024 on a quarterly basis. Each quarterly report is retrospective, and captures a high-level summary of activities from the previous quarter. **The following report covers the third quarter of our fiscal year, from April 1 through June 30.**

A more detailed report is available in the Appendix of this document.

## Operational Excellence

**Achieve operational excellence by improving health plan functionality.**

### Goals

### Q3: April – June 2023 Highlights

**Build out information technology systems that support improved health plan functionality.**

- The SAP Analytics Cloud for Planning and Reporting successfully went live for the budgeting process during FY Q3 which completes phase 1 for Enterprise Resource Planning (ERP).
- Received approval from the Board for the funds to begin an expansion of our VOICE program to deliver a more comprehensive experience to our members when they reach our Call Centers.

**Support and sustain a diverse and skilled workforce and plan for future needs.**

- Succession planning model has been built out and is currently being piloted.
- The second cohort of applications for the Management Certificate Program was closed in June and accepted staff will begin the program in July.

**Ensure long-term financial sustainability.**

- Our FY Q3 administrative expenses are in line with the 3+9 forecast. On a year-to-date basis, administrative expenses are favorable to the 3+9 forecast driven by timing in vendor spending.

**Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.**

- L.A. Care received CMS’s provisional approval to participate in 2024 Value Based Insurance Design Program for the Medicare Plus (D-SNP) plan.
- New Agreements were executed with community-based organizations that are Certified Covered CA and Medi-Cal enrollers to provide education and enrollment assistance at the Community Resource Centers.
- Medi-Cal Go-To-Market campaign launched in early June, set to run through the summer.

## High Quality Network

**Support a robust provider network that offers access to high-quality, cost-efficient care.**

### Goals

### Q3: April – June 2023 Highlights

**Mature and grow our Direct Network.**

- Network adequacy is continuously monitored, and currently at 100% for the Direct Network.
- Recruited and trained our newly contracted street medicine group, Healthcare in Action.

**Improve our quality across products and providers.**

- Developed a Department of Health Care Services Managed Care Accountability Set Low Performing Provider Report to identify providers who can benefit from engagement to improve Medi-Cal measures.
- Based on L.A. Care Health Promoters' feedback on messaging for children, a new infant and toddler health social media campaign launched in May.

**Invest in providers and practices serving our members and the L.A. County safety net.**

- Help Me Grow L.A.: Cohort 1 practices have increased developmental screenings by 19% over baseline to 33% of patients seen. All 20 planned early childhood development classes have been completed and provided to the community and L.A. Care members.
- Center for Caregiver Advancement held its graduation ceremony for Trimester 18. We had a total of 362 students complete the course, which brought the overall total to 5,963 trained IHSS providers.
- Community Benefits released two grant initiatives to increase access and quality of care through its grantmaking: the CHIF Tranquada Safety Net Initiative, and the first Street Medicine Initiative of the Homeless Housing Incentive Program.

## Member Centric Care

**Provide services and care that meet the broad health and social needs of our members.**

### Goals

### Q3: April – June 2023 Highlights

**Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.**

- Additional providers for Community Supports and Enhanced Care Management have been added to our network.
- Conducting a report to identify high-risk members using the Department of Health Care Services definitions to comply with new Population Health Management requirements.

**Establish and implement a strategy for a high-touch care management approach.**

- Care management cases created for Medi-Cal members are up 12% from FY Q2 and cases created for members of the Direct Network are up more than 15% from FY Q2.
- Partnered with Community-Based Adult Service centers through education of staff to identify and refer members for whom Palliative Care services are deemed appropriate.

**Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.**

- Nine additional awards were made in May 2023 for a total of seventeen active project investments in the Generating African American Infant and Nurturers' Survival (GAAINS) Initiative.
- An award for National Medical Fellowships, Inc. was made to immerse 10 multi-cultural medical and nursing students into three L.A.-based safety net clinics.
- The L.A. Care Doula webinar took place in May and a Provider Recommendation Form is posted on the L.A. Care website.
- Provider Equity Award was awarded during Provider Recognition Awards dinner in April.

## Health Leader

**Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.**

### Goals

### Q3: April – June 2023 Highlights

**Drive improvements to the Affordable Care Act by serving as a model of a successful public option.**

- The Commonwealth Fund and JAMA published articles highlighting the benefits of L.A. Care as a public option in L.A. County.
- L.A. Care shared its experience with other public plans who are considering entering the Covered California market.

**Optimize members’ use of Community Resource Centers and expand our member and community offerings.**

- Public grand opening for Long Beach Community Resource Center (CRC) was held in June.
- Finalized contracts with community-based organizations and deployed Medi-Cal redetermination services to 10 CRCs.
- Executed a contract with CalFresh enrollment services contractor and deployed to eight CRCs.

**Drive change to advance health and social services for our members and the community.**

- Health Equity Mitigation Plan was created and is being shared.
- Confirmed the expansion of our Homeless Housing and Support Services (HHSS) program by selecting six new agencies that will join our provider network between July and August. The additional providers will ultimately allow us to provide HHSS services to an additional 360 members experiencing homelessness.

# **APPENDIX**

## Detailed Vision 2024 Progress Report Fiscal Year Quarter 3 April – June 2023





### Operational Excellence

*Achieve operational excellence by improving health plan functionality.*

<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.	Most of FY Q3 was focused on the reprioritization of the VOICE Program to focus on enhancing customer experience and adjusting scope based on business need. Additional enhancements were deployed in June to the Primary Care Physician Change workflow to optimize efficiency. Planning is underway for the post-call survey, starting with the Provider Service Unit. The Post-Call Survey gives the ability to acquire feedback from providers regarding their customer service experience during the call. Development is targeted to beginning of July 2023.
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP Enterprise Resource Planning (ERP).	The SAP Analytics Cloud for Planning and Reporting successfully went live for the budgeting process during FY Q3 which completes phase 1. Phase 2 for reporting is anticipated to go live at the beginning of FY 23-24.
Complete the implementation of SyntraNet to support new and updated regulatory requirements, in addition to operational improvements across the enterprise.	Senior leaders negotiated an agreement with the vendor to complete specific, long-pending operational requirements for Utilization Management and CalAIM. A new third-party entity took the lead to provide project management including scheduling high-priority items for rapid completion and launching new workgroups to plan more complex configurations.

<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.	<p>L.A. Care continued its efforts towards achieving target state by:</p> <ul style="list-style-type: none"> <li>• Soliciting provider data management proposals from two preferred vendors.</li> <li>• Evaluating the functionality of each proposed provider data management solution using a detailed scoring methodology to grade the data model, workflow, and integration capabilities of each platform.</li> <li>• Compiling scorecard results and selecting an application to license and implement that will (i) provide a single integrated workflow engine for network operations staff to perform all provider enrollment and provider maintenance tasks and (ii) facilitate the development of a single provider domain database that will enable L.A. Care to retire its currently fragmented provider data management systems.</li> <li>• Developing a detailed project implementation plan specifying (i) the future-state provider enrollment and provider maintenance processes that will be configured and (ii) the steps that will be taken to create a single domain database.</li> </ul>
Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care’s needs.	We have received approval from the Board for the funds to begin execution of an expansion of our VOICE program to deliver a more comprehensive experience to our members when they reach our Call Centers.
Develop real-time interoperability capabilities to share data with providers and members.	In accordance with Federal CMS and California mandates, L.A. Care deployed a set of Application Program Interfaces, which provides a data connection for members to access their health information maintained by L.A. Care. Information advising members how to register for the services along with warnings regarding the risk of sharing their health information has been posted on lacare.org. Interest at this point from third party apps has been very low, thus there has been no member adoption. So far, this has been the experience at other Medicaid plans across the country and other Medi-Cal plans within California.

<b>Support and sustain a diverse and skilled workforce and plan for future needs.</b>	
<b>Tactics</b>	<b>Update</b>
Conduct succession planning, particularly at the leadership level.	Succession planning model has been built out and is currently being piloted with the Chief Product Officer. During this evaluation stage, we will identify and assess each of the leaders in the department.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care’s commitment to Diversity, Equity, and Inclusion.	L.A. Care continues to be a diverse and equitable organization and our demographic breakdown remains similar to data presented in FY Q2.
Improve managed care and Management Services Organization (MSO) acumen among staff.	No new updates this quarter.
Promote retention of staff in an evolving work environment.	<p>The second cohort of applications for the Management Certificate Program closed in June and accepted staff will begin the program in July. The first cohort will be completed in February with certificates being awarded to those that have successfully completed the program.</p> <p>Additionally, 17 members of leadership (Director and above) are participating in the Strategic Leadership Program. This program is ongoing and will be surveyed for results upon completion. The other Leadership Development Programs have received good reviews from participants, and a survey to assess the program to be conducted in July.</p>

<b>Ensure long-term financial sustainability.</b>	
<b>Tactics</b>	<b>Update</b>
Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.	Our FY 22-23 Q3 administrative expenses are in line with the 3+9 forecast. On a year-to-date basis, administrative expenses are favorable to the 3+9 forecast driven by timing in vendor spending. We will continue to monitor the spending activities for the remaining three months.

<b>Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.</p>	<p>L.A. Care received CMS’s provisional approval to participate in 2024 Value Based Insurance Design Program in April. This allows us to include enhanced benefits and reduced cost sharing in the 2024 Bid submission for our Medicare Plus (D-SNP) plan.</p>
<p>Increase membership across all products by implementing member recruitment and retention strategies.</p>	<p><b>Sales</b></p> <ul style="list-style-type: none"> <li>• L.A. Care Covered (LACC) net membership continued to exceed original budget and the latest forecast in preparation for additional membership influx related to Medi-Cal Redetermination and SB 260 starting with 7/1/23 effectives.</li> <li>• New agreements were executed with community-based organizations that are Certified Covered California and Medi-Cal enrollers to provide education and enrollment assistance at the Community Resource Centers.</li> <li>• D-SNP top line sales, disenrollments, and the resulting net membership continue to exceed original budget and latest forecast commitments.</li> </ul> <p><b>Marketing</b></p> <ul style="list-style-type: none"> <li>• Medi-Cal (MCLA) Go-To-Market campaign launched in early June, set to run through the summer. Part of this effort was the development of a unique and hip TV spot for English and Spanish demographics. The campaign focuses on messaging for Medi-Cal redetermination and will align with concurrent SB 260 efforts.</li> <li>• DSNP Go-To-Market comprehensive playbook developed for an annual plan that ties in all strategies, with a more Sales integrated approach. Additionally, Marketing worked with the Medicare Product team, along with finance and other key business units to finalize all contract bid requirements, specifically related to D-SNP Marketing, Sales, and member materials.</li> <li>• LACC Go-To-Market plan Open Enrollment Period campaign is at its kickoff stage. Planning and messaging is in development and will continue to carry some SB 260 narrative.</li> </ul>

<b>Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.</b>	
<b>Tactics</b>	<b>Update</b>
	<ul style="list-style-type: none"> <li>Go-To-Market planning is in place for Community Resource Centers. The campaign approach will now be more tactical and less “brand” focused, with the intent to uniquely geo-target each center to drive visitors and market newly available services.</li> </ul>
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.	L.A. Care is continuing work on enhancing internal rosters and the provider directory with provider subspecialties, which will enable referring providers to make more appropriate referrals, ensuring member access to optimal care.

## High Quality Network

*Support a robust provider network that offers access to high-quality, cost-efficient care.*

<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
Insource delegation functions that are currently outsourced, as appropriate and cost effective.	The insourcing of all previously delegated functions in the Direct Network, including Utilization and Care Management, has been complete for several months. Performance of insourced functions is being continuously monitored and scored in accordance with regulatory requirements, and quarterly and semi-annual performance reports are being provided to the California Department of Managed Health Care as required.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	The Direct Network dashboard is being utilized during the Direct Network Steering Committee. It compares month-over-month performance of the Direct Network to delegated provider groups, and the Direct Network providers compared to the Direct Network. This dashboard includes a variety of quality, utilization, and member experience measures that will be used to evaluate network performance, inform contracting decisions, and optimize internal operations.

<b>Mature and grow our Direct Network.</b>	
<b>Tactics</b>	<b>Update</b>
Strategically address gaps in the Direct Network to meet all member needs countywide.	Network adequacy is continuously monitored, and currently at 100% for the Direct Network.
Increase access to virtual care by implementing L.A. Care’s Virtual Specialty Care Program (V-SCP).	<p>In FY Q3, we recruited and trained our newly contracted street medicine group, Healthcare in Action.</p> <p>We plan to continue with our recruitment and engagement efforts to include additional high volume Direct Network practices. Since the V-SCP program started last July, we have received a total of 68 eConsults submitted and four telehealth visits. The top five specialties eConsult is used for are: Neurology, Gastroenterology, Dermatology, Ophthalmology, and OBGYN.</p>

<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.	<p>Several quality performance reports were shared with the Direct Network (DN) during this period. These reports support the DNs efforts to achieve performance targets and incentive goals.</p> <ul style="list-style-type: none"> <li>• The final measurement year 2022 retrospective Provider Opportunity Reports (PORs) were distributed to assist providers with closing remaining data gaps for Healthcare Effectiveness Data and Information Set (HEDIS).</li> <li>• The 2022 Clinician &amp; Group Survey Consumer Assessment of Healthcare Providers &amp; Systems (CG-CAHPS) member experience reports were completed and sent to providers with enough patient respondents to the survey.</li> <li>• There was a significant development in creating capitated claims submission and claims timeliness reports. The new report will be distributed during the next quarter.</li> <li>• The Incentives team distributed the Measure Year 2023 Direct Network Pay-for-Performance (P4P) program description at the end of April.</li> <li>• The practice-level PORs were finalized. Due to delays, the initial distribution date of mid-June was not met, with a new expected release date of early July. A training was held with Quality Performance Management (QPM) for Direct Network Account Managers to review</li> </ul>

<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>the new PORs. The Incentives team held two webinars in June to go over the various reports made available to providers, including DN providers. In May, we reviewed Direct Network POR Performance Improvement Workflows with Incentives, Provider Network Management, and QPM teams.</p> <p>The Provider Engagement and Outreach Workgroup held the Physician Advisory Collaborative Kickoff Dinner in June to present Quality Improvement programs/efforts to obtain feedback for improved communications between providers and L.A. Care.</p>
<p>Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.</p>	<ul style="list-style-type: none"> <li>• Developed a Department of Health Care Services Managed Care Accountability Sets (MCAS) Low Performing Provider Report to identify providers who can benefit from engagement to improve Medi-Cal measures.</li> <li>• Contracted with a vendor to distribute at-home test kits for diabetes and colorectal cancer screening.</li> <li>• Members due for cervical cancer screenings received a reminder letter, and members due for colorectal cancer screenings received a mailer and an automated reminder call.</li> <li>• Contracted with a call center vendor to conduct high-touch outreach for Healthcare Effectiveness Data and Information Set (HEDIS) measures for both L.A. Care Medicare Plus (D-SNP) (cancer screening, diabetes, blood pressure, Annual Wellness Exam) and L.A. Care Covered (colorectal cancer screening, blood pressure, and A1C).</li> <li>• Deployed operational improvements via root cause analysis on several D-SNP regulatory Star measures (TTY/ Foreign Language, Part C Timely Appeals).</li> <li>• Contracting with CVS to conduct a Medication Adherence outreach to high-risk members who dispense at their pharmacies.</li> </ul>
<p>Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Accreditation.</p>	<p>We are continuing our process for vendor selection and are in the phase of scoring each vendor response and demo with a weighted capability matrix. We have completed our design of the data model and are utilizing it as a heavily weighted factor in scoring the vendors.</p>

<b>Improve our quality across products and providers.</b>	
<b>Tactics</b>	<b>Update</b>
Improve clinical performance for children’s care.	<ul style="list-style-type: none"> <li>Well-Child Visit reminder calls for children ages 3-21 continued into May and June.</li> <li>Based on L.A. Care Health Promoters’ feedback on messaging for children, a new infant and toddler health social media campaign launched in May.</li> <li>Collaboration continues with Anthem Blue Cross and Blue Shield Promise to improve Childhood Immunizations and Well-Child Visits</li> </ul>
<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
Assist our providers in adopting and using Health Information Technology (HIT) resources.	<p><b>Transform L.A.:</b> Practices report 11 clinical quality measures from their electronic health record system. No new practices are receiving Admit, Discharge, or Transfer reports electronically.</p> <p><b>Help Me Grow L.A.:</b> Practices continue incorporating validated developmental screening tools and referral processes into their electronic medical record software programs to streamline workflows and increase overall screenings and referrals.</p>
Provide practice coaching to support patient-centered care.	<p><b>Transform L.A.:</b> The number of Direct Network practices enrolled in Transform L.A. to receive practice transformation support increased to 23, with 138 providers and 34% of Direct Network members (<i>note: last quarter erroneously reported 35%, however Q2 reached 33% of Direct Network members, and we have seen a 1% increase from Q2 to Q3</i>). Five practices report an average 16% improvement from baseline in Diabetes A1c Poor Control (&gt;9%) and Controlling Blood Pressure. Transform L.A. is working with all participating practices to improve CIS-10 (Childhood Immunizations) from a 2022 overall baseline of 40.7%.</p> <p><b>Help Me Grow L.A.:</b> Cohort 1 practices have increased screenings by 19% over baseline to 33% of patients seen. Four practices are enrolled in Cohort 2, and two practices are enrolled in Cohort 3, for a total of eight practices in the pilot. Outreach efforts are underway to enroll the remaining two practices to complete the full complement of 10 practices. Data collection and practice transformation work is continuing. All 20 planned early childhood development classes have been completed and provided to the community and L.A. Care members.</p>





<b>Invest in providers and practices serving our members and the L.A. County safety net.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.</p>	<p><b>Provider Recruitment Program:</b> We continue to grow this program, with 152 active providers totaling slightly less than \$20.4 million in investment. There are currently 22 vacancies.</p> <p><b>Provider Loan Repayment Program:</b> L.A. Care committed a total of \$4 million in our current FY 2022-23 to award 25 new primary care physicians for three years and seven award extensions for an additional two years. There currently 132 active loan repayment awards, with six people leaving the program after the completion of their years of service or loan forgiveness.</p> <p><b>Medical School Scholarship Program:</b> CDU and UCLA actively reviewed qualified student applicants who could be eligible for a full-tuition scholarship from L.A. Care in 2023. Announcements will be made mid-July.</p> <p><b>In-Home Supportive Services Training Program (IHSS) Center for Caregiver Advancement (CCA):</b> In April, CCA held its graduation ceremony for Trimester 18. We had a total of 362 students complete the L.A. Care training course, which brought the overall total to 5,963 trained IHSS providers.</p>
<p>Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.</p>	<p>Community Benefits released two grant initiatives to increase access and quality of care through its grantmaking: the CHIF Tranquada Safety Net Initiative, and the first Street Medicine Initiative of the Homeless Housing Incentive Program (HHIP). Each initiative increases the number of providers able to meet special populations' unique health care needs using culturally appropriate strategies to gain trust and improve a range of clinical, behavioral, and social outcomes. More than 20 awards are anticipated in July 2023.</p>

## Member Centric Care

*Provide services and care that meet the broad health and social needs of our members.*

<b>Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and Community Supports (CS) for specified populations of focus.</p>	<p><b>Community Supports:</b> L.A. Care is working through its contracting process for prospective providers who will join the Community Supports (CS) network, effective July 1, 2023.</p> <p>Additionally, L.A. Care is operationalizing the launch of three additional CS for January 2024: Asthma Remediation, Nursing Facility Trans./Div/ to Assisted Living, and Nursing Facility Trans./Div/ to Home. As part of expanding and building our network for CS and the three additional CS, L.A. Care is in the process of releasing the Letter of Interest for prospective providers for a January 2024 contract start date.</p> <p><b>Enhanced Care Management:</b> : L.A. Care is working through our contracting process for prospective providers for our mid-year onboarding. Enhanced Care Management (ECM) has expanded our provider network by five new providers, effective July 1, 2023 and working with a variety of additional potential providers who may onboard outside of our standard twice yearly provider onboarding.</p> <p>Additionally, L.A. Care has launched the ECM Children and Youth Populations of Focus, effective July 1, 2023. We are operationalizing the launch of an additional ECM Population of Focus for Birth Equity, effective January 2024. As part of expanding and building our network for ECM and the additional Populations of Focus, L.A. Care has launched Letter of Interest requests for prospective providers which will have a January 2024 contract start date. L.A. Care continues to work in partnership with L.A. County Managed Care Plans, including our Plan Partners, for alignment in timelines, templates, and provider processes. L.A. Care also works with our county and special interest organizations as we implement new specialty Populations of Focus to create both symmetry and value add to the work each organization participates in while minimizing duplication.</p>

<b>Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Ensure CalAIM Population Health Management (PHM) requirements are met.</p>	<ul style="list-style-type: none"> <li>• CalAIM workgroups are in place and working on the Transitional Care Services, Risk Stratification and Segmentation (RSS), and Key Performance Indicators (KPI) to identify the current state, conduct gap analysis, and develop remediation plans.</li> <li>• The Population Health Management (PHM) team developed a cross-walk that contains a gap analysis in the CalAIM PHM requirements starting in January 2023 and preparing for requirements that will be launched on January 1, 2024.</li> <li>• IT business cases have been submitted for Admission, Discharge, and Transfer (ADT) and RSS enhancements, and conducting a report to identify high-risk members using the Department of Health Care Services' (DHCS) definitions.</li> <li>• Working with internal business units to collect and organize the 62 metrics that are included in the Department of Health Care Services KPI monitoring that is due in August, 2023.</li> <li>• The Initial Health Appointment (IHA) All Plan Letter (APL) 22-030 has been released. The IHA Pay-for-Performance (P4P) is being updated, and provider and staff training has been completed and is now available on Learning Management System (LMS).</li> <li>• The Annual Cognitive Health Assessment (ACHA) APL 22-025 has been released. The P&amp;P has been finalized, and operational procedures are being implemented for provider training, reports, and payment structure.</li> </ul>
<p>Monitor and establish infrastructure for longer-term CalAIM initiatives.</p>	<p>A majority of CalAIM initiatives are in implementation phases, as described throughout this report. We are still monitoring if the state will implement the "full-integration" component of CalAIM. The California Department of Health Care Services has released guidance for the Long Term Care benefit carve-in, and a Project Manager has been assigned to lead implementation. Business Units are in the process of assessing requirements and are on track for a January 1, 2024 go-live.</p>



### Establish and implement a strategy for a high-touch care management approach.

Tactics	Update
Maximize use of care managers and community health workers within our care management model.	<p>Efforts to expand the Care Management program reach for Medi-Cal members has continued through FY Q3. Cases created for MCLA members are up 12% from FY Q2 and cases created for members of the Direct Network are up more than 15% from FY Q2. Implementation for new processes and programs to support Population Health Management requirements are underway, including Transitional Care Services.</p> <p>Care Management Community Health Workers (CHWs) continued to conduct field visits with members in Care Management with increased focus on linking members to CalAIM Community Supports services and other community-based resources. Additionally, CHWs continue to educate and support members with the Medi-Cal redetermination process with the aim of preventing coverage loss and gaps in care.</p>
Expand upon our progress with palliative care and add other end-of-life services.	<p>Palliative care services continue to expand with ongoing educational webinars. We have partnered with Community-Based Adult Service centers through education of staff to identify and refer members for whom palliative care services are deemed appropriate. Ongoing education continues with our medical groups as well as Enhanced Care Management providers.</p> <p>In the coming year we will be opening up eligibility for our D-SNP line of business to receive these services.</p>

### Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.

Tactics	Update
Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.	<p>The Chief Health Equity Officer is organizing a Children’s Summit with Children’s Hospital Los Angeles, participates in roundtable with local (L.A. County specific) Chief Health Equity Officers, and leads a group of managed care plans.</p> <p>Health Equity department hosted an in-person meeting at the Lynwood Community Resource Center (CRC) with MLK Jr. Community Hospital and MLK Outpatient Clinic staff development. The two days consisted of presentations on equity efforts and opportunities for collaboration. Team plans to meet with four more community partners at additional CRCs this calendar year.</p>



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
	<p>Notable achievements for the Member Equity Council goals in FY Q3 are increasing the number providers using z-codes by 10% by FY2022-23 end and completing the provider firearm safety training.</p> <p>Community Benefits is addressing the root causes of inequities through its continued commitment to the Generating African American Infant and Nurturers’ Survival (GAAINS) Initiative. Nine additional awards were made in May 2023 for a total of seventeen active project investments. An award for National Medical Fellowships, Inc. was made to immerse 10 multi-cultural medical and nursing students into three L.A.-based safety net clinics, as the second cohort of Equity and Resilience grantees empower tens of thousands of community members to address systemic racism and bias in local and statewide policies and/or systems.</p>
Identify and reduce health disparities among our members by implementing targeted quality improvement programs.	<p>L.A. Care continues to focus on disparities in prenatal and postpartum care, diabetes, and hypertension.</p> <ul style="list-style-type: none"> <li>• Eleven Black/African American L.A. Care Covered members (LACC) with diabetes received eight weeks of Medically Tailored Meals and follow-up support from an L.A. Care Registered Nurse. Enrollment is ongoing in the program.</li> <li>• Perinatal texting campaigns for MCLA members continues: 21.1% of enrolled members confirmed completing their postpartum exam, while 40% of Black/ African American enrolled members completed the full 6-week prenatal program. LACC members are being added to the texting campaigns. Testing is currently underway for the LACC script and is scheduled to launch in July 2023. <i>Corrected Q2 Update: 26.3% of members enrolled confirmed completing their postpartum visit, while 42% of Black/African American outreached members completed the full 6-week prenatal program (Q2 stated that 32% had completed the prenatal program).</i></li> <li>• The L.A. Care Doula webinar took place in May. Doulas were educated on the benefit and the requirements for becoming Medi-Cal certified and L.A. Care contractors. Currently we are working with two doula organizations and exploring opportunities with prospective doulas. The Provider Recommendation Form is complete and posted on the L.A. Care website.</li> </ul>

<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Implement initiatives to promote diversity among providers, vendors, and purchased services.</p>	<p>We have incorporated a Diversity section in the Request For Proposal (RFP) Project Charter to encourage business units to find diverse vendors for consideration when they are preparing for a potential RFP. Information on where to find diverse sources is also included in the Diversity section. Next, we are assessing the feasibility of adding Diversity language to the RFP Notice to bidders and the RFP page on the L.A. Care external site, and updating the Diversity language in the RFP questionnaire to bidders.</p> <p>Provider Equity Award (PEA) was awarded during Provider Recognition Awards dinner in April. The PEA is in its second year to: 1) show L.A. Care’s focus on equity, 2) engage providers in this work, and 3) align with our regulatory agencies’ prioritization of health equity. This year, one clinic and PPG were highlighted. The clinic awardee, St. John’s Well Child &amp; Family Center, was selected based on their commitment to working with L.A. Care in efforts to improve quality and access to care for children of Los Angeles. The PPG awardee, Healthy New Life Medical Corporation, was awarded based on high utilization rates of social determinants of health codes (i.e. Z codes). Currently working on updating the PEA parameters for next year’s award.</p>
<p>Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.</p>	<p>A provider training on firearm safety occurred in May, presented by Dr. Amy Barnhorst, Director of the Bullet Points Project and Moderated by our Chief Health Equity Officer. There were 132 participants with 62 CME certificates earned.</p> <p>Social determinants of health (SDOH) provider training occurred in June. The purpose of the training was to provide an overview of SDOH Z codes and reasons for collecting this information including improvements in member data capture.</p>

## Health Leader

*Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.*

<b>Drive improvements to the Affordable Care Act by serving as a model of a successful public option.</b>	
<b>Tactics</b>	<b>Update</b>
Play a leading role in advocating for a public option at the state and national levels.	In April, 2023, UC Berkeley researchers published a study in JAMA that found that L.A. Care serving as a public option resulted in lower premium growth among all Covered California plans and provided a low cost choice for consumers. Also in April, The Commonwealth Fund published an article proposing a public option for California, informed by L.A. Care’s success in reducing premium growth.
Provide expertise and assistance to other public plans interested in participating in state exchanges.	L.A. Care continued to share its experience with other public plans considering entering the Covered California market. This quarter, we shared information on member notices and claims processes.

<b>Optimize members’ use of Community Resource Centers and expand our member and community offerings.</b>	
<b>Tactics</b>	<b>Update</b>
Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 60,000 by Q4 2023.	Public grand opening for Long Beach CRC held in June. Construction continues on South L.A., Lincoln Heights, and Panorama City sites.
Partner with community-based organizations to offer a range of services onsite.	Finalized contracts with community-based organizations and deployed Medi-Cal redetermination services to 10 CRCs. Executed a contract with CalFresh enrollment services contractor and deployed to eight CRCs.

<b>Drive change to advance health and social services for our members and the community.</b>	
<b>Tactics</b>	<b>Update</b>
<p>Identify and prioritize actions, interventions, and programs to promote equity and social justice.</p>	<p>Health Equity Department, with the assistance of Strategic Planning, created and is sharing their Health Equity Mitigation Plan. The four Health Equity Zones are (1) Addressing key health disparities, (2) Leading change, (3) Moving towards equitable care and (4) Embracing diversity, equity and inclusion.</p>
<p>Support regional Health Information Exchanges (HIE).</p>	<p>L.A. Care is committed to promoting regional Health Information Exchanges (HIEs) by utilizing federal and state interoperability regulations to encourage contracted hospitals' participation in the HIE and incentivize IPAs for meaningful utilization of HIEs by introducing the HIE Participation Measure. Additionally, L.A. Care continues actively engaging the L.A. County IT/Data Advisory Group and providing funding opportunities for community organizations through the Incentive Payment Program to enhance their technical infrastructure and foster interoperability.</p> <p>Moreover, we plan to introduce HIE incentives for providers to enhance HIE adoption further and support participation in the California Health and Human Services Agency (CalHHS) Data Exchange Framework.</p>
<p>Create a deliberate and tailored strategy to address homelessness among our members.</p>	<p>Over the past quarter, the Housing Initiatives Unit has continued its strategy to integrate Housing and Homeless Services and Supports (HHSS), which includes housing navigation and tenancy sustaining services, Housing and Homeless Incentive Program (HHIP) and emerging Street Medicine programs, all with the goal of housing as many of our unhoused members as possible. To that end, we've provided L.A. County Chief Executive Office Housing Initiative with HHIP funding that will support the county-wide Unit Acquisition initiative that seeks to make 1,900 new apartment units available to people experiencing homelessness throughout L.A. County. We also confirmed the expansion of our HHSS program by selecting six new agencies that will join our provider network between July and August. The additional providers will ultimately allow us to provide HHSS services to an additional 360 members experiencing homelessness. Lastly, we've launched a pilot street medicine program that will pave the way for us to build a broader street medicine provider network later this year.</p>





Date: July 27, 2023

To: Board of Governors

From: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits*

**Subject: Community Health Investment Fund (CHIF) Summary for Fiscal Year 2021-22**

### **Introduction**

Each year, Community Benefits provides the Board of Governors a summary report to delineate the outcomes and impacts of Community Health Investment Fund (CHIF) investments executed and managed in the prior fiscal year. The enclosed two documents provide insights on the impact of CHIF efforts. Attachment A presents the programs Community Benefits oversees, and impact of CHIF grants across each Priority area. Attachment B is an inventory of grants that began, or remained open during fiscal year 2021-22. It highlights the status of each active grant, including progress toward accomplishing the grant's purpose.

CHIF's grantmaking has transitioned over several years to increasingly address healthcare issues from an equity, social justice, and unbiased perspective. CHIF portfolios are built from the assessment of health care policy, population statistics, best practice, and related community defined evidence to address new and enduring barriers to health and social issues. Each portfolio includes at least one initiative, which selects multiple projects to contribute to meeting the priority, and may also award ad hoc grants to single organizations for separate projects that uniquely embody the priority. In FY 2021-22, your Board approved a new priority to eliminate health disparities for a total of four priorities. We launched the Generating African American Infant and Nurturers' Survival (GAAINS) initiative as the core funding initiative under the End Disparities portfolio. Other initiatives were poised to address the continued effects of COVID-19 pandemic. These following four priorities shape CHIF's grant portfolios, guide the design of Request for Applications, and influence the selection of projects for each initiative or Ad Hoc cycle.

### **CHIF Priorities/Portfolios**

1. Support the health care safety net to improve infrastructure and address racial inequities/Healthcare Infrastructure
2. Address social determinants of health that result in inequities/Address Social Determinants
3. Close Health Disparities Gaps/End Disparities
4. Empower and invest in health and social determinants of health related organizations that address systemic racism/Address Systemic Racism

### **CHIF Grant Approval and Administrative Processes**

CHIF applications undergo a rigorous process that includes submission of standardized applications and internal vetting. Priority-driven initiatives are evaluated by a panel of community and internal subject matter experts, with as many as 24 evaluators. Ad hoc applications are also vetted and reviewed by an internal committee. Approval of CHIF awards are governed by BOG Grants and Sponsorships Policy 603, including potential conflicts of interests. During the reported fiscal year, recommendations for all grant awards up to \$250,000 were referred to L.A. Care's CEO for approval. Award recommendations above \$250,000 were brought to the Board Executive Committee for initial consideration, and then to the Board of Governors for final approval. Community Benefits staff work with internal teams, including Procurement, Legal, and Finance to ensure awards are executed based on sound contracting standards and terms. The department also follows organizational protocols to ensure award disbursement is timely, accurately issued, and expenses are in compliance with allocations.

In fiscal year 2021-22, Community Benefits managed a cumulative CHIF portfolio of \$30,652,150 and executed 166 grants to ensure that safety net healthcare and social service organizations have the resources to meet the unique needs of marginalized and under-resourced individuals in a way that maximizes their ability to become and remain healthy in their own community.



# Community Health Investment Fund

## Annual Summary 2021-2022

**Board of Governor's Meeting**  
**July 27, 2023**



**L.A. Care**  
HEALTH PLAN<sup>115</sup>®

# CHIF Summary Report

## Purpose

This report provides an overview of the Community Health Investment Fund (CHIF) activity during the past year. The 2021-22 fiscal year report presents the impact of Community Benefits grantmaking across each portfolio, in addition to highlighted initiatives' accomplishments and reflections from impacted staff and clients.

## Context

During fiscal year (FY) 2021-22 the world transitioned into the third year of the COVID-19 public health emergency. Amid vaccine distribution efforts, healthcare and social safety-net continued to pivot service delivery to best meet communities and individual's evolving needs. Working along side other philanthropic entities, our grantmaking was driven by staggering healthcare workforce vacancies, pervasive traumatic effects, and continued disparities in COVID-19 vaccination rates and cases, based on race, ethnicity, age, and zip code. Many CHIF grants were awarded to rebuild infrastructure, revive the workforce, address emotional trauma, and renew commitment to systems' change to reduce disparities for clients of the health care and social safety net.

## Report Period

This report includes grants awarded in fiscal years 2021-22, 2020-21, and 2019-20, totaling \$30,652,150.

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# L.A. CARE HEALTH PLAN GRANTMAKING

## WHAT

### WHAT IS L.A. CARE'S COMMUNITY GRANTMAKING?

L.A. Care established the Community Health Investment Fund in 2000 to fund projects that improve community health and bridge healthcare gaps for low-income individuals in Los Angeles County. The Community Benefits Department that oversees CHIF has expanded to also oversee Provider Recruitment Program grants for the Elevating the Safety Net workforce initiative and most recently, the Housing and Homelessness Incentive Program (HHIP) Street Medicine and Housing Equity investments. The department's philanthropic resources are strategically aligned to simultaneously achieve L.A. Care's Vision and population goals.

## HOW

### HOW ARE GRANTS AWARDED?

In keeping with philanthropic standards, CHIF applications undergo a rigorous process that includes the submission of standardized applications and internal vetting. Priority-driven initiatives are evaluated by a panel of community and internal subject matter experts, with as many as 24 evaluators. Approval of CHIF awards are governed by Policy 603, including conflict of interests. Community Benefits staff work with internal teams including Legal, Finance, and Procurement to ensure awards are executed based on sound contracting standards and terms. Staff also follow organizational protocols to ensure award disbursement is timely, accurately issued, and expensed for the purposes allocated.

## WHY

### WHY MAKE GRANTS?

Community Benefits Grant Programs aim to improve access to quality and equitable healthcare for under-resourced and low-income residents of Los Angeles County. These grants support safety net partners in launching new programs or enhancing existing ones that address the health and social needs of residents these agencies seek to serve. Moreover, these grants enable a swift response to unforeseen factors such as policy changes and natural disasters that impact health and social care access for L.A. Care members and the community. Our grantees' deep partnerships with communities also assures patients can be served in a manner that is consistent with their values, beliefs, and social norms, encompassing language, culture, and spiritual practices.

# GRANTMAKING PORTFOLIOS & CHIF PRIORITIES

## 1 Support the health care safety net to improve infrastructure and address racial inequities

- **Tranquada Initiative:** improve the infrastructure of core safety net providers and support projects that have a long-term impact
- **Oral Health Initiative:** expand access and improve quality of oral health services for under-resourced populations
- **Ad-Hoc Grants:** Plunum Health Medical Home Connect Care Management Model

## 2 Address Social Determinants of Health that Result in Inequities

- **Community Wellness Initiative:** improve food security through CalFresh enrollment assistance; augment income by providing free tax filing assistance to claim Earned Income Tax Credit filing assistance
- **Housing Stability Initiative:** prevent evictions and resolve issues related to remaining housed by providing legal intervention to renters under 300% FPL
- **Ad-Hoc Grants:** Liberty Hill Foundation Stay Housed LA

## 3 Close Health Disparities Gaps

- **Generating African American Infant and Nurturers' Survival Initiative:** reduce and eventually eradicate the racial disparity in African American infant and maternal mortality rates
- **Ad-Hoc Grants:** MLKCH Diabetes Management Center for Excellence

## 4 Empower and Invest in Organizations that Address Systemic Racism

- **Equity & Resilience:** support efforts to advance equitable funding access and drive wellbeing within specific cultural and intersectional communities
- **Ad-Hoc Grants:** Asian Pacific Community Fund - Infrastructure upgrade to improve BIPOC funding opportunities

## L.A. Care Health Plan's Strategic Vision 2024

**High Quality Network**  
Invest in providers and practices serving our members and the L.A. County safety net

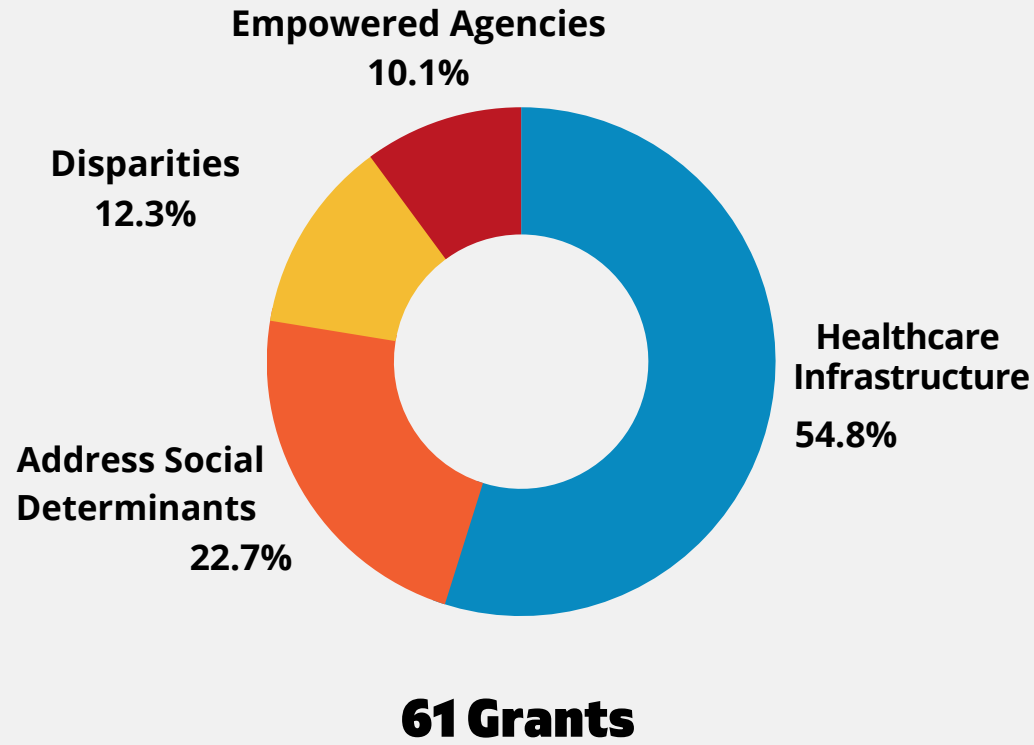
**Member Centric Care**  
To provide services and care that meet the broad health and social needs of our members.

**Health Leader**  
Drive change to advance health and social services for our members and the community.

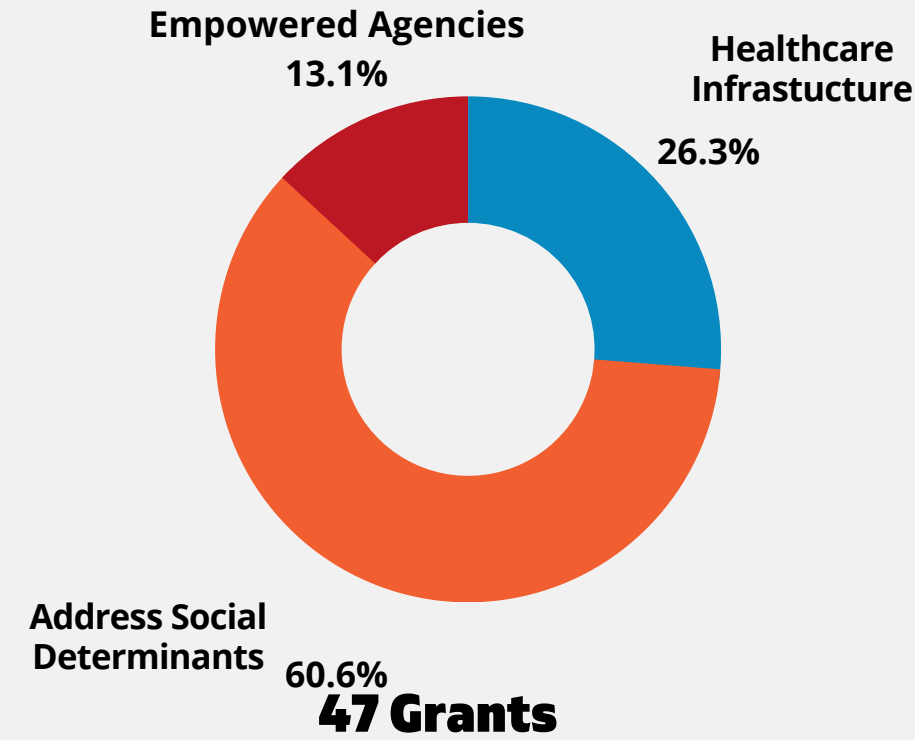
**Member Centric Care**  
Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.

# L.A. CARE CHIF GRANTMAKING OVERVIEW FY 2019-2022

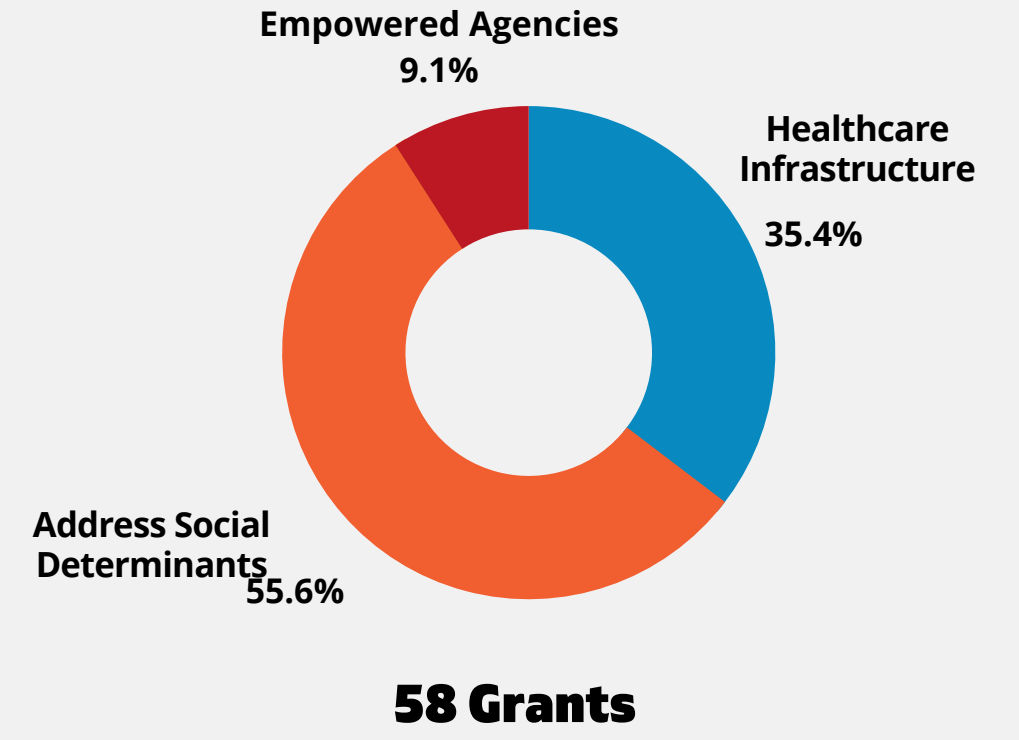
**FY 2021-2022 = \$10,230,000**



**FY 2020-2021 = \$9,467,150**



**FY 2019-2020 = \$10,955,000**



Healthcare Infrastructure - 35 grants \$ 5,550,000  
 Social Determinants - 7 grants \$ 2,300,000  
 Addressing Disparities - 9 grants \$ 1,250,000  
 Empowered Agencies - 10 grants \$ 1,130,000

Healthcare Infrastructure - 27 grants \$ 2,450,000  
 Social Determinants - 9 grants \$ 5,689,150  
 Empowered Agencies - 13 grants \$ 1,300,000

Healthcare Infrastructure - 34 grants \$ 3,850,000  
 Social Determinants - 14 grants \$ 6,080,000  
 Empowered Agencies - 10 grants \$ 1,025,000

Community Benefits executed 166 grants and invested \$30,652,150 CHIF dollars in fiscal years 2019-22. Annual grantmaking investments shifted as the needs of communities' changed throughout the COVID-19 pandemic. For example, in 2019-20 there was substantial demand to reach and educate hard hit communities of color, provide personal protective equipment and address the health needs of people experiencing homelessness with notable funding partners. In 2020-21, vaccine administration was underway, though targeted communities were hesitant requiring support to build confidence. As few dental clinics were open due to COVID restrictions, the Oral Health Initiative was not released. This reduced Healthcare infrastructure investments. By 2021-22, some organizations had returned to in-person service delivery and required deep investments to restore and retain staffing, and establish permanent technical infrastructure for hybrid service delivery.

1



# Healthcare Infrastructure





# ① Healthcare Infrastructure

Tranquada XIII and Oral Health Initiative XIII offered community health centers an opportunity to hire, train, and/or retain existing staff, which heightens job satisfaction and staff productivity and creates better care for patients.

## Spotlight

“Mrs. A” represents the power of our multidisciplinary team. We began treating her at the clinic a year ago, when she was released from the ICU after severe COVID. Since then, she has been struggling with PTSD, financial insecurity, and issues with her employer and disability insurance because of her illness. Thanks to our multidisciplinary team, we have been able to address her concerns as they arise and connect her with social workers and mental health support to help her through her many challenges. – MLKCH Post Discharge Clinic



**FY 2021-22** Projected Impact



**1.2 M**

Healthcare Seekers

will access coordinated and culturally-targeted health, dental, and behavioral health services resulting from CHIF funded workforce expansions and stabilization

Arroyo Vista Family Health Center  
Dental Assistant Trainee





# Healthcare Infrastructure



**FY 2019-20**

**Impact Achieved**



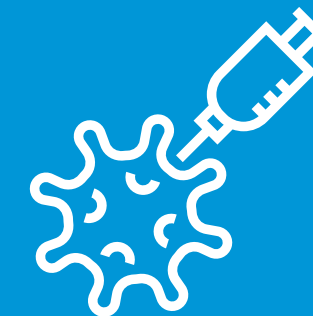
**33K**

Patients from

hardly-reached racial and ethnic populations received care to reduce health disparities and had expanded access to qualified dental professionals in HPSAs

**FY 2020-21**

**Impact Achieved**



**360K**

Doses

of COVID-19 vaccine administered through canvassing, mobile vans, school and community site pop-ups and on-site dispensaries



Address Social Determinants

# ② Address Social Determinants of Health

FY 2021-22

Projected Impact



59K

Under-resourced individuals

will experience improved access to healthy food, stable housing, and increased opportunities for education and economic mobility, resulting in improved health outcomes

FY 2020-21

In Progress



113K

Individuals

received tenants' rights education, assistance with CalFresh applications, or an average tax refund of \$668 when EITC forms were filed for free

FY 2019-20

Impact Achieved



28K

Individuals or Families

engaged in therapeutic arts programs, remained housed, and/or gained safer housing environments, which improved affect, or reduced emergency room use and absences from work or school

## SPOTLIGHT

The California Association of Food Banks awarded subgrants to nine nonprofits that will provide CalFresh enrollment assistance to at least **5,600 families** facing food insecurity in Los Angeles County.



3



# End Disparities

# 3 Close Health Disparities Gap



**FY 2021-22**

**Projected Impact**

  
**3K**  
 Black Birthing  
 People

will experience  
 culturally  
 congruent  
 interventions that  
 eliminate toxic  
 stress and racially  
 disparate outcomes

## Spotlight

This expecting mother pictured is at Eisner Health for a prenatal visit with an excited little one. Despite the joy of and preparation for bringing another child into the world, Black women are three times more likely to die from giving birth than White or Asian birthers. The disparity in Black infant mortality is worse; it is approaching 4x comparison groups' rates. L.A. Care's first Generating African American Infant and Nurturers' Survival Initiative (GAAINS) launched in July 2022 funding eight organizations to help close disparity gaps in African American infant and maternal mortality rates. This initiative employs culturally congruent prenatal care, family social support, and traditional and alternative birthing practices to mitigate the pervasive effects of systemic racism, which is the root cause of poor outcomes in this population. GAAINS takes an ecological approach, and supports grants for non-traditional interventions through birth worker organizations, fatherhood programs, clinical providers, including midwives, and local network coordinators. To date, programs have engaged yoga, finance/business training, and lactation providers, to help more than 2,000 clients reduce toxic stress and encourage them to expect responsive and unbiased treatment on their birthing and parenting journey.



# Empowered Agencies

Addressing Systemic Racism

**NOSOTROS TAMBIEN CONTRIBUIMOS A LA ECONOMIA**  
Basta de hostigamientos hacia  
Los Trabajadores

APUYAMOS LEY SB 972 SUPPORT LAW SB 972



**L.A. Care**  
HEALTH PLAN<sup>127</sup>

# ④ Empower Agencies that Address Systemic Racism

**FY 2021-22**

**Projected Impact**



**997**

BIPOC and  
Allies

will participate in advocacy training and actions, youth leadership, trauma support from culturally competent BIPOC-led organizations that mitigate the impact of historic minoritization

**FY 2020-21**

**In Progress**



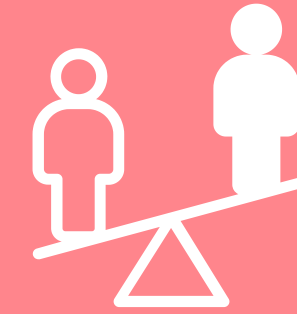
**55K**

Community  
Members

were provided transitional housing; reentry prep, employment, family reunification services, civic engagement, hospital/court translation training, youth leadership through arts & STEM programming by resilient BIPOC-led agencies

**FY 2019-20**

**Impact Achieved**



**4,928**

Families

educated about and provided resources during COVID-19 in a language they understand and sent through targeted social media platforms poised to serve their community - Black, Latino/a, LGBTQ Native Hawaiian, plus

## SPOTLIGHT

Ensuring families' have access to affordable, quality food and PPE during COVID-19 led to weekly food drives for many advocacy agencies while training parents, youth, and small business owners how to influence systems



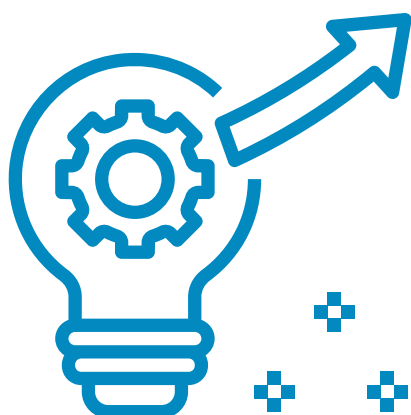
Homies Unidos Leadership Retreat 2020  
with Actor Danny Trejo



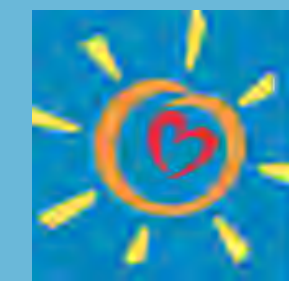
# CLOSING



- **What we have learned** – L.A. Care's grantmaking has impacted small and large organizations. Our trust based approaches provide the opportunity to launch new programs and/or sustain critical services for key populations. Most Equity & Resilience grantees surveyed (83%) were very satisfied with the grant program structure. In interviews, grantees had positive feedback to share. One responded that “LA Care stepped up.” Equity & Resilience Framework Assessment



- **Evolving grantmaking** – As CHIF continues to engage grantee partners, we recognize the need to further pursue the sixth tenant of trust-based philanthropy: offer support beyond the check. For Community Benefits, this means providing more responsive, non-monetary support to build our grantees' leadership, capacity, and organizational health. Once we expand our ability to do so, we will seek to share our experiences and document the impact of specific investment strategies through further assessments.



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**L.A. Care**  
HEALTH PLAN



## Attachment B - Annual Community Health Investment Fund (CHIF) Summary Report

Active Grants from FY 2019 - FY 2022  
Total 166 Grants for \$30,652,150

### Fiscal Year 2021-22 - Total of Sixty-One Awards

#### AD HOC 2021-22 - FIFTEEN AWARDS

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
1	AC Care Alliance	\$150,000	Ad Hoc 2021-2022	9/15/2024	To support the replication of the AC Care Alliance's Advanced Illness Care Program in Los Angeles County. The AC Care Alliance is a lay care navigation program in partnership with faith- and community-based organizations (FBO/CBO), including healthcare entities working together to bridge gaps in services for individuals facing advanced illness and their caregivers. The Alliance will provide at least 225 individuals facing advanced illness and their caregivers with personalized advanced illness care, with at least 40 percent of participants achieving their individualized advance care planning milestones.	Hired L.A. Regional Director and five Care Navigators. Provided six individuals facing advanced illness and their caregivers with personalized advanced illness care, including service navigation. The AC Care Alliance's Executive Director attended and led sessions at the Reimagine event Loss, Life and Love in Los Angeles in September 2022. The launch of the ACCA in L.A. was discussed mentioning LA partners and funders. <i>L.A. Care is listed as a funder on ACCA's website. In Progress</i>
2	California Association of Food Banks	\$1,300,000	Ad Hoc 2021-2022	2/1/2024	To support up to 10 Los Angeles County nonprofits with grants including training, technical assistance on CalFresh outreach, and quarterly meetings to facilitate peer networking, to enhance enrollment of at least 5,600 low-income individuals and families into CalFresh.	Supported nine L.A. County nonprofit organizations via subgrants for CalFresh outreach/application assistance for eligible individuals. Grantee hosted a grant kick-off meeting and CalFresh 101 training for the nine subgrantees, in which CalFresh training materials were provided to orient new staff from partner organizations regarding CalFresh program eligibility and application assistance. <i>L.A. Care is recognized on website as a funder and supporter. In Progress</i>
3	Charles R. Drew University of Medicine and Science	\$125,000	Ad Hoc 2021-2022	3/15/2024	To support the Saturday Science Academy II (SSA II), a year-round Science, Technology, Engineering, Mathematics, and Medicine (STEMM) pipeline program to motivate and help prepare at least 200 Pre-K through 12th grade youth of color in South Los Angeles to pursue careers in the healthcare field.	Increased the number of participants in the SSA Program from 152 to 235. Hosted one field trip during the Annual Let's Move event where students visited the CDU Medical Simulation Center. Based on pre-and-post assessments and surveys, overall content knowledge of the SSA II curriculum increased by 11% and 23% after the Fall and Winter sessions, respectively. The data indicates positive progress in students' STEMM academic knowledge and career preparation. <i>L.A. Care was recognized during the 2022 SSA Let's Move Community Health and Wellness Fair and was recognized in the Program Booklet for the 2023 Junior White Coat Ceremony in January. In Progress</i>
4	City of Long Beach, Department of Health & Human Services	\$0	Ad Hoc 2021-2022	9/15/2022	To provide 15,000 vaccination doses to Long Beach residents by deploying two additional Mobile Vaccination Teams to reduce the number of unvaccinated L.A. Care members in the city of Long Beach by 10%. Grantee will also conduct street outreach, provide vaccine education, canvassing and hold mobile vaccination events in neighborhoods with high L.A. Care members with low vaccination rates in partnership with schools, and community agencies, and/or faith-based organizations.	Administered a total of 13,262 COVID-19 vaccinations; 4,789 of which were second doses. Conducted more than 48 pop-up vaccination clinics and coordinated with local schools to conduct vaccines for individuals 5+ years of age, including more than 30 vaccine education sessions to dispel myths among low vaccinated communities. Vaccine Incentive Program funded project managed by Community Benefits. <i>Acknowledged L.A. Care through outreach flyers and education resources. Closed</i>

5	Community Clinic Association of Los Angeles County (CCALAC)	\$200,000	Ad Hoc 2021-2022	4/15/2024	To facilitate two Learning Collaboratives per year over a two-year period for a total of four collaboratives resulting in needs assessments for up to 20 clinics regarding achieving human resources, recruitment, and retention goals; 85% of the 20 participating clinics will successfully implement at least one intervention to increase knowledge, recruitment, and retention; and 84% of newly trained clinic managers and supervisors will implement at least one new strategy to improve staff retention.	Recruited 11 community clinics, including 53 unduplicated clinic staff, to participate in a recruitment and retention learning collaborative. Ten of the 11 clinics completed their pre-assessment and have begun working on a recruitment and retention focused intervention with Expert Effect consultants. Six of the 10 clinics participated in at least 1 coaching session with Expert Effects consultants. An average of 39 participants from participating clinics attended the six weekly training sessions. <i>Acknowledged L.A. Care through their website, social media, project webinars, and all project publications. In Progress</i>
6	Community Health Alliance of Pasadena	\$150,000	Ad Hoc 2021-2022	1/1/2024	To implement and assess a Dental Assistant Apprenticeship Program designed to address dental workforce shortages. ChapCare will recruit and hire six new dental assistant apprentices; facilitate and provide financial assistance for at least five apprentices to obtain Dental Assistant Certification; increase the number of dental assistants employed at the clinic by 70% by hiring five new Certified Dental Assistants; and provide preventive, diagnostic, and restorative care to at least 650 new patients resulting in more than a 25% increase in the number of dental patients served by the clinic.	Hired one Dental Trainee who has completed the initial probationary period and has enrolled in dental assistance certification program. Actively recruiting additional Trainees through their Human Resources Department. Provided dental services to 1,668 unduplicated dental patients. <i>Planning to acknowledge L.A. Care in the future. In Progress</i>
7	Liberty Hill Foundation	\$500,000	Ad Hoc 2021-2022	3/1/2024	To support infrastructure development and program sustainability of its Stay Housed LA Network to prevent evictions through education and advocacy services for up to 52,800 housing insecure tenants in LA County and help 80% of them remain housed or avoid homelessness.	Engaged more than 58,000 tenants in L.A. County via workshops and “know your rights” information through support to sub-grantees organizations working within the Stay Housed L.A. coalition. Hosted 15 workshops with approximately 300 attendees, served 118 people in legal clinics, and provided 200 people with limited or full scope by referral to legal services. Has helped 11,040 of 18,141 engaged (61%) remain in their homes, as documented in legal settlements. <i>L.A. Care is noted as a funder of grantee’s Housing Justice work in external communications and was named in materials for its Upton Sinclair annual gala on April 19, 2023. In Progress</i>
8	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)	\$250,000	Ad Hoc 2021-2022	7/1/2024	To enhance by 40% the number of patients enrolled in Grantee’s Diabetes Management Center of Excellence (DMCE) to reduce Emergency Department visits and hospitalizations by at least 3% when compared to non-enrolled diabetic patients, and improve A1c and blood pressure levels by at least 3% when compared to non-enrolled DMCE patients through coordinated care management by a multidisciplinary team.	Launched the Diabetes Management Center of Excellence and enrolled 79 new patients into the intense disease management program. Reduced both Emergency Department visits and hospitalizations by enrolled patients by 3%, respectively. <i>Acknowledged L.A. Care on event website, emails, and social media, and listed as a platinum sponsor for The Dream Show 2023, which aired on KTLA and online on January 14, 2023. In Progress</i>

9	National Medical Fellowships, Inc.	\$150,000	Ad Hoc 2021-2022	5/1/2023	To support a 200-hour safety net clinic immersion program for underrepresented health professionals that will place seven students targeting 3 medical, 2 graduate nursing, and 2 physician assistant at four L.A. County based Community Health Centers during the summer of 2022. Students will design and complete CHC-centered service learning projects working closely with their site mentor and faculty advisor to prepare them for the health care workforce and 80% of students will express interest in working in the safety net following graduation.	Supported seven underrepresented students in medicine and health professions and exposed them to primary care practice in a community health setting in LA County. Scholars completed all PCLP activities and requirements including the 200 service-hours with their assigned community clinics, experienced leadership trainings and administrative meetings, and conducted a site-directed, team-based, service-learning project during Summer 2022. <i>Acknowledged L.A. Care on National and city-based program materials. Closed</i>
10	Los Angeles Network for Enhanced Services (LANES)	\$500,000	Ad Hoc 2021-2022	8/1/2023	To modernize LANES' health information exchange platform and interoperability infrastructure to the Google Big Query cloud based platform enabling clinical insights in FHIR (Fast Healthcare Interoperability Resources®) format with access to pharmaceutical and COVID-19 vaccination registry data, to facilitate care coordination across entities providing clinical, behavioral, and social services in real time.	Built Google FHIR CDR platform and completed the design and development of ingesting COVID vaccination data received from LA County DPH. Ingested ADT and Lab data into Google Big Query Platform for 13 hospitals and 33 clinics, and operationalized RxFill prescription data by Payor and file type. <i>Acknowledged L.A. Care as a sponsor at their Board of Directors bi-monthly meetings. In Progress</i>
11	Positive Results Center	\$50,000	Ad Hoc 2021-2022	3/28/2024	To complete a comprehensive capacity building series with assessment/training/coaching for at least two permanent staff, including the Executive Director, to develop and implement at least one organizational change and to improve the organization's development capacity.	Completed nine trainings as part of an ongoing series of comprehensive capacity building training/coaching series for the Executive Director and Director of Programs. Hired a part-time staffer to conduct outreach to potential donors and current donors to increase their giving, and implemented a new donor management system, Neon One. <b>In Progress</b>
12	Plunum Health	\$500,000	Ad Hoc 2021-2022	3/15/2024	To integrate the Medical Home Network Connect platform and other healthcare and social service feeds into three health centers' EMR systems, hire at least ten care management staff, conduct a minimum of 3,000 health risk assessments, and implement the Care Transformation Program (CTP) with at least 1,000 rising risk patients to improve their health and social outcomes, and to prevent hospital readmissions.	Purchased MHNConnect software and formed a clinical and operations workstream committee which developed the Health Risk Assessment, Comprehensive Risk Assessment, and Pediatric Risk Assessment. The assessments will be utilized to medically assess patients and their Social Determinants of Health needs. Finalized and approved medical care team job descriptions for recruitment. Six staff currently on the project and in position to begin risk assessments by August 2023. <i>Acknowledged L.A. Care by adding L.A. Care logo to letterhead and in meeting presentations, and plans to add acknowledgement to their website. In Progress</i>

13	Social Justice Learning Institute	\$100,000	Ad Hoc 2021-2022	3/15/2024	To support SJLI's Urban Health Fellowship (UHF), a year-long, credit-bearing, high school-based, healthcare career pipeline program for up to 25 Black and Latino youth ages 13 to 18, and assist 50% of UHF students to secure an internship in the healthcare field by the end of the grant term.	Facilitated six months of a scheduled 12 month Urban Health Fellows (UHF) program, with 23 actively participating students. All 23 students are on track to complete the UHF curriculum units and making progress toward identifying an allied health career pathway, which will allow SJLI to exceed its targeted 88% completion rate. Working in partnership on an event with The Coalition of Black Men Physicians. <i>L.A. Care listed as a funding partner on the SJLI website and highlighted in the newsletter. In Progress</i>
14	Southern California Grantmakers	\$25,000	Ad Hoc 2021-2022	7/1/2023	To support at least seven (7) programs addressing topics related to health equity and advancing wellness for at least 125 participants, and support three (3) convenings to increase investments and support for systemic change through public policy education and advocacy on health equity related topics for at least 300 participants to build the will of grantmakers and the philanthropic community to support health equity and wellness through systemic change.	More than 75 participants have attended five virtual and in-person sessions focused topics related to health equity and advancing wellness in order to increase their knowledge, perspectives, and skills for their health and wellness grantmaking. Nearly 450 people attended its annual conference, including grantmakers and policymakers to engage on issues relating to health equity to increase their knowledge, perspectives, and skills for systemic change through public policy education/advocacy. <i>Recognized as a Changemaker Sponsor of SCG's 2022 Annual Conference. " Logo displayed on website, email marketing, and day-of digital and print programming. Closed</i>
15	Westside Infant-Family Network	\$100,000	Ad Hoc 2021-2022	7/1/2024	To conduct ACEs screenings for 165 new families with young children; provide case management and 40 clinical therapy sessions annually to 42 new families whose child(ren) are high risk for later health conditions; help 70% of children demonstrate secure attachments in one or more identified areas of concern and 70% of parents/primary caregivers demonstrate reduction in parental stress; and establish the Los Angeles Resilience Network (LARN) to disseminate best practices for streamlined ACEs screenings and referrals for toxic stress management to a minimum of four FQHC clinical partner sites.	Provided ACEs screenings to 203 new families with young children. Provided case management and clinical therapy services to nine new families, whose children are considered high risk. Assessment of children's secure attachments and parents/primary caregivers' reduction in parental stress will be determined later during the grant term. Established the Los Angeles Resilience Network (LARN) and successfully implemented newly designed best practices for ACEs screenings and toxic stress management at four clinical partner sites. <i>Recognized L.A. Care as a funder/sponsor for this grant through a press release, a newsletter to supporters, and posting on social media accounts. In Progress</i>
16	KED Consultants	\$35,000	Ad Hoc 2021-22 - PA	9/30/2022	Provide support to Community Benefits staff for projects that include collating review committee data, grantee progress reports, and other projects as needed.	Assisted with three grant initiative review processes and conducted research on issues and subjects related to inform ad hoc and initiative grantmaking. <i>Recognized at meetings In Progress</i>
<b>Subtotal Ad Hoc 2020-21</b>		<b>\$4,135,000</b>				

**EQUITY & RESILIENCE INITIATIVE (ER) III - SEVEN AWARDS**

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
17	Alliance for a Better Community	\$150,000	Equity & Resilience III	3/25/2024	To provide leadership and advocacy training for up to 100 parents to identify at least 10 parent health ambassadors, and advocate to increase sustainable and culturally competent health services in Southeast Los Angeles (SELA) schools, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and program operations.	Convened 15 key partner organizations with a total of 31 leaders at meetings to discuss, develop and implement a plan to increase health services for students and families. Trained and mobilized 50 parents into being advocates for increase of services in the ELA/SELA region via its Parent Action Network where key information is shared on issues such as health, education, economic prosperity, and civic engagement. Established an advisory group made up of six community partner organizations that will convene starting summer 2023 to discuss common concerns, identify possible solutions based on aligned values. <i>Plan to recognize in the future In Progress</i>
18	DIY (Do-It-Yourself) Girls	\$150,000	Equity & Resilience III	3/25/2024	To provide hands-on STEM-based programs for up to 1300 5th-12th grade primarily Latina students; achieve 80% rate of perseverance following failed attempt; and motivate all participating seniors to plan to enroll in university/college, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations.	Provided hands-on STEM-based programming to 162 girls from the Northeast San Fernando Valley. Selected Salesforce as its donor management database, met and selected a Salesforce implementation consultant, and established a timeline with an estimated full implementation date of October 2023. Began Social Emotional Learning (SEL) training and incorporating SEL elements into its programmatic lessons and participated in a day-long SEL training, through Choices Counseling & Skills Center. Enlisted an external Arduino STEM consultant who has completed Year 1 of the new high school curriculum and contracted a separate external curriculum consultant to redesign its middle school program. <i>Plan to recognize in the future In Progress</i>
19	Fathers and Mothers Who Care, Inc., dba FMWC, Inc.	\$150,000	Equity & Resilience III	3/25/2024	To provide housing barrier reduction services for at least 150 clients, place at least 70 individuals in temporary or permanent housing, and at least 50 in permanent employment in the Homeless Services Sector, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations.	Provided housing navigation services that have resulted in successfully housing 10 participants for at least 3 months to date (23% of objective). Provided services to 65 new and existing participants to reduce socio-economic barriers to obtaining housing and raised \$4,000 in annual grant funding and individual donor support. <i>Plan to recognize in the future In Progress</i>
20	Gente Organizada	\$150,000	Equity & Resilience III	3/25/2024	To provide systems' change trainings for at least 35 parents, provide wellness resources and training for at least 55 LGBTQ youth, and engage and educate system leaders at Pomona City and Pomona Unified School District on issues that matter to parents and youth, while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations.	Provided wellness resources and systems change training to 11 LGBTQ youth, hired an additional full-time staff member to support fund development and individual donors. Completed 11 meetings with system leaders at Pomona USD (6) and Pomona City (5) about implementation of ethnic studies in Pomona USD and youth diversion, both of which are highly relevant to local parents and youth. <i>Plan to recognize in the future In Progress</i>

21	SAAHAS for Cause	\$150,000	Equity & Resilience III	3/28/2024	To support South Asian Immigrants (SAI) by reducing negative mental health outcomes like anxiety; hire a Youth Program Coordinator and provide programming to help 75% of SAI youth participants show improvement on a Youth Wellbeing Measurement Tool; and work with a financial management (FM) consultant to design FM systems and train up to four staff on Quick Books; while participating in a capacity building program to strengthen organizational governance, administration/finance, infrastructure and/or program operations.	Trained four high school youth volunteers to work on several projects, including teen dating violence prevention and mental health initiatives; engaged 27 youth through three outreach events including a community yoga, a teen dating violence awareness, and Diwali celebration at Irvine Hindu Mandir. Grantee began working on financial policies and procedure manual and incorporated the organizational structure. Two staff members have started training on QuickBooks by attending QB training hosted by L.A. County Small Business, with a focus on developing skills to generate Profit & Loss Statements and Balance Sheets. <i>Plan to recognize in the future In Progress</i>
22	Jemmott Rollins Group, Inc.	\$150,000	Equity & Resilience III - PA	12/31/2023	Provide technical assistance, coaching, assessment insights, networking and other assistance to enable ER III grantees to assess, refine, and achieve grantees' capacity building goals leading to greater organizational resilience among Black Indigenous and People of Color led and serving organizations.	Conducted assessments using the Core Capacity Assessment Tool (CCAT), held orientation and matched each ER III grantee with a lead consultants. Consultant/Grantee teams are developing capacity building workplan, including a timeline for initiating coaching and technical assistance <i>Posted on website In Progress</i>
23	Crenshaw Chick, LLC	\$25,000	Equity & Resilience III - PA	12/31/2022	Assess L.A. Care's new Equity & Resilience Initiative's framework during its second year of implementation using qualitative and quantitative research methods to illuminate best practices among philanthropic capacity building programs and assess ER Initiative Grantees' achievements resulting from operational and capacity building grants and external technical assistance, consulting services, and coaching support, and provide L.A. Care the Year 2 report recommend direction for future ER initiatives.	Reviewed initiative materials, year one materials and report materials, and grantee progress reports. Developed implementation plan. Conducted a literature review and documented baseline and annual interviews with leadership of initiative grantees'. Conducted and analyzed survey results from 12 of the 17 grantee agencies (71%). Submitted best practice/literature review findings and survey results with detailed comments from participants including recommendations for to enhance the ER initiative along with overall grantmaking investments. <b>In Progress</b>
<b>Subtotal ER III</b>		<b>\$925,000</b>				
<b>GENERATING AFRICAN AMERICAN INFANT AND NURTURERS' SURVIVAL (GAAINS) I - EIGHT AWARDS</b>						
#	Organization	Amount	Grant Type	Report Due Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
24	Breastfeeding Task Force of Greater Los Angeles	\$100,000	GAAINS I	1/1/2024	To host at least 12 culturally congruent prenatal lactation education classes in partnership with My Pediatric Clinic (MPC), and provide lactation consultation for 350 Black MPC patients. Assist MPC to implement best practices for improving and creating a clinical environment that fosters chest/breastfeeding, and to establish a system to track and audit chest/breastfeeding rates among patients. Provide up to two Black lactation specialist students required clinical practice hours to sit for the International Board-Certified Lactation Consultant (IBCLC) exam.	Provided lactation consultations and/or prenatal lactation education to 50 Black MPC clients, with 32 families being new to the clinic. Facilitated DEI Training for 75% of its MPC staff to promote implementation of best practices for improving and creating a clinical environment that is conducive to engaging Black breastfeeders. <i>Recognized L.A. Care on all outreach flyers as well and during community engagement activities. In Progress</i>



25	California Black Women's Health Project	\$100,000	GAAINS I	1/1/2024	To Increase the capacity of 15 birth workers to develop sustainable businesses and professional practices to engage 90 African American birthers and their extended family/village. Provide tangible contributions and culturally congruent service linkages to improve the birther's and family's ability to address family and community stress and trauma through six Showering the Village sessions. Minimize the impact of racism and bias within medical settings by enhancing efficacy and communication skills and reduce the number of birth workers' clients with preterm and cesarean births.	Hosted two out of the six Showering the Village events via 15 Birth Workers and engaged 20 unique African American birthers and their families. <i>Acknowledged L.A. Care on event flyers and photos. In Progress</i>
26	CinnaMoms - Heluna Health	\$100,000	GAAINS I	1/1/2024	To promote and increase breastfeeding and increase access to breastfeeding support for 1,000 moms, including 150 new African American women through CinnaMoms signature social support, and improve maternal and infant health outcomes; help participants navigate the WIC process in bi-weekly-weekly virtual support circles, layered with CinnaMoms project specialist; increase WIC staff engagement with Black and African-American nurturers; and enrich WIC staff awareness of the root causes of health inequities through training and coaching.	Provided CinnaMoms staff support to promote breastfeeding for 15 new African American mothers. Hired and trained three Project Specialists to spend a dedicated 30% time each to provide training and increase engagement in the CinnaMoms Model at three sites. Agency has made gradual progress in integrating the new staff into the three new WIC service sites. <i>Acknowledged L.A. Care during two conferences in January 2023, monthly newsletters, and Annual Report. In Progress</i>
27	Communities Lifting Communities	\$150,000	GAAINS I	1/1/2024	To convene and facilitate a network of 40 hospitals, health and public health systems, and health plans, in partnership with Black Community Advisors to co-design systems-change solutions at the clinical, institutional, and community levels to reduce Black infant deaths and improve maternal experiences and safety among Black mothers and birthing people. Increase the number of delivery hospitals that are actively identifying and implementing systems change strategies to reduce birth inequities among Black families by at least 20% and increase the number of hospitals that demonstrate at least one clinical, institutional, or community level improvement to improve birth outcomes.	Facilitated two workshops with a total of 85 in-person attendees and 38 virtual attendees from its six cohort hospital teams, community advisors, and partners. The workshops focused on increasing knowledge to address implicit bias and institutional racism that impacts Black birth outcomes and build capacity among local service providers. Six hospital teams have participated in monthly coaching calls with their Quality Improvement (QI) Coaches (July – November) and their assigned Community Advisory team to craft their 2023 implementation plans. Designed three systems-change strategies and solutions across three levels (Clinical, Institutional, and Community) to advance racial and birth equity at each of the six Cohort 2 hospitals by the end of 2023. <i>L.A. Care logo included in event signage for End-of-Year Collaborative event and December 2022 Event Press Release. In Progress</i>
28	Diversity Uplifts Inc.	\$150,000	GAAINS I	1/1/2024	To provide 50 Black pregnant and/or postpartum families with a Black doula during birth, provide support and referrals to 50 birthers through Frontline Hotline telehealth doula sessions with Black Doulas; identify and present 50 Frontline Doula Scholarships to Black Birth and Postpartum Doulas, mentor and train doulas in culturally responsive doula practices to enhance doula scholars' service impact; and improve utilization of knowledge, skills, and tools offered through monthly mentorship and training sessions for the project's Black Doula cohort, and advance their capacity to provide families with conscious and informed healthcare connections and advocacy to achieve birth equity	Placed Frontline Hotline, client-centered doula support calls to 47 Black birthers/nurturers, including but not limited to (emotional, informational, psychosocial, referrals and/or advocacy support). Increased access to professional, evidence-based, culturally responsive doula training and mentorship from one hour prior to program start date to two hours monthly, thus increasing access by 50%. Achieved 52.5% attendance among Black Doulas at the monthly Black Birthworker Forum Mentorship/Training Sessions. Scholarships will be awarded later during the grant term. <i>Recognized L.A. Care on both the Frontline Doula Hotline and Black Doula Match websites and pages. In Progress</i>

29	Eisner Pediatric and Family Medical Center	\$150,000	GAAINS I	1/1/2024	Hire a culturally concordant care coordinator with a specific understanding of the resources and landscape that shapes Black birthing experiences to navigate and facilitate seamless and comprehensive perinatal service experience for Black women. Provide intrapartum care and intensive case management to ensure that at least 450 Black women at the highest risk of poor birth outcomes and maternal mortality receive the right level of care, including low-dose aspirin, mental health support, and midwifery care, to improve medical outcomes of mother/birthers and their newborn, and patient satisfaction and efficacy.	Hired and onboarded one GAAINS Case Manager and recently hired the second Case Manager budgeted for the program. To date, approximately 15% of African American birthing patients are taking low-dose aspirin.  <i>Recognized as a sponsor for Sunset Skyline Social event held on 10/6/22 and included on website's list of Corporate + Foundation donors. In Progress</i>
30	Project Joy, Inc.	\$100,000	GAAINS I	1/1/2024	To provide perinatal education and new tools to reduce SIDS and infant death by providing child safety training; provide group therapy interventions from licensed Black mental health professionals; increase self-advocacy and awareness of positive, culturally responsive parenting strategies, and reduce mental and physical stress to improve birthing outcomes for mother/birther and infant through perinatal yoga and art therapy sessions for nurturers. Provide nurturers' employment skills training and financial wellness to help ensure families' long-term resiliency.	Provided services to 44 participants, including Effective Black Parenting, employment, finance, psychosocial coping skills classes; perinatal yoga, lactation support, doula services, child safety seat education, advocacy and intensive case management). This education has taken place during weekly or monthly virtual and in-person sessions with an average group size of seven to eight participants at a time. To date 90% of participants report a gain in feeling better supported and increased knowledge of resources based on survey results.  <i>L.A. Care logo added to website and included in event marketing materials. In Progress</i>
31	St. John's Community Health	\$150,000	GAAINS I	1/1/2024	To improve Black maternal and infant health (MIH) for at least 250 Black birthing patients and, improve the health and quality of life of their babies by piloting a group-based approach with participant-centered life planning, in a culturally affirming environment, led by racially concurrent, culturally supportive staff, including a Certified Nurse Midwife (CNM), and an Associate Clinical Social Worker (ACSW), and improve measures of patient resiliency, heighten adoption of stress reduction strategies and healthy behaviors, and reduced depression symptoms.	Hired Project Director in December 2022. Grantee's consulting firm has formed a DEI planning committee, conducted focus groups and held discussions with staff and began compilation of results and recommendations.  <i>Planning to acknowledge L.A. Care in the future. In Progress</i>
<b>Subtotal GAAINS I</b>		<b>\$1,000,000</b>				
<b>ORAL HEALTH INITIATIVE (OHI) XIII - TWELVE AWARDS</b>						
#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
32	Central City Community Health Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 8 hours per week in RCAC 6 by increasing the hours of an existing General Dentist by 0.20 FTE and two Dental Assistants by 0.20 FTE each; (2) provide a comprehensive oral health exam to a minimum of 400 new dental patients; (3) and increase the percentage of children, 6-9 years of age at moderate to high risk for caries, who receive a dental sealant on a permanent first molar from 0% (baseline) to 25% (target) by the end of the grant term.	Increased provider access by 8 hours per week by adding additional service hours for two current dentists at the South LA Clinic. Identified two additional dental staff from other CCHC clinics to support the two dentists. Provided comprehensive preventative dental exams to 20 new, unduplicated dental patients.  <i>Planning to acknowledge L.A. Care in the future. In Progress</i>

33	Chinatown Service Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 600 new dental patients and provide a range of dental/oral health care services; and (3) ensure at least 75% of our overall dental patients require no emergency dental care by the end of the grant term.	Expanded service hours by 40 hours by hiring 1.0 FTE dentist, served 516 new patients, and provided 1,711 patient visits. 55% of the new patients have completed their treatment plans. Two hundred six dental patients were referred to Chinatown Service Center medical clinics and 87 were referred to behavioral health clinics. <i>Acknowledged L.A. Care at Medical and Dental Fairs, and as a sponsor at their Annual Gala in November 2022. B In Progress</i>
34	Westside Regional Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 16 hours per week by increasing the hours of an existing Attending Dentist and enlisting two Dental Residents that will provide 8 hours of service each; (2) serve a minimum of 120 new developmentally disabled dental patients and provide a range of dental/oral health care services; and (3) decrease severity of gingivitis and periodontal disease for all IDD dental patients served from 100% to 50% by the end of grant term.	Expanded dental service capacity by an additional 8 hours per week; provided hygiene services to 31 new patients with developmental disabilities and increased frequency of hygiene services to 214 new and existing patients with developmental disabilities. Developed the outline for their IDD Oral Health teaching program and began the contracting process for dental/hygiene students. <i>Acknowledged L.A. Care during Board of Director's and All-Staff meetings, and at the June Gala for Special Needs Dental Associates. In Progress</i>
35	East Valley Community Health Center, Inc.	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 8 hours per week by increasing the hours of an existing Pediatric Dentist by 0.40 FTE; (2) serve a minimum of 940 new dental pediatric patients with a range of dental/oral health care services in Pomona Valley and San Gabriel Cities of LA County; and (3) decrease incidence of pediatric cavities for patients ages 6-9 years old from 39% to 29% by end of the grant term.	Expanded current Pediatric Dentist's hours from 8 hours per week to 16 hours per week. Provided full set of pediatric dental services for 170 new, unduplicated patients. Dental sealants in children ages 6-9 years old has increased from 72% to 73.7%. <i>Planning to acknowledge L.A. Care on distributed materials. In Progress</i>
36	El Proyecto del Barrio, Inc.	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 1,200 new dental patients and provide a range of dental/oral health care services; and (3) ensure that its dental patients maintain a dental treatment plan completion rate of at least 70% and require no emergency dental care or experience any dental complications by the end of the grant term.	Hired a dentist for the Arleta dental clinic. Provided care to 948 new patients. Improved utilization of preventive services for ages 0-6 from 75% to 81%. Inter-professional referrals increased from 76% to 78% for dental patients who also use their medical setting for primary care. <i>Acknowledged L.A. Care during meetings, and at events and fundraisers. In Progress</i>
37	Garfield Health Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by up to 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 2,034 new dental patients and provide a range of dental/oral health care services; and (3) ensure that 85% of its patients will maintain adequate oral health without need for emergency dental treatment by the end of the grant term.	Interviewed dentist and dental assistant candidates and offered positions to two new employees scheduled to start March 2023. Developing Chinese/English flyers to promote new dental services and will distribute them to community-based organizations in the Rosemead area that serve the target populations of low-income adults and children. <i>Acknowledged L.A. Care on their internal newsletter. In Progress</i>
38	JWCH Institute, Inc.	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 80 hours per week by hiring two 1.0 FTE General Dentists; (2) serve a minimum of 2,200 new dental patients and provide a range of dental/oral health care services in the Antelope Valley; (3) ensure that 50% of all dental patients complete Phase I Treatment within 12 months of their initial exam; and (4) increase percentage of patients who return for a recall/follow-up exam who do not have caries from 20% to 30% by the end of grant term.	Hired 1.0 FTE dentist, adding 40 hours per week of service capacity who has provided services to 256 unduplicated patients; decreased appointment wait time from 6 months to 5 months, and 269 medical patients have also been seen in the dental clinic. <i>Acknowledged L.A. Care on their website. In Progress</i>

39	Los Angeles Christian Health Centers	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist and a 0.75 FTE Dental Assistant; (2) serve a minimum of 600 new dental patients and provide a range of dental/oral health care services; and (3) improve Phase I treatment completion measure for dental patients from 63% (baseline) to 68% by the end of the grant term.	Hired a 0.4 FTE dentist and 1.0 FTE dental assistant, expanding dental capacity by 16 hours. Offered dental services to 586 unduplicated homeless and underserved patients in Skid Row and South LA. Purchased 2 of 6 air purifiers. Improved Phase 1 treatment completion rate from 63% to 74%. 16.7% of medical patients seen at Angeles House have been referred to the dental clinic. <i>Acknowledged L.A. Care at the 2022 Spirit of Healing Gala and on their 2022 Annual Report. In Progress</i>
40	ParkTree Community Health Center (ParkTree)	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 950 new dental patients and provide a range of dental/oral health care services; and (3) increase Phase I treatment plan completion from 30% to 40% for dental patients (of all ages) resulting in reduced incidence of any dental complications that require emergency treatment by the end of the grant term.	Hired general dentist whose employment began June 2022. Provided general dentistry to 494 new clients of all ages. Referred 270 new and existing patients who needed follow-up care for chronic health conditions or who do not have a primary care medical home. Referred 26 new and existing patients who exhibited signs of depression or anxiety during oral exam to behavioral health care. <i>Acknowledged L.A. Care on their website, social media, and a plaque on display at the Holt Dental Clinic. In Progress</i>
41	St. John's Well Child and Family Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by up to 24 hours per week by hiring a 0.75 FTE General Dentist, a 0.75 FTE Registered Dental Assistant, and a 0.75 FTE Dental Assistant; (2) serve a minimum of 1,000 new dental patients and provide a range of dental/oral health care services in South Los Angeles; and (3) all dental patients at the new site will have received treatment resulting in no more than 50% of patients needing emergency dental treatment during the grant term.	Hired a general dentist, registered dental assistant, and a dental assistant to staff the new dental clinic at the Avalon Community Health & Homeless Drop-In Center in South LA. Was able to expand service hours to 16 hours per week, opening the clinic to two days per week. Provided prophylactic oral health services to 200 new, unduplicated pediatric and adult patients, including Homeless Drop-In Center clients. <i>Planning to acknowledge L.A. Care in the future. In Progress</i>
42	Via Care Community Health Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 40 hours per week by hiring a 1.0 FTE General Dentist; (2) serve a minimum of 750 new dental patients and provide a range of dental/oral health care services; and (3) ensure at least 90% of its dental patients maintain adequate oral health care that requires no emergency dental care during the grant term.	Hired a 1.0 FTE General Family Dentist; served 626 unduplicated, low-income individuals, 359 patients with a full set of dental preventative care, and 21 children and youth who are being served by Via Care's primary medical health care clinic. Increased overall dental patients maintaining adequate oral health care that require no emergency dental care from 80% to 98%. Increased proportion of children ages 6-9 at elevated risk who received a sealant on a permanent first molar tooth from 80% to 100%. <i>Acknowledged L.A. Care on social media and their website In Progress</i>
43	White Memorial Community Health Center	\$125,000	Oral Health Initiative XIII	4/15/2024	To (1) expand dental service hours by 40 hours per week by hiring a 0.70 FTE General Dentist and a 1.0 FTE Registered Dental Assistant; (2) serve a minimum of 500 new dental patients and provide a range of dental/oral health care services; and (3) increase the percentage of children, 6-9 years of age, at moderate to high risk for caries who received a dental sealant on a permanent first molar from 23% (baseline) to 50% by the end of the grant term.	Hired a 0.7 FTE dentist and 1.0 FTE registered dental assistant. Served 923 new, unique patients, 560 of which are pediatric patients who have established WMCHC as their permanent dental home; and increased the percentage of children ages 6-9 at risk for dental caries receiving dental sealants from 23% to 65%. <i>Acknowledged L.A. Care on their website and social media, and verbally informs patients about L.A. Care resources. In Progress</i>
<b>Subtotal OHI XIII</b>		<b>\$1,500,000</b>				

**ROBERT E. TRANQUADA M.D., SAFETY NET INITIATIVE (TRANQUADA) III - EIGHTEEN AWARDS**

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
44	AltaMed Health Services Corporation	\$150,000	Tranquada XIII	8/15/2024	To retain 42 non-licensed frontline Medical Assistants by creating a career ladder from MA II to MA III with paid certifications and training and promotion opportunity for 20 MA II's within six months of completion.	Ten of the forty Medical Assistant (MA) IIs have undergone Certified Phlebotomy training through Regan Career Institute (RCI) to incentivize, advance and retain existing MAs. Trained CPT MAs provided diagnostic testing (HbA1c levels) on 22 patients during their clinical externship. Of the 22, 12 patients tested with abnormal HbA1c levels and 10 tested with normal HbA1c levels. <i>Acknowledged L.A. Care on social media. In Progress</i>
45	Angeles Community Health Center	\$150,000	Tranquada XIII	8/15/2024	To recruit two new Medical Assistants and one front office staff, and retain ten medical assistants through performance bonuses.	Hired two full-time medical assistants and a FTE front office staff and distributed 10 performance bonuses of up to \$3,500 for medical assistants, to retain existing staff. Served 7,200 patients. Due to increased frontline staff, approximately 100 patients living with diabetes have demonstrated improvement from the previous year based on HbA1c measurements. <i>Acknowledged L.A. Care on clinic signage In Progress</i>
46	Asian Pacific Health Care Venture, Inc.	\$150,000	Tranquada XIII	8/15/2024	To retain Front Office Staff, Medical Interpreters, Medical Assistants, and Enrollment Workers by offering merit increases for 82 of these non-licensed staff and provide staff retention bonuses 12 months after merit date with tuition reimbursement/paid professional development and performance bonuses.	Disbursed merit increases to 82 staff members. 22 staff members were recommended for performance bonuses, 5 of which were given such bonuses. <i>Acknowledged L.A. Care on their website and plans to recognize in their 2022 Annual Report. In Progress</i>
47	Chinatown Service Center	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain one full-time Front Desk Worker and a part-time Case Manager with professional development training and offer tuition reimbursement to front line staff with at least two years' service.	Increased the number of patients receiving case management services by more than 100, bringing their current total to 1,053 as a result of added front desk staff. Hired one fulltime case manager/coordinator and subsidized salaries of two part time case aide positions. Two staff received incentives for completing Department of Justice training to assist patients with completing immigration forms. <i>Acknowledged L.A. Care on flyers for outreach events. In Progress</i>
48	Comprehensive Community Health Centers, Inc.	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain five new, non-licensed Medical Assistants for at least one-year in each of its five clinical sites.	Hired five Medical Assistants (MA) and the lead MA was provided a retention bonus. A wait time survey for patients is being developed and will be implemented at all clinic sites. <i>Planning to acknowledge L.A. Care in the future. In Progress</i>

49	East Valley Community Health Center, Inc.	\$150,000	Tranquada XIII	8/15/2024	To recruit one new, full-time non-licensed Medical Assistant (MA) and provide tuition reimbursement and paid professional development training for 60 existing, non-licensed MAs.	Established an agreement with American Career College and two student rotations have taken place since the inception of the agreement. Hired one medical assistant (MA) for their Pomona site, and MA certification training will begin in the next phase. Increased the rate of retinal exams for diabetic patients from 20% to 31%. <i>Acknowledged L.A. Care on the website and public information campaigns. In Progress</i>
50	Garfield Health Center	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain a full-time, non-licensed Medical Assistant position and a full-time Receptionist at its Rosemead Health Center to support general front-line services, along with providing a recruitment bonus and advancement training for each position.	One new front office position and one new medical assistant position were filled by multilingual staff. Served 2,749 unduplicated patients. Eighty-seven percent of children and adults who screened positive for depression and received counseling from the integrated behavioral health therapist for at least three months have reported an improvement in their mental health status as measured by PHQ-9. <i>Acknowledged L.A. Care in internal clinic newsletter. In Progress</i>
51	Harbor Community Clinic	\$150,000	Tranquada XIII	8/15/2024	To recruit two full time Medical Assistants (MAs), and provide professional development and continued education or increase earnings for up to 16 MAs to retain all for 12 months following incentive.	Established a new classification, adding a third tier for medical assistants (MAs I-III) with training, to help staff advance in their careers and support staff retention. Promoted three Medical Assistants II's to lead MA III positions and two level II MAs were hired. <i>Acknowledged L.A. Care through internal emails and on social media. In Progress</i>
52	JWCH Institute, Inc.	\$150,000	Tranquada XIII	8/15/2024	To retain up to 70 non-licensed, Receptionists, Medical Assistants, Receptionists, and Benefits Counselors through providing performance bonuses, tuition reimbursement and, educational loan repayments, 56 of which will be retained 12 months after the incentive date.	Established retention bonus eligibility criteria; provided 116 staff with retention bonuses and/or incentives, including workforce training and development. Eligible staff included medical assistants, dental assistants, front office clerks, benefits counselors, and call center staff. <i>Acknowledged L.A. Care on their website. In Progress</i>

53	KHEIR Clinic	\$150,000	Tranquada XIII	8/15/2024	To recruit two bilingual Enrollment Specialist and a culturally competent Translator and provide free professional development training and tuition reimbursement for up to 43, non-licensed front line staff to retain 32 staff at least 12 months after the incentive date.	Hired a bilingual enrollment specialist providing enrollment services, in-language health education, and community outreach to Bengali-speaking residents. Enrolled 1,467 individuals into public healthcare programs. <i>Acknowledged L.A. Care on social media and their website and planning to acknowledge at the Anniversary Dinner/Awards in October 2023. In Progress</i>
54	Los Angeles Christian Health Centers	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain two full-time Medical Assistant, and provide eleven staff incentives, including covered professional development training to retain all at least 12 months after hire/incentive date.	Registered current staff in a team building course, and two staff registered for Spanish Medical Terminology. Hired one new medical assistant, and retained a previously existing but unfunded medical assistant. <i>Acknowledged L.A. Care on their website, social media, and Annual Report. In Progress</i>
55	Northeast Valley Health Corporation	\$150,000	Tranquada XIII	8/15/2024	To recruit one new, full-time MA position and retain 10 Medical Assistants through promotion and/or increased earnings	Promoted 10 Medical Assistant (MA) III personnel whom are getting ready to begin a train-the-trainer program to learn how to properly provide competency assessments for other MAs pertaining to Point-of-Care testing. Once they complete this program, they will be assisting the Registered Nurses, Licensed Vocational Nurses, and Medical Technologists to evaluate Point-of-Care testing skills of other MA personnel. Transitioning a current budgeted, but unfunded Floater MA II to be funded under this grant. Served 12,601 patients. <i>Planning to acknowledge L.A. Care on social media, website, and during Anniversary Gala in the Fall. In Progress</i>
56	ParkTree Community Health Center	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain two full-time Outreach and Enrollment Specialists, and provide professional development training and tuition reimbursement to retain up to 18 front line, non-licensed staff for at least 12 months after hire/incentive received.	Hired two new Outreach and Enrollment Specialists, one of which was promoted to a lead position. Assisted individuals transitioning from MyHealthLA to enroll in Medi-Cal. Staff were given the opportunity to become certified enrollers with the BenefitsCal program. Provided primary medical services to 585 new managed care patients. <i>Acknowledged L.A. Care on their website and social media. In Progress</i>
57	St. Anthony Medical Centers	\$150,000	Tranquada XIII	8/15/2024	To recruit four Medical Assistant positions with sign-on bonuses and retain each staff for at least 12 months after hire with bonuses and career advancement opportunities.	Hired four Medical Assistant (MA) positions. all of which are bilingual and receiving professional development training. Served 398 unique patients and reduced the number of missed patient appointments by 2.5% compared to the prior year. <i>Acknowledged L.A. Care verbally to patients, and plans to acknowledge on their website in the future. In Progress</i>

58	St. John's Well Child and Family Center	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain three new Assistant Clinic Managers with sign-on bonuses, and promote existing non-licensed staff into these positions with training from Clinic Managers and additional support or training to retain each manager for at least 12 months after promotion.	Promoted three staff; one to a floating Clinic Manager and two to Dramatic Improvement (DPI) Champion Coaches whom reinforce previous trainings and practices, help problem-solve issues, and boost all performance measures. Reduced patient wait times 88 minutes to 45 minutes; average no-show rate reduced from 20.4% to 14%; and had an overall 19.6% increase in billable visits. <i>Planning to acknowledge L.A. care in the future. In Progress</i>
59	The Achievable Foundation	\$150,000	Tranquada XIII	8/15/2024	To recruit two Medical Assistants and one Assistant Social Worker with sign on bonus after 90 day probation period, and provide seven front line staff retention bonuses, salary increases, and a floating holiday after 12 months additional employment.	Hired one Medical Assistant and one Associate Clinical Social Worker. Distributed retention bonuses to frontline staff who have been with the organization for 12 months including front desk representative, Outreach and Enrollment Specialist, and three Medical Assistants. Working with a consultant to conduct an HR operational assessment looking at DEI in HR from a holistic standpoint. Served 1,765 unduplicated patients. <i>Acknowledged L.A. Care on social media, and planning to acknowledge at upcoming Anniversary Gala. In Progress</i>
60	Universal Community Health Center	\$150,000	Tranquada XIII	8/15/2024	To retain four Medical Assistants through four months of training and promotion to Medical Assistant Lead/Care Coordinator and retain at least two of the four position for 12 months after promotion.	Promoted four medical assistants that were previously in budgeted, but unfunded positions to Medical Assistant Lead/Care Coordinators. Screening rates for cervical cancer and colorectal cancer have increased, from 27% to 51% and 20% to 40%, respectively. Additional significant increases in eye exams, tobacco, breast, and depression screenings. <i>Acknowledged L.A. Care on social media and marketing campaigns, and planning to acknowledge on their new Tree of Giving with a plaque. In Progress</i>
61	Via Care Community Health Center	\$150,000	Tranquada XIII	8/15/2024	To recruit and retain three Outreach and Enrollment Specialist and provide incentive on their 12 month work anniversary to retain each new hire for 12 months.	Hired three new Outreach, Enrollment, and Retention Specialists. Assisted 3,585 individuals with outreach and enrollment services. Continue working towards increasing patient satisfaction scores for quality of care. <i>Acknowledged L.A. Care on social media, website, and 2022 Annual Report. In Progress</i>
<b>Subtotal Tranquada XIII</b>		<b>\$2,700,000</b>				



Fiscal Year 2020-21 - Total of Forty-seven Awards

AD HOC 2020-21 - SEVEN AWARDS

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
62	Brilliant Corners	\$8,000,000	Ad Hoc 2020-2021	9/23/2026	At least three-hundred (300) clients will be provided permanent supportive housing; all clients placed in permanent housing will receive rental subsidy for up to 60 months; and ninety percent of clients housed in permanent supportive housing will maintain housing for at least 12 months after their move-in date.	Housed 332 over the five-year grant period with 236 people currently housed, exceeding 8,100 monthly rental payments since the program's inception. More than ninety percent (90%) of those ever housed maintained housing for more than one year. Approximately 74% of clients currently housed are L.A. Care members. Clients housed under the current 1115 Waiver program are being transitioned to Federal Emergency Housing Vouchers (EHV) or other options such as Flex Pool placements to maintain continuity of residence and services with minimal disruption. <i>Articles in Modern Healthcare and LAist, and articles on Website. Closed</i>
63	California Association of Food Banks	\$1,231,650	Ad Hoc 2020-2021	2/1/2023	To support up to 12 Los Angeles County nonprofits with grants including training and technical assistance on CalFresh outreach to enhance enrollment of at least 6,200 low-income individuals or families in the CalFresh program.	Supported eight L.A. County nonprofit organizations via subgrants to provide CalFresh community outreach and application assistance. Helped 5,794 families in with CalFresh; 4,149 with applications and 1,645 recipients to retain eligibility. <i>L.A. Care logo posted in lobby areas, inclusion on the website, social media recognition, donor wall recognition, and listing in the annual report and newsletters. Closed</i>
64	Inquilinos Unidos	\$125,000	Ad Hoc 2020-2021	3/25/2023	To provide eviction prevention services to assist 3,200 low-income residents, including 1,000 new clients, help at least 200 people remain housed through a pilot Anti-Harassment Education and Enforcement Program, and graduate at least 40 tenant organizers through the Tenant Empowerment and Leadership Academy.	Provided services to 3,247 primarily Spanish speaking low-income tenants to help navigate sub-standard housing conditions and tenants' rights issues. Established a pilot program for the Anti-Harassment Education and Enforcement Program, including evaluation criteria and recommendations for continued program development and/or policy change. Grantee also advised 203 households facing harassment of their rights, assisted with complaint submission and remain in their units. Graduated 40 tenants from its Tenant Leadership Academy. <i>Recognized L.A. Care as a funder in all Tenant Leadership Academy materials developed, including social media posts done for outreach. Closed</i>
65	Liberty Hill Foundation	\$50,000	Ad Hoc 2020-2021	4/15/2022	To support community based organizations and impacted community members' participation in the development of the County of Los Angeles Measure J budget and implementation plan by facilitating two capacity building grants, advocacy training for 40 participants, and meeting access and engagement for 20 individuals.	Provided subgrants to support two organizational leads of the Re-Imagine LA Coalition, a collaborative of community-based organizations leading the implementation of the Care First Community Investment (CFCI/Measure J) efforts. The Coalition engaged and mobilized more than 200 community members to submit public comments and participate on many regional or topic-based planning meetings through training on civic engagement. The public's input was included in recommendation to the Board of Supervisor about the allocation of more than \$150 million resulting from Measure J's passage. <i>L.A. Care was acknowledged during member meetings and on the impact report. Closed</i>

66	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)	\$500,000	Ad Hoc 2020-2021	2/1/2025	To expand use of the Post Discharge Clinic to serve up to 350 individuals with complex pulmonary disease Clinic, including COVID-19 Post-ICU Syndrome, long-haul patients, Interstitial Lung Disease, Pulmonary Fibrosis, chronic obstructive pulmonary disease, severe asthma, and lung nodule. Patients will demonstrate improved access, quality of life, and/or health status, including pulmonary function as appropriate for the condition.	Provided chronic disease and specialty care for the 192 enrolled patients with medical and sociodemographic comorbidities exacerbated by COVID-19. Fifty-nine unique patients were treated in the COVID-19 Post-ICU Discharge Clinic and pulmonary rehabilitation services. Clinic will open to new patients by December 2023. <i>Acknowledged L.A. Care through their website and as a platinum sponsor at The Dream Show 2023. In Progress</i>
67	National Medical Fellowships, Inc.	\$0	Ad Hoc 2020-2021	4/14/2022	To support a safety net clinic immersion program, modified due to COVID-19, that will place seven student in medical, nursing, or physician assistant programs at four L.A. County based Community Health Centers during the summer of 2021. L.A. Care funds will provide scholarships, student support, a program director, program coordinators, and pathway mentors.	Placed seven underrepresented minority medical, nursing, and physician assistant students (Scholars) in local Community Health Center (CHC) summer internships. Using a hybrid model for safety, Scholars completed service hours with their assigned CHC, leadership training, interactions with executive leadership team, attendance at admin/management meetings. It is expected that at least 5 of the 7 Scholars will return to primary care following completion of their training as a result of this experience. ESN supported project managed by Community Benefits. <i>Acknowledged L.A. Care on all national and city-based electronic and printed program materials and at the 2021 NMF Los Angeles Champions of Health Awards and Gala. Closed</i>
68	Southern California Grantmakers	\$25,000	Ad Hoc 2020-2021	6/30/2022	To provide at least seven (7) virtual and/or in-person programs for at least 125 total participants addressing topics related to health equity and advancing wellness, and at least three (3) virtual or in person convenings addressing systemic change and health equity through public policy education, advocacy, and grantmaking for at least 300 participants.	Curated a total of 134 programs attended by more than 5,000 participants. Of those programs, 11 focused specifically on health and health equity, with more than 250 participants in attendance. Provided several major cross-cutting programs exploring health and health equity issues with funders, reaching non-health funder members about how their work is health-related, to break down silos. <i>Recognized L.A. Care as a Changemaker Sponsor of its 2021 Annual Conference, "Rise Up: Closing the Racial Wealth Divide." L.A. Care logo displayed on website, email marketing, and day-of digital programming. Closed</i>

Subtotal AD HOC 2020-21		\$9,931,650				
<b>COMMUNITY WELLNESS INITIATIVE (CW) V - TWO AWARDS</b>						
#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
69	Chinatown Service Center	\$32,500	Community Wellness V	9/25/2022	To educate and assist 500 low-income households to claim the Earned Income Tax Credit (EITC) to bring in up to \$375,000 in tax refunds through one Volunteer Income Tax Assistance (VITA) site.	Filed tax returns for 1,012 individuals, 340 EITC tax filings have been accepted, and secured \$932,147 in EITC credits/return for families, and has engaged 39 community volunteers. <i>Planning to acknowledge L.A. Care in the future. Closed</i>
70	Koreatown Youth and Community Center, Inc.	\$75,000	Community Wellness V	9/25/2022	To educate and assist 1,154 low income household to claim the Earned Income Tax Credit (EITC) to bring in up to \$1,500,000 in tax refunds through four Volunteer Income Tax Assistance (VITA) sites.	Recruited and trained 300 VITA Volunteers, preparers, and intake managers. Prepared tax returns for 2,935 individuals during 2022 tax season and assisted 1,248 individuals with Federal/State EITC tax filings. Helped individuals receive EITC credits that resulted in total refunds of \$1,785,874. <i>Acknowledged L.A. Care at the Annual Benefit Concert in October 2022. Closed</i>
Subtotal CW V 2020-21		\$107,500				

EQUITY & RESILIENCE INITIATIVE (ER) II - TEN AWARDS

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
71	A Step to Freedom	\$125,000	Equity & Resilience II	9/15/2023	To provide transitional housing (TH) to 698 clients and provide at least one new needed program or supportive services to TH program clients, and ensure 70% compliance among 50% of clients taking prescribed medications. Enhance client database system to track program participation, changes in skills, knowledge and attitudes, and post program status. Increase the number of Board members by two, and provide all appropriate staff training on the use of automated financial systems.	Assessed and finalized stable housing plans for 416 adult males within one month of intake. The Workforce Development Program has had 86.1% participation rate among 66 Transitional Housing Program (THP) clients. Helped 96% of its clients in the transitional housing program achieve at or above 70% compliance with prescribed medications. Designated staff have completed half of the necessary Salesforce training to utilize new client database system to track client participation and client outcomes. Added three new board members, exceeding target of two additional board members. <i>Recognized L.A. Care as a 2022 Warm the Streets Organizational Capacity Building Sponsor. In Progress</i>
72	Comunidades Indigenas en Liderazgo ((CIELO)	\$125,000	Equity & Resilience II	9/15/2023	To conduct COVID-19 vaccination education to 1,000 hard to reach indigenous migrant communities in L.A. County consistent with L.A. City, County, State and CDC guidelines. Train 50 interpreters to effectively represent speakers of indigenous languages in court, hospitals, and other essential interactions. Develop and gain Board approval of a 2-year strategic plan.	Conducted COVID-19 vaccination education to 1,000 hard to reach indigenous migrant communities in L.A. County consistent with LA City, County, state, and CDC guidelines. Trained 35 interpreters to effectively represent speakers of indigenous languages in court, hospitals, and other essential interactions. Completed various tasks as part of its strategic planning process and is now 30% toward completion of a board approved strategic plan. <i>L.A. Care signage and logo inclusion during a hosted vaccination clinic. In Progress</i>
73	Creative Acts	\$125,000	Equity & Resilience II	9/15/2023	To provide civic engagement programming, available to at least 24 incarcerated youth in LA Probation Camps & Halls. Teach and expand virtual reality reentry program to at least 18 people serving life sentences inside prison. Offer past participants training how to facilitate classes and employment following release. Enhance donor database platform and virtual reality equipment. Develop a diverse Board of Directors for 501c3 organization and achieve a diverse operational budget of \$500,000.	Provided three civic engagement programming sessions in all LA County Probation Camps and Halls for 14 youth per group. Provided Virtual Reality re-entry programming to eight young adults incarcerated at Corcoran State Prison. This program was taught by 75% formerly incarcerated alumni who were taught to facilitate in training sessions and in its monthly alumni lab. Secured its 501c3 status and strengthened its board of directors at full membership, accounting processes, established a donor database, and now has a budget of \$500,000 for 2023; four times the amount from project start. <i>Listed L.A. Care as a funder on all impact reports, listed as a funder on website and printed materials for events. In Progress</i>
74	Homies Unidos, Inc.	\$125,000	Equity & Resilience II	9/15/2023	To partner to vaccinate at least 250 community members for COVID-19 in predominantly immigrant communities and communities impacted by gang violence. Distribute personal protective equipment to at least 1,500 unique individuals and food to at least 18,000 people or families in gang impacted communities to reduce violence related to the stress of COVID's economic fallout. Improve civic engagement and reduce destructive behavior for 45 youth including formerly incarcerated youth and recent immigrants from Central America between the ages of 14 and 24. Develop client tracking database, foster staff and leadership development through a three-day retreat, and enhance board effectiveness through a two-day retreat and training.	Vaccinated 228 community members for COVID-19 in predominantly immigrant communities and communities impacted by gang violence. Distributed personal protective equipment to 11,349 unique individuals and food to at least 17,764 people at 58 different locations within Koreatown, Westlake, Pico-Union and South Central L.A. Engaged 116 youth, including formerly incarcerated youth and recent immigrants from Central America between the ages of 14 and 24, through its Leadership Development program to help improve civic engagement and reduce destructive behavior in the community. <i>Acknowledged L.A. Care as a funder on website. In Progress</i>

75	Inclusive Action for the City	\$125,000	Equity & Resilience II	9/15/2023	Provide advocacy support to 2,200 street vendors via the LA Street Vendor Campaign. Assist 125 vendors to reach full compliance with Los Angeles street vendor policies. Successfully implement and integrate use of Customer Relationship Management Software. Hire and empower an Operations and Program Director to manage the expanding programmatic and operational portfolio and produce policy-related impact data by hiring a full-time Policy Associate.	Provided advocacy support, education, and outreach to 1210 street vendors via the LA Street Vendor Campaign. Assisted 89 vendors to reach full compliance with and become licensed as an LA street vendor. Strengthened infrastructure by hiring one full-time Deputy Director and one full-time Policy Associate. Implemented new CRM (Salesforce) into existing software and staff workflows. <i>Inclusion of L.A. Care as a core funder in the annual report. In Progress</i>
76	Khmer Girls in Action	\$125,000	Equity & Resilience II	9/15/2023	To provide leadership development training to and improve self-esteem and civic engagement for at least 80 members/clients. Increase the knowledge base of 1,200 community members on social issues impacting their neighborhoods through phone banking and door knocking, following all COVID 19 safety measures. Increase staff competency on PowerBase system and digital organizing and tracking alignment. Engage technical consultant to assess Information Technology (IT) functionality and replace outdated technology with PowerBase.	Provided leadership development training to 67 youth and conducted COVID outreach regarding how to register to vote, how to stay safe during COVID-19, where to get vaccinated, and find community-supported services to more than 1,700 community members. Trained staff on additional digital tech processes such as importing and managing database. Two staff members are now able to execute these tasks on their own and update data. Have identified a consultant to start identifying tech needs for a new server to support a hybrid work model. <i>Recognized L.A. Care as a funder through programs, flyers, community events, and community outreach efforts. In Progress</i>
77	Southeast Asian Community Alliance	\$125,000	Equity & Resilience II	9/15/2023	To deliver food and personal protective equipment to at least 150 community members twice each month. Continually update and provide updated public health information in five languages to 1,000 community members at least four times a year. Provide economic assistance to a minimum of 50 households in the form of cash grants, rental assistance, and/or help applying for COVID-19 relief programs, and empower 10-15 youth to be community leaders, educators, and change advocates for COVID-19 recovery efforts. Hire a consultant to assist in developing an organizational database and work with an accounting firm to improve fiscal management, establish an emergency/reserve fund, and develop a strategy for investing money from reserve funds.	Delivered more than 10,000 pounds of food to more than 200 households. Helped enroll more than 200 households into various food and rental assistance programs, and distributed more than \$50,000 in cash & rental assistance to these households. Provided 41 educational workshops and leadership trainings for 66 youth, which helped empower them to become community leaders and advocates. Enlisted an accounting firm and established an emergency/reserve fund per board approval to strengthen financial standing. <i>Acknowledged L.A. Care on flyers placed in care packages/grocery bags and have made announcements at member meetings. In Progress</i>

78	STEM to the Future	\$125,000	Equity & Resilience II	9/15/2023	To provide after school and camp programs to instruct at least 2,000 Black and Latinx youth how to use Science, Technology, English, Art, and Math (STEAM) to empower their communities. Ensure at least 1,600 Planting the Seed (PTS) participants and 30 participants in the three Brick by Brick (BxB) program feel confident in their ability to use STEAM and fulfill unmet needs in their communities. Train and support at least 300 educators to teach STEAM-based curricula, 240 (80%) of which will feel at least confident in teaching the program and in their ability to help their students see how they can use STEAM to support justice and freedom in the community. Improve client and donor data tracking by consolidate programmatic and outcome data and creating a new partnerships and donors tracking system Salesforce. Partner with an evaluator and researcher to evaluate programs, refine strategies, and publish program impact. Achieve donations of \$50,000 from individual donors through Board-led fundraising campaigns.	Served 2,600 youth through the after school STEM-based Planting the Seed program, with 80%+ of them expressing confidence in their ability to use STEAM to uplift their community and creative skills. Engaged 25 Black and Latinx youth in its Brick by Brick (BxB) Theory and Practice program, focused on fulfilling unmet needs in their communities, including youth-led Clean Air Day event. Trained 150 educators to create and implement student-led STEAM based learning experiences rooted in justice and freedom, with 85% of them expressing confidence in teaching the program and in their ability to help their students apply STEAM education to support justice and freedom in their community. Engaged consultants to train its Board of Directors on board development and fundraising and launched a multifaceted end of the year giving campaign. Board of Directors is in the strategic planning process of creating a yearlong fundraising plan for FY 2024. <i>Acknowledged L.A. Care during its Roundtable events. In Progress</i>
79	The Community Action League (TCAL)	\$125,000	Equity & Resilience II	9/15/2023	To provide employment and leadership training, job coaching services, self-employment, family reunification with the Department of Children and Family Services (DCFS), online training courses, and referral services to at least 450 clients annually, of which 50% will either get employed, or start some form of income generating activity (e.g. small business) within the first 6 months of completing one of our programs, and 75% within 12 months. Provide COVID 19 related outreach, engagement and system navigation services to at least 900 unduplicated individuals to overcome vaccine hesitancy and stimulate higher vaccination rates. Acquire a Client Management System to keep track of individual relationships with clients. Conduct a staff and organizational development retreat and provide financial management training for Board leadership.	Provided employment and leadership training, job coaching services, self-employment techniques, certified DCFS family reunification and online training courses, and referral services to 810 participants. Helped approximately 600 people secure employment or start some form of income generating activity (e.g., small business) within the first 12 months of program participation. Provided COVID 19 related outreach, engagement and system navigation services to more than 900 unduplicated individuals. Acquired a customized Client Management System to keep track of individual relationships with clients, has completed a series of staff and organizational development trainings, and completed financial management training for 100% of its board members. <i>L.A. Care logo posted on website; Logo also included on Black Family Reunion and Youth Leadership event invitations. In Progress</i>
80	Jemmott Rollins Group, Inc.	\$175,000.00	Equity & Resilience II - PA	12/31/2022	Provide technical assistance, coaching, assessment insights, networking and other assistance to enable ER II grantees to assess, refine, and achieve grantees' capacity building goals leading to greater organizational resilience among Black Indigenous and People of Color led and serving organizations.	Developed capacity building goals with grantees based on CCAT assessments and 1:1 consultation and coaching. Provided five group training sessions, and conducted two professional development seminars. <i>Posted on website In Progress</i>
<b>Subtotal ER II</b>		<b>\$1,300,000</b>				

**ROBERT E. TRANQUADA, M.D., SAFETY NET INITIATIVE (TRANQUADA) XII - TWENTY-SIX AWARDS**

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
81	AltaMed Health Services Corporation	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 30,000 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Latin/Hispanic populations.	Administered a total of 43,551 COVID-19 vaccinations; 21,900 of which were second doses. <i>Acknowledged L.A. Care on social media. Closed</i>
82	Arroyo Vista Family Health Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 1,200 doses of COVID-19 vaccines at four sites in at least one RCAC area, primarily serving Latin/Hispanic populations.	Administered a total of 9,611 COVID-19 vaccinations; 3,690 of which were second doses. <i>Acknowledged L.A. Care on their website and flyers. Closed</i>
83	Buddhist Tzu Chi Medical Foundation	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 8,000 doses of COVID-19 vaccines at two sites in at least two RCAC area, primarily serving Asian, Latin/Hispanic, and Southeast Asian populations.	Administered a total of 2,351 COVID-19 vaccinations; 713 of which were second doses. <i>Acknowledged L.A. Care on posters, social media, and their 2021 Annual Report. Closed</i>
84	Central Neighborhood Health Foundation	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 4,300 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Black, Latin/Hispanic, Asian, and Southeast Asian populations.	Administered a total of 18,786 COVID-19 vaccinations; 7,923 of which were second doses. <i>Acknowledged L.A. Care on flyers and at events. Closed</i>
85	Clinica Msgr. Oscar A. Romero	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 12,500 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Latino/Hispanic and multi-racial populations.	Administered a total of 15,456 COVID-19 vaccine doses; 8,098 of which were second doses. <i>Acknowledged L.A. Care on their website, marketing literature, monthly newsletters, and their 2021 Annual Report. Closed</i>
86	Community Health Alliance of Pasadena	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 20,000 doses of COVID-19 vaccines at three sites in at least two RCAC areas, primarily serving Latin/Hispanic, Black, Asian, and White populations.	Administered a total of 7,923 COVID-19 vaccine doses; 2,768 of which were second doses. <i>Acknowledged L.A. Care on their website and social media. Closed</i>
87	Comprehensive Community Health Centers, Inc.	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 1,200 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Latin/Hispanic, Armenian and Middle Eastern populations.	Administered a total of 12,327 COVID-19 vaccine doses; 4,000 of which were second doses. <i>Acknowledged L.A. Care on social Media, at outreach events, community meetings, and direct patient appointment scheduling. Closed</i>
88	Herald Christian Health Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 10,000 doses of COVID-19 vaccines at three sites in at least one RCAC areas, primarily serving Asian and Latin/Hispanic, and other multi-ethnic populations.	Administered a total of 19,380 COVID-19 vaccine doses; 7,326 of which were second doses. <i>Acknowledged L.A. Care on their website, Annual Report, and in their special report about COVID specific efforts. Closed</i>
89	JWCH Institute, Inc.	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 1,200 doses of COVID-19 vaccines at three sites in at least one RCAC area, primarily serving Latin/Hispanic, Black, and White populations.	Administered a total of 2,723 COVID-19 vaccinations; 1,563 of which were second doses. <i>Acknowledged L.A. Care as a Platinum Sponsor on their website. Closed</i>
90	KHEIR Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 7,320 doses of COVID-19 vaccines at one site in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.	Administered a total of 4,080 COVID-19 vaccinations; 1,601 of which were second doses. <i>Acknowledged L.A. Care on their website, social media, and at their 35th Anniversary Dinner and Awards. Closed</i>

91	Los Angeles Christian Health Centers	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 2,500 doses of COVID-19 vaccines at three sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, and homeless populations.	Administered a total of 2,719 COVID-19 vaccinations; 2,086 of which were second doses. <i>Acknowledged L.A. Care on their website and social media. Closed</i>
92	Los Angeles LGBT Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 3,194 doses of COVID-19 vaccines at one site in at least one RCAC area, primarily serving Black, Latin/Hispanic, multi-race, persons experiencing homelessness, and LGBTQ of all ethnicities.	Administered a total of 3,558 COVID-19 vaccine doses; 843 of which were second doses. <i>Acknowledged L.A. Care during their second annual Telethon of Love event on KTLA/Channel 5 and streamed on Facebook. Closed</i>
93	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 15,000 doses of COVID-19 vaccines using five mobile clinics in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.	Administered a total of 43,027 COVID-19 vaccine doses; 9,700 of which were second doses. <i>Acknowledged L.A. Care on their hospital website, social media feeds, and on the hospital's prominent donor wall. Closed</i>
94	Northeast Community Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 5,892 doses of COVID-19 vaccines at four sites in at least four RCAC areas, primarily serving Black, Latin/Hispanic, and White populations.	Administered a total of 13,490 COVID-19 doses; 9,081 of which were second doses. <i>Acknowledged L.A. Care on social media. Closed</i>
95	Northeast Valley Health Corporation	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 6,400 doses of COVID-19 vaccines at four sites in at least one RCAC areas, primarily serving Latin/Hispanic populations.	Administered a total of 31,383 COVID-19 vaccinations; 12,336 of which were second doses. <i>Acknowledged L.A. Care on social media. Closed</i>
96	QueensCare Health Centers	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 10,000 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Latin/Hispanic populations.	Administered a total of 14,880 COVID-19 vaccinations; 6,406 of which were second doses. <i>Acknowledged L.A. Care at weekly vaccination clinics and health centers with signage and visuals, on their website, and social media. Closed</i>
97	South Central Family Health Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 3,000 doses of COVID-19 vaccines at one mobile unit and three sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, Asian, and White populations.	Administered a total of 10,668 COVID-19 vaccinations; 5,375 of which were second doses. <i>Acknowledged L.A. Care on social media, and on swag bags and information packets at events. Closed</i>
98	Southern California Medical Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 5,000 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Asian, Latin/Hispanic, Middle Eastern/South Asian, Multi-racial and White populations.	Administered a total of 19,882 COVID-19 vaccinations; 8,463 of which were second doses. <i>Acknowledged L.A. Care on their website, at all drive-through vaccine clinics, and on placards on outside health service tables. Closed</i>
99	St. John's Community Health	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 7,200 doses of COVID-19 vaccines at one mobile unit in at least two RCAC areas, primarily serving Black, Latin/Hispanic, Multi-ethnic and persons of all ethnicities experiencing homelessness.	Administered a total of 6,312 COVID-19 vaccinations; 5,049 of which were second doses. <i>Acknowledged L.A. Care on COVID-19 impact report and 2022 Annual Report. Closed</i>
100	Tarzana Treatment Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 8,100 doses of COVID-19 vaccines at four sites in at least three RCAC areas, primarily serving Black, Latin/Hispanic, and White populations.	Administered a total of 12,321 COVID-19 vaccinations; 2,952 of which were second doses. <i>Acknowledged L.A. Care on flyers and on their website. Closed</i>
101	The Children's Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 1,200 doses of COVID-19 vaccines at one mobile unit and three sites in at least one RCAC area, primarily serving Black, Asian, Latin/Hispanic, Native American, Native Hawaiian, multi-racial and Southeast Asian populations.	Administered a total of 10,666 COVID-19 vaccine doses; 5,050 of which were second doses. <i>Acknowledged L.A. Care on social media. Closed</i>



102	University Muslim Medical Association, Inc. dba UMMA Community Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 12,800,000 doses of COVID-19 vaccines at two sites in at least one RCAC area, primarily serving Black and Latin/Hispanic populations.	Administered a total of 9,565 COVID-19 vaccinations; 3,626 of which were second doses. <i>Acknowledged L.A. Care on their website and 2021 Annual Report. Closed</i>
103	Venice Family Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 3,159 doses of COVID-19 vaccines at four sites in at least two RCAC areas, primarily serving Black, Asian, Latin/Hispanic, Native Hawaiian, and White populations.	Administered a total of 24,243 COVID-19 vaccinations; 4,504 of which were second doses. <i>Acknowledged L.A. Care on social media. Closed</i>
104	Via Care Community Health Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 3,744 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Latin/Hispanic populations.	Administered a total of 6,307 COVID-19 vaccinations; 4,907 of which were second doses. <i>Acknowledged L.A. Care on social media, flyers, and their website. Closed</i>
105	White Memorial Community Health Center	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 5,720 doses of COVID-19 vaccines at two sites in at least one RCAC area, primarily serving Latin/Hispanic populations.	Administered a total of 6,652 COVID-19 vaccinations; 2,383 of which were second doses. <i>Acknowledged L.A. Care on their website. Closed</i>
106	Wilmington Community Clinic	\$75,000	Tranquada XII	5/9/2022	To provide a minimum of 2,400 doses of COVID-19 vaccines at two sites in at least two RCAC areas, primarily serving Black, Asian, and Latin/Hispanic populations.	Administered a total of 3,601 COVID-19 vaccinations; 1,470 of which were second doses. <i>Acknowledged L.A. Care on patient vaccine information sheet. Closed</i>
<b>Subtotal Tranquada XII</b>		<b>\$1,950,000</b>				

**Fiscal Year 2019-20 - Total of Fifty-eight Awards**

**EQUITY & RESILIENCE INITIATIVE (ER) I - NINE AWARDS**

#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
107	California Black Women's Health Project	\$125,000.00	Equity & Resilience I	9/14/2022	To train 25 skilled community volunteers as advocates and facilitators to organize evidence-based community well-being, healing, and resiliency trainings for 200 women that support policy and educate on solutions to health disparities, including COVID-19, and inequities leading to poor outcomes for Black women and girls. Launch a culturally effective digital campaign to reduce coronavirus transmission in the Black community. Engage with capacity building consultant to strengthen administrative, development, and technical capacity, such as financial management, digital marketing, and information technology and data management skills.	Enlisted 25 community volunteer advocates to train 594 Black women between the ages of 14–75 via Sister Circle sessions that promoted community well-being, healing, resiliency, and support for policies and solutions regarding health disparities. Provided culturally relevant COVID-19 safety and risk-aversion materials to more than 1,500 Black/African American Los Angeles residents, targeting those who are hesitant to vaccinate, through Digital Newsletter and social media partner posts. Hired and on-boarded two full-time staff for Maternal and Infant Health initiative, as well as the communications department. Continue to utilize CRM platform to input all grants, constituent data, and completed staff trainings. <i>L.A. Care acknowledgement included on outreach and collateral materials for events, social media, and verbal acknowledgement during community events and related activities. Closed</i>

108	LA Commons	\$125,000.00	Equity & Resilience I	9/14/2022	To deliver cultural arts programs to 150 youth in South Los Angeles neighborhoods and improve 3 partners' strategic methods for engaging with community by using LA Commons inclusive cultural equity framework to depict community derived goals, like health, justice, and countering gentrification and displacement, through artistic expression	Delivered five arts-based youth leadership development initiatives in South Los Angeles to a total of 334 youth artists. Engaged neighborhoods through strengthened relationships with partners, including Zocalo, Tia Chucha's Centro Cultural, Esperanza Community Housing, and Los Angeles Poverty Department. Awarded a planning grant from the Getty to develop cultural equity-based community engagement programs. Hired a full-time Community Arts Program Manager, Development and Communications Manager, and promoted three part-time staff to full-time positions. <i>Planning to acknowledge L.A. Care in the future. Closed</i>
109	Latino Equality Alliance	\$125,000.00	Equity & Resilience I	9/14/2022	To provide direct support services for 330 LGBTQ youth and families through workshops, counseling, discussion groups, and programming on COVID-19 resources, leadership development, and mental health support. Develop and distribute 2,500 culturally relevant promotional materials on program services.	Maintained direct support services for more than 350 LGBTQ youth and families through workshops, counseling, discussion groups, and programming on COVID-19 resources, leadership development, and mental health support. Developed and distributed new culturally relevant promotional materials and online advertisements on program services to at least 2,500 individuals. Upgraded its website to include interactive features and video programming. Strengthened infrastructure by getting at least 80% of its board members actively participating in fundraising, developed a program evaluation plan, and developed a fundraising plan that resulted in at least a 3% increase in new recurring donors and securing its first and large government grant of \$400,000. <i>Acknowledged L.A. Care on social media, flyers, during e-blasts, and have added logo to the new website. Closed</i>
110	Los Angeles Regional Reentry Partnership (LARRP)	\$125,000.00	Equity & Resilience I	9/14/2022	To lead policy and advocacy committees to address service systems issues related to criminal justice reform affecting the lives of 3,500 justice involved individuals. Provide three capacity building and technical assistance workshops for member organizations. Provide paid leadership development and training to 10 individuals with lived experience.	Engaged 12 individuals with lived experiences in the justice system and offered 12 hours of training per month to each individual with topics including social determinants of health, public speaking, community-based participatory evaluation/research, and reentry policy; conducted three workshops to build the capacity of organizational partners in Antelope Valley; and successfully increased the salary of its Managing Director and Executive Director by 20% and 15%, respectively. <i>Acknowledged L.A. Care at Capacity Building and Technical Assistance Workshops and shared with trainers. Closed</i>
111	National Alliance on Mental Illness, Urban Los Angeles	\$125,000.00	Equity & Resilience I	9/14/2022	Increase participation in virtual classes and support groups by 20%, provide eight laptops and train outreach workers to facilitate classes and support groups, and provide NAMI classes for at least 500 Black, Latino, and Korean individuals. Facilitate virtual classes, support groups, and speaker sessions for at least 500 individuals. Obtain business printer for internal course material production, assist at least 150 with technology problems during classes, and obtain and review audited financials.	Engaged over 1,000, 40% more people in virtual classes and support groups, provided 12 laptops and trained outreach workers to virtually facilitate support groups and classes, and increased knowledge on serious mental illness for 887 individuals through NAMI classes. Purchased copier and assisted more than 200 staff and participants with technical issues through contracted provider Dell Help Desk. Audited finances to be completing within six months. <i>Recognized L.A. Care during 2022 Minority Mental Health Month events. Closed</i>
112	The Translatin@ Coalition	\$125,000.00	Equity & Resilience I	9/14/2022	To enhance existing program services, including the rental assistance and/or food delivery programs to prevent homelessness and food insecurity for 70 (seventy) clients during COVID-19. Provide paid internship opportunities to enhance employment skills and job attainment for 9 (nine) trans, gender non-conforming, and intersex ("TGI") people. Engage with capacity building consultant to strengthen development planning, professional development, data management, evaluation, and fiscal acumen.	Provided rental assistance to 52 clients and/or distributed gift/grocery cards 28 clients to prevent food insecurity for 80 clients overall. Provided three-month internships that resulted in newly developed job skills for nine clients total. Provided full financial management training for staff and completed a team building staff retreat. <i>L.A. Care was acknowledged in the annual report. Closed</i>

113	Jemmott Rollins Group, Inc.	\$75,000	Equity & Resilience I - PA	12/31/2022	Provide technical assistance, coaching, assessment insights, networking and other assistance to enable ER I grantees to assess, refine, and achieve grantees' capacity building goals leading to greater organizational resilience among Black Indigenous and People of Color led and serving organizations.	Completed full cycle of capacity building assessment, consultation and coaching with individual ER I grantees. Provided at least 30 hours of consulting with each grantee for a total 226 hours. Assisted grantees to achieve capacity building goals, including but not limited to varied fund development goals, board development strategies, enhancement of customer relations/data management, policy advocacy, and communications. All grantees reported significant organizational growth and/or visibility from the ER I learning and experiences. <i>Posted on website. Closed</i>
114	RDP Consulting	\$75,000	Equity & Resilience I - PA	12/31/2022	Conduct an assessment of the first year of L.A. Care's new Equity & Resilience Initiative's framework using qualitative and quantitative research methods to provide L.A. Care an interim and final report containing evaluation results of interviews and surveys from key initiative stakeholders, including grantees, their boards and clients to recommend direction for future ER initiatives.	Reviewed program materials and developed initial planning documents, including objectives, outcomes and interview protocols for the Initiative evaluation. Conducted and documented baseline and annual interviews with leadership of initiative grantees'. Conducted stakeholder interviews and prepared a Year 1 report with recommendation for future direction. <i>L.A. Care logo placed on website. Closed</i>
<b>Subtotal ER I</b>		<b>\$900,000</b>				
<b>ROBERT E. TRANQUADA, M.D. SAFETY NET INITIATIVE (TRANQUADA) XI - TEN AWARDS</b>						
#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
115	Garfield Health Center	\$150,000	Tranquada XI	6/1/2022	To provide medical care to at least 500 Latino patients over a two-year period. Seek a 15% increase from baseline of Latino patients with diabetes whose most recent hemoglobin A1c (HbA1c) is less than 9. The percentage of Latinos in the overall patient population will increase from 6% to 14%. Funds will be used to hire a Family Nurse Practitioner, Outreach Workers, and Peer Navigators.	Provided care to 1,725 new Latino patients. Expanded service hours of a Family Practice Registered Nurse Practitioner to work 40 hours per week. Newly hired Community Outreach Worker distributed marketing materials to 2,889 individuals. All 63 staff members completed the PALS for Health training to strengthen their cultural competence. <i>Acknowledged L.A. Care on social media and internal newsletter. Closed</i>
116	JWCH Institute, Inc.	\$150,000	Tranquada XI	6/1/2022	To provide medical care to at least 175 new African American patients. Out of an existing population of 5,500 African American patients, more than 3% (165) of African American patients will receive weight counseling and 5% (275) smoking cessation counseling, plus needed clinical services. The percentage of African Americans compared to the overall patient population will increase from 15% to about 15.1%. Funds will be used to purchase 50 desktops and NexGen provider licenses for six teams to facilitate working remote and increase telehealth services including to the new hardly reached population.☐	Provided care to a total of 3,434 new African American/Black patients at their Antelope Valley clinic locations, contributing to the 19.15% African American/Black representation of their patient population. Reduced percentage of African American/Black patients with poorly controlled diabetes from 33% to 24%. Increased percentage of African American/Black patients with controlled hypertension from 50% to 58%. Purchased 50 desktop workstations, facilitating their ability to provide telehealth and face-to-face medical and behavioral health visits. <i>Acknowledged L.A. Care on their website. Closed</i>

117	Los Angeles LGBT Center	\$150,000	Tranquada XI	6/1/2022	To provide medical care to at least 330 new, unduplicated Latino patients over a two-year period, with a specific focus on the LGBT community. The Center will increase retention of Latino pre-exposure prophylaxis (PrEP) patients--those who have been identified as at-risk for HIV--by 15%. Of these new PrEP users, 85% will be retained over the grant period and remain HIV negative. The percentage of Latinos in the clinic's overall SPA4 patient population will increase from 30% to 35%. Funds will be used to purchase the license for a bilingual Allscripts Mobile Patient Engagement (MPE) platform to complement the Center's existing Allscripts FollowMyHealth patient portal, and equipment (e.g., iPads, Charging Stations, etc.).	Increased retention of Latinx SPA4 patients into PrEP care from 60% to 74%. 64 patients remained HIV negative. Latinx patients now comprise 35.9% of total patient population in SPA4. Implemented a Mobile Patient Engagement platform for patients to utilize a single platform, including targeted appointment reminders and confirmations. Acknowledged L.A. Care on their website and during the Love in Action Telethon on KTLA. <b>Closed</b>
118	St. John's Community Health	\$150,000	Tranquada XI	6/1/2023	To provide medical care to at least 800 new, unduplicated African American patients and 265 Bengali patients over a two-year period. The Center seeks to improve health outcomes related to COVID-19 diagnoses and diabetes control for its target populations by ensuring at least 75% of its new African American and Bengali patients receive COVID-19 testing and 65% have HbA1c < 9.0% (controlled levels). The percentage of African American patients across all three targeted clinic sites will increase from 12% to 18% and will increase from 0% to 4% at the one targeted clinic site for Bengali patients. Funds will be used to pay for salaries of two Nurse Practitioners and one Community Organizer, cultural competency training, and translation services.	Created and disseminated hard-copy and virtual COVID-19 vaccination materials target to different communities, including African American/Black residents of South LA and Compton. As a result, served 834 new African American/Black patients, and 60% of African American diabetic patients have an HbA1c below 9%. Bengali tenant leaders have conducted outreach to 150 families. Forty-five (45) Bengali residents had one or more appointments at the clinic thus far, and 60% of diabetic Bengali patients have an HbA1c below 9%. Added a FTE Physician Assistant to the Rolland Curtis staff and .20 Family Nurse Practitioner was added to the Crenshaw team. <i>Acknowledged L.A. Care in Annual Report In Progress</i>
119	The Achievable Foundation	\$150,000	Tranquada XI	6/1/2023	To provide medical care to at least 350 new, unduplicated Latino patients over a two-year period. The Center seeks to improve health outcomes related diabetes and hypertension by ensuring at least 72% of new Latino patients with a diagnosis of diabetes will have HgA1C levels under 9% (controlled diabetes) and at least 70% of new Latino patients with a diagnosis of hypertension will have controlled blood pressure. Additionally, the center seeks to help 75% of newly enrolled Latino patients without diabetes or hypertension maintain or improve their health as evidenced by the absence of a new diagnosis of either condition by the end of the project period. The percentage of Latino patients will increase from 35% to 45%. Funds will be used to pay for salaries of a full-time Outreach/Patient Navigator and partial salaries of one bilingual Physician and two Certified Medical Assistants.	Served a total of 426 new Latinx patients. Revamped telephone systems and workflows to ensure the right staff members were available for linguistically-appropriate calls, reducing the call wait times and abandoned calls for Spanish-speaking patients. Almost 65% of new Latino patients with diabetes have HgA1C levels under 9% and 63% of new Latino patients with hypertension have controlled blood pressure. <i>Acknowledged L.A. Care on Annual Report. In Progress</i>

120	The Children's Clinic	\$100,000	Tranquada XI	6/1/2022	To increase in-reach to existing and new Cambodian patients by partnering with 2-3 Community Based Organizations that serve the Cambodian community. TCC seeks to improve health outcomes related to its new Cambodian patients with diabetes and hypertension by ensuring at least 70% of its new Cambodian patients have HbA1c < 9.0% (controlled levels) and no more than 40% have diagnosed "uncontrolled" hypertension after one year of being followed at TCC with at least two visits. Funds will be used to pay for the salary of a full-time Nurse Practitioner of Cambodian descent.	Partnered with Pacific Asian Counseling Services to link patients to behavioral and mental health services. Hired a full-time Cambodian Health Educator that has sent out a text message in Khmer to over 240 Cambodian household to tell them about TCC services and invite them for COVID-19 vaccines and boosters. At least 70% of the new Cambodian patients have an HbA1c level below 9. Provided over 800,000 pounds of fresh fruit and vegetables to their patients and community. <i>Acknowledged L.A. Care on upcoming Social Impact Report, and on all Annual Beach Walk publicity, advertising and press releases. Closed</i>
121	Universal Community Health Center	\$150,000	Tranquada XI	6/1/2022	"To provide medical care to at least 200 new, unduplicated African American patients over a two-year period. The Center seeks to increase the hypertension control rate of its overall African American patient population from 65% to 80%. The percentage African American patients in the clinic's overall patient population will increase from 3% to 6%. Funds will be used to cover the salary of a full-time Patient Coordinator, equipment, marketing/outreach materials, and equipment."☒	Enrolled 206 patients in the Remote Patient Monitoring Program, with 10% of African American descent of the 95% of people of color enrolled. While some patients have remained in the program, 112 patients have graduated and moved on to take charge of their own health, as they have become familiar through the program education and training on how to confidently maintain and monitor hypertension. <i>Acknowledged L.A. Care on social media, branded items at marketing/community events, and on flyers. Closed</i>
122	Via Care Community Health Center	\$150,000	Tranquada XI	6/1/2022	To increase patient service capacity to 385 patients per month, over a two-year period. At least 85% of provider staff will complete cultural competence training to better understand issues unique to the local Chinese population. Funds will be used for dental space renovation and expansion to accommodate COVID-19 requirements, and to complete a community outreach plan including marketing materials and a social media campaign to incentivize the local Chinese population to access health and dental care at the Via Care 507 Health Center.	Increased patient service capacity to accommodate 421 patients at the Via Care 507 Health Center. Building is framed and walls are currently going up with construction slated to be finished September 2022. Provided cultural competency training to 16 staff members. Planning for outreach and marketing to the Chinese student community at East LA College and surrounding community venues, particularly with regard to access to the dental clinic, as students do not have a dental clinic on campus. <i>Acknowledged L.A. Care on their website, social media, and outreach materials. Closed</i>
123	Venice Family Clinic	\$150,000	Tranquada XI	6/1/2023	"To provide medical care to at least 100 new, unduplicated African American patients over a two-year period. The Center seeks to improve health outcomes related to diabetes for its target population by ensuring at least 65% of these new patients with patients diabetes or prediabetes will have HbA1c < 9.0% (controlled levels). The percentage of African American patients enrolled in the Diabetes Prevention Program will increase by 10%. Funds will be used to complete engineering plans and renovation of its Inglewood Clinic to modernize the facility, including refurbishing 500 square feet of unutilized space to add two exam rooms and a dedicated waiting room."☒	Engaged at least 1,500 unique African-American individuals by sharing a printed flyer to invite participation in diabetes prevention and intervention programming. Enrolled 55 African American patients into the Diabetes Management Program, 35 of which have controlled HbA1c levels. Completed minor renovation of the Inglewood Clinic to include a refurbished X-Ray room that will become a group health education room focused on diabetes education. <i>Acknowledged L.A. Care at their October's "Power of Us" event at Sony Pictures Studios. In Progress</i>

124	Wilmington Community Clinic	\$125,000	Tranquada XI	6/1/2023	"To provide medical care to at least 150 new, unduplicated Asian American patients (with a focus on women) over a two-year period. The clinic will help 85% of the 150 targeted new Asian patients (approximately 130, primarily women of reproductive age) to maintain or improve their health status as evidenced by the absence of: unintended pregnancy, diagnoses of diabetes, or tuberculosis. The percentage Asian patients in the clinic's overall patient population will increase from 2% to 4%. Funds will be used to cover the salaries of a half-time Registered Nurse Practitioner, and part-time IS Technician and Outreach/Enrollment Lead, along with an Azara Software module upgrade."☐	Served 114 new, unduplicated Asian individuals. Medical Assistant supported efforts of monitoring patient outcomes by scheduling patient in-person visits and conducting telephone visits for 246 patients. Conducted outreach at a neighborhood market popular in the Carson area and shared flyers and presentations with three community groups located in Carson, reaching over 150 individuals. <i>Acknowledged L.A. Care on flyers and lobby displays. In Progress</i>
<b>Subtotal Tranquada XI</b>		<b>\$1,425,000</b>				
<b>NO COST EXTENSIONS - FIVE AWARDS</b>						
#	Organization	Amount	Grant Type	End Date	Grant Purpose	Progress Update and Recognition ( <i>in Italics</i> )
125	Arroyo Vista Family Health Foundation	\$150,000	Oral Health Initiative XII	8/1/2022	Oral examinations and diagnostic screening for oral cancers, x-rays, treatment for periodontal disease, malocclusion, temporomandibular joint (TMJ), dental caries, restorations to remove dental caries, endodontic, periodontal care, prosthetics replacement for lost dentition, restoring masticatory function (e.g. dentures, fixed bridges, removable partials), oral surgery for wisdom teeth extractions, fluoride treatments, and prescriptions. To serve a minimum of 750 patients☐	Served a total of 2,908 unduplicated dental patients, and provided two cleanings/scalings to 148 diabetic patients. Hired a qualified dental provider in September 2020 and two more dental providers will start providing services in September 2022. Implementing rapid COVID-19 testing for all patients has proven to lessen patient and provider concern over COVID-19 virus transmission. <i>Acknowledged L.A. Care as a donor on their website. Closed</i>
126	Central City Community Health Center	\$150,000	Oral Health Initiative XII	8/1/2022	Diagnostic, preventive and basic restorative dental services, basic dental screenings, sealants, oral hygiene instructions, topical application of fluoride, composite fillings, stainless steel crowns, space maintainers, root canal treatment, dental trauma management, single unit crowns, and extractions. To serve a minimum of 750 patients.	Performed a total of 10,147 diagnostic, preventive, and basic restorative procedures for 200 new and unduplicated patients. Of the new patients served, 40% have accessed other CCCHC services including medical or behavioral health services. <i>Planning to acknowledge L.A. Care on their website and intranet. Closed</i>
127	Community Health Alliance of Pasadena	\$150,000	Oral Health Initiative XII	8/1/2022	Preventive, diagnostic, and restorative oral health services, including cleanings, fluoride treatments, and sealants to prevent Early Childhood Caries. Restorative care includes fillings, pulp-otomys, and crowns and spacers. Also, tooth extractions and gum treatments. To serve a minimum of 750 patients.☐	Provided care to 1,611 new, unduplicated patients, 2,611 patients have completed their treatment plan, and 3,176 medical patients have been referred to dental services. Currently providing dental services at all three of its dental clinics and is currently achieving normal levels of visits among its dental patient population. <i>Acknowledged L.A. Care on their website, social media, and newsletter. Closed</i>
128	Comprehensive Community Health Centers, Inc.	\$150,000	Oral Health Initiative XII	8/1/2022	Oral health risk assessments during well child visits; diagnostic/X-ray services, simple extractions, preventative care (oral hygiene instruction, sealants, fluoride treatments, cleanings), emergency care, basic restorative and rehabilitative services, and anterior root canals. To serve a minimum of 750 patients.	Provided new dental services to 1,240 patients, ages 0-20 at their Glendale, Sunland, and Eagle Rock clinics combined. An average of 62% of children ages 6-9 years with moderate to high risk for caries received sealants. An average of 74% of patients ages 0-20 have accessed both medical and dental services. <i>Acknowledged L.A. Care on social media. Closed</i>

129	Wilmington Community Clinic	\$150,000	Oral Health Initiative XII	8/1/2022	Initial risk assessment/screening and exam, oral health education, sealants, or restorative work such as fillings or emergency services to treat infections or tooth extraction as necessary. To serve a minimum of 750 patients.☒	Provided services for 1,856 patients and expanded dental services by adding a new Dentist and Dentist Assistant to accommodate Saturdays and extended week hours. 180 patients self-reported positive dental outcomes including resolved pain and improved food intake. Referred 171 patients from primary care to primary dental services. <i>Acknowledged L.A. Care on their lobby screens. Closed</i>
<b>Subtotal No Cost Extensions</b>		<b>\$750,000</b>				
<b>Total Active Grants FY 2019-2022</b>		<b>\$26,624,150</b>				

**May 2023  
Grants & Sponsorships Report  
July 2023 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cumulative Total
1	California Pan-Ethnic Health Network	Voices for Change: 30 Years of Championing Health Equity	5/16/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
2	Faith And Community Empowerment	26th Annual Home Ownership Fair Checklist	5/16/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
3	Gay Men's Chorus of Los Angeles	GMCLA's 2023 GALA	5/26/2023	Sponsorship	\$ -	\$ 7,500.00	\$ 7,500.00
4	Get Together Foundation	Get Together Foundation Annual Charity Concert Event	5/26/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
5	Golden Future Expos Inc.	Golden Future 50+ Senior Expo	5/3/2023	Sponsorship	\$ -	\$ 3,500.00	\$ 3,500.00
6	Health Matters Clinic	HMC Care Connectivity - Telehealth Device Program	5/4/2023	Sponsorship	\$ -	\$ 50,000.00	\$ 50,000.00
7	Helpline Youth Counseling, Inc	2023 Heroes of NYC	5/8/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
8	Housing Works	Housing Works 20th Anniversary Dinner	5/3/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
9	It's Bigger Than Us	IBTU 4th Annual Back 2 School Event in Leimert Park	5/26/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 30,000.00
10	Jenesse Center	M.Sue Frazier Summer Camp (Camp Jenesse)	5/11/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
11	Latino Equality Alliance	Calavera LGBTQ Festival	5/2/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
12	Latino Equality Alliance	Purple Lily Awards Gala	5/4/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 10,000.00
13	ONEgeneration	14th Annual Senior Symposium Fair	5/1/2023	Sponsorship	\$ -	\$ 1,200.00	\$ 1,200.00
14	Partners in Care Foundation	23rd Annual Tribute Dinner honoring Johnese Spisso, MPA and Robert K. Ross, MD	5/26/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
15	SALVA	SALVA's 7th Anniversary Dinner Gala	5/16/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
16	Through Peace	Hate Crime Clinic	5/26/2023	Sponsorship	\$ -	\$ 15,000.00	\$ 20,000.00
<b>Total of grants and sponsorships approved in May 2023</b>					<b>\$ -</b>	<b>\$ 147,200.00</b>	<b>\$ 177,200.00</b>

No grants were approved in May 2023



**June 2023  
Grants & Sponsorships Report  
July 2023 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cumulative Total
1	Neighborhood Legal Services Los Angeles	Music for Justice	6/1/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
2	CicLAvia	Series of six CicLAvia Sundays	6/1/2023	Sponsorship	\$ -	\$ 75,000.00	\$ 75,000.00
3	Peggy Beatrice Foundation	Backpack Giveaway + Charity Baseball Game	6/8/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
4	Peggy Beatrice Foundation	Serve-A-Soul	6/8/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
5	March Of Dimes	It Starts With Mom	6/9/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 15,000.00
6	Ortiz Media	Expo Hondurena USA 2023	6/12/2023	Sponsorship	\$ -	\$ 5,000.00	\$ 5,000.00
7	Imagine LA	Imagine LA's Back-To-School Bash	6/12/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
8	Comprehensive Community Health Centers Greater Los	National Health Center Week - CCHC Multicultural Health Fair and Children's Appreciation Day	6/15/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
9	Angeles Zoo Association	L.A. Zoo Friday Nights 2023	6/21/2023	Sponsorship	\$ -	\$ 75,000.00	\$ 75,000.00
10	Arroyo Vista Family Health Center	Arroyo Vista Family Health Center Back to School Children's fair	6/21/2023	Sponsorship	\$ -	\$ 3,633.17	\$ 3,633.17
11	Los Angeles County Medical Association	152nd Installation of President and Officers	6/29/2023	Sponsorship	\$ -	\$ 10,000.00	\$ 10,000.00
12	Los Angeles Rams Foundation	Los Angeles Rams x L.A. Care Health Plan Play 60 / Youth Football Event + Merchandise bank	6/30/2023	Sponsorship	\$ -	\$ 75,000.00	\$ 75,000.00
13	Ascendant Academy	Provides capacity building support to launch Management of Healthcare Administration degree program in Los Angeles by September 2024	6/30/2023	Grant - Ad Hoc	\$ 250,000	\$ -	\$ 250,000
14	Liberty Hill Foundation	Supports administrativeStay Housed LA Program partners	6/30/2023	Grant - Ad Hoc	\$ 500,000	\$ -	\$ 500,000
15	National Medical Fellowships	Support Primary Care Leadership program and immerses 10 medical and nursing students in safety net clinics in Summer 2023	6/1/2023	Grant - Ad Hoc	\$ 150,000	\$ -	\$ 150,000
16	Southern California Grantmakers	Educate funders to increase support for health equity and workforce investments and build agency's policy advocacy section	6/1/2023	Grant - Ad Hoc	\$ 50,000	\$ -	\$ 50,000
<b>Total of grants and sponsorships approved in June 2023</b>					<b>\$ 950,000</b>	<b>\$ 293,633.17</b>	<b>\$ 1,248,633.17</b>



**L.A. Care**  
HEALTH PLAN<sup>SM</sup>

**For All of L.A.**

# *L.A. Care's Health Equity and Disparities Mitigation Plan Board of Governors Meeting July 27, 2023*

*Alexander (Alex) Li, MD*



L.A. Care.



**Health Equity**



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1927

# Health Equity Introduction

## L.A. Care's Statement of Principles on Racial and Social Justice

*July 30, 2020*

### Health Equity Mission Statement

*To support, guide, and inspire staff and providers to provide equitable and accessible health care for all.*

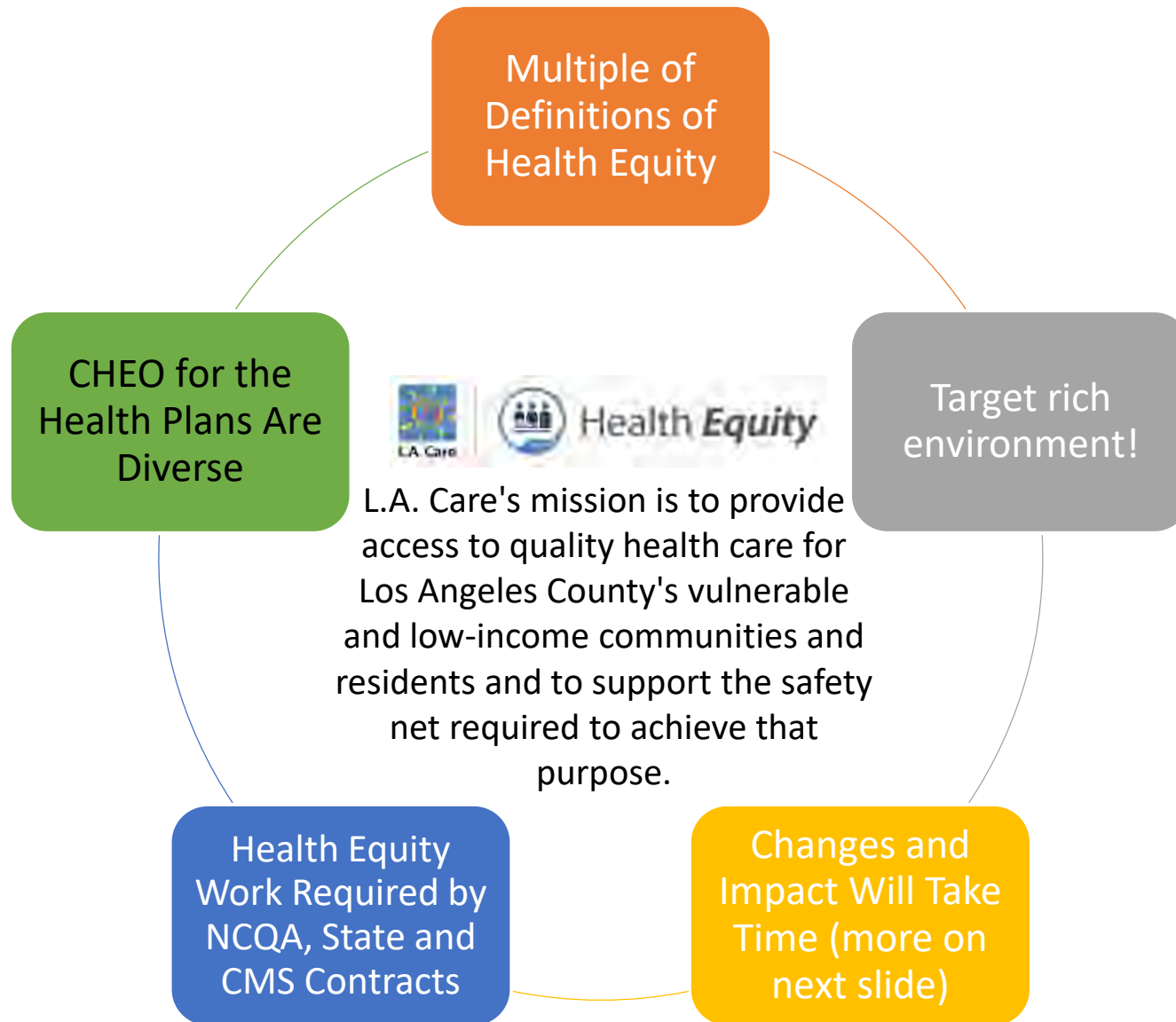
### Health Equity Plan

- L.A. Care's 2023-2025 Health Equity and Disparities Mitigation (HEDM) plan is a multifaceted plan that builds upon our existing mission, efforts, and resources in collaboration with external partners to improve health outcomes and reduce disparities.



Health *Equity*

# Environmental Scan and Observation



# Health Equity Zones

- Informed by L.A. Care's history of work within and for the safety net, member needs, our community partnerships, and internal assessment.
  - Identified **four key health equity zones**



Health *Equity*

# Address Health Disparities

## ***Health Equity Zone 1: Close racial and ethnic gaps in health outcomes among our members.***

1. Implement interventions to increase vaccination rates for children two and younger and those that missed or were behind in their vaccines.
- 2. Implements initiatives to address health for Black birthing individuals and infants. (Next slide)**
3. Strengthen the provider network for unhoused community.
4. Expand physical and behavioral wellness programs for school-age youth.
5. Address disparities for Black, Latino/Hispanic, and AI/AN communities with chronic disease.



Health ***Equity***

# Health Equity Zone 1, Objective 2

## *Metrics to Measure Success and Efforts:*

- **Metric 1:** Support 500 or more Black birthing individuals in one or more of L.A. Care's programs by September 30, 2024.
  - Efforts: Generating African American Infant and Nurturers Survival (GAINS) infrastructure grant, contract with doulas and work with community obstetricians and hospitals.
- **Metric 2:** Achieve a 75% or higher successful (HEDIS Prenatal Care measure definition) among Black Women by year 2025 (MY 2021 for Black Birthing Mother is 69% and White is 80%) for FY 2023-24
  - Current efforts: Text messaging campaign, work with key obstetricians and hospitals etc.



Health *Equity*

# Lead Change

***Health Equity Zone 2: Provide leadership and be an active ally for key community partners to promote health equity and social justice.***

1. Create partnerships and shared agendas with internal and external partners.
2. Promote gun violence education and prevention.
3. Explore and identify additional areas for advocacy
  - Community Health Investment Fund, Elevating the Safety Net
  - Medical Debt Relief
  - Community-generated needs and drive improvements



Health ***Equity***



# Move Towards Equitable Care

***Health Equity Zone 3:* Ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care.**

1. Improve demographic data collection and analysis.
  - Race, Ethnicity and Language (REAL) and Sexual Orientation and Gender Identity (SOGI)
2. Strengthen member level social determinants of health (SDOH) data collection.
3. Promote patient and provider concordance.
4. Promote health equity through annual Provider Equity Award.
5. Examine Appeals and Grievances and Utilization Management and other key health plan data and processes.



Health ***Equity***

# Embrace Diversity, Equity, and Inclusion

***Health Equity Zone 4: Serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.***

1. DEI training plan for staff, providers and contractors.
2. Compliance with all regulatory, contractual, and accreditation health equity requirements. (e.g. Quality Improvement and Health Equity Committee)
3. Support diverse employees and allow equitable opportunities to advance and thrive.
4. Promote health equity through Provider Equity Award.
5. Provide employees with the training and tools they need to provide bias-free services and care.



Health ***Equity***

# Sample Health Equity Efforts in Flight:

## HE Zone 1: Addressing Health Disparities

- Working closely with L.A. Care Health Services and other partners (e.g. DPH, First 5 etc) on maternal health and vaccine disparities.

## HE Zone 2: Leading Change

- Co-chairing the local health plans' CHEO roundtable.
- Organizing a local L.A. County health equity and Children's Health Disparities roundtable.

## Zone 3: Moving Towards Equitable Care

- Improving our data collection and analyses
- Planning for the Health Equity Practice Transformation Program

## Zone 4: Embrace Diversity, Equity and Inclusion

- Preparing for DHCS required staff, vendors and providers DEI training



Health *Equity*

## Next Steps:

- Keep the Board informed
- Broaden our collective view and role as a public health plan and be a key resource for L.A. County residents by:
  - **Be an agent to address health disparities.**

Questions and Feedback?



Health *Equity*



## L.A. Care's Health Equity and Disparities Mitigation Plan 2023-2025

### Message from the Chief Health Equity Officer

Achieving health equity and reducing health disparities is critical part of L.A. Care's mission. It is clear that poverty, implicit and systemic biases and racism adversely impact the health and wellness for many who are lower income, LGBTQ+, immigrants, Latino, Black and mixed-race individuals.

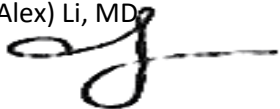
L.A. Care's Health Equity and Disparities Mitigation Plan creates a road map and an action plan on how L.A. Care will work with internal and community stakeholders and align resources to address priority health disparities experienced by residents in Los Angeles County for 2023-2025. To that effect, we have identified four **Health Equity Zones** that will serve as our areas of focus:

1. **Address key health disparities:** close racial and ethnic gaps in health outcomes among members.
2. **Lead change:** provide leadership and be an ally for community partners to promote health equity and social justice.
3. **Move towards equitable care:** ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care.
4. **Embrace diversity, equity, and inclusion:** serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.

We have also identified key objectives and metrics in each health equity zone. The objectives and metrics listed in this plan do not necessarily reflect all the disparity targets that we know exist. To advance and move towards equitable treatment and health, we will seek input from our members and providers, examine our internal and community data, align our resources with those in the community and seek to evaluate our efforts.

We invite you to read this document in full and participate in our continuous efforts to achieve health equity together.

Alexander (Alex) Li, MD



L.A. Care Chief Health Equity Officer  
ali@lacare.org  
June 5, 2023

## **Introduction**

L.A. Care has worked to address health disparities and the social barriers that impede a person’s equitable access to health care since our inception 26 years ago. L.A. Care plays a significant role in addressing health equity, diversity, inclusion and social justice – not only for our members, but also in our work with our community, safety net providers and our workforce. To us, health equity means that everyone has a fair and just opportunity to be as healthy as possible which starts with having health care coverage. Health equity also means that we must work tirelessly to address social and systemic barriers to health care.

National and tragic events including George Floyd’s death in 2020 on top of the pandemic triggered a nation-wide awakening and reminder that racial, economic, and class disparities exist all around us. While we have come a long way as a young and diverse society and nation, there is still much that can be done to create an equitable society. Consequently, L.A. Care issued a board-approved Statement of Principles on Social Justice and Systemic Racism with input from employees and members.

As part of L.A. Care’s effort to ensure that L.A. Care takes action on the Statement of Principles on Social Justice and Systemic Racism, L.A. Care’s Chief Executive Officer implemented an equity council structure to support equity at the member, employee, and provider level. A decision was also made to create the Chief Health Equity Officer (CHEO) role at L.A. Care. The Health Equity team led by the CHEO, is charged with implementing concrete measures to improve health equity for our members and advancing the principles of social justice, diversity, equity and inclusion in partnership with our providers, delegates, vendors and employees.

L.A. Care’s 2023-2025 Health Equity and Disparities Mitigation (HEDM) plan is a multifaceted plan that builds upon our existing mission, efforts and resources in collaboration with external partners to improve health outcomes and reduce disparities.

## **Health Equity Mission Statement**

To support, guide and inspire staff and providers to provide equitable and accessible health care for all.

## **Health Equity Vision Statement**

In partnership with our members, community partners and providers, we strive towards making Los Angeles County a leader in ensuring that everyone has a fair and just opportunity to be as healthy as possible.

## **Health Equity and Disparities Mitigation Plan Approach**

Creating health equity and addressing disparities are efforts that require leadership, collaboration, and input from nearly every department at L.A. Care. Some examples of existing departmental efforts include: Community Resource Centers, Community Health, Community Benefits, Health Education, Quality Improvement (QI), and Social Services departments working on organizing community supports such as coordinating housing, offering medically tailored meals or our Elevating Safety Net Initiative addressing workforce shortage challenges.

This document represents our two-year HEDM Plan and will only highlight the key areas where the Health Equity Department is primarily responsible or involved. The Health Equity team has documented and solicited feedback from numerous leaders, departments, stakeholders and consulted members to produce this framework and list of priorities and work that needs to be addressed or accomplished over the next 2 years.

## **Health Equity Zones**

What follows below are L.A. Care's Health Equity Zones, which serve as our areas of focus. Within each zone, we have outlined several objectives. An appendix with corresponding metrics for each objective can be found at the end of this document.

### **Health Equity Zone 1: Address Key Health Disparities**

Close racial and ethnic gaps in health outcomes among members.

#### Objectives

1. In collaboration with L.A. Care's QI Department, L.A. County Department of Public Health and other key stakeholders, review L.A. Care and California Immunization Registry data to identify target populations and implement interventions to increase vaccination rates for children 2 years old and younger across various race/ethnicity populations.
2. Implement initiatives to improve health of Black birthing individuals and infants, including Generating African American Infant and Nurturers Survival (GAAINS), and the doula and Community Health Worker benefits.
3. Strengthen provider network for the unhoused population by offering street medicine and virtual care.
4. Expand physical and behavioral health wellness programs for school age youth.
5. Address disparities for Black, Latino/Hispanic and American Indian/Alaska Native communities with chronic disease.

### **Health Equity Zone 2: Lead Change**

Provide leadership and be an ally for community partners to promote health equity and social justice.

#### Objectives

1. Coordinate and collaborate with internal and external partners like L.A. County's educational, health, public safety social service departments and other health plans to create shared agendas and plans.
2. Promote gun violence prevention education and amplify Office of Violence Prevention firearm safety training to L.A. County clinicians.
3. Explore and identify additional areas for focus and advocacy including community investment programs (e.g. Elevating Safety Net and Community Health Investment Fund grants), medical debt relief, as well as community-generated and driven improvements to address health equity.

### **Health Equity Zone 3: Move Towards Equitable Care**

Ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care.

#### Objectives

1. Improve the collection and analysis of data that help us target care appropriately, including race, ethnicity and language (REaL) data and sexual orientation and gender identity (SOGI) data.
2. Strengthen the collection and linkages of Social Determinants of Health (SDOH) information on need for food, housing, and transportation among L.A. Care members.
3. Support efforts to promote patient and provider concordance, where members can select providers with the racial/ethnic background they feel most comfortable with.
4. Recognize providers that promote health equity through the Provider Equity Award at the annual Provider Recognition event.
5. Create a process to review and analyze Appeal and Grievances, Utilization Management and other services with a health equity approach.

### **Health Equity Zone 4: Embrace Diversity, Equity, and Inclusion**

Serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.

#### Objectives

1. Prepare, develop, and implement a diversity, equity and inclusion (DEI) training plan that is specific to the needs of L.A. Care and meets DHCS regulatory requirements.
2. Ensure compliance with all regulatory, contractual, and accreditation health equity requirements in a timely manner.
3. In collaboration with Human Resources, create an environment that supports diverse employees and allows equitable opportunity to advance and thrive.



June 5, 2023

## Appendix: Health Equity Zones and Objectives with Metrics

Over the next two years, L.A. Care will work internally and in collaboration with our community partners to achieve the metrics outlined below in support of our Health Equity Zones and Objectives.

<b>Health Equity Zone 1: Address Key Health Disparities</b> Close racial and ethnic gaps in health outcomes among members.	
<i>Objectives</i>	<i>Metrics</i>
1. In collaboration with L.A. Care’s QI Department, L.A. County Department of Public Health and other key stakeholders, review L.A. Care and California Immunization Registry data to identify target populations and implement interventions to increase vaccination rates for children 2 years old and younger across various race/ethnicity populations.	Close racial and ethnic gaps to be within 5% of the reference (or highest) group by HEDIS 2025 (using HEDIS Childhood Immunization Status measures to determine progress). <i>(Draft 5/31/2023)</i>
2. Implement initiatives to improve health of Black birthing individuals and infants, including Generating African American Infant and Nurturers Survival (GAAINS), and the doula and Community Health Worker benefits.	Support 500 or more Black birthing individuals in one or more of L.A. Care’s programs by September 30, 2024.  Achieve a 75% or higher successful (HEDIS Prenatal Care measure definition) among Black Women by year 2025 (MY 2021 for Black Birthing Mother is 69% and White is 80%) for FY 2023-24.
3. Strengthen provider network for the unhoused population by offering street medicine and virtual care.	Onboard at least three (3) street medicine providers by March 30, 2024.
4. Expand physical and behavioral health wellness programs for school age youth.	Implement physical and behavioral health wellness programs in partnership with five (5) or more Title 1 middle school by September 30, 2024. <i>(Draft 5/31/2023)</i>
5. Address disparities for Black, Latino/Hispanic and American Indian/Alaska Native communities with chronic disease.	Establish equity goals for prioritized HEDIS metrics in enterprise-wide Population Health Management Index (PHMI) for each fiscal year through 2025.

	<p><b>Fiscal Year 2022-23 PHMI Equity Goals</b> As of 3/31/2023</p> <p>Percentage of Black/African American members receiving prenatal care.</p> <ul style="list-style-type: none"> <li>• MCLA 65.40% (rate), &gt;72% (goal)</li> </ul> <p>Percent of Black or African American members with an HBA1C&lt;8%.</p> <ul style="list-style-type: none"> <li>• MCLA 43.79% (rate) 43% (goal)</li> <li>• Duals 59.07% (rate), 60% (goal)</li> <li>• LACC 55.00% (rate), 57% (goal)</li> </ul> <p>Percent of Black or African American members with BP controlled.</p> <ul style="list-style-type: none"> <li>• MCLA 30.76% (rate), 37% (goal)</li> <li>• Duals 47.99%, 53% (goal)</li> <li>• LACC 37.88%, 38% (goal)</li> </ul>
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**Health Equity Zone 2: Lead Change**  
Provide leadership and be an ally for community partners to promote health equity and social justice.

<i>Objectives</i>	<i>Metrics</i>
1. Coordinate and collaborate with internal and external partners like L.A. County’s educational, health, public safety social service departments and other health plans to create shared agendas and plans.	Identify and partner with three (3) county agencies/health plans by September 30, 2024.
2. Promote gun violence prevention education and amplify Office of Violence Prevention firearm safety training to L.A. County clinicians.	Identify and partner with ten (10) or more external organizations to promote/collaborate on gun violence prevention programs by September 30, 2025.  Achieve 200 or more attendees and 400 registrants to attend the firearm safety trainings by September 30, 2023.
3. Explore and identify additional areas for focus and advocacy including community investment programs (e.g. Elevating Safety Net and Community Health Investment Fund grants), medical debt relief, as well as community-generated and driven improvements to address health equity.	Identify at least three (3) health equity improvement areas of focus to begin planning for 2024 community investment programs.

**Health Equity Zone 3: Move Towards Equitable Care**  
Ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care.

<i>Objectives</i>	<i>Metrics</i>
<p>1. Improve the collection and analysis of data that help us target care appropriately, including race, ethnicity and language (REaL) data and sexual orientation and gender identity (SOGI) data.</p>	<p>Increase from 80% REaL data to 85% REaL data collection by 2025. <i>(Draft 5/31/2023)</i></p> <p>Begin to capture member SOGI data in L.A. Care IT systems by September 30, 2024.</p> <p>Ingest Department of Social Services BenefitsCal SOGI data by December 31, 2023.</p> <p>Work with an academic center on data analyses to identify target opportunities by December 31, 2023.</p>
<p>2. Strengthen the collection and linkages of Social Determinants of Health (SDOH) information on need for food, housing, and transportation among L.A. Care members.</p>	<p>Increase the number of providers using Z codes by 10%, using FY 2021-22 as a baseline, by September 30, 2023.</p> <p>Implement SDOH placed-based efforts at 3 (three) Community Resource Centers by September 30, 2024.</p> <p>Increase the number of L.A. Care members receiving housing-related community support by September 30, 2023.</p> <p>Increase the number of homeless members receiving Enhanced Care Management (ECM) by September 30, 2023.</p>
<p>3. Support efforts to promote patient and provider concordance, where members can select providers with the racial/ethnic background they feel most comfortable with.</p>	<p>TBD by Provider Equity Council by December 31, 2023. <i>(Draft 5/31/2023)</i></p>
<p>4. Recognize providers that promote health equity through the Provider Equity Award at the annual Provider Recognition event.</p>	<p>Update program criteria for 3<sup>rd</sup> annual Provider Equity Award by September 30, 2023.</p>
<p>5. Create a process to review and analyze Appeal and Grievances, Utilization Management and other services with a health equity approach.</p>	<p>Complete by December 31, 2023.</p>

**Health Equity Zone 4: Embrace Diversity, Equity, and Inclusion**  
 Serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.

<i>Objectives</i>	<i>Metrics</i>
1. Prepare, develop, and implement a diversity, equity and inclusion (DEI) training plan that is specific to the needs of L.A. Care and meets DHCS regulatory requirements.	Comply with the DEI APL #XX-XXX by TBD. <i>(Draft 5/31/2023)</i>
2. Ensure compliance with all regulatory, contractual, and accreditation health equity requirements in a timely manner.	Achieve NCQA Health Equity Accreditation in 2024.
3. In collaboration with Human Resources, create an environment that supports diverse employees and allows equitable opportunity to advance and thrive.	TBD by LA Team Council, Equity Steering Committee, Health Equity and HR. <i>(Draft 5/31/2023)</i>  Implement at least one L.A. Care employee affinity group by December 31, 2023. <i>(Draft 5/31/2023)</i>



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** BOG 102.0723

**Committee:**

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** Execute a contract with NTT America Inc. to upgrade L.A. Care's Cisco Unified Contact Center Enterprise (UCCE).

New Contract    Amendment    Sole Source    RFP/RFQ was conducted

**Background:** L.A. Care uses Cisco's Unified Contact Center Enterprise (UCCE) solution for call routing, tracking and management across the company. The current hardware and software that supports this service is at the end-of-life. After September 30, 2023, the manufacturer will no longer provide maintenance support or security upgrades of said software and equipment. This poses an increased risk and can potentially lead to major outages affecting our ability to serve L.A. Care members.

To address this potential risk Information Technology (IT) staff will implement a new cloud based solution within the manufacturer's (Cisco) data center. The new solution will provide improved availability, on-demand scalability, and advanced integration capabilities with other third-party application solutions.

L.A. Care staff requests approval to execute a contract with NTT America, from August 31, 2023 to August 31, 2028, in the amount of \$8.5 million. The vendor will provide L.A. Care with a new Cloud based Contact Center solution along with associated hardware and software. This service is essential to remain compliant and properly support Members, Providers and Business Partners.

**Member Impact:** Failure to perform these upgrades can affect Member's ability to obtain health plan information and services.

**Budget Impact:** The cost will be included in the approved budget for the IT department in the coming fiscal year and future fiscal years for the remaining balance.

**Motion:** **To authorize staff to execute a contract in the amount of \$8,500,000 with NTT America Inc., from August 31, 2023 to August 31, 2028 for the purpose of upgrading L.A. Care's Unified Contact Center Enterprise solution.**



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** BOG 103.0723

**Committee:**

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** Execute a contract with Optum to continue providing population health and network analysis services through its “Impact Symmetry” suite of software and services.

**New Contract**    **Amendment**    **Sole Source**    **RFP/RFQ was conducted 2018**

**Background:** L.A. Care staff requests approval to execute a contract with Optum from September 28, 2023 to September 27, 2028, for \$7,118,500. This new contract is extending Impact Symmetry software licensing and professional support services that L.A. Care has been using since September 28, 2018.

With this contract, Optum will continue to provide L.A. Care with the following software and services:

- **Impact Pro:** A population health support tool critically integrated into the processes of the L.A. Care Health Services department. This tool is currently used to identify members for a number of regulator-mandated programs including Care Management risk stratification, Enhanced Care Management, and Transitional Care Services. Additionally, the licensing allows L.A. Care to assess member risk for various Social Determinants of Health needs.
- **Impact Intelligence:** An analytics engine that allows L.A. Care to compare and understand the value delivered by physicians and hospitals across the network. This product’s data mart output is integrated as part of L.A. Care’s existing reporting and analysis processes, and heavily used by L.A. Care’s Enterprise Performance Optimization department for network oversight.
- **Managed Analytic Services:** Professional support for continued development of custom data logic and reporting out of the two above mentioned software products.

No Request for Proposal (RFP) was conducted for this vendor because of the vendor’s existing integration into L.A. Care operational processes and L.A. Care’s satisfaction with its services. When L.A. Care initially contracted with Optum for these services (2018), an extensive RFP process was performed and Optum was chosen as the most appropriate solution.

**Member Impact:** L.A. Care members will benefit from this motion through Optum Impact Pro’s continued ability to identify member needs for various interventions that reduce adverse utilization and increase overall well-being (physical, mental, social). Additionally, Impact Intelligence will allow L.A. Care to monitor its provider network, ensuring better consistency and efficiency in the network’s care delivery.

**Budget Impact:** The cost was anticipated and included in the approved budget for the Advanced Analytics Lab department in Fiscal Year 2023-24, and subsequently transitioned to Information Technology. Actual payment of the first invoice will take place in October 2023. We will budget the balance in future fiscal years.

**Motion:** **To authorize staff to execute a contract in the amount of \$7,118,500 with Optum to provide Impact Symmetry software and professional services for the period of September 28, 2023 to September 27, 2028.**



L.A. Care  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** BOG 104.0723

**Committee:**

**Chairperson:** Alvaro Ballesteros, MBA

**Issue:** This motion is to request approval to award up to \$1,300,000 to the California Association of Food Banks (CAFB) to support up to ten non-profits in providing CalFresh outreach and enrollment assistance to 5,000 eligible households, and to establish a Los Angeles County based CalFresh Coalition in Fiscal Year (FY) 2022-23.

**Background:**

On November 3, 2022, as part of the general organizational and Community Benefit Department's budgets, the L.A. Care Board of Governors (BOG) approved an allocation of \$10 million for the Community Health Investment Fund (CHIF) in FY 2022-23 (EXE 101.1122). Community Benefits staff convened a review committee to evaluate CAFB's application materials, which resulted in a recommendation for funding at the requested level. Per Policy 603 (Grants and Sponsorships), CHIF awards of more than \$500,000 require the Board's approval.

Approval of this motion will provide a CHIF award to the CAFB in the amount of \$1.3 million to continue oversight of the CalFresh Outreach and Enrollment grant program for a third year. As in prior years, CAFB will manage the request for applications (RFA) process and leverage partnerships with CalFresh enrollment experts statewide and Community Benefits to select up to ten grantees, provide awarded grantees technical assistance, update them on CalFresh policy changes, conduct trainings, monitor grantees' progress, and submit progress reports according to Community Benefits' guidelines. CAFB continues to provide all services for a modest fee of 5%, and will re-grant all remaining funds to awardees. In 2023, CAFB will also establish a formal CalFresh Coalition to facilitate a relationship between the Los Angeles County Department of Public Social Services and CalFresh enrollment agencies to improve the overall CalFresh system in partnership. There will be no legislative efforts as products of the Coalition's efforts.

CAFB's administration has been highly effective. They have assisted 5,794 households to obtain and maintain CalFresh benefits through the 2021 award. A recent USC study recommends continued investments in programs like CalFresh to offset the statistically significant increase in food insecurity discovered between December 2021 and July 2022.

**Member Impact:** CalFresh eligible L.A. Care members can obtain assistance to enroll in the program and learn how to access other food resources, which combined with L.A. Care products will improve members' health status. Enhancing access to CalFresh benefits will also infuse federal funds into local economies, strengthening the economic base of many L.A. Care members and other CalFresh eligible individuals reside.

**Budget Impact:** On November 3, 2022, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for FY 2022-23. This request is within the CHIF funding allocation.

**Board of Governors**  
**MOTION SUMMARY**

Motion: To enable Community Benefits Department to award up to \$1,300,000 to the California Association of Food Banks (CAFB) to support up to ten non-profit organizations to provide CalFresh outreach and enrollment assistance to 5,000 CalFresh eligible households and to establish a Los Angeles based CalFresh Coalition in fiscal (FY) 2022-23; and

Authorize Community Benefits Departments to execute successive grants with CAFB in FY 2023-24 and 2024-25 contingent on funding availability in the L.A. Care annual budget's CHIF allocation, and stability of the California Association of Food Banks' proposed budget and program results.





July 27, 2023

TO: Board of Governors, L.A. Care Health Plan

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits Department*

SUBJECT: **Approval to award up to \$1,300,000 to the California Association of Food Banks to support up to ten nonprofits in providing CalFresh outreach and enrollment assistance to 5,000 eligible households, and to establish a Los Angeles County based CalFresh Coalition in fiscal (FY) 2022-23**

### **Introduction and Program Description**

L.A. Care's Community Benefits Department seeks approval to award up to \$1,300,000 to the California Association of Food Banks (CAFB) to continue oversight of the CalFresh Outreach and Enrollment grant program. CAFB will provide grants, training support, and technical assistance to up to ten nonprofits serving Los Angeles County residents. The selected nonprofit organizations will conduct CalFresh outreach and enrollment assistance for up to 5,000 eligible households, comparable to benefits for approximately 16,000 individuals facing food insecurity across Los Angeles County.

The California Association of Food Banks has administered the CalFresh Outreach and Enrollment Program for L.A. Care since 2021. The agency has also held a contract with the State of California Department of Social Services for CalFresh application assistance since 2003. CAFB currently coordinates outreach and enrollment efforts for more than 50 organizations across the state, including nine from Los Angeles County. Its comprehensive CalFresh outreach and enrollment program supplements the food resources its 41 Food Bank members in California, providing both food for the day and ensuring households have independent and sustained access to food.

In July 2021, and again in July 2022, the BOG approved awards to CAFB to administer the CalFresh Outreach and Enrollment program on behalf of L.A. Care Community Benefits Department. As in prior years, CAFB will manage the request for applications (RFA) process and leverage partnerships with its CalFresh enrollment experts statewide and Community Benefits to select grantees, provide awarded partners technical assistance, update them on CalFresh policy changes, offer training, monitor grantees' progress, and submit progress reports according to Community Benefits' guidelines. CAFB will continue to dedicate 95% of the funding, to their non-profit grantee partners to enhance their infrastructure, staffing, and service levels, which in turn, improves the outcomes of these grantees' enrollment efforts.

CAFB has had a promising start. At the end of the 2021 grant, CAFB's grantees assisted 5,794 households to obtain and maintain CalFresh benefits through. The 2022 cohort of CAFB grantees

begin in February 2023 and has conducted outreach to 2,253 households to identify newly eligible applicants and those needing assistance to maintain benefits. The agency's oversight of this program has also enriched information sharing among grantees and between grantees and external entities. CAFB staff has broadened grantees' understanding of California's CalFresh program through numerous interactive group discussions, trainings, and individualized technical assistance sessions. Topics have included legislative changes to program eligibility, use of application processing systems, and methods to rectify denials. Through these sessions, CAFB forged informal communication pathways with the Los Angeles County Department of Public Social Services (DPSS) representing the concerns and opportunities centered by participating grantees.

This year, CAFB will build on its previous liaising with DPSS to establish a formal CalFresh Coalition. The Coalition will be developed based on the "collective impact model" and other existing similar coalitions throughout the state. Staffed by CAFB, the Coalition will elevate opportunities to resolve issues systemically while maximizing efficient use of the County offices' human resources as they also oversee the county's Medi-Cal benefit renewal process for the first time since the COVID-19 pandemic. There will be no legislative efforts as products of the Coalition's efforts.

L.A. Care's partnership with CAFB will further strengthen the effectiveness of L.A. Care products, which when used in combination with CalFresh benefits, can minimize malnutrition, uncontrolled chronic disease, and mental health concerns. Given the effectiveness of CAFB's efforts to enroll new and maintain existing households in this critical program, we further request the Board to authorize Community Benefits to execute successive grants with CAFB in FY 2023-24 and 2024-25, contingent on the following:

1. The total grant request for CAFB remains within 5% of the current grant request of \$1.3 million, and;
2. The results of the grant are not substantially reduced. For example, the number of households assisted with CalFresh enrollment decreased by more than 10%, and CAFB grantees meet established benchmarks within six months of their grant term.
3. The Board of Governors allocates and approves sufficient funding in the corresponding budget for the Community Health Initiative Fund (CHIF), and approves CHIF priorities related to ameliorating social determinants of health, such as food and income security.

### **Issue Background**

The Supplemental Nutrition Assistance Program (SNAP), CalFresh in California, is the nation's nutrition safety net. The program issues monthly electronic benefits to be used for purchasing food. While more than one million Los Angeles County residents participate in CalFresh monthly, this is only 66% of those who qualify. It is estimated that more than 500,000 additional residents are eligible for benefits but not enrolled. Barriers to enrollment include a lack of information about the benefits and eligibility requirements, stigma associated with public assistance, and concern that participation might undermine one's own or a relative's immigration status among other considerations. Existing enrollees may not be aware or receive notification regarding reporting and reenrollment requirements and loose coverage after six months.

Food insecurity, a lack of consistent access to enough food for an active healthy life due to lack of money and other resources, has a detrimental impact on health outcomes. Those who are food insecure tend to eat low quality, calorie-dense foods with little nutritional value, which can

contribute to weight gain and to an increased susceptibility to one or more chronic illnesses, including type 2 diabetes, hypertension, and others. Still, food insecurity is increasing in Los Angeles County. A USC Dornsife Public Exchange study (September 2022) estimated that in July 2022, nearly 1 in 4 households experienced food insecurity, a statistically significant increase from December 2021. The Los Angeles Regional Food Bank, a CAFB member, indicates that at this level, Los Angeles County is home to the largest population of food insecure people in the nation. With food prices rising and pandemic-related nutrition supports coming to an end, low-wage workers and under-resourced communities, including communities of color, are impacted the most. Assistance to overcome barriers and misinformation about the benefit are essential to ensuring more household obtain benefits for which they qualify. The USC study recommends continued investments in government programs such as CalFresh. CAFB's grantee partners are poised to address those barriers through specialized outreach and enrollment assistance.

### **Organizational Background**

The California Association of Food Banks (CAFB) was founded in 1995 with a mission to end hunger in California and a vision for a well-nourished and hunger-free state where all people have enough food to lead a healthy life. CAFB works alongside member food banks across the State to ensure that they have the tools and resources to feed California's communities. CAFB also works to change the systems that create hunger in the first place. They are committed to an equitable food system in California that: (1) provides food to those who need it through its network of member food banks, (2) amplifies access to the CalFresh food stamp program, (3) builds bridges from fields to food banks by supporting California's agricultural system, and (4) improves the social safety net by working for effective public policy.

### **Project Deliverables**

By the end of the eighteen-month grant period, CAFB will meet the following objectives:

1. Select and execute contracts with up to 10 qualified nonprofits to conduct outreach and provide CalFresh enrollment assistance for a twelve month period.
2. Assist 5,000 households to enroll in CalFresh, and 2,400 to maintain their CalFresh eligibility through Semi-Annual Report assistance, annual reenrollment, and post application assistance.
3. Facilitate at least two training and quarterly meetings to inform grantees of policies and legislative changes, and/or best practice for application assistance.
4. Establish a Coalition of at least ten organizations conducting or supporting CalFresh outreach and enrollment.

### **Alignment with L.A. Care Strategic Goals**

This project aligns with L.A. Care's commitment to support and outreach to under-resourced populations and to improve health outcomes for racially diverse low-income populations in Los Angeles County, including its members. It also helps resolve food insecurity, a key social determinant of health, and drives the local economy, improving income stability for communities of color that were disproportionately impacted by the COVID-19 pandemic.

### **Evaluation and Program Monitoring**

Community Benefits staff will require three progress reports, including the results of CAFB's grantee's efforts, during the grant term.



## 2023 Community Engagement Groups Application Clinics

REGION	ADDRESS	AUGUST DATE/TIME	SEPTEMBER DATE/TIME	CONTACT PERSON
<b>Region 1:</b> Antelope Valley, Lancaster	<b><u>Community Resource Center in Palmdale</u></b> 2072 E Palmdale Blvd. Palmdale, CA 93550 <b>(213) 438-5580</b>	Friday, August 18, 2023 10:00 a.m. to 12:00 p.m.	Tuesday, September 26, 2023 2:00 p.m. to 3:30 p.m.	<b>Kristina Chung, Field Specialist</b> Cell Phone (213) 905-8502  <b>Martin Vicente, Field Specialist</b> Cell Phone (213) 503-6199
<b>Region 2:</b> Van Nuys, Pacoima, West Hills, North Hills, Arleta, Sepulveda	<b><u>Community Resource Center in Pacoima</u></b> 10807 San Fernando Road Pacoima, CA 91331 <b>(213) 438-5497</b>	Monday, August 21, 2023 10:00 a.m. to 12:00 p.m.	Thursday, September 14, 2023 2:00 p.m. to 4:00 p.m.	<b>Martin Vicente, Field Specialist</b> Cell Phone (213) 503-6199  <b>Christopher Maghar, Field Specialist</b> Cell Phone (213) 549-2146
<b>Region 3:</b> Alhambra, Pasadena, Foothill	<b><u>Robinson Park Recreation Center</u></b> 1081 North Fair Oaks Avenue Pasadena, CA 91103 <b>(626) 744-7330</b>	Tuesday, August 15, 2023 10:00 a.m. to 12:00 p.m.	Tuesday, September 26, 2023 2:00 p.m. to 4:00 p.m.	<b>Frank Meza, Field Specialist</b> Cell phone (323) 541-7900  <b>Christopher Maghar, Field Specialist</b> Cell Phone (213) 549-2146
<b>Region 4:</b> Hollywood, Wilshire, Central L.A., Glendale	<b><u>Community Resource Center in Metro L.A</u></b> 1233 S. Western Ave. Los Angeles, CA 90006 <b>(213) 428-1457</b>	Friday, August 25, 2023 2:00 p.m. to 4:00 p.m.	Friday, September 22, 2023 10:00 a.m. to 12:00 p.m.	<b>Kristina Chung, Field Specialist</b> Cell Phone (213) 905-8502  <b>Tyonna Baker, Field Specialist</b> Cell Phone (213) 760-2050
<b>Region 5:</b> Culver City, Venice, Santa Monica, Malibu, Westchester	<b><u>Veterans Memorial Building</u></b> 4117 Overland Avenue, Multipurpose Culver City, CA 90230 <b>(310) 253-6625</b>	Monday, August 21, 2023 2:00 p.m. to 4:00 p.m.	Monday, September 18, 2023 10:00 a.m. to 12:00 p.m.	<b>Cindy Pozos, Field Specialist</b> Cell phone (213) 545-4649
<b>Region 6:</b> Compton, Inglewood, Watts, Gardena, Hawthorne	<b><u>Community Resource Center in Inglewood</u></b> 2864 W Imperial Highway Inglewood, CA 90303 <b>(310) 330-3130</b>	Wednesday, August 16, 2023 10:00 a.m. to 12:00 p.m.	Wednesday, September 27, 2023 2:00 p.m. to 4:00 p.m.	<b>Frank Meza, Field Specialist</b> Cell phone (323) 541-7900  <b>Joshua Mendoza, Field Specialist</b>



## 2023 Community Engagement Groups Application Clinics

				<b>Cell phone (213) 760-0014</b>
<b>Region 7:</b> Huntington Park, Bellflower, Norwalk, Cudahy	<b><u>Community Resource Center in Norwalk</u></b> 11721 Rosecrans Ave. Norwalk, CA 90650 <b>(562) 651-6060</b>	Tuesday, August 22, 2023 2:00 p.m. to 4:00 p.m.	Tuesday, September 19, 2023 10:00 a.m. to 12:00 p.m.	<b>Martin Vicente, Field Specialist</b> <b>Cell Phone (213) 503-6199</b>  <b>Joshua Mendoza, Field Specialist</b> <b>Cell phone (213) 760-0014</b>
<b>Region 8:</b> Carson, Torrance, San Pedro, Wilmington	<b><u>Community Resource Center in Wilmington</u></b> 911 N. Avalon Ave. Wilmington, CA 90744 <b>(213) 428-1490</b>	Friday, August 25, 2023 2:00 p.m. to 4:00 p.m.	Friday, September 15, 2023 10:00 a.m. to 12:00 p.m.	<b>Hilda Herrera, Field Specialist</b> <b>Cell phone (213) 605-4197</b>
<b>Region 9:</b> Long Beach	<b><u>Community Resource Center in Long Beach</u></b> 5599 Atlantic Ave. Long Beach, CA 90805 <b>(213) 905-8502</b>	Thursday, August 17, 2023 2:00 p.m. to 4:00 p.m.	Thursday, September 21, 2023 10:00 a.m. to 12:00 p.m.	<b>Kristina Chung, Field Specialist</b> <b>Cell Phone (213) 905-8502</b>  <b>Tyonna Baker, Field Specialist</b> <b>Cell Phone (213) 760-2050</b>
<b>Region 10:</b> East L.A., Whittier, Highland Park	<b><u>Community Resource Center in East L.A.</u></b> 4801 Whittier Blvd. Los Angeles, CA 90022 <b>(213) 438-5570</b>	Thursday, August 17, 2023 2:00 p.m. to 4:00 p.m.	Friday, September 22, 2023 10:30 a.m. to 12:30 p.m.	<b>Hilda Herrera, Field Specialist</b> <b>Cell phone (213) 605-4197</b>
<b>Region 11:</b> Pomona, El Monte	<b><u>Community Resource Center in Pomona</u></b> 696 W. Holt Street Pomona, CA 91768 <b>(909) 620-1661</b>	Tuesday, August 29, 2023 2:00 p.m. to 4:00 p.m.	Wednesday, September 20, 2023 10:00 a.m. to 12:00 p.m.	<b>Frank Meza, Field Specialist</b> <b>Cell phone (323) 541-7900</b>  <b>Cindy Pozos, Field Specialist</b> <b>Cell phone (213) 545-4649</b>

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – May 10, 2023

1055 W. 7<sup>th</sup> 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>* Excused Absent    ** Absent  *** Via teleconference</p>	<p>Izmir Coello, Interpreter  Isaac Ibarlucea, Interpreter  Alex Mendez, Interpreter  Estefanie Mendez, Interpreter  Katelynn Mory, Interpreter  Susana Sanchez, Interpreter</p> <p>Norma Angelica Álvarez, Public  Sandra Aramburo, Public  Gisela Brigido, Public  Elizabeth Cooper, Public  Andrea Domingo, Public  Olive Ezenda, Public  Brigitte Green, Public  Adela Guadarrama, Public  Janet Henderson, Public  Lynnea Johnson, Public  Fresia Paz, Public  Dazzling Sanchez, Public  Maria Tamayo, Public</p>	<p>Hilda Pérez, Member, Board of Governors  Layla Gonzalez, Advocate, Board of Governors  John Baackes, Chief Executive Office, L.A. Care ***  Francisco Oaxaca, Chief of Communication and Community Relations  Marina Acosta, Manager, Health Equity, Health Equity Department  Miriam Admasu, Department Assistant, CO&amp;E  Tyonna Baker, Community Outreach Field Specialist, CO&amp;E  Malou Balones, Board Specialist, Board Services ***  Cherie Compartore, Senior Director, Government Affairs Department ***  Idalia De La Torre, Field Specialist Supervisor, CO&amp;E  Johanna Gonzalez, Quality Improvement Project Manager II, Quality Improvement Department ***  Hilda Herrera, Community Outreach Field Specialist, CO&amp;E  Xin Lee, Quality Improvement Project Manager II, Quality Improvement Department ***  Rudy Martinez, Safety &amp; Security Program Manager III, Facilities Services  Joshua Mendoza, Community Outreach Field Specialist, CO&amp;E  Linda Merkens, Senior Manager, Board Services  Nicole Moussa, Manager, Technical Information, Pharmacy &amp; Formulary ***  Victor Rodriquez, Board Specialist, Board Services  Prity Thanki, Local Government Advisor, Government Affairs ***  Martin Vicente, Community Outreach Field Specialist, CO&amp;E</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<p>Chairperson Fatima Vazquez called the meeting to order at 10:00 a.m.</p> <p>Chairperson Vazquez advised the public to recheck the directions for updates prior to the start of the meeting.</p> <p>“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.</p> <p>Accordingly, members of the public should join this meeting via teleconference as follows:  <a href="https://us06web.zoom.us/j/84483536180">https://us06web.zoom.us/j/84483536180</a></p> <p>Teleconference Call –In information/Site  Call-in number: 1-415-655-0002 Participants Access Code: (English) 2498 768 0914  Call-in number: 1-415-655-0002 Participants Access Code: (Spanish) 2488 424 7871</p> <p>For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to <a href="mailto:COEpubliccomments@lacare.org">COEpubliccomments@lacare.org</a> or by calling the CO&amp;E toll- free line at 1-888-522-2732 and leaving a voicemail.</p> <p>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.</p> <ol style="list-style-type: none"> <li>1. The “chat” will be available during the public comment periods before each item.</li> <li>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.</li> <li>3. Click on the chat icon. It will open a window.</li> <li>4. Select “Everyone” in the to: window.</li> <li>5. Type your public comment in the box.</li> <li>6. When you hit the enter key, your message is sent and everyone can see it.</li> <li>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.</li> <li>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.</li> </ol> <p>Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on May 10, 2023, it will be provided to the members of the Executive Community Advisory Committee at the beginning of the meeting. The chat message,</p>	

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](mailto:COEpubliccomments@lacare.org).

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt 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.”



<b>APPROVE MEETING AGENDA</b>	<p>Member Maria Sanchez, <i>RCAC 5 Chair</i>, stated that the agenda’s date is incorrect. It should read May 10, 2023.</p> <p>Member Andria McFerson, <i>RCAC 6 Member</i>, stated that Member Russell Mahler, <i>RCAC 1 Chair</i>, asked for more information about the RCAC restructure and thanked staff for doing that. She stated that some of the topics she asked to be on the agenda are not on the agenda. She asked that there be an agenda item about an emergency drill and COVID-19 updates.</p> <p><b>The Agenda for today’s meeting was approved with the changes mentioned above.</b></p>	<p><b>Approved by roll call. 12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, McFerson, Poz, Salazar, Sanchez, Refugio, Vazquez)</b></p>
<b>APPROVE MEETING MINUTES</b>	<p>Member McFerson stated that it basically states in third person and that they make the agenda, this is what it's saying, but she thinks it’s more like a “we.” “We make the agenda.” “They are made so that we can speak to each other as far as health goes." Having a list that they did not agree on amongst especially themselves. She was explaining the fact that the agenda adhere to the necessities of the people that they represent in their community. She wants to reiterate that this is third person and it's not actually what she said specifically. It does say that Mr. Baackes is first, but he was second on there. She thought the things he was saying were very important. But they were not placed on the agenda. He was talking about how ECAC needed to have some sort of structure to where they won't concentrate on the minutes and the agenda, they won't concentrate on the basic instruction you have before and then approving agenda and then approving the minutes.</p> <p><b>The April 20, 2023 meeting minutes were approved with the changes mentioned above.</b></p>	<p><b>Approved by roll call. 12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, McFerson, Poz, Salazar, Sanchez, Refugio, Vazquez)</b></p>
<b>STANDING ITEMS</b>		
<b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b>	<p>John Baackes, <i>Chief Executive Officer</i>, gave a Chief Executive Officer Update.</p> <p>He apologized for not being there in person, he is in Sacramento attending a meeting to increase the amount of money coming into Medi-Cal to expand the providers available. He reported that the Medi-Cal redetermination process has started with mailing of information to those who need to renew eligibility. L.A. Care learned that in the April mailing, 45% of the notifications to the beneficiary that eligibility had been automatically redetermined and the members is eligible for another year. The Department of Public and Social Services (DPSS) receives data on a beneficiary from other agencies which includes enough information to make the eligibility redetermination without a redetermination form. If the number of members automatically redetermined holds steady every month going forward,</p>	

that is a great relief. Because that is 45% of the people that do not need to worry. For that automated process to work for everyone, DPSS has to have the most current information. He encouraged everyone to update the information with DPSS.

California's state budget for 2024 has a huge deficit. In 2023, California had \$100 billion revenue surplus. What effect will it have on Medi-Cal? the service provider in Medi-Cal gets about 50% compared to Medicare was paying and about 30% of payment by commercial health insurance. L.A. Care took a lead in forming a coalition last summer. It is now called the California Safety Net Coalition (CSNC). This organization will attempt to create a tax that will supplement Medi-Cal funding currently provided by the state and the federal governments. The initiative would appear on the ballot in November of 2024. In the meantime, the Governor will announce his revised budget on May 12. The revised May Budget will include a tax from the same source to be implemented in this year's budget starting on July 1. He is confident it might work because for the first time in California, the coalition that L.A. Care put together includes hospitals, doctors, independent doctors, clinics and federally qualified health centers. It also includes the medical groups L.A. Care contracts with and it includes health plans. These have all come together as a coalition that represents the entire system to try to make Medi-Cal work in California. He will keep the committee informed at future meetings.

**PUBLIC COMMENT**

**Elizabeth Cooper, RCAC 2 Member:**

*Good morning, members of ECAC, Chairperson, and members of ECAC. And good morning, Mr. Baackes. I see some old timers here. Not that they're old but just old timers. Mr. Baackes, I would like to ask you a question. First, I would like to bring to the attention of the ECAC members and Chair, we're not lawyers, when you quote what changes in the Brown Act, there should be someone from the legal department, Mr. Baackes to advise us. I don't know about law. I don't, I'm a simple person. We're not lawyers. We're what the laws are. If I have to follow the rules, I want to know what the rules mean. One thing I would like to bring to your attention, Mr. Baackes I was part of many years ago why wasn't the coalition consists of consumer members? That's what recommend the executive committee the RCAC should have been part of the coalition because as part of their -- they engage the members who will be impacted if providers don't get the service. And finally, Mr. Baackes, I think we need to talk about what the rule, what I hope it cries out and begs your attention regarding changes in the RCAC which I will discuss later. And I thank you for your leadership, Mr. Baackes. These issues -- they cry out for your attention. And also the RCAC should be*

*involved because providers are not paid. You'll find that piece address I thank you very much.*

Mr. Baackes responded that Mr. Oaxaca will report on later in the meeting on the proposed changes in the RCAC structure. He encouraged everyone to listen carefully, because it really is being designed to get new blood into the RCACs and to also provide more forums where members can actually talk about issues, instead of all the formality that we have in these meetings which take up so much time.

Now the CSNC is made up of entities that put up the money to do this. The ballot initiative process is not going to be cheap. And the organizations that are around the table are funding this. L.A. Care is there as a health plan.

Member Russel Mahler, *RCAC 1 Chair*, asked if members can have input on what he is doing in Sacramento and can he provide this information to members of his RCAC. Mr. Baackes responded that he will draft something that can be distributed to the RCACs.

Member McFerson stated that she is glad he is here and appreciates the updates going to Sacramento and they are very beneficial to bring back to the RCACs. She asked him if everyone will be automatically redetermined for Medi-Cal or just people that receive EBT benefits. She asked, "Is it possible that we can vote on keeping the RCACs so we can be a part of different things like that in general?" She if they do not vote on it today if they can vote on it in the future to keep the RCACs for the next six months and beyond. Beginning January 1 2023, the Assembly Bill AB2449 allows individual Board members to participate in meetings locally of course emergency circumstances, their health keeps them from coming to the meeting and they do it virtually and that is basically what they did to change things a little bit as of January 1 and it also says that the Bill 2647 circulation of public meeting materials, it says that the seats have within 72 hours and then also the public, have it within the next business day. She noted it can be from Friday to Monday. Is it possible to have the written agenda items sent to members before, within 72 hours which the assembly bill.

Mr. Baackes responded that when legislation is signed and passed into law, of course L.A. Care will comply. He thanked her for bringing it to his attention, he will make sure Legal Services and CO&E are on the same page. The Medi-Cal redetermination, whether automated or the actual process, is a decision made by DPSS, L.A. Care does not control that. His understanding is that they tap into data in other agencies that helps determine that they are qualified. He would imagine that is income data and, if they are participating in another public social service and DPSS has access to it, that's how the eligibility is automatically redetermined.

**BOARD MEMBERS  
REPORT**

Ms. Gonzalez and Ms. Perez gave a Board Member Report.

Ms. Gonzalez thanked all the ECAC and RCAC members for attending the meeting today.

The Board of Governors met on May 4. Meeting minutes can be obtained by contacting Board Services and on L.A. Care’s website. The list of motions approved at that board meeting is available from CO&E. She thanked all the RCAC members that joined the Board meeting in person. She and Ms. Perez were happy to see members there and making public comments. Public comment gives Board Members the opportunity to hear from its members and it is greatly valued and helps L.A. Care improve its services for L.A. Care members. The following members attended in person:

1. Gladis Alvarez
2. Fresia Paz
3. Amanda Calzada
4. Ana Rodriguez
5. Celia Hernandez
6. Maria Alvarez
7. Nereyda Ibarra
8. Maria Mendez
9. Andria McFerson
10. Elizabeth Cooper
11. Mary Jo Fernando

Mr. Baackes gave a CEO Report. He gave an update earlier.

Ms. Compartore gave a Government Affairs update. CMS issued two proposed rules for Medicaid and the Children’s Health Insurance Programs that include several substantial changes to Medicaid managed care policies, including the establishment of wait times; requiring states to establish secret shopper surveys; new provider directory requirements; and requiring states to disclose provider payment rates in both fee-for-service and managed care. CMS also recently released a proposed rule that impacts DACA recipients (Dreamers). If finalized, the rule would allow DACA recipients to enroll in Medicaid, the Children’s Health Insurance Programs (CHIP), and the Affordable Care Act’s Health Insurance Marketplaces.

ECAC members and RCAC members as well as the public had an opportunity to make public comments. Fresia Paz, RCAC 10 Member, asked the Board about access to the CalAIM services. Board Member Ghaly responded that there are many different aspects of CalAIM, and almost all of the connections to those services would happen through the primary care provider. Ms. Paz asked if the provider is aware of the programs. Board Member Ghaly responded that many of the components of CalAIM have been

	<p>implemented but providers have differing stages of readiness. She offered to speak to Ms. Paz' specific needs offline. She pointed out that L.A. Care can help facilitate the connection to services. The programs that L.A. Care offers are available. Mr. Baackes offered to have staff talk with Ms. Paz. Board Member Ghaly responded that there are two broad categories, one is Enhanced Case Management (ECM) which is available through the providers. The second category is Community Supports, which connects with services such as housing and other services.</p>	
<p><b>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</b></p>	<p>Mr. Oaxaca gave a Communication and Community Relations Department Update <i>(a copy of the written report can be obtained from CO&amp;E.)</i>.</p> <p><b>PUBLIC COMMENT</b></p> <p><b>Elizabeth Cooper, RCAC 2 Member:</b>  <i>Thank you, Francisco for your presentation. I will -- two board members, Hilda and Layla Gonzalez and. Hilda Perez to please take notice that those members -- I want the two board members to please take notice. This is Ms. Cooper speaking. What happened about 14 years ago, we found out about it. I want to know first Francisco, I want a lawyer. Just a moment, when you said something other than authority and purpose of the advisory committees. You the members for your ECAC, we represent the members, Francisco, it's not that lies are being spread, it's misrepresentation, I feel is being spread. And I would like to know what port of authority did the board approve this? The ECAC, remember, you represent your members, think about this, this is the ballot. The great resource center was to serve the community so what will you do? You'll terminate your rights. It doesn't worry me, I can go to another committee, I gain no financial gain out of this. But I think there are some member who is are present sitting as staff present know what I'm talking about.</i></p> <p><i>Members please take notice because I, Ms. Cooper would like to request that L.A. Care provide a lawyer for me to know my rights as a member under the community. Under the code number 1487966, medicare manage care division policy letter 90901 and I would like to know, Francisco, what was your port of authority change then? Did the board approve this? Did the Board of Governors have to approve? I'm sorry about the time. Public comment. Thank you.</i></p> <p><b>Brigette Green, RCAC 6 Member:</b>  <i>Shesaid that they were informed at the RCAC 6 meeting there will no longer be RCACs, she asked if they would be voting on it. She asked if it is official that the RCACs will no longer meet and then stated that after listening to the presentation she now understands what is going on.</i></p>	

Mr. Oaxaca responded that as he mentioned in his report and it is important to state the facts, and the fact is that the RCACs are not being eliminated and they will continue. There is no action being taken or action that has been taken by staff. It is a proposal that will eventually go to the Board of Governors for their consideration. Staff is going through an extensive member input process as L.A. Care has always done. Whenever there are any changes to the operation or structure of the advisory committee staff are not proposing anything that is not aligned with the current bylaws regarding the advisory committees or that would require any changes to the enabling legislation that created L.A. Care and set the framework for the advisory committee structure.

Chairperson Vazquez closed the public comment section for this agenda item. She said they will not take questions from the committee and reminded everyone of the meeting guidelines. Member McFerson interrupted the chair and called for point of order. She asked that every chair that raises their hand, including the BOG, be given two minutes to speak and that it not be a dictatorship. They can vote on that decision. Chairperson Vazquez reminded Member McFerson the committee that they must follow the guidelines that were approved by ECAC. They are running short on time. All the presentations and agenda items must be completed.

Member McClain asked Mr. Oaxaca what time the Long Beach Community Resource Center (CRC) grand opening on June 9 will be and she asked if L.A. Care will provide transportation for members that would like to get services at all CRCs. She noted that it is a social determinants issue. She is thankful that L.A. Care is providing help to people that need help with their CalFresh documents. Her issue is that most of them are on fixed income and when it comes to CalFresh they do not get a lot of money. When they had that extra money [inaudible].

Member Salazar asked for an update on her request to have representatives from the CRCs to give reports at ECAC. She noted that it is very important now that all the RCACs are beginning to meet and are not going away. They will still be communicating with the RCACs. She pointed out that she was campaigning in Palmdale and saw an improvement. She spoke to [inaudible] and agreed there should be a representative from every CRC at ECAC. They need to be at ECAC and be familiar with all of them.

Member Mahler thanked Ms. Oaxaca for his update in regards to the RCAC restructure. He is glad that Member Salazar was able to visit them in the Antelope Valley for the first time.

Mr. Oaxaca responded that the grand opening is from 10 am to 12 pm, and an invitation will be going to RCAC and ECAC members. He asked if ECAC will still continue to meet when the RCACs take a break. Mr. Oaxaca responded that they will still meet, ECAC will not change.

Chairperson Vazquez stated that any members that have any questions please write them down so they can be answered by staff. Member McFerson interrupted the chair and called for point of order. She asked Chairperson Vazquez if they can have the opportunity to vote on whether or not they will continue with the new changes regarding the RCACs. Member Salazar asked Mr. Oaxaca to please answer her questions.

Mr. Oaxaca stated that all but two RCACs are meeting at the CRCs. He is making arrangements with the managers so they can be available during the RCAC meetings. They will work directly with the RCACs which ECAC members already attend. CRC staff will take turns attending ECAC. The RCACs will have a regular connection with the CRC and the manager. Member Salazar stated that this needs to happen now, they needed to do that a long time ago. They are late and need to start before the centers open. Mr. Oaxaca responded that they have already started.

Member McFerson called for point of order and asked ECAC if they can vote without any interruption from her on something dire that is changing the RCACs. She said that if Chairperson Vazquez does not honor the point of order she will ask Chairperson Vazquez to step out. She said she has the right to say that. Chairperson Vazquez responded that as the Chair she has a responsibility to continue with the agenda and the meeting. She noted that the motion is not on the agenda and is asking for their cooperation Member McFerson is asking for a point of order. Ms. Gonzalez stated that Member McFerson is being disrespectful to Chairperson Vazquez. She understands that Member McFerson wants to express herself, but she is being disrespectful by talking over Chairperson Vazquez. She thinks that Member McFerson is being extremely rude and it should be brought to everyone's attention. It is in the Brown Act that she not be disrespectful and disruptive to the meeting and adhere to the rules in the Brown Act so they can proceed. Member McFerson stated that have every opportunity to speak if they call "point of order." If they don't agree with the Chair they can call point of order and vote.

Member McClain called for point of order. She would like this meeting to get back on track. She thanked Chairperson Vazquez for doing an awesome job. She understands that they are trying to get through the agenda, but she asked to please allow the rest of those people one minute only and then have them say what they want to say and then continue. Chairperson Vazquez thanked her for her comments and stated that they must continue with the agenda. Member McFerson said that not all of the Chairs are in the room and they did not get a chance to vote. Member Salazar said the Chair must wait for all the Chairs to return.

Member McClain asked if all the members that were not able to speak if they can write down their questions and make sure that their questions are answered.

Ms. De La Torre stated that part of the meeting guidelines is to write down any comments and questions are not made due to time limits. Mr. Oaxaca will then provide a response and it will be included in the meeting minutes. Member McFerson called for point of order and said that they are able to vote on specific words Chair is telling them not to do. They can vote on whether or not the RCACs stay the rest of the year and keep that same protocol. They then send that to the board through their Board seats and they make recommendations because the Board has to change face, they have to vote on whether the RCACs come back but if we don't have any representation and don't tell the board, they are going to make sure that they vote how they think, not how members think. She asked for one more minute for the opportunity to represent RCACs today to speak on the RCAC change that Mr. Oaxaca is announcing. Chairperson Vazquez said [inaudible].

Member McClain called for point of order and asked Mr. Oaxaca for clarification on the RCACs taking a break is a state order to prepare for the transition next year. Mr. Oaxaca asked the Chair if he can responded. He responded that Member McClain she is correct in one sense that some of the changes that staff is purposing is to bring L.A. Care into the new contract with the state in house. Those are immovable objects; L.A. Care has to do certain things to remain in compliance with the new contract. The RCACs will spend a certain number of meetings throughout the year in a transition that will take place and to provide more opportunities for members to give us input on that transition process. The RCACs are not going away. The break is meant to give staff and members time to be able to transition in what is being proposed as a new structure in 2024. Member McClain noted there was a misunderstanding and asked if it would be after this meeting or the RCACs. Member McFerson said June. Member McClain stated that they thought they would not meet after June until next year. Mr. Oaxaca responded that the RCACs will continue to meet as they are. The structure of the meetings will be different, but they will be focused on the transition and on staff getting input from members on the proposed structure as they finalize the structure before it comes to ECAC and then the Board. There will be no changes until the Board considers the changes and takes a vote. [inaudible]. Member McFerson would like the opportunity to speak. She said with that being said the state is not choosing to change things, they have every right to keep the Brown Act and Robert's Rule of Order into the RCACs and not allow staff to change things so that it is just a listening session or change things period. She said she would like to file a 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 people and their health care. Member Russell seconded the motion.

Chairperson Vazquez asked for guidance from CO&Estaff. She said they can't vote on any motion that was not on the agenda. Ms. De La Torre stated that is it part of the ECAC to



have all motions documented on the agenda. The motion is not properly documented and they must move forward with the agenda. Member McFerson called for point of order and said there is a motion on the floor and if they go to any other Board of Governors meeting they can file a motion on the agenda item. The motion is towards that agenda item and staff and the Chair can't delegate it. If Chairs want to file a motion they can. She filed a motion to continue the RCACs with the Brown Act and Robert's Rule of Order. She asked if they can still advise the BOG. Member Mahler seconded the motion. Member McFerson asked Chairperson Vazquez if they can vote. Chairperson Vazquez stated that she can't call for a vote, because the motion is not on the agenda. She can't continue. Member McFerson clarified that she is not able to file a motion in regards to agenda item 4C. Ms. De La Torre stated that in order for the public to be aware of the motions and have the opportunity to discuss and be part of the motion, it must be documented on the agenda for any action to take place. Ms De La Torre said the motion can't move forward. They have to be transparent, because they are public meetings. If any action takes place at ECAC it needs to be documented so that the public can take action and participate in the discussion. Member McFerson stated that it is a formal complaint that a staff member can't filibuster a meeting or tell them how to obtain any structure. Mr. Oaxaca stated that there was never any intent to reduce the ability of members to comment or have a structure for the RCACs. The RCACs operate the way the RCACs operate and they are considered Brown Act committees. The intent is to provide an opportunity for those meetings during that transition period to be focused more on discussing and restructuring the maximum. Some of the other topics that they would normally be addressing to pause or take a break on those. Member McFerson thanked him for clarifying that and noted they will still have the Brown Act and Robert's Rule of Order in same practice as every two months. They will still have the right to vote and advise the Board seat and they will advise the full Board. Ms. Oaxaca stated that there are no changes being proposed as to how ECAC operates. Member McFerson asked if this also applies to the RCACs. Mr. Oaxaca responded that there are no changes being proposed to that part of the RCAC structure. One thing that he found is that offering the other opportunities that will not operate under the Brown Act and Roberts', found it creates an opportunity to have more open conversations and have conversations that are more efficient. It gives members to be more engaged during roundtable discussions.

The following questions were not asked at the meeting due to time limitations and were answered by email after the meeting:

Member Contreas-Wood asked, "In light of the idea to have RCAC meetings at the Community Resource Centers, I would like to know the closest Community Resource Center in the San Gabriel Valley?" Mr. Oaxaca responded "I think it is Pomona, which is 27 miles from downtown Pasadena where most of our RCAC 3 members live. **El Monte would be the closest center that is currently open. We have a center in Lincoln Heights that**

	<p>is under construction and will be completed this year. That will be the closest center to the Pasadena area. Are there any plans to have a Community Resource Center in Pasadena? Mr. Oaxaca responded “There are no plans to open a center in Pasadena.”</p> <p>Member Lara asked, “Can I attend the Grand Opening of Long Beach on June 9, 2023 as a public?” Mr. Oaxaca responded “All ECAC members are being invited to the event.”</p>	
<p><b>MEMBER ISSUES</b></p>	<p>Member Lara stated that at her meeting they had a major issue. She noted that each and every committee member will treat each other with respect. She said that there were two Board seat candidates at her meeting and one of the candidates was told that she could not apply for the Board seat because she did not speak English. She found the remark disrespectful, discriminatory, and rude. She noted that L.A. Care provides interpretation for people who do not speak English. They will start the process of removing this member from the committee.</p> <p>Member McFerson stated she feel it's a bit of a distraction to prolong the meeting with basic roadblocks so that Chairs won't be able to openly speak about healthcare because that is why they're there. They are there to discuss member issues regarding health care. As far as Member Lara's comments she thinks it was prejudicial to actually allow her to speak about the RCACs and not member issues specifically and as far as that goes, they cannot ask someone to lead your RCAC. They cannot do that.</p> <p>Member McClain stated that would like to add to Member Lara's comment and say that some people may not think this is an issue but one of their members was attacked with misinformation. She is a representative for people with disabilities, she just wanted to bring this to this table because one of their members that was verbally attacked is disabled and she is their Chair. She apologized to Chairperson Vazquez, but she feels it needs to be said. Due to this member's abusive comments it caused Chairperson Vazquez to be upset and they will both be filing a complaint. She stressed that they be aware of the code of conduct.</p>	
<p><b>OLD BUSINESS</b></p>		
<p><b>BOARD OF GOVERNORS ELECTIONS</b></p>	<p><i>(Member Ana Romo, RCAC 8 Chair, joined the meeting.)</i></p> <p>Linda Merkens, <i>Senior Manager</i>, gave a Board of Governors Elections update.</p> <p>She thanked the committee and welcomed everybody. She noted that everybody should have gotten the reading materials. Last month she provided ECAC with written talking points, because they were short on time. Staff is asking ECAC to provide additional guidance to make a decision about the election rules that this body approved in February. There is not a valid candidate for the advocate seat. There are two alternatives suggested in the memo that was distributed.</p>	

Member McFerson asked “In order to run for an election, do you have to be a member? Does the consumer advocate have to be a part of a group and receive their recommendations?” She noted that at the last meeting she filled out an application really quickly and she put a member down as the nominee, the President nominated her. Then she was told to scratch that out because she does have, she wants to be a consumer advocate in this election. She said she was distressed that she put the organization that she is with and the person that wants the recommendation letter. After that the person that she put on the application got a call from the staff member, she believes it was Ms. Merkens. They stated that that they have to be a member and they have to have a social security number and get a background check. Now this is what she was told. That is why she was reluctant to do the recommendation letter. She was one of the only persons that filled out that application as a consumer advocate. Her other question is “what is the time limit that somebody has to be a part of another organization or whoever makes the recommendation? Is there a time limit that that person engages in that specific company or organization in order for them to proceed a recommendation letter?” She asked for clarification about her eligibility. Ms. Merkens responded that the rules that were approved by ECAC includes the requirement.

“A volunteer of a community based organization or agency who is recommended by that entity as its representative to L.A. Care and who represents the best interests of and brings forward the issues and concerns of the populations served by L.A. Care.” Member McFerson asked if the candidate must have a letter of recommendation. Ms. Merkens responded that there needs to be a letter of recommendation from a representative of that organization. Member McFerson asked if they need to be a member, she said she received an email from her stating that they must be a member. Ms. Merkens responded that she may be misreading something that was sent to her. Member McFerson said that she will see later, because she recorded the conversation. Ms. Merkens asked if she recorded the conversation without her permission. Member McFerson responded that she didn’t say she recorded the conversation with Ms. Merkens, she meant she recorded a conversation she had with someone.

Member Deaka McClain, *Member At-Large*, suggested that they give people the opportunity to apply, but asked if Ms. Gonzalez was willing to continue on the Board as the Member Advocate. She said the memo states that “if Ms. Gonzalez resigns.” She asked Ms. Gonzalez if she was going to resign or if she would like to continue before they vote to extend the application process.

Ms. Merkens stated that option one states “If there is no new nominee for the Consumer Advocate seat, Ms. Gonzalez can remain in that seat unless she resigns or ECAC takes some other action.”

Member McClain asked for clarification. She would like to know if they have any candidates. Ms. Merkens responded that there are no valid candidates.

Member McClain asked Ms. Gonzalez if she was willing to remain on the Board throughout the extended process. Ms. Gonzalez responded that she is willing to stay until the final replacement, whether it takes a few months or years. She does not want to leave the post if there is no one to replace her. She would like to be sure there is a representative in the post so it's not left alone, but she does not know how long that would take. This election is only to cover the remainder of the current term. She noted that there will be a new election next year for each seat for a four year term. She is willing to stay in her seat until they elect a new Member Advocate.

Ms. Perez asked Ms. Merkens if she could please clarify application requirements for the Member Advocate seat. Ms. Merkens responded that she is unsure what is being asked. She asked members to refer to the application (*The requirements are on page four of the application*). The definitions were created by the original ECAC. Ms. Perez noted that Member McFerson asked “if a person is going to submit an application for the consumer advocate seat, does that person need to be a volunteer with an organization for a certain amount of time? Or the organization can extend or release or provide that person with recommendation?”

Ms. Merkens stated that it is decided by ECAC not by L.A. Care. She noted that these definitions were created by ECAC. That is the definition, is a volunteer of the community-based organization or agency who is recommended. It doesn't say anything about time spent or anything else. This is the definition that we work with to follow the rules that ECAC decided.

Member Estela Lara, *RCAC 2 Chair*, asked for the page number that the Member Advocate definitions are on. Ms. Merkens responded that they are on page four. Member Lara asked if a member can run for the member advocate seat. Ms. Merkens said that the rules do not preclude a member from running as an advocate. Member Lara said that if Ms. Gonzalez must leave her seat for unforeseen circumstances ECAC must set a limit for themselves.

Ms. De La Torre stated that this election is only to finish the current term which ends in October 2024. She noted that Ms. Gonzalez is willing to stay in her seat until someone else is elected. It has been stated that there will be another election next year.

Member Lara asked if the RCAC chairs will also remain until next year. Ms. De La Torre responded that this term limit only applies to the Board seat elections.

Member McFerson asked for clarification about the temporary executive advisory committee (TCAC) and asked if that is this committee. Ms. Merkens responded that the

TCAC (referred to in the application) was a precursor to the ECAC. Originally before L.A. Care received its license and began operations as a health plan, there was a planning body and part of the planning body was the group of L.A. Care members and that group was referred to as the temporary executive committee advisory committee. This was back in the 90s. Once L.A. Care got its license, the group became ECAC.

Member McFerson stated for the record she is still running as a member advocate. She said she wrote down what staff told her. Which was the nominee's name, once she did that, they asked a question. She crossed out the name and put the name of the organization then she received an email saying she must be a member in order to nominate a person and things like that. Everything was up in disarray. Now that it has been clarified she will make sure she gets a letter of recommendation and they carry out the process with her original application date. She thanked Ms. Merkens.

Member Lluvia Salazar, *Member At-large*, stated that she has a question about the recommendation letter. As far as she knows the nonprofit organizations, if they give a recommendation letter, they should have the nonprofit number. "What other information do you require from them?" Since they are a nonprofit organization, they are representing the organization. Confirmation should be more than enough. She asked, "So are you requesting information as far as I know if it's a nonprofit or if the organization corporation is actually the officers of the corporation?"

Ms. Merkens responded that the definition just says community-based organization or agency. It doesn't make any further distinction about the organization. L.A. Care has in the past accepted different groups. Accepted the recommendations from different groups. As long as they share a mission to serve the same people that L.A. Care serves. The same communities that L.A. Care serves.

Advocate Seat Suggested Alternatives Vote

OPTION 1 – Ms. Gonzalez remains in her seat until the next election

Estela Lara, RCAC 2 Chair

Cynthia Conteas-Wood, RCAC 3 Chair, ECAC Vice-Chair

Silvia Poz, RCAC 4 Chair

Maria Sanchez, RCAC 5 Chair

Fátima Vázquez, RCAC 7 Chair, ECAC Chair

Ana Romo, RCAC 8 Chair

Tonya Byrd, RCAC 9 Chair

Dameres O Hernández de Cordero, RCAC 10 Chair

Maria Angel Refugio, RCAC 11 Chair

Deaka McClain, At Large Member

	<p>OPTION 2 – Extend the application period for ONLY the Advocate seat  Russell Mahler, RCAC 1 Chair  Andria McFerson, RCAC 6 Chair  Lluvia Salazar, At-Large Member</p> <p>The committee voted in favor of asking Ms. Gonzalez to continue in her seat as the Member Advocate until October 2024.</p> <p>Member Salazar stated she will choose option two because she thinks they should give a chance to whoever is actually running to give them a chance to run. She said that this game of work is not easy, it's a lot of paper work. She said that everyone that voted for Option one is not giving people the opportunity to run.</p> <p>Ms. Merkens stated that currently there is no valid candidate for the Member Advocate seat.</p> <p>Member Ana Romo, <i>RCAC 8 Chair</i>, asked if Member McFerson submitted her application why is she being allowed to run. If she is the only person running she should be automatically in.</p> <p>Ms. Merkens responded that as of April 12, when the nominations were closed by ECAC, there are no completed applications for the Member Advocate seat.</p> <p>Ms. Gonzalez thanked the committee for allowing her to remain in her seat and looks forward to finding more community advocates so they can run for the Member Advocate seat.</p>	
<p><b>ECAC AD HOIC COMMITTEE MEMBER SURVEY</b></p>	<p>Member McFerson gave an ECAC ad hoc committee member survey update.</p> <p>Ad-Hoc Committee Purpose: To work on a potential, feasible questionnaire or survey for relative participants of our community needing proper effective healthcare. This questionnaire can also give L.A. Care instructive information about our members. The Ad-Hoc Committee received a presentation from Linda Carberry, Manager of Quality Data, from the Quality Performance Management Department on the different types of surveys that L.A. Care conducts. The Ad-Hoc Committee members where informed that due to State Regulations and requirements, advisory committee members or the community are not allowed to survey L.A. Care members. Based on the presentation received during the ad-hoc meeting, the committee is recommending the following:</p> <ul style="list-style-type: none"> <li>• Invite Linda Carberry to a future ECAC meeting and educate the ECAC members on how L.A. Care surveys their members.</li> <li>• Work with Linda Carberry to see if L.A. Care can create a poll survey for our RCAC members that can help document their healthcare experiences.</li> </ul>	

	<p>Member Mahler stated that this is good, but instead of meeting through Zoom they should meet in person to continue these discussions. He wondered if this a possibility.</p> <p>Member Salazar said that is a great idea and said that she has been trouble with her dentist. Her dentist tried to schedule her at odd times like 9:00A M on a Monday.</p> <p>Member McClain asked if they can amend this report. She asked if they can help create the polls. She would like to know if ECAC can come up with the questions that will be on the survey. That is her suggestion.</p> <p>Member Romo said that she would like to give support about the questioner, she would also like a follow-up because of the pandemic. She has a problem with two providers from L.A. Care, one in Downey, and one doctor in the Wilmington area. She would like help obtaining a Specialist and resolving those problems. She noted that there are many problems with those providers and they have been talking about them for two years now and nothing has been resolved.</p> <p>Chairperson Vazquez asked for a vote to continue with the recommendations made by the ad hoc committee.</p> <p>Member McFerson noted the amendments that were made by committee members and they need follow up.</p> <p>Ms. De La Torre noted all the comments that were made by members and suggested that the ad hoc may need to meet again. Chairperson Vazquez stated that the ad hoc committee will meet again.</p>	
<b>NEW BUSINESS</b>		
<p><b>HEALTH EQUITY: GENDER IDENTITY &amp; SEXUAL ORIENTATION (SOGI) AND GUN VIOLENCE PREVENTION PRESENTATION</b></p>	<p>Marina Acosta, MPH, Manager of Health Equity, Health Equity Department, gave presentations about Health Equity: Gender Identity (SOGI) and Gun Violence Prevention (<i>a copy of the full reports can be obtained from CO&amp;E.</i>).</p> <p><b>PUBLIC COMMENT</b></p> <p>Elizabeth Cooper, RCAC 2 Member. I think the Brown Act is being violated. There is a motion. So help me, the Brown Act. I would like to, I'm sorry, but a lawyer should have been here today.</p> <p>Member Salazar asked for clarification on the difference between pansexual and queer. Her child asked her and she was not able to give an explanation. Ms. Acosta responded that she would like to have an expert come in and speak on subject matter, but noted that pansexual is someone who open to all genders as a partner. Queer is an umbrella term for anyone that is gay or lesbian.</p>	

	<p>Member McFerson thanked Ms. Acosta for her presentations. She appreciates her presence and for what she does for the community and what she allows others to do. She is pretty sure there are members in the room that would love to participate in some of the programs she offers to reach out to the community about violence and equal rights. She asked if she can stay and ask any members if they would like to participate. Ms. Acosta thanked her for her comments and is happy to return to an ECAC meeting.</p> <p>Member Lara asked what is the difference between a transsexual and a transvestite. Ms. Acosta responded that transvestite is no longer a valid term it is outdated. Transgender or transsexual are the more appropriate terms and refers to someone that is going through or has gone through a sex change.</p> <p>Ms. Perez thanked her for giving this report. She noted that there is a great need for education on these topics and on how to be respectful of people's sexual orientation. She asked if there are any efforts on putting this information on the social media pages. Ms. Acosta thanked Ms. Perez for her comments and suggestions.</p>	
<p><b>COLORECTAL INTERVENTION UPDATE</b></p>	<p>Johanna Gonzalez, <i>Quality Improvement Project Manager, Quality Improvement department</i>, and Xin Lee, <i>Quality Improvement Project Manager</i>, gave a Colorectal Intervention Update (<i>a copy of the full report can be obtained from CO&amp;E.</i>).</p> <p>Member Romo asked if all L.A. Care members will be receiving this information. Ms. Gonzalez said that all members ages 45 and over will receive this information.</p> <p>Member Contas-Wood thinks it is important to let people know that a colonoscopy is painful and there are no symptoms. She said everyone needs to get this procedure when eligible and very quick.</p>	
<b>FUTURE AGENDA ITEMS</b>		
	<p>Member McFerson said they need to speak about the RCACs at the next meeting before any decisions are made. She noted that Member McClain spoke about having an emergency drill. She would like RCAC members to get the Gun Violence Prevention Presentation.</p> <p>Member Byrd would like clarification on everything. She wants to know if RCACs will continue to have meetings. She would also like to know what is their role as ECAC members and the community in relation to the Community Resource Centers.</p> <p>Chairperson Vazquez said she would like staff to give a presentation about durable medical equipment.</p>	
<b>PUBLIC COMMENTS</b>		
	<p><b>Elizabeth Cooper, RCAC 2 Member:</b></p>	



*Members of the ECAC I thank you for giving me a chance to listen. But first, I would like to give knowledge to profilers encouraged. But I agree or disagree, I would like to get profile and courage, Andria, she is people of courage. Whenever she speaks, she speaks about the RCAC. Unfortunately, sometimes the people who represent us don't always speak for us. We also, that is a concern that I want to address but I want to say to each of you the Brown Act is very important. What I witnessed today, I feel there was some violations of the Brown Act because in its motion, the public have a right to speak. Any motion that is wrote up, you have to be aware, members of the ECAC, you represent us. You don't just represent yourself. And I would like to bring up another issue. I was present when those marks was made. I didn't agree with them but let the record so reflect, I didn't agree with them because I believe in diversity. And I don't think it was intended that way. But the person who made those remarks has not been very careful, sensitive to members and I feel as a person of color, I have seen not courtesy, not one time have we through our field specialist, I ask many times with the Chair. So I think if you have, if you don't have clean hands, you should never discuss someone else. If you go and speak about how 1 person is treated, let us speak about all. And our Chair that represents, not one time to the best of my knowledge, action that come to do the field special which I request, do you have any concern, and I think of -- to me has been very discourteous, and you would think the meeting is not run. I respect each one of you all and for future talks, I still say, each and every one of you, but for the RCACs, I'm still requesting an outside to look at this and actually fairly. And I do feel that the person who chose to run advocacy should have been chosen according to the rules that imply that I'm disappointed with some people that put their names out there. But one final thing, if a candidate is running for office, anyone sitting at the table, they have the right to speak but they should let the candidate know I'm a candidate for office, I've only seen two candidates and a democracy. I needed to know, I don't know who is running for office and some of you send that for table. If you run for the FRCs or running for the RCAC Chair, you should present that. Thank you.*

**Janet Henderson, RCAC 2 Member:**

*I'll reiterate some of what Ms. Cooper said and as far as -- I'm not going to name people because I'm not good at beating around the bush. Our RCAC, Estela, she said something that someone said and that person is not even around to defend themselves and I was sitting right next to her. That is not what she said. And I think it should have been discussed with her around. She is also a person of color. And as far as being kind as Ms. Cooper so astutely put it, your hands also*

	<p><i>need to be clean. She speaks to us as members so poorly and I get no response from what I write on the comment paper. Nothing. So I think it would be great if we all spoke on ourselves before we point fingers at the way other people talk to each other.</i></p> <p><b>Elizabeth Cooper, RCAC 2 Chair:</b>  <i>Thank you for considering me. I'm trying to advocate for all of you. I'm a single parent of a developmentally disabled son and I care for him very much like I care for all of you. But I want you all to remember, some of the programs that you receive and now. The ECAC as we see, we fought for them. When I was the advise Chair, please don't just ignore what we say. We are the RCAC members and we come here to listen to what you all are doing on our behalf and I respect you, madame Chair, and I respect everybody here at the table but I'm here as an advocate and I was an advocate for I became. And I'm an advocate with my federal, state, and local official. So that is why I listen and I'm going to advise my representative for my legislative department to come and see. See how we end to end. And I just want to thank each and every one of you for giving me the opportunity to speak and those of you who listen to me. Thank you to our veterans.</i></p>	
<b>ADJOURNMENT</b>	<p><i>The candidates running for the Consumer Board Seat presented themselves to the committee.</i></p> <p>Chairperson Vazquez thanked the interpreters, L.A. Care staff, and the public for attending. The meeting was adjourned at 1:33 p.m.</p>	

**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 \_\_\_\_\_

# Legislative Matrix 7.14.2023

Last Updated: July 14, 2023

## Bills by Issue

### 2023 Legislation (84)

Bill Number	Status	Position
<b>AB 4</b>	<b>In Senate</b>	<b>Monitor</b>
<p><b>Title</b> Covered California: expansion.</p> <p><b>Description</b> AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment. The bill would also require the Exchange to adopt an annual program design for each coverage year to implement the program, and would require the Exchange to provide appropriate opportunities for stakeholders, including the Legislature, and the public to consult on the design of the program.</p> <p><b>Primary Sponsors</b> Joaquin Arambula, Sabrina Cervantes, Maria Durazo</p> <p><b>Organizational Notes</b> Last edited by Joanne Campbell at May 12, 2023, 9:13 PM L.A. Care, Health Access California (co-sponsor), California Immigrant Policy Center (co-sponsor): Support</p>		

Bill Number	Status	Position
<b>AB 85</b>	<b>In Senate</b>	<b>Monitor</b>
<b>Title</b>		

Social determinants of health: screening and outreach.

### **Description**

AB 85, as amended, Weber. Social determinants of health: screening and outreach. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would, upon specified appropriations by the Legislature, require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would, upon appropriation, require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would, upon appropriation, authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would, upon appropriation, make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified. Existing law establishes the Department of Health Care Access and Information, under the control of the Director of the Department of Health Care Access and Information, to administer programs relating to areas including health policy and planning. This bill would, upon appropriation, require the department to convene a working group, with specified membership, to determine standardized methods of data documentation to be used in recording social determinants of health screening responses, to create a standardized model... (click bill link to see more).

### **Primary Sponsors**

Akilah Weber

### **Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM

California Association of Health Plans: Oppose

Bill Number

**AB 102**

Status

**Enacted**

Position

**Monitor**

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**Title**

Budget Act of 2023.

**Description**

AB 102, Ting. Budget Act of 2023. The Budget Act of 2023 made appropriations for the support of state government for the 2023–24 fiscal year. This bill would amend the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**

Phil Ting

Bill Number

**AB 103**

Status

**Enacted**

Position

**Monitor**

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**Title**

Budget Acts of 2021 and 2022.

**Description**

AB 103, Ting. Budget Acts of 2021 and 2022. The Budget Act of 2021 and Budget Act of 2022 made appropriations for the support of state government for the 2021–22 and 2022–23 fiscal years. This bill would amend the Budget Act of 2021 and Budget Act of 2022 by amending and adding items of appropriation and making other changes. The bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**

Phil Ting

**Title**

Distressed Hospital Loan Program.

**Description**

AB 112, Committee on Budget. Distressed Hospital Loan Program. The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities. This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, as specified. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information demonstrating the hospital's need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop an application and approval process for loan forgiveness or modification of loan terms, as specified. This bill would create the Distressed Hospital Loan Program Fund, a continuously appropriated fund, for use by the department and the authority to administer the loan program, as specified. The bill would authorize both the authority and the department to recover administrative costs from the fund. The bill would authorize the Department of Finance to transfer funds from the General Fund to the Distressed Hospital Loan Program Fund between state fiscal years 2022-23 and 2023-24 to implement the bill, as specified. The bill would authorize the department and the authority to require any hospital receiving a loan under the program to provide the department and the authority with an independent financial audit of the hospital's operations for any fiscal year in which a loan is outstanding. The bill would abolish the fund on December 31, 2031, and would require any remaining balance, assets, liabilities, and encumbrances of the fund to revert to the General Fund. By creating a continuously appropriated fund, the ... (click bill link to see more).

**Primary Sponsors**

House Budget Committee

**Title**

Budget Act of 2023: health.

**Description**

AB 118, Committee on Budget. Budget Act of 2023: health.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan to provide disclosures regarding the benefits, services, and terms of the plan contract, as specified, to provide the public, subscribers, and enrollees with a full and fair disclosure of the provisions of the plan. This bill would require the department to develop standard templates for the disclosure form and evidence of coverage, to include, among other things, standard definitions, benefit descriptions, and any other information that the director determines, consistent with the goals of providing fair disclosures of the provisions of a health care service plan. The bill would require the department to consult with the Department of Insurance and interested stakeholders in developing the standard templates. The bill would require health care service plans, beginning January 1, 2025, to use the standard templates for any disclosure form or evidence of coverage published or distributed, except as specified. Because a willful violation of these requirements is a crime, the bill would impose a state-mandated local program. This bill would authorize the department to develop standard templates for a schedule of benefits, an explanation of benefits, a cost-sharing summary, or any similar document. The bill would authorize the department to require health care service plans to use the standard templates, except as specified, and would authorize the director to require health care service plans to submit forms the health care service plan created based on the department's templates for the purpose of compliance review. The bill would additionally specify that the department may implement these provisions by issuing and modifying templates and all-plan letters or similar instructions, without taking regulatory action. The bill would also update cross-references in various provisions.

(2) Existing law requires a health care service plan contract or disability insurance policy to cover mental health and substance use disorder treatment, including medically necessary treatment of a mental health or substance use disorder provided by an in-network or out-of-network 988 center or mobile crisis team. Existing law prohibits a health care service plan or insurer from requiring prior authorization for medically necessary treatment of a mental health or substance use disorder provided by a 988 center or mobile crisis team. This bill would instead specify that mental health and substance use disorder treatment... (click bill link to see more).

**Primary Sponsors**

House Budget Committee

**Title**

Medi-Cal: managed care organization provider tax.

**Description**

AB 119, Committee on Budget. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law, inoperative on January 1, 2023, and to be repealed on January 1, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22 fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. This bill would repeal those inoperative provisions. The bill would restructure the MCO provider tax, with certain modifications to the above-described provisions, including changes to the taxing tiers and tax amounts, for purposes of the tax periods of April 1, 2023, through December 31, 2023, and the 2024, 2025, and 2026 calendar years. The bill would create the Managed Care Enrollment Fund to replace the Health Care Services Special Fund. Under the bill, moneys deposited into the fund would, upon appropriation, be available to the department for the purpose of funding the following subcomponents to support the Medi-Cal program: (1) the nonfederal share of increased capitation payments to Medi-Cal managed care plans; (2) the nonfederal share of Medi-Cal managed care rates for health care services; and (3) transfers to the Medi-Cal Pro... (click bill link to see more).

**Primary Sponsors**

House Budget Committee



**Title**

Human services.

**Description**

AB 120, Committee on Budget. Human services. (1) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including group home facilities, short-term residential therapeutic programs (STRTPs), and adult residential facilities (ARFs), by the State Department of Social Services. Under existing law, the department similarly regulates residential care facilities for the elderly. A violation of provisions relating to these facilities is a misdemeanor. Existing law requires administrators of these facilities, with specified exemptions, to complete a department-approved certification program, uniformly referred to as administrator certification training programs. Under existing law, these programs require a specified minimum number of hours, depending on the facility type, of classroom instruction that provides training on a uniform core of knowledge in specified areas. Existing law also requires administrator certificates to be renewed every 2 years, conditional upon the certificate holder submitting documentation of a specified number of hours of continuing education, based on the facility type. Existing law permits up to one-half of the required continuing education hours to be satisfied through online courses, and the remainder to be completed in a classroom instructional setting, as prescribed. This bill would revise those provisions by deleting the classroom instruction requirement for initial certification and continuing education purposes, and instead would require instruction that is conducive to learning and allows participants to simultaneously interact with each other as well as with the instructor. The bill would authorize up to one-half of continuing education hours to be satisfied through self-paced courses, rather than online courses. The bill would make various conforming changes. Existing law authorizes the department to license as ARFs, subject to specified conditions, adult residential facilities for persons with special health care needs (ARFPSHNs), which provide 24-hour services to up to 5 adults with developmental disabilities who have special health care and intensive support needs, as defined. Existing law requires the department to ensure that an ARFPSHN meets specified administrative requirements, including requirements related to fingerprinting and criminal records. This bill additionally would require an ARFPSHN to meet the administrator certification requirements of an ARF, including, but not limited to, completing a department-approved administrator certification training program requiring a designated minimum number of hours of instruction conducive to learning, in which participants are able to simultaneously interact wi... (click bill link to see more).

**Primary Sponsors**

House Budget Committee

**Title**

Housing.

**Description**

AB 129, Committee on Budget. Housing. (1) Existing law establishes the Department of Housing and Community Development (HCD) in the Business, Consumer Services, and Housing Agency for purposes of carrying out state housing policies and programs, and creates in HCD the California Housing Finance Agency. This bill would remove the California Housing Finance Agency from within HCD. This bill would continue the existence of the California Housing Finance Agency in the Business, Consumer Services, and Housing Agency. This bill would also make technical, conforming changes and would delete obsolete references. (2) Existing federal law authorizes the United States Secretary of Agriculture to extend financial assistance through multifamily housing direct loan and grant programs to serve very low, low-, and moderate-income households, including, among other programs, Section 515 Rural Rental Housing Loans, which are mortgages to provide affordable rental housing for very low, low-, and moderate-income families, elderly persons, and persons with disabilities. Existing law establishes a low-income housing tax credit program pursuant to which the California Tax Credit Allocation Committee provides procedures and requirements for the allocation, in modified conformity with federal law, of state insurance, personal income, and corporation tax credit amounts to qualified low-income housing projects that have been allocated, or qualify for, a federal low-income housing tax credit and farmworker housing. Existing law requires not less than 20% of the low-income housing tax credits available annually to be set aside for allocation to rural areas. Existing law defines "rural area" for purposes of the low-income housing tax credit program as an area, which, on January 1 of any calendar year, satisfies any number of certain criteria, including being eligible for financing under the Section 515 program, or successor program, of the United States Department of Agriculture Rural Development. This bill would expand the above-described criteria relating to Section 515 eligibility to instead include eligibility for financing under a multifamily housing program, as specified, or successor program, of the United States Department of Agriculture Rural Development. Existing law also includes in the definition of "rural area" an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the city and its adjoining unincorporated area are not located within a census tract designated as an urbanized area by the United States Census Bureau. This bill would revise the definition of "rural area" to include an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the unincorporated area i... (click bill link to see more).

**Primary Sponsors**

House Budget Committee

**Title**

Confidentiality of Medical Information Act: reproductive or sexual health application information.

**Description**

AB 254, as amended, Bauer-Kahan. Confidentiality of Medical Information Act: reproductive or sexual health application information. The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Rebecca Bauer-Kahan, Dawn Addis, Laura Friedman

**Title**

Public health: COVID-19 testing and dispensing sites.

**Description**

AB 269, Berman. Public health: COVID-19 testing and dispensing sites. Existing law, the California Emergency Services Act, authorizes the Governor to declare a state of emergency during conditions of disaster or extreme peril to persons or property, including epidemics. Pursuant to this authority, on March 4, 2020, the Governor declared a state of emergency relating to the novel coronavirus 2019 (COVID-19) pandemic, and ordered, among other things, that the certification and licensure requirements as specified in statute and regulation be suspended to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments (CLIA) for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory, and that the California Health and Human Services Agency is required to identify and make available medical facilities and other facilities that are suitable for use as medical facilities as necessary for treating individuals who test positive for COVID-19. This bill would authorize a person to perform an analysis of samples to test for SARS-CoV-2 in a clinical laboratory or a city, county, or city and county public health laboratory if they meet the requirements under CLIA for high complexity testing. The bill would, until January 1, 2024, authorize an entity contracted with and approved by the State Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 oral therapeutics, as defined, at or from a designated site. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Marc Berman

**Title**

CalWORKs: CalFresh: eligibility: income exclusions.

**Description**

AB 274, as amended, Bryan. CalWORKs: CalFresh: eligibility: income exclusions. Existing federal law provides for allocation of federal funds to eligible states through the federal Temporary Assistance for Needy Families (TANF) block grant program. Existing state law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Under existing law, certain types of payments received by recipients of aid under the CalWORKs program, including, among others, an award or scholarship provided by a public or private entity to, or on behalf of, a dependent child are exempt from consideration as income for purposes of determining eligibility and aid amount. Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the eligibility of households to be determined to the extent permitted by federal law. Existing federal regulation provides states with the option to exclude, for purposes of calculating a household's income under SNAP, any type of income that the state excludes when determining eligibility or benefits for TANF cash assistance. This bill would exempt any grant, award, scholarship, loan, or fellowship benefit provided to any assistance unit member for educational purposes from consideration as income for purposes of determining CalWORKs eligibility or grant amounts. The bill would also require, to the extent permitted by federal law, regulation, or guidance, or a waiver thereof, the State Department of Social Services to exercise a federal option to exclude, for purposes of calculating a household's income under CalFresh, any type of income that the department excludes when determining eligibility or benefits for CalWORKs. This bill would require the department to implement these provisions through an all-county letter or similar instruction until regulations are adopted. By expanding the scope of eligibility for CalWORKs and CalFresh, the bill would impose a state-mandated local program. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program. This bill would provide that the continuous appropriation would not be made for purposes of implementing the bill. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by t... (click bill link to see more).

**Primary Sponsors**

Isaac Bryan, Lisa Calderon

**Title**

Pharmacist service coverage.

**Description**

AB 317, as amended, Weber. Pharmacist service coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Akilah Weber

**Title**

Health information.

**Description**

AB 352, as amended, Bauer-Kahan. Health information. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. Existing law, the Confidentiality of Medical Information Act (CMIA), generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, u... (click bill link to see more).

**Primary Sponsors**

Rebecca Bauer-Kahan

**Title**

Medi-Cal: diabetes management.

**Description**

AB 365, as amended, Aguiar-Curry. Medi-Cal: diabetes management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would require the department, by July 1, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would make related findings and declarations.

**Primary Sponsors**

Cecilia Aguiar-Curry

**Title**

Medi-Cal: pharmacogenomic testing.

**Description**

AB 425, as amended, Alvarez. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications, including medications prescribed for behavioral or mental health, oncology, hematology, pain management, infectious disease, urology, reproductive or sexual health, neurology, gastroenterology, or cardiovascular diseases. The bill would also make related legislative findings.

**Primary Sponsors**

David Alvarez



**Title**

California Public Records Act Ombudsperson.

**Description**

AB 469, as amended, Vince Fong. California Public Records Act Ombudsperson. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. The act declares that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. Existing law creates the California State Auditor's Office, which is independent of the executive branch and legislative control, to examine and report annually upon the financial statements prepared by the executive branch. Existing law establishes, within the State Treasury, the State Audit Fund, which is a continuously appropriated fund, for the expenses of the California State Auditor. This bill would establish, within the California State Auditor's Office, the California Public Records Act Ombudsperson. The bill would require the California State Auditor to appoint the ombudsperson subject to certain requirements. The bill would require the ombudsperson to receive and investigate requests for review, as defined, determine whether the denials of original requests, as defined, complied with the California Public Records Act, and issue written opinions of its determination, as provided. The bill would require the ombudsperson to create a process to that effect, and would authorize a member of the public to submit a request for review to the ombudsperson consistent with that process. The bill would require the ombudsperson, within 30 days from receipt of a request for review, to make a determination, as provided, and would require the state agency to provide the public record if the ombudsperson determines that it was improperly denied. The bill would require the ombudsperson to create a process through which a person whose information is contained in a record being reviewed may intervene to assert their privacy and confidentiality rights, and would otherwise require the ombudsperson to maintain the privacy and confidentiality of records, as provided. The bill would require the ombudsperson to report to the Legislature, on or before March 31, 2025, and annually thereafter, on, among other things, the number of requests for review the ombudsperson has received in the prior year. By expanding the duties of the California State Auditor's Office, this bill would create an appropriation.

**Primary Sponsors**

Vince Fong

**Title**

The Behavioral Health Infrastructure Bond Act of 2023.

**Description**

AB 531, as amended, Irwin. The Behavioral Health Infrastructure Bond Act of 2023. Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 in the November 2, 2004, statewide general election, establishes the Mental Health Services Fund to fund various county mental health programs. This bill would enact the Behavioral Health Infrastructure Bond Act of 2023 which, if approved by the voters, would authorize the issuance of bonds in the amount of \$4,680,000,000 to finance grants for the acquisition of capital assets for, and the construction and rehabilitation of, unlocked, voluntary, and community-based treatment settings and residential care settings and also for housing for veterans and others who are experiencing homelessness or are at risk of homelessness and are living with a behavioral health challenge. The bill would provide for the submission of the bond act to the voters at the March 5, 2024, statewide primary election.

**Primary Sponsors**

Jacqui Irwin, Susan Eggman

**Title**

Medi-Cal: specialty mental health services: foster children.

**Description**

AB 551, as amended, Bennett. Medi-Cal: specialty mental health services: foster children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Existing law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, existing law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under existing law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under existing law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions. By extending the period during which a county agency is responsible for making determinations about presumptive transfer waivers and making certain notifications, the bill would impose a state-mandated local program. Existing law conditions implementation of the above-described provisions on the availability of fede... (click bill link to see more).

**Primary Sponsors**

Steve Bennett

**Title**

Open meetings: local agencies: teleconferences.

**Description**

AB 557, as amended, Hart. Open meetings: local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect. Those circumstances are that (1) state or local officials have imposed or recommended measures to promote social distancing, (2) the legislative body is meeting for the purpose of determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees, or (3) the legislative body has previously made that determination. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced ... (click bill link to see more).

**Primary Sponsors**

Gregg Hart

**Title**

Medi-Cal: reimbursement for abortion.

**Description**

AB 576, as amended, Weber. Medi-Cal: reimbursement for abortion. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that abortion is a covered benefit under Medi-Cal. Existing regulation authorizes reimbursement for specified medications used to terminate a pregnancy through the 70th day from the first day of the recipient's last menstrual period. This bill would require the department, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

**Primary Sponsors**

Akilah Weber

**Title**

Medi-Cal: comprehensive perinatal services.

**Description**

AB 608, as amended, Schiavo. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department, in coordination with the State Department of Public Health, to consider input from certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. The bill would require the department to cover comprehensive perinatal services that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to allow a nonlicensed perinatal health worker rendering those services to be supervised by a community-based organization (CBO) or a local health jurisdiction (LHJ). For these purposes, the bill would require a CBO or LHJ supervising a nonlicensed perinatal health worker to provide those services under contract with a Comprehensive Perinatal Services Program provider. The bill would condition implementation of the provisions above on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would authorize the department to implement these provisions by all-county letters or similar instructions until regulations are adopted.

**Primary Sponsors**

Pilar Schiavo, Joaquin Arambula, Sabrina Cervantes

**Title**

Medi-Cal.

**Description**

AB 614, as amended, Wood. Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans. Existing law establishes, under Medi-Cal, the County Health Initiative Matching Fund, a program administered by the department, through which an applicant county, county agency, local initiative, or county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. The program is sometimes known as the County Children's Health Initiative Program (CCHIP). This bill would revise certain provisions to rename that program as CCHIP. Existing law requires the Director of Health Care Services to enter into contracts with managed care plans under Medi-Cal and related provisions, including health maintenance organizations, prepaid health plans, or other specified entities, for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs. This bill would delete that list of entities and would instead specify that the director would be required to enter into contracts with managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975, except as otherwise authorized under the Medi-Cal program. The bill would require the director, prior to issuing a new request for proposal or entering into new contracts, to provide an opportunity for interested stakeholders to provide input to inform the development of contract provisions. The bill would also make technical changes to some of the provisions described above.

**Primary Sponsors**

Jim Wood

**Title**

Medical Group Financial Transparency Act.

**Description**

AB 616, as amended, Rodriguez. Medical Group Financial Transparency Act. Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Existing law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act. Existing law requires the office to obtain information about health care service plans from the Department of Managed Health Care. Existing law requires a contract between a health care service plan and a risk-bearing organization to include provisions concerning the risk-bearing organization's administrative and financial capacity. Existing law requires the director of the Department of Managed Health Care to adopt regulations regarding, among other things, periodic reports from a health care service plan that include information concerning the risk-bearing organizations and the type and amount of financial risk they have assumed. Existing law establishes, within the office, the Health Care Affordability Board, composed of 8 members, appointed as prescribed. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specified.... (click bill link to see more).

**Primary Sponsors**

Freddie Rodriguez



**Title**

Health care coverage for metabolic disorders.

**Description**

AB 620, as amended, Connolly. Health care coverage for metabolic disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified. This bill would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Damon Connolly

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM

California Association of Health Plans: Oppose

**Title**

Health care coverage: prostate cancer screening.

**Description**

AB 632, as amended, Gipson. Health care coverage: prostate cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited. This bill would instead require that coverage when medically necessary and consistent with nationally recognized, evidence-based clinical guidelines. The bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is at a high risk of prostate cancer, consistent with specified guidelines and is either 55 years of age or older or 40 years of age or older and high risk, as determined by the attending or treating health care provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM

California Association of Health Plans: Oppose

**Title**

Cancer Prevention Act.

**Description**

AB 659, as amended, Aguiar-Curry. Cancer Prevention Act. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare the public policy of the state that pupils are recommended to be fully immunized against human papillomavirus (HPV) before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil be fully immunized against HPV before admission or advancement to the 8th grade level. The bill would incorporate that notification into existing provisions relating to notifications by school districts. By creating new notification duties for school districts, the bill would impose a state-mandated local program. Existing law requires the Trustees of the California State University and, subject to a resolution, the Regents of the University of California to require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment, with certain exemptions. This bill would declare the public policy of the state that students who are 26 years of age or younger are recommended to be fully immunized against HPV before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. The bill would make a conforming change to a consultation-related provision. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed... (click bill link to see more).

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM  
California Association of Health Plans: Oppose

**Title**

Pharmacy: mobile units.

**Description**

AB 663, as amended, Haney. Pharmacy: mobile units. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances. Existing law, the California Uniform Controlled Substances Act, classifies certain controlled substances into Schedules I to V, inclusive. This bill would instead authorize a county, city and county, or special hospital authority to operate one or more mobile units as an extension of a pharmacy license held by the county, city and county, or special hospital authority, as described above. The bill would require the pharmacist-in-charge to determine the number of mobile units that are appropriate for a particular pharmacy license. The bill would additionally authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities. This bill would exempt from the above-described prohibition on carrying or dispensing controlled substances Schedule III, Schedule IV, or Schedule V controlled substances approved by the United States Food and Drug Administration for the treatment of opioid use disorder. The bill would require any controlled substance for the treatment of opioid use disorder carried or dispensed in accordance with that exemption to be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit.

**Primary Sponsors**

Matt Haney

**Title**

CalFresh: hot and prepared foods.

**Description**

AB 712, as amended, Wendy Carrillo. CalFresh: hot and prepared foods. Existing law establishes various public social services programs, including, among others, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, CalFresh, and the Medi-Cal program. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would require the State Department of Social Services to seek all available federal waivers and approvals to maximize food choices for CalFresh recipients, including hot and prepared foods ready for immediate consumption.

**Primary Sponsors**

Wendy Carrillo

**Organizational Notes**

Last edited by Joanne Campbell at Jun 6, 2023, 3:17 PM

California Association of Food Banks (co-sponsor), GRACE/End Child Poverty CA (co-sponsor)

**Title**

Ground medical transportation.

**Description**

AB 716, as amended, Boerner. Ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source. This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or

after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to ... (click bill link to see more).

#### **Primary Sponsors**

Tasha Boerner Horvath

#### **Organizational Notes**

Last edited by Joanne Campbell at Jul 14, 2023, 6:35 PM  
California Association of Health Plans - Oppose

**Title**

Medi-Cal: nonmedical and nonemergency medical transportation.

**Description**

AB 719, as amended, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including medical transportation and nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Existing law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary. This bill would require the department to require Medi-Cal managed care plans that are contracted to provide nonmedical transportation or nonemergency medical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public paratransit service operator. The bill would require the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

**Primary Sponsors**

Tasha Boerner Horvath

**Organizational Notes**

Last edited by Joanne Campbell at Jun 5, 2023, 8:55 PM

Local Health Plans of California, California Association of Health Plans: Oppose

**Title**

Minors: consent to medical care.

**Description**

AB 816, as introduced, Haney. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions. This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine.

**Primary Sponsors**

Matt Haney



**Title**

Food assistance for nonminor dependents.

**Description**

AB 866, as amended, Blanca Rubio. Food assistance for nonminor dependents. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which nutrition assistance benefits are distributed to eligible individuals by the counties. Existing law establishes eligibility and benefit level requirements for receipt of CalFresh benefits. Existing law establishes the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, under which counties provide payments to foster care providers on behalf of qualified children in foster care. The program is funded by a combination of federal, state, and county funds. In order to be eligible for AFDC-FC, existing law requires a child or nonminor dependent to be placed in one of several specified placements, including, for nonminor dependents, a supervised independent living placement or a transitional living setting. This bill would require the State Department of Social Services to establish a state-funded food assistance program to provide assistance for a nonminor dependent, as defined, who is residing in a supervised independent living placement or a transitional living setting, as specified. The bill would require the program to utilize the existing CalFresh and electronic benefits transfer system infrastructure to implement the program, to the extent permissible under federal law. The bill would specify the amount of assistance a nonminor dependent would receive, based on whether or not the nonminor dependent is a custodial parent. The bill would authorize counties to screen the nonminor dependent for eligibility for CalFresh benefits and if the nonminor dependent is eligible for those benefits, the amount of assistance pursuant to the bill would be the difference between the nonminor dependent's CalFresh payment and the maximum benefit allotted for their household size. The bill would terminate food assistance payments to the minor on the last day of the month in which the nonminor dependent no longer lives in a supervised independent living placement or transitional living setting, as specified. The bill would require the department to work with the County Welfare Directors Association of California and the California Statewide Automated Welfare System (CalSAWS) to develop and implement the necessary system changes to implement its provisions, and would require the payment to be automated on the later of January 1, 2025, or the date the department notifies the Legislature that CalSAWS can perform the necessary automation. By increasing county duties, the bill would impose a state-mandated local program. The bill would authorize the State Department of Social Services to implement and administ... (click bill link to see more).

**Primary Sponsors**

Blanca Rubio

**Title**

Health care coverage: doulas.

**Description**

AB 904, as amended, Calderon. Health care coverage: doulas. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas. This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would require the Department of Managed Health Care, in consultation with the Department of insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Lisa Calderon, Sabrina Cervantes

**Title**

Coverage for PANDAS and PANS.

**Description**

AB 907, as amended, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Josh Lowenthal

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:54 PM  
California Association of Health Plans: Oppose

**Title**

Prior authorization: physical therapy.

**Description**

AB 931, as amended, Irwin. Prior authorization: physical therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified prior authorization limitations for health care service plans and health insurers. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. The bill would require a physical therapy provider to verify an enrollee's or an insured's coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to disclose if the provider is not in the network of the enrollee's plan or the insured's policy, and if so, to obtain the enrollee's or the insured's consent in writing to receive services from the noncontracting provider prior to initiating care. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Jacqui Irwin

**Organizational Notes**

Last edited by Joanne Campbell at Jun 6, 2023, 7:51 PM  
California Association of Health Plans: Oppose Unless Amended

**Title**

Prescription drugs.

**Description**

AB 948, as amended, Berman. Prescription drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250 for a supply of up to 30 days, except as specified. Existing law requires a health care service plan contract or health insurance policy for a nongrandfathered individual or small group product that maintains a drug formulary grouped into tiers, and that includes a 4th tier, to define each tier of the drug formulary, as specified. Existing law defines Tier 4 to include, among others, drugs that are biologics. Existing law repeals these provisions on January 1, 2024. This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Marc Berman, Scott Wiener

**Title**

Dental coverage disclosures.

**Description**

AB 952, as amended, Wood. Dental coverage disclosures. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, including a specialized health care service plan or specialized health insurer covering dental services, to disclose whether an enrollee's or insured's dental coverage is "State Regulated" through a provider portal, if available, or otherwise upon request, on or after January 1, 2025. The bill would require a plan or insurer to include the statement "State Regulated," if the enrollee's or insured's dental coverage is subject to regulation by the appropriate department, on an electronic or physical identification card, or both if available, for contracts covering dental services issued on or after January 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Jim Wood

**Title**

Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting.

**Description**

AB 988, as amended, Mathis. Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting. Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, maintained by the Assistant Secretary for Mental Health and Substance Use, and the Veterans Crisis Line, which is maintained by the Secretary of Veterans Affairs. Existing law creates a separate surcharge, beginning January 1, 2023, on each access line for each month, or part thereof, for which a service user subscribes with a service supplier. Existing law sets the 988 surcharge for the 2023 and 2024 calendar years at \$0.08 per access line per month and beginning January 1, 2025, at an amount based on a specified formula not to exceed \$0.30 per access line per month. Existing law authorizes the 911 and 988 surcharges to be combined into a single-line item, as described. Existing law provides for specified costs to be paid by the fees prior to distribution to the Office of Emergency Services. Existing law, the Miles Hall Lifeline and Suicide Prevention Act, creates the 988 State Suicide and Behavioral Health Crisis Services Fund and requires the fees to be deposited along with other specified moneys into the fund. Existing law provides that, upon appropriation by the Legislature, the funds be used for specified purposes and in accordance with specified priorities. Existing law requires the Office of Emergency Services to require an entity seeking moneys available through the fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served and the outcomes for individuals served, if known. This bill would require an entity seeking moneys from the fund to also include the number of individuals who used the service and self-identified as veterans or active military personnel in its annual expenditure and outcomes report.

**Primary Sponsors**

Devon Mathis, Buffy Wicks

**Title**

In-home supportive services: terminal illness diagnosis.

**Description**

AB 1005, as amended, Alvarez. In-home supportive services: terminal illness diagnosis. Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, or disabled persons are provided with supportive services in order to permit them to remain in their own homes. As a condition of receiving services under the IHSS program, existing law requires an applicant or recipient to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care. Existing law requires that the certification be received prior to service authorization, except under certain circumstances. Existing law requires the department to develop a standard certification form, as specified, and to identify alternative documentation, including, but not limited to, hospital or nursing facility discharge plans, containing the required information. Existing law sets forth various provisions relating to end-of-life care. When a health care provider makes a diagnosis that a patient has a terminal illness, existing law generally requires the health care provider, upon request, to provide the patient or another person authorized to make health care decisions with comprehensive information and counseling regarding legal end-of-life care options. This bill would, before the discharge from an acute care hospital of a Medi-Cal beneficiary, require the hospital's designated case manager or discharge planner to evaluate the patient's need for posthospital services and ability to access those services. This bill would require the hospital's case manager or discharge planner to ask the patient or authorized person if they are interested in receiving information about the IHSS program if that patient is anticipated to need in-home personal care. If interest is expressed, the bill would require the hospital's case manager or discharge planner to provide to the patient or authorized person the information, including how to initiate the application process and the option for a family member to provide care as an IHSS provider subject to the IHSS provider enrollment conditions. If the patient seeks to apply for services under the IHSS program, the bill would require the hospital case manager or discharge planner to communicate to the patient's primary care physician the patient's interest in applying for IHSS services to support the timely completion of the health care certification form. (click bill link to see more).

**Primary Sponsors**

David Alvarez



**Title**

Medi-Cal: housing support services.

**Description**

AB 1085, as amended, Maienschein. Medi-Cal: housing support services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Existing law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Existing law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Existing law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would require the department, if the independent analysis finds that the state has sufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the analysis. The bill would require the department to report the outcomes of the analysis to the Legislature by July 1, 2024. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined. If the evaluation finds that the state has insufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, the bill would require the department to provide recommendations for building capacity and a timeline for implementation consistent with the analysis findings.

**Primary Sponsors**

Brian Maienschein

### Title

Health care service plans: consolidation.

### Description

AB 1092, as amended, Wood. Health care service plans: consolidation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Existing law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. The bill would revise the director's authority to conditionally approve a transaction or agreement, including authorizing the director to review information from federal agencies and other state agencies, including agencies in other states, that is relevant to any of the parties to the transaction, as specified. With respect to a conditional approval, the bill would also authorize the director to contract with an independent entity to monitor compliance with the established conditions and report to the department. The bill would prohibit the director from waiving, or delaying implementation of, certain requirements imposed under existing law and the bill, notwithstanding a specified provision. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that ... (click bill link to see more).

### Primary Sponsors

Jim Wood

### Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:12 PM  
California Association of Health Plans: Oppose

**Title**

Public health: adverse childhood experiences.

**Description**

AB 1110, as amended, Arambula. Public health: adverse childhood experiences. Existing law requires the Office of the Surgeon General to, among other things, raise public awareness and coordinate policies governing scientific screening and treatment for toxic stress and adverse childhood experiences (ACEs). This bill would, subject to an appropriation and until January 1, 2027, require the office and the State Department of Health Care Services, while administering the ACEs Aware initiative and in collaboration with subject matter experts, to review available literature on ACEs, as defined, and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, post the guidance on the department's internet website and the ACEs Aware internet website, and make the guidance accessible, as specified. The bill would make legislative findings and declarations.

**Primary Sponsors**

Joaquin Arambula

**Title**

Medi-Cal provider applications.

**Description**

AB 1122, as amended, Bains. Medi-Cal provider applications. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires an applicant that currently is not enrolled in the Medi-Cal program, a provider applying for continued enrollment, or a provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location, as specified. Existing law requires an applicant or provider, for new or continued enrollment in the Medi-Cal program, to disclose all information as required in federal Medicaid regulations and any other information required by the department, as specified. This bill would require the Director of Health Care Services to develop a process to allow an applicant or provider to submit an alternative type of primary, authoritative source documentation to meet the requirement of submitting the above-described information. The bill would require the department to document each case of an applicant or provider submitting an alternative type of primary, authoritative source documentation, as specified. The bill would condition implementation of these provisions on lack of conflict with federal law or regulation, federal financial participation not being jeopardized, and receipt of any necessary federal approvals. Existing law authorizes the department to make unannounced visits to an applicant or provider for the purpose of determining whether enrollment, continued enrollment, or certification is warranted, or as necessary for the administration of the Medi-Cal program. Existing law requires, at the time of the visit, the applicant or provider to demonstrate an established place of business appropriate and adequate for the services billed or claimed to the Medi-Cal program, as specified. This bill would authorize the applicant or provider to submit its application for enrollment up to 30 days before having an established place of business and have its application considered by the department, to the extent not in conflict with federal law.

**Primary Sponsors**

Jasmeet Bains

**Title**

Rehabilitative and habilitative services: durable medical equipment and services.

**Description**

AB 1157, as amended, Ortega. Rehabilitative and habilitative

services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define "durable medical equipment" to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. The bill would require the Secretary of California Health and Human Services to communicate to the federal Center for Consumer Information and Insurance Oversight that the coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. If the center overrules the state's determination that the additional coverage subjects the state to defrayal payments, the bill would require the secretary to reevaluate California's essential health benefits benchmark plan to incorporate the coverage without triggering the defrayal requirement. The bill would require the secretary, no later than one ... (click bill link to see more).

#### **Primary Sponsors**

Liz Ortega, Lori Wilson

#### **Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:55 PM

California Association of Health Plans: Oppose

**Title**

Medi-Cal: health care services data: children and pregnant or postpartum persons.

**Description**

AB 1202, as amended, Lackey. Medi-Cal: health care services data: children and pregnant or postpartum persons. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Existing law sets forth various limits on the number of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county. This bill would require the department, no later than January 1, 2025, to prepare and submit a report to the Legislature that includes certain information, including an analysis of the adequacy of each Medi-Cal managed care plan's network for pediatric primary care, including the number and geographic distribution of providers and the plan's compliance with the above-described time or distance and appointment time standards. Under the bill, the report would also include data, disaggregated as specified, on the number of children and pregnant or postpartum persons who are Medi-Cal beneficiaries receiving certain health care services during the 2021–22, 2022–23, and 2023–24 fiscal years. The report would also include additional information regarding the department's efforts to improve access to pediatric preventive care, as specified. The bill would require that the report be made publicly available through its posting on the department's internet website. The bill would repeal these reporting provisions on January 1, 2029.

**Primary Sponsors**

Tom Lackey

**Title**

Medi-Cal: telehealth.

**Description**

AB 1241, as amended, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

**Primary Sponsors**

Akilah Weber

**Title**

Mental health: impacts of social media.

**Description**

AB 1282, as amended, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. This bill would require the commission to report to specified policy committees of the Legislature, on or before July 1, 2025, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which individuals negatively impacted by social media are accessing and receiving mental health services and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services to reduce the negative outcomes that may result from untreated mental illness, as specified. The bill would require the commission to explore, among other things, the persons and populations that use social media and the negative mental health risks associated with social media and artificial intelligence, as defined. The bill would repeal these provisions on January 1, 2029.

**Primary Sponsors**

Josh Lowenthal



**Title**

Health care coverage: Medication-assisted treatment.

**Description**

AB 1288, as amended, Rendon. Health care coverage: Medication-assisted treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product, or another opioid antagonist approved by the United States Food and Drug Administration, a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Anthony Rendon

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM

California Association of Health Plans: Oppose

**Title**

California Health and Human Services Data Exchange Framework.

**Description**

AB 1331, as amended, Wood. California Health and Human Services Data Exchange Framework. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies. This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before January 1, 2024, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to review, modify, and approve any modifications to the Data Exchange Framework data sharing agreement, among other things. The bill would require the center to submit an annual report to the Legislature that includes required signatory compliance with the data sharing agreement, assessment of consumer experiences with health information exchange, and evaluation of technical assistance and other grant programs. The bill would require the center, by July 1, 2024, to establish a process to designate qualified health information organizations according to specified criteria.

**Primary Sponsors**

Jim Wood

**Title**

Medi-Cal: serious mental illness.

**Description**

AB 1437, as amended, Irwin. Medi-Cal: serious mental illness. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program, including specialty and nonspecialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under existing law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Existing law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs, as specified. Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed. The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

**Primary Sponsors**

Jacqui Irwin, Sharon Quirk-Silva

**Title**

Urgent and emergency mental health and substance use disorder treatment.

**Description**

AB 1451, as amended, Jackson. Urgent and emergency mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law also includes requirements for timely access to care, including mental health services, including a requirement that a health care service plan or health insurer provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's or insured's condition consistent with good professional practice. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature for administrative costs of the departments. The bill would clarify that it would not relieve a health plan or insurer of existing obligations, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Corey Jackson

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM

California Association of Health Plans: Oppose

**Title**

Medi-Cal: behavioral health services: documentation standards.

**Description**

AB 1470, as amended, Quirk-Silva. Medi-Cal: behavioral health services: documentation standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities. The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions. The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified. The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare a report containing findings from the analysis no later than July 1, 2026, and a followup report no later than July 1, 2028, and to submit each report to the Legislature and post it on the department's internet website.

**Primary Sponsors**

Sharon Quirk-Silva

**Title**

Local government: internet websites and email addresses.

**Description**

AB 1637, as amended, Irwin. Local government: internet websites and email addresses. (1) The California Constitution authorizes cities and counties to make and enforce within their limits all local, police, sanitary, and other ordinances and regulations not in conflict with general laws and further authorizes cities organized under a charter to make and enforce all ordinances and regulations in respect to municipal affairs, which supersede inconsistent general laws. The California Public Records Act requires a local agency to make public records available for inspection and allows a local agency to comply by posting the record on its internet website and directing a member of the public to the internet website, as specified. This bill, no later than January 1, 2029, would require a local agency, as defined, that maintains an internet website for use by the public to ensure that the internet website utilizes a ".gov" top-level domain or a ".ca.gov" second-level domain and would require a local agency that maintains an internet website that is noncompliant with that requirement to redirect that internet website to a domain name that does utilize a ".gov" or ".ca.gov" domain. This bill, no later than January 1, 2029, would also require a local agency that maintains public email addresses to ensure that each email address provided to its employees utilizes a ".gov" domain name or a ".ca.gov" domain name. By adding to the duties of local officials, the bill would impose a state-mandated local program. (2) The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. (3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

**Primary Sponsors**

Jacqui Irwin

**Title**

Health care coverage: cost sharing.

**Description**

AB 1645, as amended, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit large group contracts and policies issued, amended, or renewed on or after January 1, 2024, and an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria for screening tests and integral items and services rendered, as specified, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Rick Zbur

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:57 PM

California Association of Health Plans: Oppose

**Title**

Prescription drug coverage.

**Description**

SB 70, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, as specified, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:57 PM

California Association of Health Plans: Oppose



**Title**

Health care coverage: insulin affordability.

**Description**

SB 90, as amended, Wiener. Health care coverage: insulin affordability. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary. This bill would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2024, or a contract or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, and would prohibit a high deductible health plan from imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM

California Association of Health Plans: Oppose

### Title

Health care coverage: independent medical review.

### Description

SB 238, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing July 1, 2024, would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. The bill would authorize the Insurance Commissioner to promulgate regulations subject to the Administrative Procedure Act to implement and enforce the bill, and to issue interim guidance, as specified. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse... (click bill link to see more).

### Primary Sponsors

Scott Wiener

### Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:11 PM

Local Health Plans of California: Oppose California Association of Health Plans: Oppose

**Title**

Health care coverage: diagnostic imaging.

**Description**

SB 257, as introduced, Portantino. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM

California Association of Health Plans: Oppose

**Title**

Medi-Cal: federally qualified health centers and rural health clinics.

**Description**

SB 282, as amended, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under existing law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions. The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a "visit." The bill would also make a change to the provision relating to physicians and would make other technical changes.

**Primary Sponsors**

Susan Eggman, Mike McGuire, Cecilia Aguiar-Curry, Jim Wood

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 7:27 PM  
Local Health Plans of California: Support L.A. Care: Support

**Title**

Medi-Cal: Part A buy-in.

**Description**

SB 311, as introduced, Eggman. Medi-Cal: Part A buy-in. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the State Department of Health Care Services, to the extent required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

**Primary Sponsors**

Susan Eggman

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 6:24 PM  
Local Health Plans of California: Support L.A. Care: Support

**Title**

Health care coverage: endometriosis.

**Description**

SB 324, as amended, Limón. Health care coverage: endometriosis.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, as a covered benefit under Medi-Cal without prior authorization or other utilization review. (3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Monique Limon

**Organizational Notes**

Last edited by Joanne Campbell at Apr 17, 2023, 4:45 PM

California Association of Health Plans: Oppose

**Title**

The Behavioral Health Services Act.

**Description**

SB 326, as amended, Eggman. The Behavioral Health Services Act. (1) Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the intent of the MHSA. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote. If approved by the voters at the March 5, 2024, statewide primary election, this bill would delete the provision that establishes vote requirements to amend the MHSA, requiring all amendments of the MHSA to be approved by the voters. The bill would recast the MHSA by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to \$36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices. This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance. The MHSA establishes the Mental Health Services Oversight and Accountability Commission and requires it to adopt regulations for programs and expenditures for innovative programs and prevention and early intervention programs established by the act. Existing law requires counties to develop plans for innovative programs funded under the MHSA. This bill would rename the commission the Behavioral Health Services Oversight and Accountability Commission and would change the composition and duties of the commission, as specified. The bill would delete the provisions relating to innovative programs and instead would require the department to establish the priorities and a program, which would be administered by counties, to provide housing interventions. The bill would provide that "low rent housing project," as defined, does not apply to the development of urban or rural... (click bill link to see more).

**Primary Sponsors**

Susan Eggman

### Title

HIV preexposure prophylaxis and postexposure prophylaxis.

### Description

SB 339, as amended, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met. This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years. Existing law provides for the Medi-Cal program administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse the cost of the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local pro... (click bill link to see more).

### Primary Sponsors

Scott Wiener, Mike Gipson

### Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:59 PM  
California Association of Health Plans: Oppose



**Title**

Pupil meals.

**Description**

SB 348, as amended, Skinner. Pupil meals. (1) Existing law establishes a system of public elementary and secondary schools in this state. This system is composed of local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies. Existing law, commencing with the 2022–23 school year, requires each school district and county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, and each charter school to provide 2 nutritiously adequate school meals free of charge during each schoolday, regardless of the length of the schoolday, to any pupil who requests a meal without consideration of the pupil's eligibility for a federally funded free or reduced-price meal, as specified, with a maximum of one free meal for each meal service period. Existing law requires the department to develop and maintain nutrition guidelines for school lunches and breakfasts, and for all food and beverages sold on public school campuses. Existing law requires a school district, county superintendent of schools, or charter school to provide each needy pupil with one nutritionally adequate free or reduced-price meal during each schoolday, except as provided. This bill would revise and recast provisions regarding school meals for needy pupils by, among other things, instead requiring each school district, county superintendent of schools, and charter school to make available a nutritionally adequate breakfast, as defined, and a nutritionally adequate lunch, as defined, free of charge during each schoolday, as defined, to any pupil who requests a meal, without consideration of the pupil's eligibility for a federally funded free or reduced-price meal, as provided. The bill would require each school district, county office of education, or charter school that offers independent study to meet the above meal requirements for any pupil on any schoolday that the pupil is scheduled for educational activities, as provided. The bill would require the State Department of Education to submit a waiver request to the United States Department of Agriculture to allow for one meal to be provided during a schoolday lasting 4 hours or less to be served in a noncongregate manner. The bill would authorize each school district, county superintendent of schools, and charter school to make available either a nutritionally adequate breakfast or a nutritionally adequate lunch, as defined, in a noncongregate manner, as provided, if the State Department of Education receives approval for the federal noncongregate waiver. The bill would require each school district, county superintendent of schools, and charter school to provide pu... (click bill link to see more).

**Primary Sponsors**

Nancy Skinner

**Organizational Notes**

Last edited by Joanne Campbell at Apr 17, 2023, 3:56 PM  
L.A. Care, Local Health Plans of California: Support

**Title**

Facilities for inpatient and residential mental health and substance use disorder: database.

**Description**

SB 363, as amended, Eggman. Facilities for inpatient and residential mental health and substance use disorder: database. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law generally requires the State Department of Social Services to license, inspect, and regulate various types of care facilities, including, among others, a community crisis home. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. This bill would require, by January 1, 2026, the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in specified types of facilities, such as chemical dependency recovery hospitals, acute psychiatric hospitals, and mental health rehabilitation centers, among others, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, the types of diagnoses or treatments for which the bed is appropriate, and the target populations served at the facility, and have the capacity to, among other things, enable searches to identify beds that are appropriate for individuals in need of inpatient or residential mental health or substance use disorder treatment. This bill would authorize the department to impose a plan of correction or assess penalties against a facility that fails to submit data accurately, timely, or as otherwise required and would establish a process for facilities to appeal these penalties. The bill would create the Available Care for Inpatient and Residential Mental Health or Substance Use Disorder Treatment Database Maintenance and Oversight Fund for the receipt of any penalties. Because the bill would continuously appropriate moneys in the fund for administrative costs of implementing the database, it would create an appropriation.

**Primary Sponsors**

Susan Eggman

**Title**

Open meetings: teleconferences: neighborhood councils.

**Description**

SB 411, as amended, Portantino. Open meetings: teleconferences: neighborhood councils. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. This bill, until January 1, 2028, would authorize an eligible legislative body to use alternate teleconferencing provisions related to notice, agenda, and public participation, as prescribed, if the city council has adopted an authorizing resolution and 2/3 of an eligible legislative body votes to use the alternate teleconferencing provisions. The bill would define "eligible legislative body" for this purpose to mean a neighborhood council that is an advisory body with the purpose to promote more citizen participation in government and make government more responsive to local needs that is established pursuant to the charter of a city with a population of more than 3,000,000 people that is subject to the act. The bill would require an eligible legislative body authorized un... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino

### Title

Health care coverage: antiretroviral drugs, devices, and products.

### Description

SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, devices, and products. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy. This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS. The bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimburse... (click bill link to see more).

### Primary Sponsors

Anthony Portantino

### Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:00 PM  
California Association of Health Plans: Oppose

### Title

Biomarker testing.

### Description

SB 496, as amended, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted or denied use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill, by July 1, 2024, would expand the Medi-Cal... (click bill link to see more).

### Primary Sponsors

Monique Limon

### Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:00 PM  
California Association of Health Plans: Oppose

**Title**

Medi-Cal: children: mobile optometric office.

**Description**

SB 502, as amended, Allen. Medi-Cal: children: mobile optometric office. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. Existing federal CHIP provisions require federal payment to a state with an approved child health plan for expenditures for health services initiatives (HSI) under the plan for improving the health of children, as specified. As part of limitations on expenditures not used for Medicaid or health insurance assistance, existing federal law, with exceptions, prohibits the amount of payment that may be made for a fiscal year for HSI expenditures and other certain costs from exceeding 10% of the total amount of CHIP expenditures, as specified. Pursuant to existing state law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Existing law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Existing law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under existing law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the State Board of Optometry. This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, the federal financial... (click bill link to see more).

**Primary Sponsors**

Ben Allen

**Title**

Minimum wage: health care workers.

**Description**

SB 525, as amended, Durazo. Minimum wage: health care workers. Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is \$15 per hour commencing January 1, 2022, for employers employing 26 or more employees and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor. Commencing June 1, 2024 and until June 1, 2025, this bill would require a health care worker minimum wage of \$21 per hour for hours worked in covered health care employment, as defined. Commencing June 1, 2025, the bill would require a health care minimum wage of \$25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed. The bill would provide that the health care worker minimum wage constitutes the state minimum wage for covered health care employment for all purposes under the Labor Code and the Wage Orders of the Industrial Welfare Commission. The health care worker minimum wage would be enforceable by the Labor Commissioner or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program. This bill would require, for covered health care employment where the employee is paid on a salary basis, that the employee earn a monthly salary equivalent to no less than 150% of the health care worker minimum wage for full-time employment in order to qualify as exempt from the payment of minimum wage and overtime. This bill would make legislative findings and declarations as to the necessity of a special statute for health care workers. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Maria Durazo

**Title**

Sexual health: contraceptives: immunization.

**Description**

SB 541, as amended, Menjivar. Sexual health: contraceptives: immunization. (1) Existing law, the California Healthy Youth Act, requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified. This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections, on or before the start of the 2024–25 school year, require each public school, including schools operated by a school district or county office of education, charter schools, and state special schools, to make internal and external condoms available to all pupils in grades 9 to 12, inclusive, free of charge, as provided. The bill would require these public schools to, at the beginning of each school year, inform pupils through existing school communication channels that free condoms are available and where the condoms can be obtained on school grounds. The bill would require a public school to post at least one notice regarding these requirements, as specified. The bill would require this notice to include certain information, including, among other information, information about how to use condoms properly. The bill would require each public school serving any of grades 7 to 12, inclusive, to allow the distribution of condoms during the course of, or in connection with, educational or public health programs and initiatives, as provided. The bill would authorize a state agency, the State Department of Education, or a public school to accept gifts, grants, and donations from any source for the support of a public school carrying out these provisions, including, but not limited to, the acceptance of condoms from a manufacturer or wholesaler. The bill would, in order to comply with these provisions, encourage public schools to explore partnerships, including, but not limited to, partnerships with local health jurisdictions, as defined, community health centers, nonprofit organizations, and the State Department of Public Health. By imposing additional duties on public schools, the bill would impose a state-mandated local program. The bill would additionally prohibit a public school, as defined, maintaining any combination of classrooms from grades 7 to 12, inclusive, a school district, the State Department of Education, or a county office of education from prohibiting certain school-based health centers, as defined, from making internal and external condoms available and easily accessible to pupils at the school-ba... (click bill link to see more).

**Primary Sponsors**

Caroline Menjivar



**Title**

Health information.

**Description**

SB 582, as amended, Becker. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, to facilitate patient and provider access to health information and for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require a plan or insurer to establish and maintain specified API, including provider access API. This bill would instead require the departments to require the plans and insurers to establish and maintain these specified API. The bill would exclude from the requirements of these provisions dental or vision benefits offered by a plan or insurer, including a specialized plan or insurer. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Existing law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Existing law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, require EHR vendors to execute the framework data sharing agreement. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified. The bill would authorize CHHSA to establish administrative oversight and enforcement authority, including fines, if fees charged by EHR vendors to specified entities are not in compliance with federal standards. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbur... (click bill link to see more).

**Primary Sponsors**

Josh Becker

Health care coverage: prior authorization.

### **Description**

SB 598, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. On or after January 1, 2025, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requ... (click bill link to see more).

### **Primary Sponsors**

Nancy Skinner

### **Organizational Notes**

Last edited by Joanne Campbell at Jun 5, 2023, 8:59 PM  
Local Health Plans of California: Oppose Unless Amended

Last edited by Joanne Campbell at Apr 17, 2023, 4:46 PM  
California Association of Health Plans: Oppose

**Title**

Health care coverage: biosimilar drugs.

**Description**

SB 621, as amended, Caballero. Health care coverage: biosimilar drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition, but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

**Primary Sponsors**

Anna Caballero

**Title**

State Healthy Food Access Policy.

**Description**

SB 628, as amended, Hurtado. State Healthy Food Access Policy.

Existing law establishes various food assistance programs, including, among others, the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare that it is the established policy of the state that every human being has the right to access sufficient affordable and healthy food. The bill would require all relevant state agencies to consider this state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and grant criteria are pertinent to the distribution of sufficient affordable food. The bill would also require, by January 1, 2026, the State Department of Social Services, in consultation with the Department of Food and Agriculture and the Department of Conservation, to submit a report to the Legislature relating to food access and recommendations to increase the availability of sufficient affordable and healthy food, and to consult with higher education institutions and collect relevant data for purposes of preparing that report.

**Primary Sponsors**

Melissa Hurtado

**Title**

Healing arts: pregnancy and childbirth.

**Description**

SB 667, as amended, Dodd. Healing arts: pregnancy and childbirth. (1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who meets specified qualifications. Existing law authorizes a certified nurse-midwife to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including interconception care, family planning care, and immediate care for the newborn, as specified. Existing law authorizes a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols, as specified, to provide a patient with care outside of that scope of services or to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium. This bill would revise and recast those provisions to, among other things, authorize a certified nurse-midwife, pursuant to policies and protocols that are mutually agreed upon with a physician and surgeon, as specified, to provide a patient with care outside of that scope of services, to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium, or to furnish or order a Schedule II or III controlled substance, as specified. The bill would include care for common gynecologic conditions, as specified, in the scope of services a certified nurse-midwife is authorized to perform without policies and protocols that are mutually agreed upon with a physician and surgeon. The bill would additionally authorize a general acute care hospital, as defined, or a special hospital specified as a maternity hospital, as defined, to grant privileges to a certified nurse-midwife, allowing them to admit and discharge patients upon their own authority if in accordance with organized medical staff bylaws of that facility and within the nurse-midwife's scope of practice. Existing law generally authorizes a certified nurse-midwife to furnish drugs or devices incidentally to the provision of care and services described above that the certified nurse-midwife is authorized to perform and care rendered to persons within certain settings, subject to specified requirements and exceptions. Among those requirements is that a certified nurse-midwife follow standardized procedures or protocols if they furnish or order Schedule IV or V controlled substances or drugs or devices for services other than attending cases of low-risk pregnancy and childbirth or providing prenatal, intrapart... (click bill link to see more).

**Primary Sponsors**

Bill Dodd

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 5:48 PM

Local Health Plans of California: Support

**Title**

Medi-Cal: self-measured blood pressure devices and services.

**Description**

SB 694, as amended, Eggman. Medi-Cal: self-measured blood pressure devices and services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The department announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item. This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program subject to utilization controls. The bill would state the intent of the Legislature that those covered devices and services be no less in scope than the devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

**Primary Sponsors**

Susan Eggman

**Title**

Health care coverage: treatment for infertility and fertility services.

**Description**

SB 729, as amended, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. This bill would require large group, small group, and individual health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to a specialized health care service plan contract or Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. With respect to a disability insurer, the bill would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized disability insurance policies. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Caroline Menjivar, Buffy Wicks

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM  
California Association of Health Plans: Oppose

**Title**

Health care: unified health care financing.

**Description**

SB 770, as amended, Wiener. Health care: unified health care financing. Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to establish a Waiver Development Workgroup comprised of members appointed by the Governor, Speaker of the Assembly, and President Pro Tempore of the Senate, as specified. The bill would require the workgroup to include stakeholders representing various specified interests, including consumers, patients, health care professionals, labor unions, government agencies, and philanthropic organizations. The bill would require the secretary to provide quarterly reports to the chairs of the Assembly and Senate Health Committees on the status and outcomes of waiver discussions with the federal government and the progress of the workgroup. The bill would also require the secretary to submit a complete set of recommendations regarding the elements to be included in a formal waiver application, as specified, by no later than June 1, 2024. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

**Primary Sponsors**

Scott Wiener, Mike McGuire

**Organizational Notes**

Last edited by Joanne Campbell at Mar 27, 2023, 6:17 PM

California Association of Health Plans: Oppose



**Title**

Health care coverage: pervasive developmental disorders or autism.

**Description**

SB 805, as amended, Portantino. Health care coverage: pervasive developmental disorders or autism. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. This bill would require the department to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in group practice provider behavioral intervention services. The bill would require the department to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these p... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino

**Title**

Medi-Cal: certification.

**Description**

SB 819, as amended, Eggman. Medi-Cal: certification. Existing law requires the State Department of Public Health to license and regulate clinics. Existing law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Existing law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department) and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under existing law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under existing law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units. The bill would make legislative findings stating that this bill is declaratory of existing law, as specified.

**Primary Sponsors**

Susan Eggman

**Title**

Prescription drugs: cost sharing.

**Description**

SB 873, as introduced, Bradford. Prescription drugs: cost sharing.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.

(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.

(3) Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Steve Bradford

**Organizational Notes**

Last edited by Joanne Campbell at Apr 17, 2023, 4:06 PM  
California Association of Health Plans: Oppose

Bill Number  
**HR 3068**

Status  
**In House**

Position  
**Support**

**Title**  
Equal Health Care for All Act

**Primary Sponsors**  
Adam Schiff

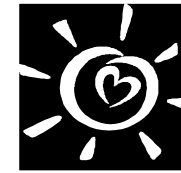
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**FiscalNote**

# BOARD OF GOVERNORS

## Executive Committee

### Meeting Minutes – May 24, 2023

1055 West 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

**Members**

- Al Ballesteros, *Chairperson*
- Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson\**
- Stephanie Booth, MD, *Treasurer*
- John G. Raffoul, *Secretary\**
- Hilda Perez \*\*

\* *Absent*

\*\* *Via Teleconference*

**Management/Staff**

- John Baackes, *Chief Executive Officer*
- Sameer Amin, MD, *Chief Medical Officer*
- Terry Brown, *Chief of Human Resources*
- Augustavia Haydel, *General Counsel*
- Jeff Ingram, *Deputy Chief Financial Officer*
- Tom MacDougall, *Chief Technology & Information Officer*
- Thomas Mapp, *Chief Compliance Officer*
- Noah Paley, *Chief of Staff*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CALL TO ORDER</b></p>	<p>Alvaro Ballesteros, <i>Chairperson</i>, called to order the regular and special supplemental meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:02 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> <li>• For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today.</li> <li>• For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff.</li> <li>• Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes.</li> <li>• Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment.</li> </ul> <p>He provided information on how to submit a comment in-person, or using the “chat” feature.</p>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>APPROVE MEETING AGENDA</b>	The Agenda for today’s meeting was approved.	<b>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez)</b>
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the April 26, 2023 meeting were approved as submitted.	<b>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez)</b>
<b>CHAIRPERSON’S REPORT</b>	Chairperson Ballesteros commented that the Board of Governors is saddened to learn of the passing of former Supervisor Gloria Molina on May 14. Ms. Molina was a former member of the Board of Governors. She was also a County Supervisor for 20 years. Many knew her and loved her. The June 1 Board Meeting will adjourn in her memory.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b> <ul style="list-style-type: none"> <li>• Financial Support For Mayor’s Fund of Los Angeles Housing Program</li> </ul>	<p>John Baackes, <i>Chief Executive Officer</i>, reported</p> <ul style="list-style-type: none"> <li>• The process for redetermination of eligibility for Medi-Cal began in April. L.A. Care has been working with the Los Angeles County Department of Public Social Services (DPSS) to identify beneficiaries in each month to reach out to them directly. L.A. Care and DPSS were working on a written agreement when California Department of Health Care Services (DHCS) representatives indicated the data would come from DHCS. L.A. Care knows that 45% of the Medi-Cal beneficiaries who received a mailing in April were informed that they were automatically determined to be eligible for another year. Renewal packets were sent to 55% of the April renewal beneficiaries. L.A. Care now has a list of the 145,000 June renewal beneficiaries that will need to complete the renewal process by June or lose benefits on July 1. L.A. Care will reach out to providers so they will know which patients need to complete the redetermination process. This will allow L.A. Care and its provider partners to contact patients directly about the renewal process. Those needing assistance will be directed to one of L.A. Care’s Community Resource Centers (CRC) for help. The packet mailed to beneficiaries also has information on how to get help online or through a DPSS office. This is very helpful and L.A. Care will be able to target outreach in a more effective manner.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li> <p>The Governor’s Revise to the annual California State Budget was announced May 13. In January, the Governor announced his first Budget forecast for the fiscal year beginning July 1, 2023, indicated that the Managed Care Organization tax (MCO) would be revived. The MCO tax is imposed on the Medicaid Managed Care Plans for member assessment and on commercial health plans. The total revenue from the MCO tax is eligible for matching funds from the federal government. The January Budget proposed that the revenue be placed in the California General Fund. The California Safety net Coalition (CSNC), started by L.A. Care last summer in Los Angeles County, has proposed that the MCO tax revenue be used to supplement Medi-Cal funding.</p> <p>In the Governor’s May Budget Revise, the numbers developed by CSNC are in the budget, creating a much larger draw-down of federal funds. Some of that revenue will go to the General Fund and the balance will go toward Medi-Cal supplemental funds beginning in 2023. This is a better result than anticipated by CSNC.</p> <p>The Governor’s Budget Proposal places the Medi-Cal supplemental funding in a program to be distributed over 8-10 years, tremendously diluting its impact. CSNC would like to see that provision modified to spend the supplemental funding in the year it is drawn-down from the federal government. CSNC members are meeting with legislative leadership to lobby for that revision to be considered in the final budget.</p> <p>CSNC is also lobbying for a state-sponsored ballot initiative to codify that the MCO tax revenue would permanently supplement Medi-Cal funding. It is pleasing that the CSNC has come together in a way that is making an impact. The CNSC represents hospitals, doctors, Federally Qualified Health Centers (FQHCs), Planned Parenthood and SEIU. At a recent legislative leaders meeting, one legislator noted that it was unusual that all the groups were advocating on the same issue.</p> </li> <li> <p>At the last Board Meeting it was reported that L.A. Care has been successful in earning revenue to support its work through the CalAIM program, with the Housing and Homeless Incentive Program (HHIP). The Mayor’s Fund for Los Angeles is working to help Mayor Bass meet her goal of removing 17,000 homeless people from the streets by the end of 2023. The Mayor’s Fund is working to intervene for people who are still housed but at risk of losing housing. The Mayor’s Fund initiatives dovetail precisely with the work of HHIP. L.A. Care is proposing to provide \$1,006,000 to the Mayor’s Fund to support their work to prevent people from becoming homeless.</p> </li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes read a suggested motion:</p> <p><b>To authorize the Chief Executive Officer or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to utilize Housing and Homelessness Incentive Program funds that will be earned to implement grants, incentives, or other funding agreements for an amount of up to \$1,006,000 dollars for the Mayor’s Fund for Los Angeles Homeless Prevention Program.</b></p> <p>Member Booth asked about the control over the use of the funds. Mr. Baackes responded that there will be a contract for the funding, and L.A. Care received a detailed budget for the use of the funds.</p> <ul style="list-style-type: none"> <li>• L.A. Care celebrated the 15<sup>th</sup> Anniversary of the Lynwood Community Resource Center (CRC) last Saturday. The first location was much smaller, and the CRC has since moved to a stand-alone building in Plaza Mexico. The best part of the event was in honoring a long-time staff member who succumbed to COVID in December of 2020, Angel Mendoza. Mr. Mendoza had been a member of the staff since the CRC opened. He was a tireless advocate for L.A. Care, and he made it his job to make sure that everyone in Lynwood knew about the CRC. Mr. Baackes knew Angel, and he last saw him at the flu shot clinic in December of 2020. Mr. Mendoza volunteered at that clinic, with his sister registering community members. Shortly after, Mr. Mendoza became sick and died before the end of December. The training room at the CRC is named in his honor. Mr. Mendoza’s parents, brother and sister were at the event. It was very lovely.</li> <li>• An election will be held for the Consumer Representative seat on the Board of Governors. There are five candidates. The Member Advocate seat will continue to be held by Layla Gonzalez until the current term expires in October 2024, as there were no candidates for the election. Mr. Baackes displayed the Voter Booklet with details on the election and candidate information that will be distributed to Regional Community Advisory Committee (RCAC) members in their languages of preference. Voting will be held for members of each RCAC on different dates. Once appointed by the Board of Supervisors, the member will serve the remainder of the current term ending October 31, 2024.</li> </ul>	<p><b>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez)</b></p>



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>COMMITTEE ISSUES</b>		
Government Affairs Update	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <p>A bill passed by the California State Legislature was signed by Governor Newsom last week which provides \$150 million in loans for not-for-profit and public hospitals in danger of closing or recently closed due to financial crisis. The bill included an urgency clause, so hospitals can apply for financial assistance immediately. The Legislature is working on a long term solution with the Governor and other parties for distressed hospitals.</p> <p>A legislative matrix will be provided in the Board meeting materials next week. Ms. Compartore noted that AB55, a bill related to funding for medical transportation that Board Member Booth had asked about previously, did not pass out of the Appropriations Committee. The reason AB55 was not approved by the Appropriations Committee is not known.</p> <p>At the June Board Meeting, a thorough update on state and federal legislative activities will be provided, including information about extension of the federal debt ceiling.</p>	
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for the June 1, 2023 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• May 4, 2023 Board of Governors Meeting Minutes</li> <li>• Appointment of Alex Li, MD, as member to the Technical Advisory Committee</li> <li>• BIG Language Solutions &amp; Avantpage Contracts Amendments Cognizant Contract for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) Services</li> <li>• Delphix Corporation Contract Amendment to expand Delphix Data Masking Solution and enhance L.A. Care’s Data Security and Compliance Platform</li> <li>• Cognizant Technology Solutions and HCL America, Inc. Contract Amendment for Information Technology Staff Augmentation Cognizant Technology Solutions for continued Hosting Services for the QNXT and CCA Core Systems</li> <li>• Imagenet, LLC Contract Amendment for Scanning Solution Services</li> <li>• Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank &amp; Investments Accounts</li> </ul>	<p><b>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez)</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:26 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:28 pm.</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> </ul> <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>May 2025</i></p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</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>Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles dba L.A. Care Health Plan</i>, JAMS No. 1220072271</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</b> Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p><b>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION</b> Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul> <p><b>PUBLIC EMPLOYEE PERFORMANCE EVALUATION</b></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer  CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:20 pm. No reportable actions were taken during the closed session.	
<b>ADJOURNMENT</b>	The meeting adjourned at 3:20 pm.	

Respectfully submitted by:

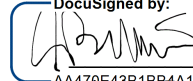
Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

DocuSigned by:



AA479E43B1BB4A1  
Alvaro Ballesteros, *Chair*

Date: 7/11/2023 | 7:30 AM PDT



# Financial Update

## Board of Governors Meeting

### July 27, 2023



# Agenda

## Financial Performance – May 2023 YTD

- Membership
- Consolidated Financial Performance
- Operating Margins by Segment
- Paid vs. Reported Claims trend
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

## Financial Informational Updates

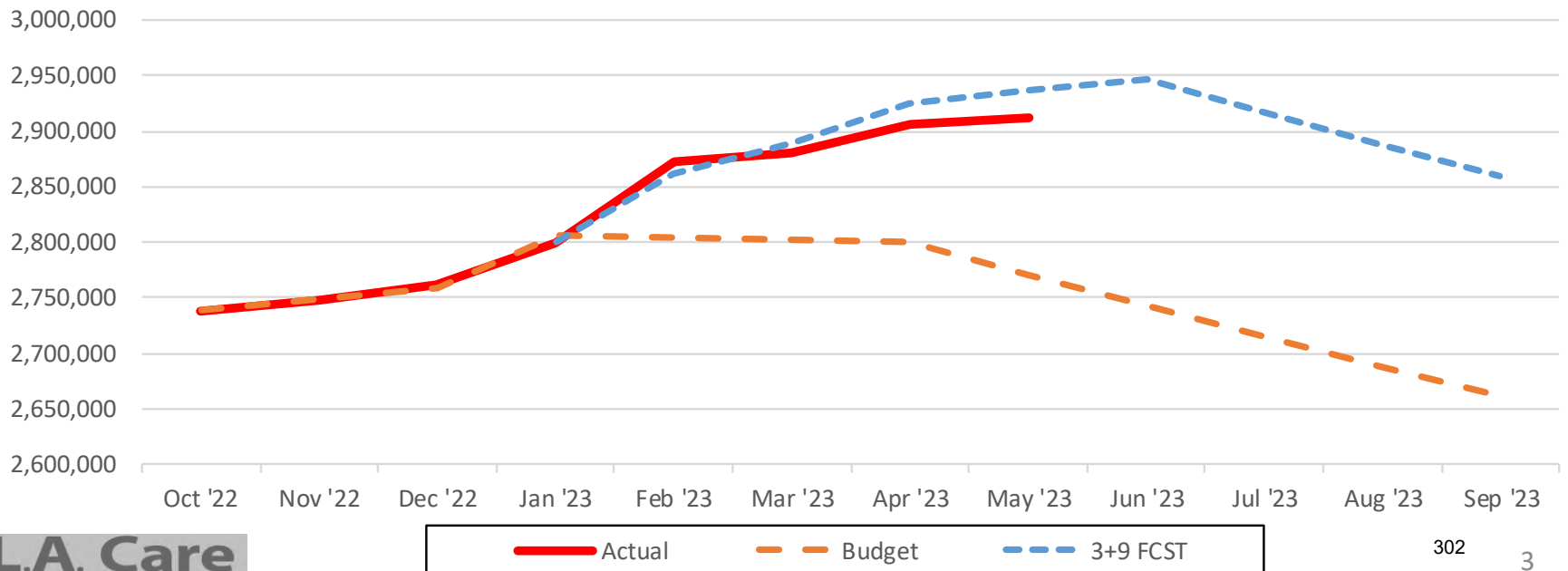
- Investment Transactions

# Membership

for the 8 months ended May 2023

Sub-Segment	May 2023			Year-to-Date		
	Actual	3+9 FCST	Variance	Actual	3+9 FCST	Variance
Medi-Cal	2,736,773	2,762,136	(25,363)	21,208,295	21,255,806	(47,511)
CMC	12	-	12	51,321	51,081	240
D-SNP	18,021	17,731	290	89,058	88,542	516
Commercial	175,231	174,350	881	1,361,045	1,353,949	7,096
*Elimination	(18,021)	(17,731)	(290)	(89,058)	(88,542)	(516)
<b>Consolidated</b>	<b>2,912,016</b>	<b>2,936,486</b>	<b>(24,470)</b>	<b>22,620,661</b>	<b>22,660,836</b>	<b>(40,175)</b>

\*D-SNP members included in MCLA membership under CCI beginning in January 2023



# Consolidated Financial Performance

for the month of May 2023

<b>(\$ in Thousands)</b>	<b>Actual</b>	<b>3+9 FCST</b>	<b>Variance</b>
Member Months	2,912,016	2,936,486	(24,470)
Total Revenues	\$1,075,618	\$1,047,926	\$27,692
Total Healthcare Expenses	\$977,989	\$895,068	(\$82,921)
Operating Margin	\$97,630	\$152,858	(\$55,229)
<i>Operating Margin (excl HHIP/IPP)</i>	\$17,305	\$81,555	(\$64,249)
Total Admin Expenses	\$50,820	\$45,817	(\$5,003)
Income/(Loss) from Operations	\$46,810	\$107,042	(\$60,232)
Non-Operating Income (Expense)	\$3,862	\$1,399	\$2,462
<b>Net Surplus</b>	<b>\$50,671</b>	<b>\$108,441</b>	<b>(\$57,770)</b>
<b><i>Net Surplus (excl HHIP/IPP)</i></b>	<b><i>(\$29,495)</i></b>	<b><i>\$37,302</i></b>	<b><i>(\$66,796)</i></b>

# Consolidated Financial Performance

for the 8 months ended May 2023

<b>(\$ in Thousands)</b>	<b>Actual</b>	<b>3+9 FCST</b>	<b>Variance</b>
Member Months	22,620,661	22,660,836	(40,175)
Total Revenues	\$7,423,576	\$7,403,160	\$20,416
Total Healthcare Expenses	\$6,791,568	\$6,828,411	\$36,843
Operating Margin	\$632,008	\$574,749	\$57,259
<i>Operating Margin (excl HHIP/IPP)</i>	\$522,100	\$483,663	\$38,438
Total Admin Expenses	\$344,778	\$355,193	\$10,415
Income/(Loss) from Operations	\$287,230	\$219,556	\$67,674
Non-Operating Income (Expense)	\$43,807	\$17,986	\$25,820
<b>Net Surplus</b>	<b>\$331,036</b>	<b>\$237,542</b>	<b>\$93,494</b>
<b><i>Net Surplus (excl HHIP/IPP)</i></b>	<b><i>\$221,698</i></b>	<b><i>\$147,782</i></b>	<b><i>\$73,916</i></b>



# Operating Margin by Segment

for the 8 months ended May 2023

(\$ in Thousands)

	Medi-Cal	CMC	D-SNP	Commercial	HHIP/IPP	Total	Total (excl HHIP/IPP)
Revenue	\$6,682,110	\$75,400	\$133,214	\$408,498	\$124,353	\$7,423,576	\$7,299,223
Healthcare Exp.	\$6,212,239	\$84,862	\$103,453	\$376,054	\$14,446	\$6,791,568	\$6,777,122
Operating Margin	\$469,872	(\$9,462)	\$29,761	\$32,444	\$109,907	\$632,008	\$522,100
MCR %	93.0%	112.5%	77.7%	92.1%	N/A	91.5%	92.8%
Forecast MCR%	93.6%	100.4%	90.4%	89.0%	N/A	92.2%	93.4%

# Reported vs Paid Claims Trend

Paid Claims through May 2023



# Key Financial Ratios

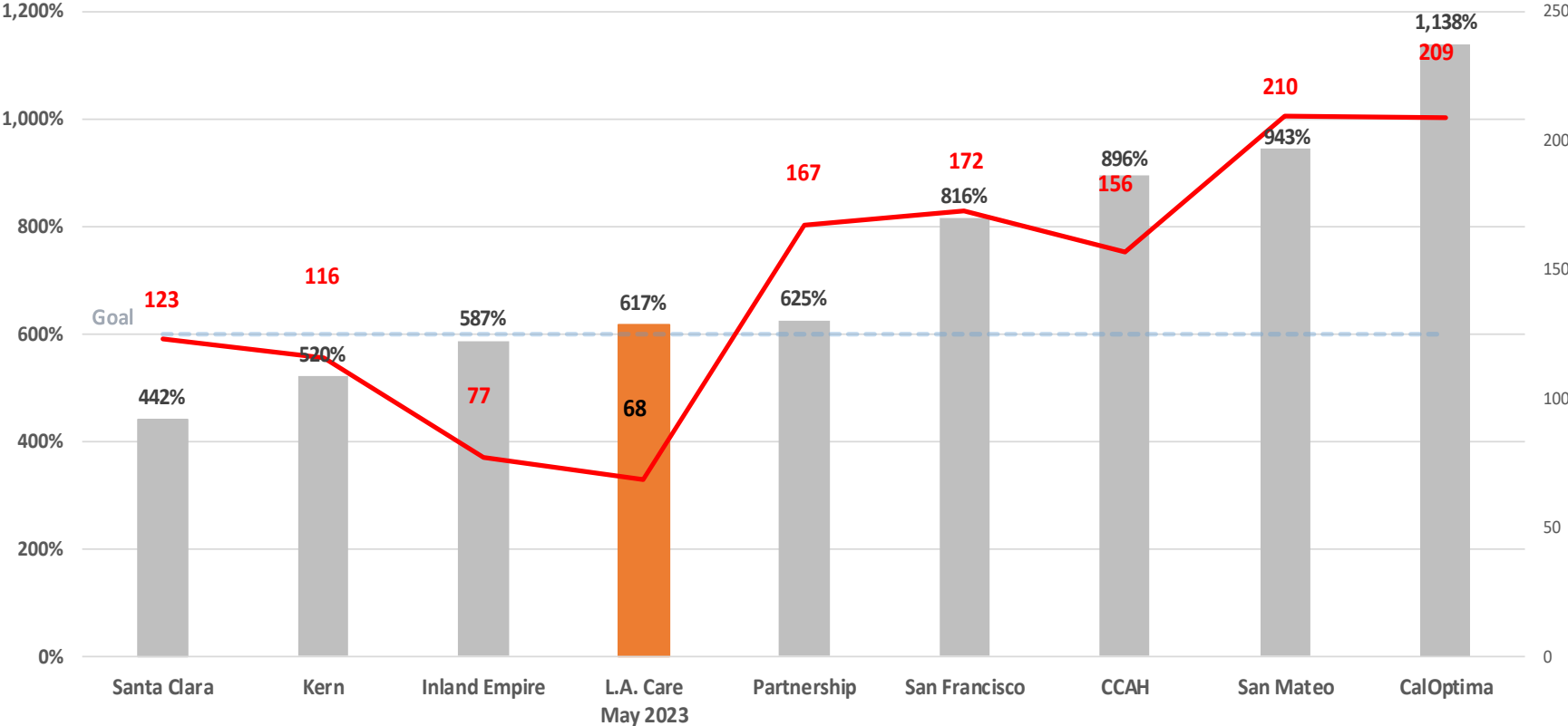
for the 8 months ended May 2023

<b>(Excl. HHIP/IPP)</b>	<b>Actual</b>	<b>3+9 FCST</b>	
MCR	92.8%	vs. 93.4%	✓
Admin Ratio	4.7%	vs. 4.9%	✓

	<b>Actual</b>	<b>Benchmark</b>	
Working Capital	1.27	vs. 1.00+	✓
Cash to Claims	0.67	vs. 0.75+	✗
Tangible Net Equity	6.17	vs. 1.30+	✓

# Tangible Net Equity & Days of Cash On-Hand

## for the 8 months ended May 2023



• As of March 2023 Quarterly filings, unless noted otherwise.

# Questions & Consideration

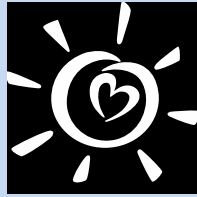
## Motion FIN 104

- To accept the Financial Reports for the eight months ended May 31, 2023, as submitted.

# Informational Items

## Investment Transactions

- As of May 31, 2023, L.A. Care's total investment market value was \$2.5B
  - \$2.4B managed by Payden & Rygel and New England Asset Management (NEAM)
  - \$34M in Local Agency Investment Fund
  - \$78M in Los Angeles County Pooled Investment Fund



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 27, 2023

**Motion No.** FIN 104.0723

**Committee:** Finance & Budget

**Chairperson:** Stephanie Booth, MD

**New Contract**    **Amendment**    **Sole Source**    **RFP/RFQ was conducted**

**Issue:** Acceptance of the Financial Reports for May 2023.

**Background:** N/A

**Member Impact:** N/A

**Budget Impact:** N/A

**Motion:**    **To accept the Financial Reports for May 2023, as submitted.**



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
May 2023  
(Unaudited)





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**Overall**

The combined member months are 22.6 million year-to-date, which is (40,175) unfavorable to the 3+9 forecast. The performance is a surplus of \$331.0 million or 4.5% of revenue and is \$93.5 million favorable to the forecast. The favorable surplus is driven by prior period program reconciliation adjustments, prior period revenue rate adjustments, lower skilled nursing facility costs, pharmacy costs, and provider incentives expenses due to timing. Overall favorability is offset by prior period COVID-19 related expenses. Operating expenses are favorable to the forecast due to added funding to the forecast and timing in vendor spending. Higher interest income, higher unrealized investment gains and timing in grant spending also contributed to higher surplus.

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**Medi-Cal**

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). The member months are 21.2 million, which is (47,511) unfavorable to the forecast. The performance is a surplus of \$259.0 million and is \$77.4 million favorable to the forecast. The favorability in net surplus is driven by prior period program reconciliation adjustments, prior period revenue rate adjustments and lower skilled nursing facility costs. Overall favorability is offset by prior period COVID-19 related expenses. Also contributed to the favorable variance in surplus are lower operating and non-operating expenses as discussed in the Overall section above.

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**Cal MediConnect (CMC)**

The member months are 51,321, which is 240 favorable to the forecast. The performance is a deficit of \$12.6 million which is unfavorable to the forecast by \$7.7 million driver by a provider shared risk adjustment. Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. The net deficit of \$12.6 million is primarily driven by the shared risk adjustment and operating expenses incurred through YTD December 2022 prior to the transition.

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**D-SNP**

January 2023 is the first month of the D-SNP plan as the CMC members were transitioned into this product. For YTD May 2023, the member months are 89,058, which is 516 favorable to the forecast. The performance is a surplus of \$21.9 million which is \$19.7 million favorable to the forecast driven by higher revenue due to RAF and risk share adjustments, better than forecasted capitation expenses and timing in provider incentives and shared risk. Lower operating expenses also contributed to the favorable variance in net surplus.

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**Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1.4 million, which is 7,096 favorable to the forecast. The performance is a deficit of \$24.0 million and is \$19.9 million unfavorable to the forecast driven by higher inpatient claims, prior period COVID-19 related expenses, but partially offset by lower provider incentives and shared risk due to timing. Higher operating expenses also contributed to the unfavorable variance in net deficit.

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**Incentive Programs**

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). The YTD surplus of \$109.3 million, which is \$19.6 million favorable to the forecast, is driven by the recognition of revenue for the submission of our investment plan to DHCS and revenue earned from measurement period 1. The favorable variance is driven by the timing in provider incentive spending for HHIP and the expenditures related to this program will be expensed when incur in future periods.

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**Consolidated Operations Income Statement (\$ in thousands)**

**May 2023**

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,912,016		2,936,486		(24,470)								
						<b>Membership</b>						
						Member Months	22,620,661	22,660,836	(40,175)			
						<b>Revenue</b>						
\$ 1,075,618	\$ 369.37	\$ 1,047,926	\$ 356.86	\$ 27,692	\$ 12.51	Capitation	\$ 7,423,576	\$ 328.18	\$ 7,403,160	\$ 326.69	\$ 20,416	\$ 1.48
<b>\$ 1,075,618</b>	<b>\$ 369.37</b>	<b>\$ 1,047,926</b>	<b>\$ 356.86</b>	<b>\$ 27,692</b>	<b>\$ 12.51</b>	<b>Total Revenues</b>	<b>\$ 7,423,576</b>	<b>\$ 328.18</b>	<b>\$ 7,403,160</b>	<b>\$ 326.69</b>	<b>\$ 20,416</b>	<b>\$ 1.48</b>
						<b>Healthcare Expenses</b>						
\$ 500,483	\$ 171.87	\$ 509,945	\$ 173.66	\$ 9,462	\$ 1.79	Capitation	\$ 3,937,180	\$ 174.05	\$ 3,952,238	\$ 174.41	\$ 15,058	\$ 0.36
\$ 134,408	\$ 46.16	\$ 127,557	\$ 43.44	\$ (6,851)	\$ (2.72)	Inpatient Claims	\$ 996,997	\$ 44.07	\$ 985,383	\$ 43.48	\$ (11,614)	\$ (0.59)
\$ 210,606	\$ 72.32	\$ 121,709	\$ 41.45	\$ (88,898)	\$ (30.88)	Outpatient Claims	\$ 898,987	\$ 39.74	\$ 883,628	\$ 38.99	\$ (15,359)	\$ (0.75)
\$ 94,274	\$ 32.37	\$ 103,542	\$ 35.26	\$ 9,268	\$ 2.89	Skilled Nursing Facility	\$ 741,814	\$ 32.79	\$ 771,153	\$ 34.03	\$ 29,339	\$ 1.24
\$ 10,038	\$ 3.45	\$ 11,851	\$ 4.04	\$ 1,813	\$ 0.59	Pharmacy	\$ 87,783	\$ 3.88	\$ 90,750	\$ 4.00	\$ 2,966	\$ 0.12
\$ 18,536	\$ 6.37	\$ 11,371	\$ 3.87	\$ (7,165)	\$ (2.49)	Provider Incentives and Shared Risk	\$ 64,852	\$ 2.87	\$ 74,803	\$ 3.30	\$ 9,951	\$ 0.43
\$ 9,644	\$ 3.31	\$ 9,094	\$ 3.10	\$ (550)	\$ (0.21)	Medical Administrative Expenses	\$ 63,954	\$ 2.83	\$ 70,456	\$ 3.11	\$ 6,502	\$ 0.28
<b>\$ 977,989</b>	<b>\$ 335.85</b>	<b>\$ 895,068</b>	<b>\$ 304.81</b>	<b>\$ (82,921)</b>	<b>\$ (31.04)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 6,791,568</b>	<b>\$ 300.24</b>	<b>\$ 6,828,411</b>	<b>\$ 301.33</b>	<b>\$ 36,843</b>	<b>\$ 1.09</b>
90.9%		85.4%		-5.5%		MCR(%)	91.5%		92.2%		0.7%	
<b>\$ 97,630</b>	<b>\$ 33.53</b>	<b>\$ 152,858</b>	<b>\$ 52.05</b>	<b>\$ (55,229)</b>	<b>\$ (18.53)</b>	<b>Operating Margin</b>	<b>\$ 632,008</b>	<b>\$ 27.94</b>	<b>\$ 574,749</b>	<b>\$ 25.36</b>	<b>\$ 57,259</b>	<b>\$ 2.58</b>
\$ 50,820	\$ 17.45	\$ 45,817	\$ 15.60	\$ (5,003)	\$ (1.85)	<b>Total Operating Expenses</b>	\$ 344,778	\$ 15.24	\$ 355,193	\$ 15.67	\$ 10,415	\$ 0.43
4.7%		4.4%		-0.4%		Admin Ratio(%)	4.6%		4.8%		0.2%	
<b>\$ 46,810</b>	<b>\$ 16.07</b>	<b>\$ 107,042</b>	<b>\$ 36.45</b>	<b>\$ (60,232)</b>	<b>\$ (20.38)</b>	<b>Income (Loss) from Operations</b>	<b>\$ 287,230</b>	<b>\$ 12.70</b>	<b>\$ 219,556</b>	<b>\$ 9.69</b>	<b>\$ 67,674</b>	<b>\$ 3.01</b>
\$ (2,397)	\$ (0.82)	\$ (3,697)	\$ (1.26)	\$ 1,301	\$ 0.44	Other Income/(Expense), net	\$ (19,370)	\$ (0.86)	\$ (25,259)	\$ (1.11)	\$ 5,889	\$ 0.26
\$ 10,226	\$ 3.51	\$ 5,096	\$ 1.74	\$ 5,129	\$ 1.78	Interest Income, net	\$ 55,815	\$ 2.47	\$ 39,038	\$ 1.72	\$ 16,777	\$ 0.74
\$ (139)	\$ (0.05)	\$ -	\$ -	\$ (139)	\$ (0.05)	Realized Gain / Loss	\$ (1,326)	\$ (0.06)	\$ (842)	\$ (0.04)	\$ (484)	\$ (0.02)
\$ (3,828)	\$ (1.31)	\$ -	\$ -	\$ (3,828)	\$ (1.31)	Unrealized Gain / Loss	\$ 8,688	\$ 0.38	\$ 5,050	\$ 0.22	\$ 3,639	\$ 0.16
<b>\$ 3,862</b>	<b>\$ 1.33</b>	<b>\$ 1,399</b>	<b>\$ 0.48</b>	<b>\$ 2,462</b>	<b>\$ 0.85</b>	<b>Total Non-Operating Income (Expense)</b>	<b>\$ 43,807</b>	<b>\$ 1.94</b>	<b>\$ 17,986</b>	<b>\$ 0.79</b>	<b>\$ 25,820</b>	<b>\$ 1.14</b>
<b>\$ 50,671</b>	<b>\$ 17.40</b>	<b>\$ 108,441</b>	<b>\$ 36.93</b>	<b>\$ (57,770)</b>	<b>\$ (19.53)</b>	<b>Net Surplus (Deficit)</b>	<b>\$ 331,036</b>	<b>\$ 14.63</b>	<b>\$ 237,542</b>	<b>\$ 10.48</b>	<b>\$ 93,494</b>	<b>\$ 4.15</b>
4.7%		10.3%		-5.6%		Margin(%)	4.5%		3.2%		1.3%	



**Total Medi-Cal Income Statement (\$ in thousands)**

**May 2023**

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
2,736,773		2,762,136		(25,363)							
						<b>Membership</b>					
						Member Months	21,208,295		21,255,806		(47,511)
						<b>Revenue</b>					
						Capitation	\$ 6,682,110	\$ 315.07	\$ 6,671,532	\$ 313.87	\$ 10,579 \$ 1.20
\$ 903,106	\$ 329.99	\$ 892,615	\$ 323.16	\$ 10,490	\$ 6.83	<b>Total Revenues</b>	<b>\$ 6,682,110</b>	<b>\$ 315.07</b>	<b>\$ 6,671,532</b>	<b>\$ 313.87</b>	<b>\$ 10,579 \$ 1.20</b>
<b>\$ 903,106</b>	<b>\$ 329.99</b>	<b>\$ 892,615</b>	<b>\$ 323.16</b>	<b>\$ 10,490</b>	<b>\$ 6.83</b>						
						<b>Healthcare Expenses</b>					
\$ 472,911	\$ 172.80	\$ 479,421	\$ 173.57	\$ 6,510	\$ 0.77	Capitation	\$ 3,711,667	\$ 175.01	\$ 3,718,627	\$ 174.95	\$ 6,960 \$ (0.06)
\$ 120,406	\$ 44.00	\$ 112,436	\$ 40.71	\$ (7,970)	\$ (3.29)	Inpatient Claims	\$ 864,791	\$ 40.78	\$ 862,963	\$ 40.60	\$ (1,828) \$ (0.18)
\$ 190,880	\$ 69.75	\$ 110,822	\$ 40.12	\$ (80,058)	\$ (29.62)	Outpatient Claims	\$ 809,079	\$ 38.15	\$ 799,695	\$ 37.62	\$ (9,384) \$ (0.53)
\$ 93,273	\$ 34.08	\$ 103,542	\$ 37.49	\$ 10,269	\$ 3.40	Skilled Nursing Facility	\$ 731,100	\$ 34.47	\$ 763,605	\$ 35.92	\$ 32,505 \$ 1.45
\$ 0	\$ 0.00	\$ -	\$ -	\$ (0)	\$ (0.00)	Pharmacy	\$ 406	\$ 0.02	\$ (162)	\$ (0.01)	\$ (568) \$ (0.03)
\$ 3,748	\$ 1.37	\$ 5,345	\$ 1.94	\$ 1,597	\$ 0.57	Provider Incentives and Shared Risk	\$ 34,381	\$ 1.62	\$ 34,888	\$ 1.64	\$ 507 \$ 0.02
\$ 9,453	\$ 3.45	\$ 8,066	\$ 2.92	\$ (1,387)	\$ (0.53)	Medical Administrative Expenses	\$ 60,814	\$ 2.87	\$ 64,904	\$ 3.05	\$ 4,091 \$ 0.19
<b>\$ 890,671</b>	<b>\$ 325.45</b>	<b>\$ 819,632</b>	<b>\$ 296.74</b>	<b>\$ (71,039)</b>	<b>\$ (28.71)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 6,212,239</b>	<b>\$ 292.92</b>	<b>\$ 6,244,521</b>	<b>\$ 293.78</b>	<b>\$ 32,282 \$ 0.86</b>
98.6%		91.8%		-6.8%		<b>MCR(%)</b>	93.0%		93.6%		0.6%
\$ 12,435	\$ 4.54	\$ 72,984	\$ 26.42	\$ (60,549)	\$ (21.88)	<b>Operating Margin</b>	<b>\$ 469,872</b>	<b>\$ 22.16</b>	<b>\$ 427,011</b>	<b>\$ 20.09</b>	<b>\$ 42,861 \$ 2.07</b>
\$ 38,868	\$ 14.20	\$ 37,944	\$ 13.74	\$ (924)	\$ (0.46)	<b>Total Operating Expenses</b>	<b>\$ 274,260</b>	<b>\$ 12.93</b>	<b>\$ 287,070</b>	<b>\$ 13.51</b>	<b>\$ 12,810 \$ 0.57</b>
4.3%		4.3%		-0.1%		<b>Admin Ratio(%)</b>	4.1%		4.3%		0.2%
\$ (26,434)	\$ (9.66)	\$ 35,040	\$ 12.69	\$ (61,473)	\$ (22.34)	<b>Income (Loss) from Operations</b>	<b>\$ 195,612</b>	<b>\$ 9.22</b>	<b>\$ 139,941</b>	<b>\$ 6.58</b>	<b>\$ 55,670 \$ 2.64</b>
\$ 6,026	\$ 2.20	\$ 4,617	\$ 1.67	\$ 1,409	\$ 0.53	<b>Total Non-Operating Income (Expense)</b>	<b>\$ 63,408</b>	<b>\$ 2.99</b>	<b>\$ 41,712</b>	<b>\$ 1.96</b>	<b>\$ 21,696 \$ 1.03</b>
<b>\$ (20,408)</b>	<b>\$ (7.46)</b>	<b>\$ 39,657</b>	<b>\$ 14.36</b>	<b>\$ (60,064)</b>	<b>\$ (21.81)</b>	<b>Net Surplus (Deficit)</b>	<b>\$ 259,020</b>	<b>\$ 12.21</b>	<b>\$ 181,654</b>	<b>\$ 8.55</b>	<b>\$ 77,366 \$ 3.67</b>
-2.3%		4.4%		-6.7%		<b>Margin(%)</b>	3.9%		2.7%		1.2%



**CMC Income Statement (\$ in thousands)**

**May 2023**

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
12				12	
\$ 856	N/A	\$ -	\$ -	\$ 856	N/A
<b>\$ 856</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 856</b>	<b>\$ -</b>
\$ 70	N/A	\$ -	\$ -	\$ (70)	N/A
\$ 309	N/A	\$ -	\$ -	\$ (309)	N/A
\$ 1,691	N/A	\$ -	\$ -	\$ (1,691)	N/A
\$ 83	N/A	\$ -	\$ -	\$ (83)	N/A
\$ (2,492)	N/A	\$ -	\$ -	\$ 2,492	N/A
\$ 5	N/A	\$ -	\$ -	\$ (5)	N/A
\$ -	N/A	\$ -	\$ -	\$ -	N/A
<b>\$ (334)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 334</b>	<b>\$ -</b>
-39.0%		#DIV/0!		#DIV/0!	
\$ 1,190	\$ -	\$ -	\$ -	\$ 1,190	\$ -
\$ 353	\$ -	\$ -	\$ -	\$ (353)	\$ -
41.2%		#DIV/0!		#DIV/0!	
\$ 837	\$ -	\$ -	\$ -	\$ 837	\$ -
\$ 228	N/A	\$ -	\$ -	\$ 228	N/A
\$ 1,065	N/A	\$ -	\$ -	\$ 1,065	N/A
124.4%		0.0%		124.4%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	51,321		51,081		240	
<b>Revenue</b>						
Capitation	\$ 75,400	\$ 1,469.18	\$ 75,769	\$ 1,483.31	\$ (369)	\$ (14.13)
<b>Total Revenues</b>	<b>\$ 75,400</b>	<b>\$ 1,469.18</b>	<b>\$ 75,769</b>	<b>\$ 1,483.31</b>	<b>\$ (369)</b>	<b>\$ (14.13)</b>
<b>Healthcare Expenses</b>						
Capitation	\$ 31,082	\$ 605.64	\$ 30,024	\$ 587.77	\$ (1,058)	\$ (17.87)
Inpatient Claims	\$ 26,302	\$ 512.50	\$ 24,578	\$ 481.16	\$ (1,724)	\$ (31.33)
Outpatient Claims	\$ 11,148	\$ 217.21	\$ 11,230	\$ 219.85	\$ 82	\$ 2.63
Skilled Nursing Facility	\$ 7,331	\$ 142.84	\$ 7,194	\$ 140.84	\$ (136)	\$ (2.00)
Pharmacy	\$ (3,774)	\$ (73.54)	\$ 1,193	\$ 23.35	\$ 4,967	\$ 96.89
Provider Incentives and Shared Risk	\$ 11,174	\$ 217.72	\$ 1,046	\$ 20.48	\$ (10,128)	\$ (197.24)
Medical Administrative Expenses	\$ 1,601	\$ 31.19	\$ 842	\$ 16.48	\$ (759)	\$ (14.70)
<b>Total Healthcare Expenses</b>	<b>\$ 84,862</b>	<b>\$ 1,653.55</b>	<b>\$ 76,107</b>	<b>\$ 1,489.93</b>	<b>\$ (8,755)</b>	<b>\$ (163.62)</b>
MCR(%)	112.5%		100.4%		-12.1%	
<b>Operating Margin</b>	<b>\$ (9,462)</b>	<b>\$ (184.37)</b>	<b>\$ (338)</b>	<b>\$ (6.62)</b>	<b>\$ (9,124)</b>	<b>\$ (177.75)</b>
<b>Total Operating Expenses</b>	<b>\$ 5,410</b>	<b>\$ 105.41</b>	<b>\$ 5,189</b>	<b>\$ 101.58</b>	<b>\$ (221)</b>	<b>\$ (3.83)</b>
Admin Ratio(%)	7.2%		6.8%		-0.3%	
<b>Income (Loss) from Operations</b>	<b>\$ (14,872)</b>	<b>\$ (289.78)</b>	<b>\$ (5,527)</b>	<b>\$ (108.20)</b>	<b>\$ (9,345)</b>	<b>\$ (181.58)</b>
<b>Total Non-Operating Income (Expense)</b>	<b>\$ 2,319</b>	<b>\$ 45.19</b>	<b>\$ 670</b>	<b>\$ 13.11</b>	<b>\$ 1,649</b>	<b>\$ 32.07</b>
<b>Net Surplus (Deficit)</b>	<b>\$ (12,553)</b>	<b>\$ (244.60)</b>	<b>\$ (4,857)</b>	<b>\$ (95.09)</b>	<b>\$ (7,696)</b>	<b>\$ (149.51)</b>
Margin(%)	-16.6%		-6.4%		-10.2%	



**D-SNP Income Statement (\$ in thousands)**

**May 2023**

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
18,021		17,731		290								
						<b>Membership</b>						
						Member Months	89,058	88,542		516		
						<b>Revenue</b>						
\$ 26,958	\$ 1,495.95	\$ 24,581	\$ 1,386.34	\$ 2,377	\$ 109.61	Capitation	\$ 133,214	\$ 1,495.82	\$ 122,749	\$ 1,386.34	\$ 10,465	\$ 109.48
<b>\$ 26,958</b>	<b>\$ 1,495.95</b>	<b>\$ 24,581</b>	<b>\$ 1,386.34</b>	<b>\$ 2,377</b>	<b>\$ 109.61</b>	<b>Total Revenues</b>	<b>\$ 133,214</b>	<b>\$ 1,495.82</b>	<b>\$ 122,749</b>	<b>\$ 1,386.34</b>	<b>\$ 10,465</b>	<b>\$ 109.48</b>
						<b>Healthcare Expenses</b>						
\$ 9,704	\$ 538.49	\$ 10,726	\$ 604.94	\$ 1,022	\$ 66.45	Capitation	\$ 48,191	\$ 541.12	\$ 53,563	\$ 604.94	\$ 5,372	\$ 63.82
\$ 6,140	\$ 340.74	\$ 6,219	\$ 350.72	\$ 78	\$ 9.98	Inpatient Claims	\$ 30,933	\$ 347.34	\$ 31,053	\$ 350.72	\$ 120	\$ 3.38
\$ 2,313	\$ 128.35	\$ 2,678	\$ 151.05	\$ 365	\$ 22.69	Outpatient Claims	\$ 13,081	\$ 146.88	\$ 13,345	\$ 150.72	\$ 264	\$ 3.84
\$ 718	\$ 39.83	\$ -	\$ -	\$ (718)	\$ (39.83)	Skilled Nursing Facility	\$ 2,445	\$ 27.45	\$ -	\$ -	\$ (2,445)	\$ (27.45)
\$ (377)	\$ (20.93)	\$ 1,246	\$ 70.27	\$ 1,623	\$ 91.20	Pharmacy	\$ 5,761	\$ 64.69	\$ 6,222	\$ 70.27	\$ 461	\$ 5.58
\$ 1,501	\$ 83.30	\$ 912	\$ 51.43	\$ (589)	\$ (31.86)	Provider Incentives and Shared Risk	\$ 2,582	\$ 28.99	\$ 4,554	\$ 51.43	\$ 1,972	\$ 22.44
\$ 99	\$ 5.47	\$ 504	\$ 28.40	\$ 405	\$ 22.93	Medical Administrative Expenses	\$ 459	\$ 5.16	\$ 2,195	\$ 24.79	\$ 1,736	\$ 19.63
<b>\$ 20,098</b>	<b>\$ 1,115.25</b>	<b>\$ 22,285</b>	<b>\$ 1,256.82</b>	<b>\$ 2,187</b>	<b>\$ 141.57</b>	<b>Total Healthcare Expenses</b>	<b>\$ 103,453</b>	<b>\$ 1,161.64</b>	<b>\$ 110,932</b>	<b>\$ 1,252.88</b>	<b>\$ 7,479</b>	<b>\$ 91.24</b>
74.6%		90.7%		16.1%		<b>MCR(%)</b>	77.7%		90.4%		12.7%	
<b>\$ 6,860</b>	<b>\$ 380.69</b>	<b>\$ 2,296</b>	<b>\$ 129.52</b>	<b>\$ 4,564</b>	<b>\$ 251.18</b>	<b>Operating Margin</b>	<b>\$ 29,761</b>	<b>\$ 334.18</b>	<b>\$ 11,817</b>	<b>\$ 133.46</b>	<b>\$ 17,945</b>	<b>\$ 200.72</b>
\$ 2,704	\$ 150.06	\$ 1,402	\$ 79.10	\$ (1,302)	\$ (70.96)	<b>Total Operating Expenses</b>	\$ 7,899	\$ 88.70	\$ 10,424	\$ 117.73	\$ 2,525	\$ 29.03
10.0%		5.7%		-4.3%		<b>Admin Ratio(%)</b>	5.9%		8.5%		2.6%	
<b>\$ 4,156</b>	<b>\$ 230.64</b>	<b>\$ 894</b>	<b>\$ 50.42</b>	<b>\$ 3,262</b>	<b>\$ 180.22</b>	<b>Income (Loss) from Operations</b>	<b>\$ 21,862</b>	<b>\$ 245.48</b>	<b>\$ 1,393</b>	<b>\$ 15.73</b>	<b>\$ 20,469</b>	<b>\$ 229.75</b>
\$ -	\$ -	\$ 163	\$ 9.17	\$ (163)	\$ (9.17)	<b>Total Non-Operating Income (Expense)</b>	\$ -	\$ -	\$ 809	\$ 9.14	\$ (809)	\$ (9.14)
<b>\$ 4,156</b>	<b>\$ 230.64</b>	<b>\$ 1,057</b>	<b>\$ 59.59</b>	<b>\$ 3,100</b>	<b>\$ 171.05</b>	<b>Net Surplus (Deficit)</b>	<b>\$ 21,862</b>	<b>\$ 245.48</b>	<b>\$ 2,202</b>	<b>\$ 24.87</b>	<b>\$ 19,660</b>	<b>\$ 220.61</b>
15.4%		4.3%		11.1%		<b>Margin(%)</b>	16.4%		1.8%		14.6%	



**Commercial Income Statement (\$ in thousands)**

**May 2023**

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
175,231		174,350		881							
						<b>Membership</b>					
						Member Months	1,361,045	1,353,949		7,096	
						<b>Revenue</b>					
\$ 53,293	\$ 304.13	\$ 53,766	\$ 308.38	\$ (473)	\$ (4.25)	Capitation	\$ 408,498	\$ 300.14	\$ 410,058	\$ 302.86	\$ (1,560) \$ (2.73)
<b>\$ 53,293</b>	<b>\$ 304.13</b>	<b>\$ 53,766</b>	<b>\$ 308.38</b>	<b>\$ (473)</b>	<b>\$ (4.25)</b>	<b>Total Revenues</b>	<b>\$ 408,498</b>	<b>\$ 300.14</b>	<b>\$ 410,058</b>	<b>\$ 302.86</b>	<b>\$ (1,560) \$ (2.73)</b>
						<b>Healthcare Expenses</b>					
\$ 17,798	\$ 101.57	\$ 18,932	\$ 108.59	\$ 1,135	\$ 7.02	Capitation	\$ 146,240	\$ 107.45	\$ 145,760	\$ 107.66	\$ (480) \$ 0.21
\$ 7,553	\$ 43.10	\$ 8,902	\$ 51.06	\$ 1,349	\$ 7.96	Inpatient Claims	\$ 74,496	\$ 54.73	\$ 66,788	\$ 49.33	\$ (7,707) \$ (5.41)
\$ 15,722	\$ 89.72	\$ 7,383	\$ 42.35	\$ (8,339)	\$ (47.38)	Outpatient Claims	\$ 65,680	\$ 48.26	\$ 58,534	\$ 43.23	\$ (7,146) \$ (5.03)
\$ 200	\$ 1.14	\$ -	\$ -	\$ (200)	\$ (1.14)	Skilled Nursing Facility	\$ 939	\$ 0.69	\$ 354	\$ 0.26	\$ (585) \$ (0.43)
\$ 12,906	\$ 73.65	\$ 10,605	\$ 60.83	\$ (2,301)	\$ (12.83)	Pharmacy	\$ 85,386	\$ 62.74	\$ 83,493	\$ 61.67	\$ (1,894) \$ (1.07)
\$ 2,157	\$ 12.31	\$ 1,205	\$ 6.91	\$ (952)	\$ (5.40)	Provider Incentives and Shared Risk	\$ 2,269	\$ 1.67	\$ 7,794	\$ 5.76	\$ 5,525 \$ 4.09
\$ 136	\$ 0.78	\$ 464	\$ 2.66	\$ 328	\$ 1.88	Medical Administrative Expenses	\$ 1,044	\$ 0.77	\$ 2,121	\$ 1.57	\$ 1,077 \$ 0.80
<b>\$ 56,473</b>	<b>\$ 322.28</b>	<b>\$ 47,492</b>	<b>\$ 272.39</b>	<b>\$ (8,981)</b>	<b>\$ (49.88)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 376,054</b>	<b>\$ 276.30</b>	<b>\$ 364,844</b>	<b>\$ 269.47</b>	<b>\$ (11,210) \$ (6.83)</b>
106.0%		88.3%		-17.6%		<b>MCR(%)</b>	92.1%		89.0%		-3.1%
\$ (3,180)	\$ (18.15)	\$ 6,275	\$ 35.99	\$ (9,454)	\$ (54.13)	<b>Operating Margin</b>	\$ 32,444	\$ 23.84	\$ 45,214	\$ 33.39	\$ (12,769) \$ (9.56)
\$ 8,416	\$ 48.03	\$ 6,053	\$ 34.72	\$ (2,362)	\$ (13.31)	<b>Total Operating Expenses</b>	\$ 57,866	\$ 42.52	\$ 51,660	\$ 38.16	\$ (6,205) \$ (4.36)
15.8%		11.3%		-4.5%		<b>Admin Ratio(%)</b>	14.2%		12.6%		-1.6%
\$ (11,595)	\$ (66.17)	\$ 221	\$ 1.27	\$ (11,817)	\$ (67.44)	<b>Income (Loss) from Operations</b>	\$ (25,421)	\$ (18.68)	\$ (6,447)	\$ (4.76)	\$ (18,975) \$ (13.92)
\$ 0	\$ 0.00	\$ 316	\$ 1.82	\$ (316)	\$ (1.81)	<b>Total Non-Operating Income (Expense)</b>	\$ 1,434	\$ 1.05	\$ 2,402	\$ 1.77	\$ (968) \$ (0.72)
<b>\$ (11,595)</b>	<b>\$ (66.17)</b>	<b>\$ 538</b>	<b>\$ 3.08</b>	<b>\$ (12,133)</b>	<b>\$ (69.26)</b>	<b>Net Surplus (Deficit)</b>	<b>\$ (23,988)</b>	<b>\$ (17.62)</b>	<b>\$ (4,045)</b>	<b>\$ (2.99)</b>	<b>\$ (19,943) \$ (14.64)</b>
-21.8%		1.0%		-22.8%		<b>Margin(%)</b>	-5.9%		-1.0%		-4.9%





**Comparative Balance Sheet**

(Dollars in thousands)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
<b>ASSETS</b>												
<b>CURRENT ASSETS</b>												
Total Current Assets	\$4,873,636	\$4,936,270	\$4,820,099	\$5,663,469	\$5,084,708	\$5,172,416	\$5,211,120	\$5,469,816	\$5,452,064	\$7,027,117	\$5,699,958	\$5,932,683
Capitalized Assets - net	\$105,275	\$102,369	\$104,591	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173	\$99,824
<b>NONCURRENT ASSETS</b>	\$2,496	\$2,363	\$2,230	\$2,129	\$2,006	\$1,946	\$1,946	\$1,531	\$1,033	\$1,556	\$1,401	\$1,288
<b>TOTAL ASSETS</b>	<b>\$4,981,408</b>	<b>\$5,046,815</b>	<b>\$4,926,919</b>	<b>\$5,833,900</b>	<b>\$5,255,144</b>	<b>\$5,342,529</b>	<b>\$5,377,377</b>	<b>\$5,635,100</b>	<b>\$5,616,811</b>	<b>\$7,193,822</b>	<b>\$5,865,711</b>	<b>\$6,096,530</b>
<b>LIABILITIES AND FUND EQUITY</b>												
<b>CURRENT LIABILITIES</b>												
Total Current Liability	\$3,886,281	\$3,964,303	\$3,857,575	\$4,746,546	\$4,148,776	\$4,249,831	\$4,253,401	\$4,493,204	\$4,388,975	\$5,909,168	\$4,500,566	\$4,680,664
Long Term Liability	\$2,326	\$2,429	\$2,476	\$0	(\$9)	\$38	(\$2,775)	(\$2,781)	(\$2,731)	(\$2,681)	(\$2,575)	(\$2,524)
<b>Total Liabilities</b>	<b>\$3,888,607</b>	<b>\$3,966,733</b>	<b>\$3,860,051</b>	<b>\$4,746,546</b>	<b>\$4,148,767</b>	<b>\$4,249,869</b>	<b>\$4,250,626</b>	<b>\$4,490,424</b>	<b>\$4,386,245</b>	<b>\$5,906,488</b>	<b>\$4,497,992</b>	<b>\$4,678,140</b>
<b>FUND EQUITY</b>												
Invested in Capital Assets, net of related debt	\$105,275	\$102,369	\$104,591	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173	\$99,824
Restricted Equity	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Minimum Tangible Net Equity	\$203,266	\$204,167	\$204,247	\$207,029	\$206,981	\$206,981	\$208,364	\$212,637	\$214,911	\$218,383	\$219,432	\$230,007
Board Designated Funds	\$110,644	\$108,737	\$106,837	\$104,822	\$113,719	\$107,669	\$106,809	\$103,706	\$100,888	\$98,646	\$94,807	\$92,624
Unrestricted Net Assets	\$673,016	\$664,209	\$650,594	\$676,180	\$686,228	\$678,561	\$718,747	\$732,399	\$817,702	\$870,190	\$952,707	\$995,335
<b>Total Fund Equity</b>	<b>\$1,092,801</b>	<b>\$1,080,082</b>	<b>\$1,066,868</b>	<b>\$1,087,354</b>	<b>\$1,106,377</b>	<b>\$1,092,660</b>	<b>\$1,126,751</b>	<b>\$1,144,676</b>	<b>\$1,230,566</b>	<b>\$1,287,334</b>	<b>\$1,367,719</b>	<b>\$1,418,391</b>
<b>TOTAL LIABILITIES AND FUND EQUITY</b>	<b>\$4,981,408</b>	<b>\$5,046,815</b>	<b>\$4,926,919</b>	<b>\$5,833,900</b>	<b>\$5,255,144</b>	<b>\$5,342,529</b>	<b>\$5,377,377</b>	<b>\$5,635,100</b>	<b>\$5,616,811</b>	<b>\$7,193,822</b>	<b>\$5,865,711</b>	<b>\$6,096,530</b>
<b>Solvency Ratios</b>												
Working Capital Ratio	1.25	1.25	1.25	1.19	1.23	1.22	1.23	1.22	1.24	1.19	1.27	1.27
Cash to Claims Ratio	0.52	0.52	0.49	0.63	0.46	0.48	0.48	0.54	0.51	0.88	0.64	0.67
Tangible Net Equity Ratio	5.38	5.29	5.22	5.25	5.35	5.28	5.41	5.38	5.73	5.89	6.23	6.17





**Cash Flows Statement (\$ in thousands)**

**May 2023**

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	YTD
<b>Cash Flows from Operating Activities:</b>									
Capitation Revenue	\$ 763,710	\$ 817,194	\$ 840,632	\$ 1,017,855	\$ 803,604	\$ 1,185,273	\$ 969,307	\$ 1,069,372	\$ 7,466,947
Other Income (Expense), net	\$ 6,284	\$ (1,516)	\$ 6,286	\$ 788	\$ 3,433	\$ 2,910	\$ 10,472	\$ 5,794	\$ 34,451
Healthcare Expenses	\$ (737,336)	\$ (716,891)	\$ (781,483)	\$ (839,834)	\$ (651,002)	\$ (878,499)	\$ (672,951)	\$ (908,413)	\$ (6,186,409)
Operating Expenses	\$ (29,792)	\$ (36,802)	\$ (54,221)	\$ (29,955)	\$ (37,060)	\$ (48,926)	\$ (31,299)	\$ (51,083)	\$ (319,138)
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 2,866</b>	<b>\$ 61,985</b>	<b>\$ 11,214</b>	<b>\$ 148,854</b>	<b>\$ 118,975</b>	<b>\$ 260,758</b>	<b>\$ 275,529</b>	<b>\$ 115,670</b>	<b>\$ 995,851</b>
<b>Cash Flows from Investing Activities</b>									
Purchase of investments - Net	\$ (65,406)	\$ (114,037)	\$ (94,704)	\$ (57,274)	\$ (57,555)	\$ 152,854	\$ (9,712)	\$ (127,718)	\$ (373,552)
Purchase of Capital Assets	\$ (2,036)	\$ (1,650)	\$ (1,538)	\$ (2,652)	\$ (3,361)	\$ (4,585)	\$ (2,356)	\$ (1,632)	\$ (19,810)
<b>Net Cash Provided By Investing Activities</b>	<b>\$ (67,442)</b>	<b>\$ (115,687)</b>	<b>\$ (96,242)</b>	<b>\$ (59,926)</b>	<b>\$ (60,916)</b>	<b>\$ 148,269</b>	<b>\$ (12,068)</b>	<b>\$ (129,350)</b>	<b>\$ (393,362)</b>
<b>Cash Flows from Financing Activities:</b>									
Lease Payment - Capital & ROU	\$ -	\$ -	\$ -	\$ (2,833)	\$ (1,171)	\$ (1,713)	\$ (1,454)	\$ (1,444)	\$ (8,615)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (39,300)	\$ 25,277	\$ 16,069	\$ (34,639)	\$ 21,457	\$ (109)	\$ 15,639	\$ 33	\$ 4,427
Pass through transactions (AB 85, IGT, etc.)	\$ (575,356)	\$ 12	\$ (15,957)	\$ 135,967	\$ (131,768)	\$ 1,194,616	\$ (1,187,876)	\$ (4,944)	\$ (585,306)
<b>Net Cash Provided By Financing Activities</b>	<b>\$ (614,656)</b>	<b>\$ 25,289</b>	<b>\$ 112</b>	<b>\$ 98,495</b>	<b>\$ (111,482)</b>	<b>\$ 1,192,794</b>	<b>\$ (1,173,691)</b>	<b>\$ (6,355)</b>	<b>\$ (589,494)</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>\$ (679,232)</b>	<b>\$ (28,413)</b>	<b>\$ (84,916)</b>	<b>\$ 187,423</b>	<b>\$ (53,423)</b>	<b>\$ 1,601,821</b>	<b>\$ (910,230)</b>	<b>\$ (20,035)</b>	<b>\$ 12,995</b>
Cash and Cash Equivalents, Beginning	\$ 1,239,407	\$ 560,175	\$ 531,762	\$ 446,846	\$ 634,269	\$ 580,846	\$ 2,182,667	\$ 1,272,437	\$ 1,239,407
<b>Cash and Cash Equivalents, Ending</b>	<b>\$ 560,175</b>	<b>\$ 531,762</b>	<b>\$ 446,846</b>	<b>\$ 634,269</b>	<b>\$ 580,846</b>	<b>\$ 2,182,667</b>	<b>\$ 1,272,437</b>	<b>\$ 1,252,402</b>	<b>\$ 1,252,402</b>
<b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b>									
<b>Excess of Revenues over Expenses</b>	<b>\$ 19,023</b>	<b>\$ (13,716)</b>	<b>\$ 34,090</b>	<b>\$ 17,925</b>	<b>\$ 85,890</b>	<b>\$ 56,768</b>	<b>\$ 80,385</b>	<b>\$ 50,671</b>	<b>\$ 331,036</b>
<b>Adjustments to Excess of Revenues Over Expenses:</b>									
Depreciation	\$ 1,910	\$ 1,912	\$ 5,393	\$ 3,211	\$ 3,400	\$ 3,151	\$ 3,153	\$ 3,424	\$ 25,554
Realized and Unrealized (Gain)/Loss on Investments	\$ 2,065	\$ (5,545)	\$ (728)	\$ (4,096)	\$ 4,937	\$ (6,469)	\$ (1,493)	\$ 3,967	\$ (7,362)
Deferred Rent	\$ (9)	\$ 47	\$ (2,813)	\$ (6)	\$ 50	\$ 50	\$ 107	\$ 50	\$ (2,524)
Gross Premium Tax provision	\$ (708)	\$ (778)	\$ (862)	\$ (2,376)	\$ 580	\$ 148	\$ (465)	\$ 5	\$ (4,456)
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3)	\$ 3	\$ -	\$ -
<b>Total Adjustments to Excess of Revenues over Expenses</b>	<b>\$ 3,258</b>	<b>\$ (4,364)</b>	<b>\$ 990</b>	<b>\$ (3,267)</b>	<b>\$ 8,967</b>	<b>\$ (3,123)</b>	<b>\$ 1,305</b>	<b>\$ 7,446</b>	<b>\$ 11,212</b>
<b>Changes in Operating Assets and Liabilities:</b>									
Capitation Receivable	\$ (32,935)	\$ (3,386)	\$ (19,040)	\$ 32,496	\$ (95,242)	\$ (132,584)	\$ 329,870	\$ (107,655)	\$ (28,476)
Interest and Non-Operating Receivables	\$ 277	\$ (941)	\$ 3,653	\$ (1,790)	\$ (652)	\$ (3,553)	\$ 3,543	\$ (1,263)	\$ (726)
Prepaid and Other Current Assets	\$ 5,448	\$ (1,775)	\$ (11,846)	\$ 7,691	\$ 2,710	\$ (2,922)	\$ 79,700	\$ (747)	\$ 78,259
Accounts Payable and Accrued Liabilities	\$ 2,713	\$ 2,806	\$ (6,256)	\$ 4,546	\$ (2,255)	\$ (3,903)	\$ 4,517	\$ (4,260)	\$ (2,092)
Subcapitation Payable	\$ 28,522	\$ 57,608	\$ 11,307	\$ 43,530	\$ 151,132	\$ (2,762)	\$ 62,977	\$ (20,456)	\$ 331,858
MediCal Adult Expansion Payable	\$ 3	\$ (649)	\$ 1	\$ -	\$ 1	\$ -	\$ (31,083)	\$ -	\$ (31,727)
Deferred Capitation Revenue	\$ (25,814)	\$ (1,348)	\$ 492	\$ 55,505	\$ (75,730)	\$ 340,273	\$ (322,939)	\$ 101,408	\$ 71,847
Accrued Medical Expenses	\$ (6,449)	\$ 4,176	\$ (2,080)	\$ 4,932	\$ 3,129	\$ 10,758	\$ 19,986	\$ 107,025	\$ 141,477
Reserve for Claims	\$ 7,512	\$ 16,195	\$ 22,490	\$ 12,240	\$ 40,128	\$ 5,392	\$ 31,621	\$ (20,321)	\$ 115,257
Reserve for Provider Incentives	\$ 421	\$ 5,561	\$ (22,425)	\$ (25,270)	\$ (403)	\$ (1,808)	\$ 13,478	\$ 4,384	\$ (26,062)
Grants Payable	\$ 887	\$ 1,818	\$ (162)	\$ 316	\$ 1,300	\$ (1,778)	\$ 2,169	\$ (562)	\$ 3,988
<b>Net Changes in Operating Assets and Liabilities</b>	<b>\$ (19,415)</b>	<b>\$ 80,065</b>	<b>\$ (23,866)</b>	<b>\$ 134,196</b>	<b>\$ 24,118</b>	<b>\$ 207,113</b>	<b>\$ 193,839</b>	<b>\$ 57,553</b>	<b>\$ 653,603</b>
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 2,866</b>	<b>\$ 61,985</b>	<b>\$ 11,214</b>	<b>\$ 148,854</b>	<b>\$ 118,975</b>	<b>\$ 260,758</b>	<b>\$ 275,529</b>	<b>\$ 115,670</b>	<b>\$ 995,851</b>



DATE: June 28, 2023  
TO: Finance & Budget Committee  
FROM: Afzal Shah, *Chief Financial Officer*

**SUBJECT: Monthly Investment Portfolio Securities Transaction Report for May, 2023**

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from May 1 to May 31, 2023.

L.A. Care's investment market value as of May 31, 2023, was \$2.5 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$34 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$78 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of May 31, 2023, of \$2.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/01/23	05/01/23	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 05/02/23 Cpn 22533US20	(34,995,372.22)		0.00	0.00	(34,995,372.22)
05/01/23	05/01/23	Buy	2,900,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/03/23 Cpn 31428GS38	(2,899,218.61)		0.00	0.00	(2,899,218.61)
05/01/23	05/01/23	Buy	33,000,000.000	FHLB DISCOUNT NOTE MAT 05/02/23 Cpn 313384FB0	(32,995,783.33)		0.00	0.00	(32,995,783.33)
05/01/23	05/01/23	Buy	9,515,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	(9,512,557.82)		0.00	0.00	(9,512,557.82)
05/01/23	05/01/23	Buy	26,930,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	(26,923,043.08)		0.00	0.00	(26,923,043.08)
05/01/23	05/01/23	Buy	9,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	(8,997,685.00)		0.00	0.00	(8,997,685.00)
05/01/23	05/01/23	Buy	22,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 05/02/23 Cpn 84243MS29	(21,997,066.67)		0.00	0.00	(21,997,066.67)
05/01/23	05/01/23	Buy	7,080,000.000	TVA DISCOUNT NOTE MAT 05/03/23 Cpn 880592FC9	(7,078,171.00)		0.00	0.00	(7,078,171.00)
05/02/23	05/02/23	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 05/03/23 Cpn 22533US38	(29,996,033.33)		0.00	0.00	(29,996,033.33)
05/02/23	05/02/23	Buy	30,000,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/03/23 Cpn 31428GS38	(29,995,991.67)		0.00	0.00	(29,995,991.67)
05/02/23	05/02/23	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	(9,998,722.22)		0.00	0.00	(9,998,722.22)
05/02/23	05/02/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	(49,993,611.11)		0.00	0.00	(49,993,611.11)
05/02/23	05/02/23	Buy	27,500,000.000	UNILEVER CAPITAL CP 144A MAT 05/03/23 Cpn 90477ES39	(27,496,402.08)		0.00	0.00	(27,496,402.08)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/02/23	05/02/23	Buy	8,500,000.000	CA UNIVERSITY OF CALIFORNIA C MAT 07/05/23 Cpn 91411UU52	(8,421,422.22)		0.00	0.00	(8,421,422.22)
05/03/23	05/03/23	Buy	3,000,000.000	APPLE CP 144A MAT 05/11/23 Cpn 03785ESB1	(2,996,786.67)		0.00	0.00	(2,996,786.67)
05/03/23	05/03/23	Buy	17,000,000.000	BMW US CAPITAL CP 144A MAT 05/15/23 Cpn 0556C3SF9	(16,971,666.67)		0.00	0.00	(16,971,666.67)
05/03/23	05/03/23	Buy	10,000,000.000	CREDIT AGRICOLE CP MAT 05/04/23 Cpn 22533US46	(9,998,677.78)		0.00	0.00	(9,998,677.78)
05/03/23	05/03/23	Buy	17,000,000.000	CREDIT AGRICOLE CP MAT 05/15/23 Cpn 22533USF1	(16,971,553.33)		0.00	0.00	(16,971,553.33)
05/03/23	05/03/23	Buy	17,000,000.000	FED CAISSE DES JARDINS CP 144A MAT 05/18/23 Cpn 31428GSJ3	(16,964,441.67)		0.00	0.00	(16,964,441.67)
05/03/23	05/03/23	Buy	17,000,000.000	DNB BANK ASA CP 144A MAT 05/10/23 Cpn 2332K1SA9	(16,983,637.50)		0.00	0.00	(16,983,637.50)
05/03/23	05/03/23	Buy	17,294,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	(17,261,852.38)		0.00	0.00	(17,261,852.38)
05/03/23	05/03/23	Buy	5,000,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	(4,990,761.94)		0.00	0.00	(4,990,761.94)
05/03/23	05/03/23	Buy	12,000,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	(11,978,253.33)		0.00	0.00	(11,978,253.33)
05/03/23	05/03/23	Buy	15,600,000.000	FHLB DISCOUNT NOTE MAT 05/17/23 Cpn 313384FS3	(15,570,758.67)		0.00	0.00	(15,570,758.67)
05/02/23	05/03/23	Buy	14,300,000.000	FHLB DISCOUNT NOTE MAT 05/22/23 Cpn 313384FX2	(14,264,075.22)		0.00	0.00	(14,264,075.22)
05/02/23	05/03/23	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 06/12/23 Cpn 313384GU7	(39,787,111.11)		0.00	0.00	(39,787,111.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/02/23	05/03/23	Buy	9,988,000.000	FHLB DISCOUNT NOTE MAT 06/14/23 Cpn 313384GW3	(9,931,834.15)		0.00	0.00	(9,931,834.15)
05/02/23	05/03/23	Buy	3,400,000.000	FHLB DISCOUNT NOTE MAT 06/16/23 Cpn 313384GY9	(3,379,845.56)		0.00	0.00	(3,379,845.56)
05/02/23	05/03/23	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 06/16/23 Cpn 313384GY9	(14,911,633.33)		0.00	0.00	(14,911,633.33)
05/02/23	05/03/23	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 06/20/23 Cpn 313384HC6	(39,740,800.00)		0.00	0.00	(39,740,800.00)
05/03/23	05/03/23	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	(4,990,083.33)		0.00	0.00	(4,990,083.33)
05/03/23	05/03/23	Buy	2,000,000.000	LLOYDS TSB BANK CP MAT 05/05/23 Cpn 53948BS59	(1,999,444.44)		0.00	0.00	(1,999,444.44)
05/03/23	05/03/23	Buy	19,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 05/12/23 Cpn 84243MSC7	(18,977,105.00)		0.00	0.00	(18,977,105.00)
05/03/23	05/03/23	Buy	17,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/10/23 Cpn 86563HSA9	(16,983,472.22)		0.00	0.00	(16,983,472.22)
05/03/23	05/03/23	Buy	19,000,000.000	TOTALENERGIES CAP CANADA CP MAT 05/09/23 Cpn 89153QS92	(18,984,356.67)		0.00	0.00	(18,984,356.67)
05/04/23	05/04/23	Buy	28,000,000.000	FHLB DISCOUNT NOTE MAT 05/05/23 Cpn 313384FE4	(27,996,150.00)		0.00	0.00	(27,996,150.00)
05/04/23	05/04/23	Buy	13,900,000.000	ILLINOIS TOOL WORKS CP 144A MAT 05/05/23 Cpn 4523EMS53	(13,898,108.06)		0.00	0.00	(13,898,108.06)
05/04/23	05/04/23	Buy	12,512,000.000	KAISER FOUNDATION CP MAT 05/24/23 Cpn 48306BSQ9	(12,477,105.42)		0.00	0.00	(12,477,105.42)
05/04/23	05/04/23	Buy	5,766,000.000	KAISER FOUNDATION CP MAT 05/24/23 Cpn 48306BSQ9	(5,749,983.33)		0.00	0.00	(5,749,983.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/05/23	05/05/23	Buy	15,000,000.000	APPLE CP 144A MAT 06/27/23 Cpn 03785ETT1	(14,888,479.17)		0.00	0.00	(14,888,479.17)
05/04/23	05/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/02/23 Cpn 912796YT0	(48,785,791.67)		0.00	0.00	(48,785,791.67)
05/05/23	05/05/23	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 05/08/23 Cpn 313384FH7	(14,993,875.00)		0.00	0.00	(14,993,875.00)
05/05/23	05/05/23	Buy	15,000,000.000	JOHN DEERE CAPITAL CP 144A MAT 06/20/23 Cpn 24422MTL5	(14,903,591.67)		0.00	0.00	(14,903,591.67)
05/05/23	05/08/23	Buy	15,000,000.000	NORDEA BANK ABP NY YCD MAT 06/08/23 Cpn 2.97 65558UUE0	(14,971,064.40)	(413,325.00)	0.00	0.00	(15,384,389.40)
05/09/23	05/09/23	Buy	6,500,000.000	WI ASPIRUS HEALTH CP TXB MAT 06/22/23 Cpn 5.20 04537KAS8	(6,500,000.00)		0.00	0.00	(6,500,000.00)
05/08/23	05/09/23	Buy	7,500,000.000	HYDRO-QUEBEC CP 144A MAT 06/29/23 Cpn 44881MTV5	(7,446,343.75)		0.00	0.00	(7,446,343.75)
05/09/23	05/09/23	Buy	10,000,000.000	SC SANTEE COOPER CP TXB MAT 07/18/23 Cpn 5.25 83708BBT2	(10,000,000.00)		0.00	0.00	(10,000,000.00)
05/08/23	05/09/23	Buy	19,000,000.000	TORONTO DOMINION CP 144A MAT 05/15/23 Cpn 89119BSF4	(18,983,945.00)		0.00	0.00	(18,983,945.00)
05/10/23	05/10/23	Buy	28,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/11/23 Cpn 07274MSB2	(27,996,134.44)		0.00	0.00	(27,996,134.44)
05/09/23	05/10/23	Buy	10,000,000.000	FLORIDA POWER & LIGHT CP MAT 05/17/23 Cpn 34108BSH9	(9,990,238.89)		0.00	0.00	(9,990,238.89)
05/11/23	05/11/23	Buy	3,000,000.000	CREDIT AGRICOLE CP MAT 05/12/23 Cpn 22533USC8	(2,999,582.50)		0.00	0.00	(2,999,582.50)
05/11/23	05/11/23	Buy	10,000,000.000	CA STATE GO/ULT TXB MAT 07/05/23 Cpn 5.25 13068BJR9	(10,000,000.00)		0.00	0.00	(10,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
05/11/23	05/11/23	Buy	15,000,000.000	CATERPILLAR FIN CP MAT 05/25/23 Cpn 14912ESR9	(14,970,600.00)		0.00	0.00	(14,970,600.00)
05/11/23	05/11/23	Buy	17,000,000.000	FLORIDA POWER & LIGHT CP MAT 05/17/23 Cpn 34108BSH9	(16,985,748.33)		0.00	0.00	(16,985,748.33)
05/11/23	05/11/23	Buy	4,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 05/23/23 Cpn 4523EMSP9	(3,993,320.00)		0.00	0.00	(3,993,320.00)
05/10/23	05/11/23	Buy	10,000,000.000	LLOYDS BANK YCD FRN SOFRFRAT MAT 12/11/23 Cpn 5.51 53947BN22	(10,000,000.00)		0.00	0.00	(10,000,000.00)
05/11/23	05/11/23	Buy	18,000,000.000	NRW.BANK CP 144A MAT 05/18/23 Cpn 62939MSJ7	(17,982,342.50)		0.00	0.00	(17,982,342.50)
05/11/23	05/12/23	Buy	12,600,000.000	ABN AMRO FUNDING CP 144A MAT 07/05/23 Cpn 00084CU59	(12,502,854.00)		0.00	0.00	(12,502,854.00)
05/11/23	05/12/23	Buy	13,900,000.000	AIR LIQUIDE CP 144A MAT 06/23/23 Cpn 00912UTP5	(13,817,943.67)		0.00	0.00	(13,817,943.67)
05/11/23	05/12/23	Buy	5,000,000.000	BANK OF AMERICA MAT 07/10/23 Cpn 5.13 06052TU32	(4,998,501.20)	(90,487.50)	0.00	0.00	(5,088,988.70)
05/11/23	05/12/23	Buy	5,780,000.000	BANK OF AMERICA MAT 07/12/23 Cpn 5.15 06052TT59	(5,778,283.77)	(118,241.14)	0.00	0.00	(5,896,524.91)
05/12/23	05/12/23	Buy	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/15/23 Cpn 07274MSF3	(34,985,504.17)		0.00	0.00	(34,985,504.17)
05/12/23	05/12/23	Buy	10,000,000.000	CREDIT AGRICOLE CP MAT 05/15/23 Cpn 22533USF1	(9,995,825.00)		0.00	0.00	(9,995,825.00)
05/12/23	05/12/23	Buy	10,000,000.000	CATERPILLAR FIN CP MAT 05/24/23 Cpn 14912ESQ1	(9,983,233.33)		0.00	0.00	(9,983,233.33)
05/12/23	05/12/23	Buy	12,000,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/19/23 Cpn 31428GSK0	(11,988,240.00)		0.00	0.00	(11,988,240.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 06/14/23 Cpn	313312GW4	(49,775,875.00)		0.00	0.00	(49,775,875.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 06/14/23 Cpn	313312GW4	(49,775,875.00)		0.00	0.00	(49,775,875.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 07/14/23 Cpn	313312JC5	(49,568,625.00)		0.00	0.00	(49,568,625.00)
05/12/23	05/12/23	Buy	35,320,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn	313384FR5	(35,300,887.96)		0.00	0.00	(35,300,887.96)
05/12/23	05/12/23	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn	313384FR5	(29,983,750.00)		0.00	0.00	(29,983,750.00)
05/11/23	05/12/23	Buy	47,000,000.000	FHLB DISCOUNT NOTE MAT 05/17/23 Cpn	313384FS3	(46,968,209.72)		0.00	0.00	(46,968,209.72)
05/11/23	05/12/23	Buy	27,310,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn	313384FZ7	(27,265,575.73)		0.00	0.00	(27,265,575.73)



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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/11/23	05/12/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn 313384FZ7	(24,959,333.33)		0.00	0.00	(24,959,333.33)
05/11/23	05/12/23	Buy	3,000,000.000	FHLB DISCOUNT NOTE MAT 05/25/23 Cpn 313384GA1	(2,994,724.17)		0.00	0.00	(2,994,724.17)
05/11/23	05/12/23	Buy	32,459,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	(32,432,762.31)		0.00	0.00	(32,432,762.31)
05/12/23	05/12/23	Buy	25,400,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	(25,379,468.33)		0.00	0.00	(25,379,468.33)
05/12/23	05/12/23	Buy	4,400,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	(4,396,428.67)		0.00	0.00	(4,396,428.67)
05/11/23	05/12/23	Buy	9,400,000.000	ILLINOIS TOOL WORKS CP 144A MAT 06/26/23 Cpn 4523EMTS2	(9,340,545.00)		0.00	0.00	(9,340,545.00)
05/11/23	05/12/23	Buy	16,500,000.000	METLIFE SHORT TERM FUND CP 1 MAT 06/12/23 Cpn 59157UTC4	(16,428,532.08)		0.00	0.00	(16,428,532.08)
05/11/23	05/12/23	Buy	17,200,000.000	NATL SEC CLEARING CP 144A MAT 06/07/23 Cpn 63763QT72	(17,136,895.11)		0.00	0.00	(17,136,895.11)
05/12/23	05/12/23	Buy	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/15/23 Cpn 21687BSF9	(34,985,300.00)		0.00	0.00	(34,985,300.00)
05/12/23	05/12/23	Buy	20,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/19/23 Cpn 86563HSK7	(19,980,400.00)		0.00	0.00	(19,980,400.00)
05/12/23	05/12/23	Buy	7,880,000.000	TORONTO DOMINION CP 144A MAT 05/15/23 Cpn 89119BSF4	(7,876,716.67)		0.00	0.00	(7,876,716.67)
05/12/23	05/15/23	Buy	7,500,000.000	BANCO SANTANDER YCD MAT 11/13/23 Cpn 5.45 05966D4B5	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/12/23	05/15/23	Buy	10,000,000.000	CUMMINS INC CP 144A MAT 06/20/23 Cpn 23102VTL4	(9,949,100.00)		0.00	0.00	(9,949,100.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/23	05/15/23	Buy	27,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/16/23 Cpn 21687BSG7	(26,996,220.00)		0.00	0.00	(26,996,220.00)
05/12/23	05/16/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0	(48,958,965.97)		0.00	0.00	(48,958,965.97)
05/16/23	05/16/23	Buy	19,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/17/23 Cpn 07274MSH9	(18,997,376.94)		0.00	0.00	(18,997,376.94)
05/16/23	05/16/23	Buy	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/17/23 Cpn 21687BSH5	(34,995,100.00)		0.00	0.00	(34,995,100.00)
05/16/23	05/16/23	Buy	25,000,000.000	TOTALENERGIES CAP CANADA CP MAT 05/17/23 Cpn 89153QSH4	(24,996,500.00)		0.00	0.00	(24,996,500.00)
05/17/23	05/17/23	Buy	15,000,000.000	U.S. TREASURY BILL MAT 05/18/23 Cpn 912796W47	(14,998,000.00)		0.00	0.00	(14,998,000.00)
05/17/23	05/17/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/18/23 Cpn 912796W47	(49,993,333.33)		0.00	0.00	(49,993,333.33)
05/17/23	05/17/23	Buy	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/18/23 Cpn 07274MSJ5	(34,995,168.06)		0.00	0.00	(34,995,168.06)
05/16/23	05/17/23	Buy	22,500,000.000	CREDIT AGRICOLE CP MAT 05/25/23 Cpn 22533USR5	(22,474,800.00)		0.00	0.00	(22,474,800.00)
05/09/23	05/17/23	Buy	7,300,000.000	GMALT 2023-2 A1 LEASE MAT 05/20/24 Cpn 5.45 362548AA7	(7,300,000.00)		0.00	0.00	(7,300,000.00)
05/17/23	05/17/23	Buy	30,000,000.000	NOVARTIS FINANCE CP 144A MAT 05/18/23 Cpn 6698M5SJ9	(29,995,866.67)		0.00	0.00	(29,995,866.67)
05/16/23	05/17/23	Buy	12,000,000.000	NRW.BANK CP 144A MAT 05/24/23 Cpn 62939MSQ1	(11,988,240.00)		0.00	0.00	(11,988,240.00)
05/17/23	05/17/23	Buy	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/18/23 Cpn 21687BSJ1	(34,995,100.00)		0.00	0.00	(34,995,100.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/12/23	05/18/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/19/23 Cpn 912797FB8	(48,930,555.56)		0.00	0.00	(48,930,555.56)
05/16/23	05/18/23	Buy	15,000,000.000	FHLMC C 8/18/23 Q MAT 06/14/24 Cpn 5.45 3134GYSH6	(15,000,000.00)		0.00	0.00	(15,000,000.00)
05/17/23	05/18/23	Buy	29,000,000.000	USAA CAPITAL CP MAT 05/24/23 Cpn 90328BSQ5	(28,975,640.00)		0.00	0.00	(28,975,640.00)
05/18/23	05/19/23	Buy	30,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/25/23 Cpn 07274MSR7	(29,974,750.00)		0.00	0.00	(29,974,750.00)
05/19/23	05/19/23	Buy	20,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/22/23 Cpn 21687BSN2	(19,991,600.00)		0.00	0.00	(19,991,600.00)
05/18/23	05/19/23	Buy	25,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/24/23 Cpn 86563HSQ4	(24,982,500.00)		0.00	0.00	(24,982,500.00)
05/16/23	05/23/23	Buy	10,000,000.000	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	(10,000,000.00)		0.00	0.00	(10,000,000.00)
05/23/23	05/24/23	Buy	20,000,000.000	BMW US CAPITAL CP 144A MAT 06/14/23 Cpn 0556C3TE1	(19,941,083.33)		0.00	0.00	(19,941,083.33)
05/17/23	05/24/23	Buy	7,200,000.000	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	(7,200,000.00)		0.00	0.00	(7,200,000.00)
05/17/23	05/24/23	Buy	3,200,000.000	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	(3,200,000.00)		0.00	0.00	(3,200,000.00)
05/16/23	05/24/23	Buy	4,800,000.000	HALST 2023-B A1 LEASE 144A MAT 05/15/24 Cpn 5.25 448980AA0	(4,800,000.00)		0.00	0.00	(4,800,000.00)
05/23/23	05/24/23	Buy	20,000,000.000	MERCEDES-BENZ CP 144A MAT 06/07/23 Cpn 58768KT70	(19,960,411.11)		0.00	0.00	(19,960,411.11)
05/24/23	05/24/23	Buy	30,000,000.000	NESTLE CAPITAL CP 144A MAT 05/25/23 Cpn 64105HSR4	(29,995,875.00)		0.00	0.00	(29,995,875.00)

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/17/23	05/24/23	Buy	6,200,000.000	PFAST 2023-1A A1 CAR 144A MAT 05/22/24 Cpn 5.37 73328QAA2	(6,200,000.00)		0.00	0.00	(6,200,000.00)
05/24/23	05/24/23	Buy	33,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/25/23 Cpn 21687BSR3	(32,995,380.00)		0.00	0.00	(32,995,380.00)
05/24/23	05/24/23	Buy	28,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/31/23 Cpn 86563HSX9	(27,972,560.00)		0.00	0.00	(27,972,560.00)
05/16/23	05/24/23	Buy	2,500,000.000	WOLS 2023-A A1 LEASE MAT 05/15/24 Cpn 5.22 981944AA9	(2,500,000.00)		0.00	0.00	(2,500,000.00)
05/25/23	05/25/23	Buy	17,500,000.000	BAYERISCHE LANDESBANK CP MAT 06/26/23 Cpn 07274MTS4	(17,419,422.22)		0.00	0.00	(17,419,422.22)
05/25/23	05/25/23	Buy	12,500,000.000	CREDIT AGRICOLE CP MAT 06/14/23 Cpn 22533UTE3	(12,465,000.00)		0.00	0.00	(12,465,000.00)
05/25/23	05/25/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 07/18/23 Cpn 313384JG5	(49,617,500.00)		0.00	0.00	(49,617,500.00)
05/25/23	05/25/23	Buy	12,500,000.000	MITSUBISHI UFJ TRUST & BANK 14 MAT 06/26/23 Cpn 60682XTS5	(12,443,777.78)		0.00	0.00	(12,443,777.78)
05/25/23	05/25/23	Buy	20,000,000.000	NOVARTIS FINANCE CP 144A MAT 06/13/23 Cpn 6698M5TD1	(19,946,694.44)		0.00	0.00	(19,946,694.44)
05/25/23	05/25/23	Buy	20,000,000.000	PACCAR FINANCIAL CP MAT 06/22/23 Cpn 69372BTN0	(19,921,444.44)		0.00	0.00	(19,921,444.44)
05/25/23	05/25/23	Buy	20,000,000.000	ROCHE HOLDINGS CP 144A MAT 06/14/23 Cpn 77119MTE7	(19,944,333.33)		0.00	0.00	(19,944,333.33)
05/25/23	05/26/23	Buy	20,000,000.000	CATERPILLAR FIN CP MAT 06/26/23 Cpn 14912ETS6	(19,912,511.11)		0.00	0.00	(19,912,511.11)
05/25/23	05/26/23	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 07/10/23 Cpn 313384HY8	(19,872,500.00)		0.00	0.00	(19,872,500.00)

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05/25/23	05/26/23	Buy	17,500,000.000	MIZUNY BANK LTD CP 144A MAT 07/05/23 Cpn 60689GU53	(17,397,916.67)		0.00	0.00	(17,397,916.67)
05/23/23	05/30/23	Buy	6,250,000.000	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	(6,249,625.63)		0.00	0.00	(6,249,625.63)
05/23/23	05/31/23	Buy	1,800,000.000	CRVNA 2023-P2 A1 CAR 144A MAT 06/10/24 Cpn 5.59 14686TAA6	(1,800,000.00)		0.00	0.00	(1,800,000.00)
05/23/23	05/31/23	Buy	4,350,000.000	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	(4,350,000.00)		0.00	0.00	(4,350,000.00)
			<u>2,771,934,000.000</u>		<u>(2,761,558,526.27)</u>	<u>(622,053.64)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,762,180,579.91)</u>
05/01/23	05/01/23	Coupon		CA REDONDO BEACH FIN AUTH LE MAT 05/01/23 Cpn 0.42 757696AP4		2,396.63	0.00	0.00	2,396.63
05/09/23	05/09/23	Coupon		CENTURY HOUSING CORP CP TXB MAT 05/09/23 Cpn 5.50 15654WAK2		15,400.00	0.00	0.00	15,400.00
05/09/23	05/09/23	Coupon		MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2		7,291.93	0.00	0.00	7,291.93
05/09/23	05/09/23	Coupon		SC SANTEE COOPER CP TXB MAT 05/09/23 Cpn 5.00 83708BBP0		72,013.89	0.00	0.00	72,013.89
05/10/23	05/10/23	Coupon		CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2		877.03	0.00	0.00	877.03
05/10/23	05/10/23	Coupon		CRVNA 2023-P1 A1 CAR 144A MAT 03/11/24 Cpn 5.28 14688EAA7		12,655.04	0.00	0.00	12,655.04
05/15/23	05/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		13,788.40	0.00	0.00	13,788.40
05/15/23	05/15/23	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		306.02	0.00	0.00	306.02

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/23	05/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		3,207.94	0.00	0.00	3,207.94
05/15/23	05/15/23	Coupon		CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3		36.19	0.00	0.00	36.19
05/15/23	05/15/23	Coupon		CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7		8,242.65	0.00	0.00	8,242.65
05/15/23	05/15/23	Coupon		CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3		22,674.60	0.00	0.00	22,674.60
05/15/23	05/15/23	Coupon		CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2		408.95	0.00	0.00	408.95
05/15/23	05/15/23	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		17,781.94	0.00	0.00	17,781.94
05/15/23	05/15/23	Coupon		FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4		3,422.50	0.00	0.00	3,422.50
05/15/23	05/15/23	Coupon		GALC 2022-1 A1 EQP 144A MAT 10/16/23 Cpn 4.34 39154TBU1		5,682.62	0.00	0.00	5,682.62
05/15/23	05/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		3,086.54	0.00	0.00	3,086.54
05/15/23	05/15/23	Coupon		HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0		4,248.38	0.00	0.00	4,248.38
05/15/23	05/15/23	Coupon		HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2		25,339.83	0.00	0.00	25,339.83
05/15/23	05/15/23	Coupon		JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3		673.58	0.00	0.00	673.58
05/15/23	05/15/23	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		391.08	0.00	0.00	391.08

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/23	05/15/23	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		93.82	0.00	0.00	93.82
05/15/23	05/15/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		21,265.44	0.00	0.00	21,265.44
05/15/23	05/15/23	Coupon		NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1		9,622.39	0.00	0.00	9,622.39
05/15/23	05/15/23	Coupon		NAROT 2022-B A1 CAR MAT 10/16/23 Cpn 3.69 65480JAA8		1,625.00	0.00	0.00	1,625.00
05/15/23	05/15/23	Coupon		NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9		21,756.27	0.00	0.00	21,756.27
05/15/23	05/15/23	Coupon		SYNCT 2018-2 A CDT MAT 05/15/26 Cpn 3.47 87165LCC3		20,097.08	0.00	0.00	20,097.08
05/15/23	05/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3		16,557.92	0.00	0.00	16,557.92
05/15/23	05/15/23	Coupon		TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6		6,020.25	0.00	0.00	6,020.25
05/15/23	05/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		7,131.99	0.00	0.00	7,131.99
05/15/23	05/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		23,741.67	0.00	0.00	23,741.67
05/15/23	05/15/23	Coupon		WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6		47,223.80	0.00	0.00	47,223.80
05/15/23	05/15/23	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		2,022.59	0.00	0.00	2,022.59
05/16/23	05/16/23	Coupon		GMCAR 2022-4 A1 CAR MAT 10/16/23 Cpn 3.62 36265QAA4		381.15	0.00	0.00	381.15

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/16/23	05/16/23	Coupon		GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1		13,090.77	0.00	0.00	13,090.77
05/16/23	05/16/23	Coupon		GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4		41,142.27	0.00	0.00	41,142.27
05/20/23	05/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		717.50	0.00	0.00	717.50
05/20/23	05/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		11,857.50	0.00	0.00	11,857.50
05/20/23	05/20/23	Coupon		SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7		1,094.32	0.00	0.00	1,094.32
05/20/23	05/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		345.82	0.00	0.00	345.82
05/20/23	05/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		748.95	0.00	0.00	748.95
05/20/23	05/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		1,096.47	0.00	0.00	1,096.47
05/20/23	05/20/23	Coupon		VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9		355.54	0.00	0.00	355.54
05/22/23	05/22/23	Coupon		BANK OF NOVA SCOTIA FRN YCD MAT 11/20/23 Cpn 5.34 06417MT96		88,733.33	0.00	0.00	88,733.33
05/22/23	05/22/23	Coupon		DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0		5,214.58	0.00	0.00	5,214.58
05/22/23	05/22/23	Coupon		EFF 2022-3 A1 FLEET 144A MAT 08/20/23 Cpn 3.61 29374FAA1		3,574.76	0.00	0.00	3,574.76
05/22/23	05/22/23	Coupon		EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9		12,611.99	0.00	0.00	12,611.99



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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/22/23	05/22/23	Coupon		HPEFS 2022-3A A1 EQP 144A MAT 10/20/23 Cpn 4.33 403951AA4		1,158.06	0.00	0.00	1,158.06
05/25/23	05/25/23	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		693.75	0.00	0.00	693.75
05/25/23	05/25/23	Coupon		CITIBANK CD FRN SOFRRATE MAT 05/25/23 Cpn 17330QAG2		33,729.17	0.00	0.00	33,729.17
05/25/23	05/25/23	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 5.40 3137FBAR7		34.57	0.00	0.00	34.57
05/25/23	05/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.39 3137FBUC8		972.98	0.00	0.00	972.98
05/25/23	05/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.28 3137FVNA6		2,305.50	0.00	0.00	2,305.50
05/25/23	05/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 4.99 3137H3KA9		27,800.23	0.00	0.00	27,800.23
05/25/23	05/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.02 3137H4RC6		13,408.81	0.00	0.00	13,408.81
05/25/23	05/25/23	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 5.02 3137FYUR5		3,379.51	0.00	0.00	3,379.51
						<u>661,531.49</u>	<u>0.00</u>	<u>0.00</u>	<u>661,531.49</u>
05/01/23	05/01/23	Income	(8,494.930)	ADJ NET INT MAT Cpn USD		(8,494.93)	0.00	0.00	(8,494.93)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Cash - cont.										
05/01/23	05/01/23	Income	486,318.710	STIF INT MAT	Cpn	USD	486,318.71	0.00	0.00	486,318.71
			<u>477,823.780</u>				<u>477,823.78</u>	<u>0.00</u>	<u>0.00</u>	<u>477,823.78</u>
05/11/23	05/11/23	Contributn	500,000,000.000	NM MAT	Cpn	USD	500,000,000.00	0.00	0.00	500,000,000.00
05/12/23	05/12/23	Contributn	365,000,000.000	NM MAT	Cpn	USD	365,000,000.00	0.00	0.00	365,000,000.00
			<u>865,000,000.000</u>				<u>865,000,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>865,000,000.00</u>
05/02/23	05/02/23	Sell Long	2,500,000.000	FHLB DISCOUNT NOTE MAT 05/04/23	Cpn	313384FD6	2,493,730.56	5,637.50	(5.55)	2,499,368.06
05/02/23	05/03/23	Sell Long	17,000,000.000	U.S. TREASURY BILL MAT 06/01/23	Cpn	912796ZG7	16,797,486.56	129,522.05	(8,230.36)	16,927,008.61
05/02/23	05/03/23	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 06/20/23	Cpn	912797FP7	14,755,372.42	141,319.58	(7,768.00)	14,896,692.00
05/03/23	05/03/23	Sell Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/23	Cpn	313384FD6	9,974,908.33	23,802.78	(36.11)	9,998,711.11
05/03/23	05/03/23	Sell Long	1,500,000.000	FHLB DISCOUNT NOTE MAT 05/04/23	Cpn	313384FD6	1,496,236.25	3,570.42	(5.41)	1,499,806.67
05/03/23	05/03/23	Sell Long	48,500,000.000	FHLB DISCOUNT NOTE MAT 05/04/23	Cpn	313384FD6	48,378,305.42	115,443.47	(175.14)	48,493,748.89
05/04/23	05/05/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 01/25/24	Cpn	912796ZY8	47,750,727.08	615,106.25	12,329.86	48,365,833.33

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/08/23	05/08/23	Sell Long	100,000.000	FFCB DISCOUNT NOTE MAT 05/11/23 Cpn 313312FL9		99,706.95	252.22	(3.00)	0.00	99,959.17
05/09/23	05/09/23	Sell Long	4,500,000.000	FFCB DISCOUNT NOTE MAT 05/11/23 Cpn 313312FL9		4,486,871.00	11,917.50	(76.50)	0.00	4,498,788.50
05/11/23	05/11/23	Sell Long	4,000,000.000	FHLB DISCOUNT NOTE MAT 05/15/23 Cpn 313384FQ7		3,982,344.44	15,500.00	(88.89)	0.00	3,997,844.44
05/25/23	05/26/23	Sell Long	5,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9		4,978,043.05	18,588.89	(48.62)	0.00	4,996,631.94
05/25/23	05/26/23	Sell Long	40,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9		39,824,344.45	148,711.11	(388.88)	0.00	39,973,055.56
05/25/23	05/26/23	Sell Long	10,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9		9,956,086.11	37,177.78	(97.22)	0.00	9,993,263.89
05/25/23	05/26/23	Sell Long	40,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9		39,819,677.78	153,377.77	(500.00)	0.00	39,973,055.55
05/25/23	05/26/23	Sell Long	22,000,000.000	FHLB DISCOUNT NOTE MAT 06/12/23 Cpn 313384GU7		21,880,937.22	67,326.11	(1,973.89)	0.00	21,948,263.33
05/27/23	05/27/23	Call	3,131,126.836	FHLB C 4/27/23 M MAT 03/27/24 Cpn 5.62 3130AVGN6		3,131,126.84	14,664.11	0.00	0.00	3,145,790.95
05/30/23	05/30/23	Sell Long	1,000,000.000	FHLB DISCOUNT NOTE MAT 06/12/23 Cpn 313384GU7		994,638.06	3,592.50	(39.72)	0.00	998,230.56
05/31/23	05/31/23	Sell Long	12,000,000.000	FFCB DISCOUNT NOTE MAT 06/14/23 Cpn 313312GW4		11,946,163.33	30,970.00	(46.67)	0.00	11,977,133.33

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Fixed Income - cont.									
05/31/23	05/31/23	Sell Long	17,000,000.000	FHLB DISCOUNT NOTE MAT 06/12/23 Cpn 313384GU7	16,908,898.88	63,334.45	(623.34)	0.00	16,972,233.33
			<u>303,231,126.836</u>		<u>299,655,604.73</u>	<u>1,599,814.49</u>	<u>(7,777.44)</u>	<u>0.00</u>	<u>301,255,419.22</u>
05/09/23	05/09/23	Pay Princpl	297,778.897	MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2	297,778.90		0.00	0.00	297,778.90
05/10/23	05/10/23	Pay Princpl	381,904.553	CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2	381,904.55		0.00	11.81	381,904.55
05/10/23	05/10/23	Pay Princpl	1,604,683.960	CRVNA 2023-P1 A1 CAR 144A MAT 03/11/24 Cpn 5.28 14688EAA7	1,604,683.96		0.00	0.00	1,604,683.96
05/15/23	05/15/23	Pay Princpl	308,917.168	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	308,917.17		16.34	0.00	308,917.17
05/15/23	05/15/23	Pay Princpl	168,449.006	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	168,449.01		0.00	(107.99)	168,449.01
05/15/23	05/15/23	Pay Princpl	343,318.147	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	343,318.15		14,131.38	0.00	343,318.15
05/15/23	05/15/23	Pay Princpl	180,933.143	CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3	180,933.14		0.00	0.36	180,933.14
05/15/23	05/15/23	Pay Princpl	617,340.448	CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7	617,340.45		0.00	0.00	617,340.45
05/15/23	05/15/23	Pay Princpl	1,137,097.925	CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3	1,137,097.93		0.00	0.00	1,137,097.93
05/15/23	05/15/23	Pay Princpl	287,025.248	CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2	287,025.25		0.00	4.53	287,025.25

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05/15/23	05/15/23	Pay Princpl	284,054.575	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	284,054.57		(0.00)	0.00	284,054.57
05/15/23	05/15/23	Pay Princpl	317,321.487	FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4	317,321.49		0.00	0.00	317,321.49
05/15/23	05/15/23	Pay Princpl	621,737.649	GALC 2022-1 A1 EQP 144A MAT 10/16/23 Cpn 4.34 39154TBU1	621,737.65		0.00	0.00	621,737.65
05/15/23	05/15/23	Pay Princpl	348,952.280	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	348,952.28		0.00	10.36	348,952.28
05/15/23	05/15/23	Pay Princpl	640,126.649	HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0	640,126.65		0.00	0.00	640,126.65
05/15/23	05/15/23	Pay Princpl	1,952,471.465	HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2	1,952,471.47		0.00	0.00	1,952,471.47
05/15/23	05/15/23	Pay Princpl	524,800.835	JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3	524,800.84		5,507.41	0.00	524,800.84
05/15/23	05/15/23	Pay Princpl	214,391.579	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	214,391.58		0.00	(905.91)	214,391.58
05/15/23	05/15/23	Pay Princpl	51,434.751	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	51,434.75		0.00	(201.11)	51,434.75
05/15/23	05/15/23	Pay Princpl	626,329.272	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	626,329.27		(21.69)	0.00	626,329.27
05/15/23	05/15/23	Pay Princpl	591,635.552	NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1	591,635.55		(0.00)	0.00	591,635.55
05/15/23	05/15/23	Pay Princpl	566,509.535	NAROT 2022-B A1 CAR MAT 10/16/23 Cpn 3.69 65480JAA8	566,509.53		(0.00)	0.00	566,509.53
05/15/23	05/15/23	Pay Princpl	1,033,963.587	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	1,033,963.59		0.00	0.00	1,033,963.59

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05/15/23	05/15/23	Pay Princpl	6,950,000.000	SYNCT 2018-2 A CDT MAT 05/15/26 Cpn 3.47 87165LCC3	6,950,000.00		11,395.56	0.00	6,950,000.00
05/15/23	05/15/23	Pay Princpl	344,555.686	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3	344,555.69		19.87	0.00	344,555.69
05/15/23	05/15/23	Pay Princpl	449,403.893	TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6	449,403.89		(0.00)	0.00	449,403.89
05/15/23	05/15/23	Pay Princpl	279,580.703	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	279,580.70		13.92	0.00	279,580.70
05/15/23	05/15/23	Pay Princpl	3,859,387.638	WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6	3,859,387.64		0.00	0.00	3,859,387.64
05/15/23	05/15/23	Pay Princpl	98,405.238	WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2	98,405.24		0.00	1.17	98,405.24
05/16/23	05/16/23	Pay Princpl	130,847.936	GMCAR 2022-4 A1 CAR MAT 10/16/23 Cpn 3.62 36265QAA4	130,847.94		0.00	0.00	130,847.94
05/16/23	05/16/23	Pay Princpl	962,795.129	GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1	962,795.13		0.00	0.00	962,795.13
05/16/23	05/16/23	Pay Princpl	3,001,074.915	GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4	3,001,074.91		(0.00)	0.00	3,001,074.91
05/20/23	05/20/23	Pay Princpl	309,308.883	SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7	309,308.88		5,195.85	0.00	309,308.88
05/20/23	05/20/23	Pay Princpl	179,183.098	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	179,183.10		0.00	5.52	179,183.10
05/20/23	05/20/23	Pay Princpl	251,073.979	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	251,073.98		6,798.43	0.00	251,073.98
05/20/23	05/20/23	Pay Princpl	367,572.305	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	367,572.31		7,400.71	0.00	367,572.31

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05/20/23	05/20/23	Pay Princpl	430,530.572	VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9	430,530.57		0.00	5.11	430,530.57
05/22/23	05/22/23	Pay Princpl	189,870.282	DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0	189,870.28		(0.00)	0.00	189,870.28
05/22/23	05/22/23	Pay Princpl	681,793.389	EFF 2022-3 A1 FLEET 144A MAT 08/20/23 Cpn 3.61 29374FAA1	681,793.39		0.00	0.00	681,793.39
05/22/23	05/22/23	Pay Princpl	540,051.665	EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9	540,051.67		0.00	0.00	540,051.67
05/22/23	05/22/23	Pay Princpl	300,813.243	HPEFS 2022-3A A1 EQP 144A MAT 10/20/23 Cpn 4.33 403951AA4	300,813.24		(0.00)	0.00	300,813.24
05/25/23	05/25/23	Pay Princpl	386,604.103	BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6	386,604.10		4,758.26	0.00	386,604.10
05/25/23	05/25/23	Pay Princpl	157.114	FHMS KF38 A MAT 09/25/24 Cpn 5.39 3137FBUC8	157.11		0.00	0.05	157.11
05/25/23	05/25/23	Pay Princpl	108,748.158	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.02 3137H4RC6	108,748.16		0.00	0.00	108,748.16
			<u>32,922,935.638</u>		<u>32,922,935.66</u>		<u>55,216.05</u>	<u>(1,176.08)</u>	<u>32,922,935.66</u>
05/01/23	05/01/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/23 Cpn 313384FA2	9,978,844.44	21,155.56	(0.00)	0.00	10,000,000.00
05/01/23	05/01/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/23 Cpn 313384FA2	49,894,222.22	105,777.78	0.00	0.00	50,000,000.00
05/01/23	05/01/23	Mature Long	10,000,000.000	FHLMC DISCOUNT NOTE MAT 05/01/23 Cpn 313396FA6	9,958,383.33	41,616.67	0.00	0.00	10,000,000.00
05/01/23	05/01/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 05/01/23 Cpn 313396FA6	49,791,916.67	208,083.33	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/01/23	05/01/23	Mature Long	1,155,000.000	CA REDONDO BEACH FIN AUTH LE MAT 05/01/23 Cpn 0.42 757696AP4	1,155,000.00		0.00	0.00	1,155,000.00
05/01/23	05/01/23	Mature Long	17,000,000.000	TRAVELERS COMPANIES CP 144A MAT 05/01/23 Cpn 8941P3S12	16,991,008.89	8,991.11	0.00	0.00	17,000,000.00
05/02/23	05/02/23	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 05/02/23 Cpn 22533US20	34,995,372.22	4,627.78	0.00	0.00	35,000,000.00
05/02/23	05/02/23	Mature Long	31,000,000.000	FHLB DISCOUNT NOTE MAT 05/02/23 Cpn 313384FB0	30,866,200.56	133,799.44	0.00	0.00	31,000,000.00
05/02/23	05/02/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 05/02/23 Cpn 313384FB0	24,984,375.00	15,625.00	0.00	0.00	25,000,000.00
05/02/23	05/02/23	Mature Long	33,000,000.000	FHLB DISCOUNT NOTE MAT 05/02/23 Cpn 313384FB0	32,995,783.33	4,216.67	0.00	0.00	33,000,000.00
05/02/23	05/02/23	Mature Long	22,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 05/02/23 Cpn 84243MS29	21,997,066.67	2,933.33	0.00	0.00	22,000,000.00
05/02/23	05/02/23	Mature Long	7,500,000.000	CA UNIVERSITY OF CALIFORNIA C MAT 05/02/23 Cpn 91411US22	7,436,606.25	63,393.75	0.00	0.00	7,500,000.00
05/03/23	05/03/23	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 05/03/23 Cpn 22533US38	29,996,033.33	3,966.67	0.00	0.00	30,000,000.00
05/03/23	05/03/23	Mature Long	2,900,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/03/23 Cpn 31428GS38	2,899,218.61	781.39	0.00	0.00	2,900,000.00
05/03/23	05/03/23	Mature Long	30,000,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/03/23 Cpn 31428GS38	29,995,991.67	4,008.33	0.00	0.00	30,000,000.00
05/03/23	05/03/23	Mature Long	9,515,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	9,512,557.82	2,442.18	0.00	0.00	9,515,000.00
05/03/23	05/03/23	Mature Long	26,930,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	26,923,043.08	6,956.92	0.00	0.00	26,930,000.00



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05/03/23	05/03/23	Mature Long	9,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	8,997,685.00	2,315.00	0.00	0.00	9,000,000.00
05/03/23	05/03/23	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	9,998,722.22	1,277.78	0.00	0.00	10,000,000.00
05/03/23	05/03/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/03/23 Cpn 313384FC8	49,993,611.11	6,388.89	0.00	0.00	50,000,000.00
05/03/23	05/03/23	Mature Long	7,080,000.000	TVA DISCOUNT NOTE MAT 05/03/23 Cpn 880592FC9	7,078,171.00	1,829.00	0.00	0.00	7,080,000.00
05/03/23	05/03/23	Mature Long	27,500,000.000	UNILEVER CAPITAL CP 144A MAT 05/03/23 Cpn 90477ES39	27,496,402.08	3,597.92	0.00	0.00	27,500,000.00
05/04/23	05/04/23	Mature Long	10,000,000.000	CREDIT AGRICOLE CP MAT 05/04/23 Cpn 22533US46	9,998,677.78	1,322.22	0.00	0.00	10,000,000.00
05/04/23	05/04/23	Mature Long	1,500,000.000	FHLB DISCOUNT NOTE MAT 05/04/23 Cpn 313384FD6	1,496,241.67	3,758.33	0.00	0.00	1,500,000.00
05/04/23	05/04/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/23 Cpn 313384FD6	49,874,722.22	125,277.78	0.00	0.00	50,000,000.00
05/05/23	05/05/23	Mature Long	28,000,000.000	FHLB DISCOUNT NOTE MAT 05/05/23 Cpn 313384FE4	27,996,150.00	3,850.00	0.00	0.00	28,000,000.00
05/05/23	05/05/23	Mature Long	13,900,000.000	ILLINOIS TOOL WORKS CP 144A MAT 05/05/23 Cpn 4523EMS53	13,898,108.06	1,891.94	0.00	0.00	13,900,000.00
05/05/23	05/05/23	Mature Long	2,000,000.000	LLOYDS TSB BANK CP MAT 05/05/23 Cpn 53948BS59	1,999,444.44	555.56	0.00	0.00	2,000,000.00
05/08/23	05/08/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/08/23 Cpn 313384FH7	49,749,444.44	250,555.56	0.00	0.00	50,000,000.00
05/08/23	05/08/23	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 05/08/23 Cpn 313384FH7	14,993,875.00	6,125.00	0.00	0.00	15,000,000.00

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05/09/23	05/09/23	Mature Long	3,600,000.000	CENTURY HOUSING CORP CP TXB MAT 05/09/23 Cpn 5.50 15654WAK2	3,600,000.00		0.00	0.00	3,600,000.00
05/09/23	05/09/23	Mature Long	7,500,000.000	HYDRO-QUEBEC CP 144A MAT 05/09/23 Cpn 44881MS95	7,472,943.75	27,056.25	0.00	0.00	7,500,000.00
05/09/23	05/09/23	Mature Long	8,500,000.000	SC SANTEE COOPER CP TXB MAT 05/09/23 Cpn 5.00 83708BBP0	8,500,000.00		0.00	0.00	8,500,000.00
05/09/23	05/09/23	Mature Long	19,000,000.000	TOTALENERGIES CAP CANADA CP MAT 05/09/23 Cpn 89153QS92	18,984,356.67	15,643.33	0.00	0.00	19,000,000.00
05/10/23	05/10/23	Mature Long	17,000,000.000	DNB BANK ASA CP 144A MAT 05/10/23 Cpn 2332K1SA9	16,983,637.50	16,362.50	0.00	0.00	17,000,000.00
05/10/23	05/10/23	Mature Long	8,000,000.000	NATL SEC CLEARING CP 144A MAT 05/10/23 Cpn 63763QSA6	7,987,066.67	12,933.33	0.00	0.00	8,000,000.00
05/10/23	05/10/23	Mature Long	17,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/10/23 Cpn 86563HSA9	16,983,472.22	16,527.78	0.00	0.00	17,000,000.00
05/11/23	05/11/23	Mature Long	3,000,000.000	APPLE CP 144A MAT 05/11/23 Cpn 03785ESB1	2,996,786.67	3,213.33	0.00	0.00	3,000,000.00
05/11/23	05/11/23	Mature Long	28,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/11/23 Cpn 07274MSB2	27,996,134.44	3,865.56	0.00	0.00	28,000,000.00
05/11/23	05/11/23	Mature Long	35,400,000.000	FFCB DISCOUNT NOTE MAT 05/11/23 Cpn 313312FL9	35,297,320.34	102,679.66	0.00	0.00	35,400,000.00
05/12/23	05/12/23	Mature Long	3,000,000.000	CREDIT AGRICOLE CP MAT 05/12/23 Cpn 22533USC8	2,999,582.50	417.50	0.00	0.00	3,000,000.00
05/12/23	05/12/23	Mature Long	19,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 05/12/23 Cpn 84243MSC7	18,977,105.00	22,895.00	0.00	0.00	19,000,000.00
05/15/23	05/15/23	Mature Long	17,000,000.000	BMW US CAPITAL CP 144A MAT 05/15/23 Cpn 0556C3SF9	16,971,666.67	28,333.33	0.00	0.00	17,000,000.00

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05/15/23	05/15/23	Mature Long	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/15/23 Cpn 07274MSF3	34,985,504.17	14,495.83	0.00	0.00	35,000,000.00
05/15/23	05/15/23	Mature Long	17,000,000.000	CREDIT AGRICOLE CP MAT 05/15/23 Cpn 22533USF1	16,971,553.33	28,446.67	0.00	0.00	17,000,000.00
05/15/23	05/15/23	Mature Long	10,000,000.000	CREDIT AGRICOLE CP MAT 05/15/23 Cpn 22533USF1	9,995,825.00	4,175.00	0.00	0.00	10,000,000.00
05/15/23	05/15/23	Mature Long	13,000,000.000	FHLB DISCOUNT NOTE MAT 05/15/23 Cpn 313384FQ7	12,942,908.34	57,091.66	0.00	0.00	13,000,000.00
05/15/23	05/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/15/23 Cpn 313384FQ7	49,780,416.67	219,583.33	0.00	0.00	50,000,000.00
05/15/23	05/15/23	Mature Long	10,000,000.000	FNMA DISCOUNT NOTE MAT 05/15/23 Cpn 313588FQ3	9,975,277.78	24,722.22	0.00	0.00	10,000,000.00
05/15/23	05/15/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/15/23 Cpn 313588FQ3	49,876,388.89	123,611.11	0.00	0.00	50,000,000.00
05/15/23	05/15/23	Mature Long	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/15/23 Cpn 21687BSF9	34,985,300.00	14,700.00	0.00	0.00	35,000,000.00
05/15/23	05/15/23	Mature Long	19,000,000.000	TORONTO DOMINION CP 144A MAT 05/15/23 Cpn 89119BSF4	18,983,945.00	16,055.00	0.00	0.00	19,000,000.00
05/15/23	05/15/23	Mature Long	7,880,000.000	TORONTO DOMINION CP 144A MAT 05/15/23 Cpn 89119BSF4	7,876,716.67	3,283.33	0.00	0.00	7,880,000.00
05/16/23	05/16/23	Mature Long	13,000,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn 313384FR5	12,968,095.83	31,904.17	0.00	0.00	13,000,000.00
05/16/23	05/16/23	Mature Long	35,320,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn 313384FR5	35,300,887.96	19,112.04	0.00	0.00	35,320,000.00
05/16/23	05/16/23	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn 313384FR5	29,983,750.00	16,250.00	0.00	0.00	30,000,000.00

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05/16/23	05/16/23	Mature Long	27,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/16/23 Cpn 21687BSG7	26,996,220.00	3,780.00	0.00	0.00	27,000,000.00
05/17/23	05/17/23	Mature Long	19,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/17/23 Cpn 07274MSH9	18,997,376.94	2,623.06	0.00	0.00	19,000,000.00
05/17/23	05/17/23	Mature Long	17,294,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	17,261,852.38	32,147.62	0.00	0.00	17,294,000.00
05/17/23	05/17/23	Mature Long	5,000,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	4,990,761.94	9,238.06	0.00	0.00	5,000,000.00
05/17/23	05/17/23	Mature Long	12,000,000.000	FFCB DISCOUNT NOTE MAT 05/17/23 Cpn 313312FS4	11,978,253.33	21,746.67	0.00	0.00	12,000,000.00
05/17/23	05/17/23	Mature Long	15,600,000.000	FHLB DISCOUNT NOTE MAT 05/17/23 Cpn 313384FS3	15,570,758.67	29,241.33	0.00	0.00	15,600,000.00
05/17/23	05/17/23	Mature Long	47,000,000.000	FHLB DISCOUNT NOTE MAT 05/17/23 Cpn 313384FS3	46,968,209.72	31,790.28	0.00	0.00	47,000,000.00
05/17/23	05/17/23	Mature Long	10,000,000.000	FLORIDA POWER & LIGHT CP MAT 05/17/23 Cpn 34108BSH9	9,990,238.89	9,761.11	0.00	0.00	10,000,000.00
05/17/23	05/17/23	Mature Long	17,000,000.000	FLORIDA POWER & LIGHT CP MAT 05/17/23 Cpn 34108BSH9	16,985,748.33	14,251.67	0.00	0.00	17,000,000.00
05/17/23	05/17/23	Mature Long	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/17/23 Cpn 21687BSH5	34,995,100.00	4,900.00	0.00	0.00	35,000,000.00
05/17/23	05/17/23	Mature Long	25,000,000.000	TOTALENERGIES CAP CANADA CP MAT 05/17/23 Cpn 89153QSH4	24,996,500.00	3,500.00	0.00	0.00	25,000,000.00
05/18/23	05/18/23	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 05/18/23 Cpn 912796W47	14,998,000.00	2,000.00	0.00	0.00	15,000,000.00
05/18/23	05/18/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/18/23 Cpn 912796W47	49,993,333.33	6,666.67	0.00	0.00	50,000,000.00

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05/18/23	05/18/23	Mature Long	8,500,000.000	BPCE CP 144A MAT 05/18/23 Cpn 05571CSJ1	8,475,704.17	24,295.83	0.00	0.00	8,500,000.00
05/18/23	05/18/23	Mature Long	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/18/23 Cpn 07274MSJ5	34,995,168.06	4,831.94	0.00	0.00	35,000,000.00
05/18/23	05/18/23	Mature Long	17,000,000.000	FED CAISSE DESJARDINS CP 144A MAT 05/18/23 Cpn 31428GSJ3	16,964,441.67	35,558.33	0.00	0.00	17,000,000.00
05/18/23	05/18/23	Mature Long	43,000,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	42,883,362.50	116,637.50	0.00	0.00	43,000,000.00
05/18/23	05/18/23	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	4,990,083.33	9,916.67	0.00	0.00	5,000,000.00
05/18/23	05/18/23	Mature Long	32,459,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	32,432,762.31	26,237.69	0.00	0.00	32,459,000.00
05/18/23	05/18/23	Mature Long	25,400,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	25,379,468.33	20,531.67	0.00	0.00	25,400,000.00
05/18/23	05/18/23	Mature Long	4,400,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	4,396,428.67	3,571.33	0.00	0.00	4,400,000.00
05/18/23	05/18/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/18/23 Cpn 313588FT7	49,876,388.89	123,611.11	0.00	0.00	50,000,000.00
05/18/23	05/18/23	Mature Long	30,000,000.000	NOVARTIS FINANCE CP 144A MAT 05/18/23 Cpn 6698M5SJ9	29,995,866.67	4,133.33	0.00	0.00	30,000,000.00
05/18/23	05/18/23	Mature Long	18,000,000.000	NRW.BANK CP 144A MAT 05/18/23 Cpn 62939MSJ7	17,982,342.50	17,657.50	0.00	0.00	18,000,000.00
05/18/23	05/18/23	Mature Long	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/18/23 Cpn 21687BSJ1	34,995,100.00	4,900.00	0.00	0.00	35,000,000.00
05/18/23	05/18/23	Mature Long	8,500,000.000	TOTAL CAPITAL CANADA CP 144A MAT 05/18/23 Cpn 89153QSJ0	8,475,505.83	24,494.17	0.00	0.00	8,500,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/19/23	05/19/23	Mature Long	12,000,000.000	FED CAISSE DES JARDINS CP 144A MAT 05/19/23 Cpn 31428GSK0	11,988,240.00	11,760.00	0.00	0.00	12,000,000.00
05/19/23	05/19/23	Mature Long	43,000,000.000	FHLB DISCOUNT NOTE MAT 05/19/23 Cpn 313384FU8	42,716,128.33	283,871.67	0.00	0.00	43,000,000.00
05/19/23	05/19/23	Mature Long	20,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/19/23 Cpn 86563HSK7	19,980,400.00	19,600.00	0.00	0.00	20,000,000.00
05/22/23	05/22/23	Mature Long	14,300,000.000	FHLB DISCOUNT NOTE MAT 05/22/23 Cpn 313384FX2	14,264,075.22	35,924.78	0.00	0.00	14,300,000.00
05/22/23	05/22/23	Mature Long	20,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/22/23 Cpn 21687BSN2	19,991,600.00	8,400.00	0.00	0.00	20,000,000.00
05/23/23	05/23/23	Mature Long	4,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 05/23/23 Cpn 4523EMSP9	3,993,320.00	6,680.00	0.00	0.00	4,000,000.00
05/24/23	05/24/23	Mature Long	10,000,000.000	CATERPILLAR FIN CP MAT 05/24/23 Cpn 14912ESQ1	9,983,233.33	16,766.67	0.00	0.00	10,000,000.00
05/24/23	05/24/23	Mature Long	8,500,000.000	CUMMINS INC CP 144A MAT 05/24/23 Cpn 23102VSQ4	8,459,506.94	40,493.06	0.00	0.00	8,500,000.00
05/24/23	05/24/23	Mature Long	5,743,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn 313384FZ7	5,721,256.36	21,743.64	0.00	0.00	5,743,000.00
05/24/23	05/24/23	Mature Long	27,310,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn 313384FZ7	27,265,575.73	44,424.27	0.00	0.00	27,310,000.00
05/24/23	05/24/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn 313384FZ7	24,959,333.33	40,666.67	0.00	0.00	25,000,000.00
05/24/23	05/24/23	Mature Long	12,512,000.000	KAISER FOUNDATION CP MAT 05/24/23 Cpn 48306BSQ9	12,477,105.42	34,894.58	0.00	0.00	12,512,000.00
05/24/23	05/24/23	Mature Long	5,766,000.000	KAISER FOUNDATION CP MAT 05/24/23 Cpn 48306BSQ9	5,749,983.33	16,016.67	0.00	0.00	5,766,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/24/23	05/24/23	Mature Long	12,000,000.000	NRW.BANK CP 144A MAT 05/24/23 Cpn 62939MSQ1	11,988,240.00	11,760.00	0.00	0.00	12,000,000.00
05/24/23	05/24/23	Mature Long	25,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/24/23 Cpn 86563HSQ4	24,982,500.00	17,500.00	0.00	0.00	25,000,000.00
05/24/23	05/24/23	Mature Long	29,000,000.000	USAA CAPITAL CP MAT 05/24/23 Cpn 90328BSQ5	28,975,640.00	24,360.00	0.00	0.00	29,000,000.00
05/25/23	05/25/23	Mature Long	30,000,000.000	BAYERISCHE LANDESBANK CP MAT 05/25/23 Cpn 07274MSR7	29,974,750.00	25,250.00	0.00	0.00	30,000,000.00
05/25/23	05/25/23	Mature Long	7,500,000.000	CITIBANK CD FRN SOFRRATE MAT 05/25/23 Cpn 17330QAG2	7,500,000.00		0.00	0.00	7,500,000.00
05/25/23	05/25/23	Mature Long	22,500,000.000	CREDIT AGRICOLE CP MAT 05/25/23 Cpn 22533USR5	22,474,800.00	25,200.00	0.00	0.00	22,500,000.00
05/25/23	05/25/23	Mature Long	15,000,000.000	CATERPILLAR FIN CP MAT 05/25/23 Cpn 14912ESR9	14,970,600.00	29,400.00	0.00	0.00	15,000,000.00
05/25/23	05/25/23	Mature Long	3,000,000.000	FHLB DISCOUNT NOTE MAT 05/25/23 Cpn 313384GA1	2,994,724.17	5,275.83	0.00	0.00	3,000,000.00
05/25/23	05/25/23	Mature Long	30,000,000.000	NESTLE CAPITAL CP 144A MAT 05/25/23 Cpn 64105HSR4	29,995,875.00	4,125.00	0.00	0.00	30,000,000.00
05/25/23	05/25/23	Mature Long	33,000,000.000	COOPERATIEVE RABOBANK CP MAT 05/25/23 Cpn 21687BSR3	32,995,380.00	4,620.00	0.00	0.00	33,000,000.00
05/26/23	05/26/23	Mature Long	29,000,000.000	FHLB DISCOUNT NOTE MAT 05/26/23 Cpn 313384GB9	28,811,500.00	188,500.00	0.00	0.00	29,000,000.00
05/26/23	05/26/23	Mature Long	10,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	9,960,819.44	39,180.56	0.00	0.00	10,000,000.00
05/26/23	05/26/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	49,804,097.22	195,902.78	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/26/23	05/26/23	Mature Long	20,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5		19,929,222.22	70,777.78	0.00	0.00	20,000,000.00
05/26/23	05/26/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5		49,823,055.56	176,944.44	0.00	0.00	50,000,000.00
05/31/23	05/31/23	Mature Long	28,000,000.000	SUMITOMO MITSUI CP 144A MAT 05/31/23 Cpn 86563HSX9		27,972,560.00	27,440.00	0.00	0.00	28,000,000.00
			<u>2,385,464,000.000</u>			<u>2,381,588,019.24</u>	<u>3,875,980.79</u>	<u>0.01</u>	<u>0.00</u>	<u>2,385,464,000.00</u>
05/03/23	05/03/23	Withdrawal	(60,000,000.000)	WD MAT Cpn USD		(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
05/04/23	05/04/23	Withdrawal	(30,000,000.000)	WD MAT Cpn USD		(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
05/08/23	05/08/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD		(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
05/10/23	05/10/23	Withdrawal	(30,000,000.000)	WD MAT Cpn USD		(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
05/15/23	05/15/23	Withdrawal	(160,000,000.000)	WD MAT Cpn USD		(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
05/18/23	05/18/23	Withdrawal	(285,000,000.000)	WD MAT Cpn USD		(285,000,000.00)		(285,000,000.00)	0.00	(285,000,000.00)
05/22/23	05/22/23	Withdrawal	(35,000,000.000)	WD MAT Cpn USD		(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
05/24/23	05/24/23	Withdrawal	(70,000,000.000)	WD MAT Cpn USD		(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)
05/26/23	05/26/23	Withdrawal	(140,000,000.000)	WD MAT Cpn USD		(140,000,000.00)		(140,000,000.00)	0.00	(140,000,000.00)



TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2023  
through 05/31/2023

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
05/31/23	05/31/23	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
			<u>(900,000,000.000)</u>			<u>(900,000,000.00)</u>		<u>(900,000,000.00)</u>	<u>0.00</u>	<u>(900,000,000.00)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/09/23	05/16/23	Buy	700,000.000	FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9	(699,994.61)		0.00	0.00	(699,994.61)
05/12/23	05/16/23	Buy	200,000.000	FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9	(200,851.56)		0.00	0.00	(200,851.56)
05/17/23	05/18/23	Buy	685,000.000	U.S. TREASURY NOTE MAT 04/30/28 Cpn 3.50 91282CHA2	(682,458.01)	(1,172.69)	0.00	0.00	(683,630.70)
05/17/23	05/18/23	Buy	1,005,000.000	U.S. TREASURY NOTE MAT 05/15/26 Cpn 3.63 91282CHB0	(999,935.74)	(296.99)	0.00	0.00	(1,000,232.73)
05/30/23	05/31/23	Buy	1,895,000.000	U.S. TREASURY NOTE MAT 04/30/28 Cpn 3.50 91282CHA2	(1,865,390.63)	(5,587.16)	0.00	0.00	(1,870,977.79)
			<u>4,485,000.000</u>		<u>(4,448,630.55)</u>	<u>(7,056.84)</u>	<u>0.00</u>	<u>0.00</u>	<u>(4,455,687.39)</u>
05/01/23	05/01/23	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/24 Cpn 0.89 544587Y44		2,225.00	0.00	0.00	2,225.00
05/01/23	05/01/23	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/25 Cpn 0.95 5445872T4		1,704.60	0.00	0.00	1,704.60
05/07/23	05/07/23	Coupon		FNMA MAT 11/07/25 Cpn 0.50 3135G06G3		1,025.00	0.00	0.00	1,025.00
05/15/23	05/15/23	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		143.01	0.00	0.00	143.01
05/15/23	05/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		311.66	0.00	0.00	311.66
05/15/23	05/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		406.34	0.00	0.00	406.34
05/15/23	05/15/23	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		72.39	0.00	0.00	72.39

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/23	05/15/23	Coupon		FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0		210.15	0.00	0.00	210.15
05/15/23	05/15/23	Coupon		INTER-AMERICAN DEVELOPMENT MAT 11/15/23 Cpn 0.25 4581X0DP0		700.00	0.00	0.00	700.00
05/15/23	05/15/23	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		49.07	0.00	0.00	49.07
05/15/23	05/15/23	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		109.27	0.00	0.00	109.27
05/15/23	05/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		443.33	0.00	0.00	443.33
05/15/23	05/15/23	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		5,518.15	0.00	0.00	5,518.15
05/15/23	05/15/23	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		6,565.90	0.00	0.00	6,565.90
05/15/23	05/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		167.43	0.00	0.00	167.43
05/15/23	05/15/23	Coupon		CA UNIVERSITY OF CALIFORNIA T MAT 05/15/25 Cpn 0.93 91412HFM0		3,498.75	0.00	0.00	3,498.75
05/15/23	05/15/23	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		200.90	0.00	0.00	200.90
05/16/23	05/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		71.07	0.00	0.00	71.07
05/20/23	05/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
05/20/23	05/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		149.49	0.00	0.00	149.49

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/20/23	05/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		45.35	0.00	0.00	45.35
05/20/23	05/20/23	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,191.11	0.00	0.00	2,191.11
05/20/23	05/20/23	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		95.35	0.00	0.00	95.35
05/24/23	05/24/23	Coupon		INTER-AMERICAN DEVELOPMENT MAT 05/24/23 Cpn 0.50 4581X0DM7		750.00	0.00	0.00	750.00
05/24/23	05/24/23	Coupon		INTL BANK RECON & DEVELOP MAT 11/24/23 Cpn 0.25 459058JM6		725.00	0.00	0.00	725.00
05/25/23	05/25/23	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50
05/25/23	05/25/23	Coupon		FHLMC C 11/25/22 Q MAT 11/25/24 Cpn 0.45 3134GXDZ4		1,147.50	0.00	0.00	1,147.50
05/01/23	05/25/23	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		1,365.68	0.00	0.00	1,365.68
05/01/23	05/25/23	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,022.18	0.00	0.00	1,022.18
05/01/23	05/25/23	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
05/01/23	05/25/23	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
05/01/23	05/25/23	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		14.38	0.00	0.00	14.38
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/25 Cpn 0.25 912828ZT0		456.25	0.00	0.00	456.25

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/26 Cpn 0.75 91282CCF6		1,762.50	0.00	0.00	1,762.50
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		1,143.75	0.00	0.00	1,143.75
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		7,040.63	0.00	0.00	7,040.63
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4		4,515.00	0.00	0.00	4,515.00
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4		5,066.25	0.00	0.00	5,066.25
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 11/30/27 Cpn 3.88 91282CFZ9		43,206.25	0.00	0.00	43,206.25
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		11,250.00	0.00	0.00	11,250.00
05/31/23	05/31/23	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		9,000.00	0.00	0.00	9,000.00
						<u>118,230.52</u>	<u>0.00</u>	<u>0.00</u>	<u>118,230.52</u>
05/01/23	05/01/23	Income	342.990	ADJ NET INT MAT Cpn USD		342.99	0.00	0.00	342.99
05/01/23	05/01/23	Income	2,249.130	STIF INT MAT Cpn USD		2,249.13	0.00	0.00	2,249.13
			<u>2,592.120</u>			<u>2,592.12</u>	<u>0.00</u>	<u>0.00</u>	<u>2,592.12</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/09/23	05/10/23	Sell Long	640,000.000	U.S. TREASURY NOTE MAT 04/15/26 Cpn 3.75 91282CGV7	640,375.00	1,639.34	1,685.32	0.00	642,014.34
05/16/23	05/17/23	Sell Long	305,000.000	U.S. TREASURY NOTE MAT 11/30/24 Cpn 1.50 912828YV6	292,180.47	2,111.54	0.00	(11,977.38)	294,292.01
05/16/23	05/17/23	Sell Long	320,000.000	U.S. TREASURY NOTE MAT 02/15/25 Cpn 1.50 91282CDZ1	305,325.00	1,206.63	0.00	(14,069.16)	306,531.63
05/30/23	05/31/23	Sell Long	1,125,000.000	U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2	1,089,755.86		0.00	(36,200.68)	1,089,755.86
05/30/23	05/31/23	Sell Long	50,000.000	U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2	48,433.59		0.00	(1,646.71)	48,433.59
			<u>2,440,000.000</u>		<u>2,376,069.92</u>	<u>4,957.51</u>	<u>1,685.32</u>	<u>(63,893.93)</u>	<u>2,381,027.43</u>
05/15/23	05/15/23	Pay Princpl	17,134.539	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	17,134.54		0.00	(81.74)	17,134.54
05/15/23	05/15/23	Pay Princpl	44,423.879	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	44,423.88		0.00	4.29	44,423.88
05/15/23	05/15/23	Pay Princpl	43,486.965	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	43,486.97		0.00	3.85	43,486.97
05/15/23	05/15/23	Pay Princpl	15,607.787	CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5	15,607.79		0.00	0.45	15,607.79
05/15/23	05/15/23	Pay Princpl	111,539.034	FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0	111,539.03		0.00	5.69	111,539.03
05/15/23	05/15/23	Pay Princpl	29,402.502	JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7	29,402.50		0.00	0.24	29,402.50
05/15/23	05/15/23	Pay Princpl	31,431.231	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	31,431.23		0.00	2.62	31,431.23

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
through 05/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/23	05/15/23	Pay Princpl	44,279.157	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	44,279.16		0.00	1.10	44,279.16
05/15/23	05/15/23	Pay Princpl	52,974.820	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	52,974.82		0.00	1.85	52,974.82
05/16/23	05/16/23	Pay Princpl	10,564.182	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	10,564.18		0.00	0.41	10,564.18
05/20/23	05/20/23	Pay Princpl	43,932.718	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	43,932.72		0.00	0.75	43,932.72
05/20/23	05/20/23	Pay Princpl	23,499.423	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	23,499.42		0.00	0.72	23,499.42
05/20/23	05/20/23	Pay Princpl	57,073.744	VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9	57,073.74		0.00	(21.41)	57,073.74
05/25/23	05/25/23	Pay Princpl	51,547.214	BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6	51,547.21		0.00	0.36	51,547.21
05/01/23	05/25/23	Pay Princpl	137,680.460	FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8	137,680.46		0.00	(467.84)	137,680.46
05/01/23	05/25/23	Pay Princpl	14,376.151	FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6	14,376.15		0.00	(74.45)	14,376.15
05/01/23	05/25/23	Pay Princpl	32,796.830	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	32,796.83		0.00	0.24	32,796.83
			<u>761,750.636</u>		<u>761,750.63</u>		<u>0.00</u>	<u>(622.87)</u>	<u>761,750.63</u>
05/15/23	05/15/23	Mature Long	395,000.000	CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2	395,000.00		0.00	0.00	395,000.00
05/15/23	05/15/23	Mature Long	470,000.000	CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2	470,000.00		0.00	0.00	470,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

05/01/2023  
through 05/31/2023

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
05/24/23	05/24/23	Mature Long	300,000.000	INTER-AMERICAN DEVELOPMENT MAT 05/24/23 Cpn 0.50 4581X0DM7	300,000.00		0.00	0.00	300,000.00
			<u>1,165,000.000</u>		<u>1,165,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>1,165,000.00</u>



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 05/01/2023 To 05/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
05/04/23	05/02/23	05/04/23	TNT77	210518DS2	CONSUMERS ENERGY CO	1,650,000.00	(24,296.25)	(1,678,924.50)	0.00	(1,703,220.75)
05/08/23	05/04/23	05/08/23	TNT77	69353RFJ2	PNC BANK NA	3,000,000.00	(28,708.33)	(2,802,330.00)	0.00	(2,831,038.33)
05/10/23	05/10/23	05/10/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,044,195.50	0.00	(1,044,195.50)	0.00	(1,044,195.50)
05/17/23	05/15/23	05/17/23	TNT77	29736RAS9	ESTEE LAUDER CO INC	3,000,000.00	(1,822.92)	(3,002,490.00)	0.00	(3,004,312.92)
TOTAL BUY						8,694,195.50	(54,827.50)	(8,527,940.00)	0.00	(8,582,767.50)
DIVIDEND										
05/01/23	05/01/23	05/01/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,696,371.19	9,853.64	0.00	0.00	9,853.64
TOTAL DIVIDEND						1,696,371.19	9,853.64	0.00	0.00	9,853.64
INTEREST										
04/30/23	04/30/23	04/30/23	TNT77	95000U2N2	WELLS FARGO & COMPANY	10,000,000.00	109,400.00	0.00	0.00	109,400.00
05/01/23	05/01/23	05/01/23	TNT77	26884ABF9	ERP OPERATING LP	1,252,000.00	17,841.00	0.00	0.00	17,841.00
05/01/23	05/01/23	05/01/23	TNT77	68609TN61	OREGON ST	1,000,000.00	2,170.00	0.00	0.00	2,170.00
05/04/23	05/04/23	05/04/23	TNT77	025816CM9	AMERICAN EXPRESS CO	5,000,000.00	41,250.00	0.00	0.00	41,250.00
05/05/23	05/05/23	05/05/23	TNT77	904764AX5	UNILEVER CAPITAL CORP	1,250,000.00	16,250.00	0.00	0.00	16,250.00
05/05/23	05/05/23	05/05/23	TNT77	904764AY3	UNILEVER CAPITAL CORP	7,500,000.00	108,750.00	0.00	0.00	108,750.00
05/06/23	05/06/23	05/06/23	TNT77	66989HAG3	NOVARTIS CAPITAL CORP	5,000,000.00	85,000.00	0.00	0.00	85,000.00
05/13/23	05/13/23	05/13/23	TNT77	46625HJX9	JPMORGAN CHASE & CO	1,000,000.00	18,125.00	0.00	0.00	18,125.00
05/15/23	05/15/23	05/15/23	TNT77	05348EAU3	AVALONBAY COMMUNITIES	5,000,000.00	87,500.00	0.00	0.00	87,500.00
05/15/23	05/15/23	05/15/23	TNT77	06406HCV9	BANK OF NEW YORK MELLON	3,750,000.00	63,750.00	0.00	0.00	63,750.00
05/15/23	05/15/23	05/15/23	TNT77	459200JY8	IBM CORP	3,000,000.00	45,000.00	0.00	0.00	45,000.00
05/15/23	05/15/23	05/15/23	TNT77	459200JZ5	IBM CORP	1,250,000.00	20,625.00	0.00	0.00	20,625.00
05/15/23	05/15/23	05/15/23	TNT77	539830BV0	LOCKHEED MARTIN CORP	5,000,000.00	142,375.00	0.00	0.00	142,375.00
05/15/23	05/15/23	05/15/23	TNT77	67021CAM9	NSTAR ELECTRIC CO	3,500,000.00	56,000.00	0.00	0.00	56,000.00
05/15/23	05/15/23	05/15/23	TNT77	74456QBS4	PUBLIC SERVICE ELECTRIC	1,500,000.00	22,500.00	0.00	0.00	22,500.00
05/15/23	05/15/23	05/15/23	TNT77	927804GH1	VIRGINIA ELEC & POWER CO	3,100,000.00	58,125.00	0.00	0.00	58,125.00
05/17/23	05/17/23	05/17/23	TNT77	14913Q2V0	CATERPILLAR FINL SERVICE	2,500,000.00	35,625.00	0.00	0.00	35,625.00
TOTAL INTEREST						60,602,000.00	930,286.00	0.00	0.00	930,286.00
SELL										

6/3/2023  
9:21:00AM  
INCPRI2



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 05/01/2023 To 05/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
05/08/23	05/05/23	05/08/23	TNT77	375558AW3	GILEAD SCIENCES INC	6,000,000.00	22,816.67	5,923,440.00	0.00	5,946,256.67
05/10/23	05/10/23	05/10/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,696,371.19	0.00	1,696,371.19	0.00	1,696,371.19
TOTAL SELL						7,696,371.19	22,816.67	7,619,811.19	0.00	7,642,627.86
GRAND TOTAL						78,688,937.88	908,128.81	(908,128.81)	0.00	0.00
Avg Date 10										

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – May 24, 2023

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

**Members**

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros  
Hilda Perez \*\*  
G. Michael Roybal, MD \*\*  
Nina Vaccaro \*\*

**Management/Staff**

John Baackes, *Chief Executive Officer*  
Sameer Amin, MD, *Chief Medical Officer*  
Terry Brown, *Chief of Human Resources*  
Augustavia Haydel, *General Counsel*  
Linda Greenfeld, *Chief Products Officer*

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>CALL TO ORDER</b>	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance &amp; Budget Committee meetings to order at 1:00 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.</p> <ul style="list-style-type: none"> <li>• For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and they also have to finish the business on the Agenda today.</li> <li>• For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff.</li> <li>• Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes.</li> <li>• Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment.</li> <li>• Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the “chat” feature.</li> </ul>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today’s meeting was approved.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Roybal, and Vaccaro)</b>

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE CONSENT AGENDA</b>	<p>Noah Paley, <i>Chief of Staff</i>, reported that there was a typo in motion FIN 105.0623 that was distributed to the Board members, it was off by \$100,000. The total contract amount should read \$3,850,000.</p> <ul style="list-style-type: none"> <li>• April 26, 2023 meeting minutes</li> <li>• BIG Language Solutions &amp; Avantpage Contracts Amendments <b><u>Motion FIN 100.0623</u></b> <b>To extend existing contract terms with BIG Language Solutions and Avantpage by two years (2024-2026) and add funds in the total amount of \$4.6 million for a new contract total of \$10.05 million.</b></li> <li>• Cognizant Contract for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) Services <b><u>Motion FIN 101.0623</u></b> <b>To authorize staff to execute a contract in the amount of \$5,910,461.77 with Cognizant to provide HEDIS and AMP software and services for the period of August 1, 2023 to July 31, 2026.</b></li> <li>• Delphix Corporation Contract Amendment to expand Delphix Data Masking Solution and enhance L.A. Care’s Data Security and Compliance platform <b><u>Motion FIN 102.0623</u></b> <b>To authorize staff to execute contract amendment in the amount of \$4,026,000 with Delphix Corporation to provide continuous Compliance and Data Protection for L.A. Care Member and Provider data for a three year term starting in FY Q3 2023.</b></li> <li>• Cognizant Technology Solutions and HCL America, Inc. Contract Amendment for Information Technology Staff Augmentation <b><u>Motion FIN 103.0623</u></b></li> </ul>	<p><b>Approved unanimously by roll call. 5 AYES</b></p> <p><b>The Committee approved to include FIN 100, FIN 101, FIN 102, FIN 103, FIN 104, FIN 105 and FIN 106 on the Consent Agenda for the June 1, 2023 Board of Governors Meeting</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>To authorize staff to amend contracts with Cognizant Technology Solutions and HCL America, Inc. (total contracts not to exceed \$11,559,573), for Information Technology staff augmentation services through September 30, 2023.</p> <ul style="list-style-type: none"> <li>• Cognizant Technology Solutions for continued Hosting Services for the QNXT and CCA Core Systems <b><u>Motion FIN 104.0623</u></b> To amend the existing contract with Cognizant in the amount of \$2,160,000 (total contract not to exceed \$108,244,459), for continued hosting services for L.A. Care’s core systems through December 31, 2023.</li> <li>• Imagenet, LLC Contract Amendment for Scanning Solution Services <b><u>Motion FIN 105.0623</u></b> To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$600,000 (total contract amount not to exceed \$3,750,000) from July 1, 2023 through June 30, 2024 for scanning solution services.  <b><u>Amended Motion FIN 105.0623</u></b> To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$600,000 (total contract amount not to exceed \$3,850,000) from July 1, 2023 through June 30, 2024 for scanning solution services.</li> <li>• Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank &amp; Investments Accounts (<b>FIN 106</b>) <b><u>Motion FIN 106.0623</u></b> To authorize following employees with authority over all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts: <ul style="list-style-type: none"> <li>1. Afzal Shah, <i>Chief Financial Officer</i>,</li> <li>2. Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, and</li> <li>3. Angela Bergman, <i>Controller</i></li> </ul> as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually. <ul style="list-style-type: none"> <li>◦ Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank &amp; Investments Accounts</li> </ul> </li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u><b>Motion JPA FIN 100.0623</b></u>  <i>To authorize following employees with authority over all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts:</i></p> <ol style="list-style-type: none"> <li><i>1. Afzal Shah, Chief Financial Officer,</i></li> <li><i>2. Jeffrey Ingram, Deputy Chief Financial Officer, and</i></li> <li><i>3. Angela Bergman, Controller</i></li> </ol> <p><i>as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.</i></p> <ul style="list-style-type: none"> <li>• Infosys Contract Amendment to support the Cognizant QNXT 6.0 &amp; Peripherals Upgrade  <u><b>Motion FIN A.0523</b></u>  <b>To authorize and amend the existing Infosys contract for an amount not to exceed \$1,700,000 (total contract not to exceed \$1,700,000) for the QNXT 6.0 Upgrade related integration activities through FY Q3 2024.</b></li> <li>• MetTel Contract to provide Mobile Device Lifecycle Management  <u><b>Motion FIN B.0523</b></u>  <b>To authorize staff to execute a contract in the amount of \$1,200,000 with MetTel to provide mobile device lifecycle management for the period of July 1, 2023 to July 1, 2026.</b></li> </ul>	
<b>CHAIRPERSON’S REPORT</b>	There was no Chairperson report.	
<b>CHIEF EXECUTIVE OFFICER’S REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , reported the Medi-Cal redetermination process has started. In the first mailing that went out about the 3rd week in April to people with July renewal determination dates in June, 45% of the people were automatically redetermined which meant they got a letter advising that they do not have to do anything because their record showed they automatically qualified for another year.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care was working with the Department of Public Social Services (DPSS) to have a Memorandum of Understanding (MOU) to get the names of people that did not get the letter so that L.A. Care can do directed outreach. Before L.A. Care can even sign the MOU, L.A. Care received a list of 127,000 people who will have to go through redetermination process in June. Every 15<sup>th</sup> of the month, DPSS will deliver the list of people who do not qualify for automatic redetermination.</p> <p>L.A. Care Staff is currently manually deconstructing the list by provider so it can be shared with providers. Federally Quality Health Clinics (FQHCs) will get it for their clinics. It is hoped that the providers and L.A. Care can directly outreach to each of these people to remind them to get their redetermination papers submitted. This is a huge step forward in assuring targeted outreach that will be far more effective than the robocalls that L.A. Care has been doing up to now. L.A. Care will try to get the list broken down electronically rather manually, but since L.A. Care does not have a process in place for that, it will be manually sorted for now.</p> <p>Committee Chairperson Booth asked if the State now has good information. Mr. Baackes noted that the state always says that they have good information and that L.A. Care does not, even though L.A. Care gets this information from the State. The State told L.A. Care not to do its own mailing because L.A. Care's information was not credible.</p> <p>Board Chairperson Ballesteros asked what is the delineation of roles: packet goes out, L.A. Care calls, FQHCs get it, will L.A. Care do any application assistance. Mr. Baackes noted that if a member feels they need assistance, they can come to one of the Community Resource Centers (CRCs) where there will be qualified enrollers, who have undergone training on recertification, to assist in completing the package. Members will be told that they can do it online. They can personally go to the DPSS office or by telephone. Providers also have a training session with completing the package. The redeterminations cannot be done at CRCs or provider offices, but CRCs staff and providers will direct them where to go to do it.</p> <p>Mr. Baackes reported on Governor Newsom announcement of the budget revisions on May 13. It was quite different than the Governors' budget message in January, which was to restore the managed care organization tax in the same manner it had been renewed 3 times in the past, where the tax on the Medicaid managed care plans and the commercial plans would produce a pool of money that would be matched by the federal government. The matched dollars all went to the general fund. The Medicaid managed care plans got their tax money</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>back in their reimbursement rate from the State, and the commercial plans funds were sort of their contribution.</p> <p>As a result of the work that the California Safety Net Coalition (SNC) has done, the Governor now pointed out that the tax could be a lot larger. So, the Governor has incorporated in his revision the larger tax and included that the larger amount of money. They will still take a portion of that larger money for the general fund, but the balance will go to Medicaid or Medi-Cal for supplemental money. That was a big step forward and it feels that the SNC has already achieved some of its goals. SNC is still focused on two things. The Governor is assuming that the tax will not be renewed so for the money drawn down for the Medicaid supplement, they are proposing to set aside in a fund that they will dole out over the next 8 to 10 years. The coalition is suggesting that this is not a good idea. The tax can be renewed. There is nothing in Centers for Medicaid/Medicare Services (CMS) regulations that will prohibit it; and that the money should be spent as it comes in in that particular fiscal year.</p> <p>The Coalition will be seeking those amendments during the budget review process. There is testimony currently going on in Sacramento as we speak and SNC will be testifying to that extent. SNC will also try to get the administration and the legislature to support a ballot initiative in 2024 which was SNC's original goal, to codify this as a permanent change in the State because if this done through the budget process that means that every year the legislator and governor could change to use the money. SNC wants to solidify that this tax would be used to generate additional funding for Medi-Cal permanently. There's still a lot of work to be done, SNC got their attention and the state bought some of the ideas. SNC will take this all the way to its goal which is the ballot initiative and the permanent change in it.</p> <p>The June 1, 2023 Board meeting packet will include the SNC's spending priorities for the additional tax money, half of it goes to support expanding primary care and specialty care access at community level which is desperately needed so we do not lose more doctors in the safety net, particularly primary care in Medicaid deserts in the county, which will reduce the demand on the emergency room to be the provider of last resort.</p>	
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b>	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the April 2023 Financial Performance (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u></p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The 21-22,000 member variance for Medi-Cal was primarily driven by an error in the 3+9 forecast which overstated the Dual Eligible Special Needs Plan (D-SNP) members in the Medi-Cal line. The error was an overstatement of 27,000 members for the current month. Without that error, the Medi-Cal membership would be favorable to forecast by about 5,000 members. The unfavorability will continue to carry forward until the forecast is updated with an 8+4 or 9+3 refresh.</p> <p>The other notable variance is on Commercial, favorable 2,000 members driven by L.A. Care Covered (LACC) enrollment.</p> <p><u>Consolidated Financial Performance</u></p> <p>The net surplus for the month is \$81 million, which was \$45 million favorable to the forecast when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) revenues are excluded.</p> <p>Operating margin was favorable to the forecast by \$31 million. The first and largest driver has to do with the In-Home Support Services (IHSS) reconciliation for CY 2014-2017. The Department of Health Care Services (DHCS) provided updated expense experience which reduced the cost estimates for that time period, but also increased the payable for the risk corridor. The net impact of that adjustment was \$21 million. There was also continued Long-Term Care (LTC) favorability of \$7 million to the forecast, due to additional accruals for dates of service prior to January 1, 2023, in addition to lower Community Based Adult Services utilization. (CBAS) (\$9.6 million favorable).</p> <p>Offsetting the favorability, Provider Incentives were unfavorable \$8 million for the month due to timing, but are favorable Year-to-Date (YTD).</p> <p>Administrative expense was favorable to the forecast by \$5.4 million. Favorability is primarily within professional and purchased services due to timing. Non-operating expenses were \$5.4 million favorable vs the forecast driven by interest income unrealized gains, due to the Fed hiking rates and the higher yields on short term investments.</p> <p>The net surplus YTD was \$251 million, which is \$140 million favorable to the forecast when you exclude HHIP and IPP. The same drivers for the month of April are driving the favorability YTD. YTD incurred claims were also better than anticipated.</p> <p>Administrative expenses were favorable by \$15.4 million YTD primarily driven by lower spending in consulting fees, printing and software licenses, all due to timing.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Non-Operating expenses were favorable by \$23.3 million driven by higher interest income and unrealized gains.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> <li>• Overall Medical Care Ratio (MCR) was 91.6% versus forecast of 93.4%; excluding HHIP/IPP we were at 92.0% vs 93.6%.</li> <li>• Medi-Cal MCR was favorable to forecast at 92.1% due to the IHSS reconciliation and lower Fee-For-Service (FFS) and CBAS claims. As reported last month, the ultimate target is 91.0% - 91.5%.</li> <li>• D-SNP MCR was lower than forecast and still performing unusually well at 78.4%. Staff is still reviewing this in more detail.</li> <li>• Commercial MCR was slightly higher than the forecast due to higher Inpatient claims but partially offset by lower shared risk.</li> </ul> <p><u>Reported vs. Paid Claims Trend</u></p> <p>Prior to fiscal year end, there was some volatility in the paid claims but there is more stability since then. Paid claims has fluctuated the past few months, reported claims remain stable. The membership continues to grow so the absolute dollars should increase but were favorable to the expectations by the \$14 million favorable variance mentioned for YTD April. The year-end reserve position is holding up with seven months of experience. Staff will continue to monitor it.</p> <p><u>Key Financial Ratio</u></p> <ul style="list-style-type: none"> <li>• The Medical Care Ratio of 92.0% (excluding HHIP/IPP).</li> <li>• The administrative ratio was 4.6%, lower than the forecast of 4.9% (excluding HHIP/IPP).</li> <li>• Working Capital and Tangible Net Equity are ahead of benchmarks.</li> <li>• Cash to claims is below the benchmark for the month. As mentioned before, the cash to claims ratio will not fully recover until the IHSS balances with the DHCS is settled.</li> </ul> <p><u>Tangible Net Equity (TNE) &amp; Days of Cash on Hand</u></p> <p>The April Fund Balance was \$1.37 billion which represents 623% of TNE, ahead of 600% benchmark. Days of cash on hand at the end of April was 72 days.</p> <p><b><u>Motion FIN 104.0523</u></b>  <b>To accept the Financial Reports for February and March 2023, as submitted.</b></p>	<p><b>Approved unanimously by roll call. 5 AYES</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>Monthly Investment Transactions Reports</li> </ul>	<p>Mr. Ingram referred to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of April 30, 2023 was \$2.6 billion.</p> <ul style="list-style-type: none"> <li>\$2.5 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$34 million in Local Agency Investment Fund</li> <li>\$77.7 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<p>Public Comments on the Closed Session agenda items.</p>	<p>Alfonso Noriega expressed that he was a former L.A. Care member and RCAC 4 member. He moved to Texas, 3 years ago and is now back in Los Angeles. He noticed a lot of changes and improvements in the organization. This organization is very worthy, compared to other health insurance. He was with Molina Healthcare in Texas, which was a joke. Then went back to Los Angeles, under United Healthcare, which was another joke. He is back with L.A. Care. He further added that L.A. Care give more gifts besides assistance and help. He is very pleased with L.A. Care's services. Mr. Noriega remembered that L.A. Care's meetings used to be packed with people complaining. Mr. Noriega added that he did not come to the meeting to complain but to express his satisfaction of L.A. Care's services. Mr. Noriega expressed that L.A. Care has proven to be worthy of a health plan that cares for another human being's health. He is honored to have L.A. Care as his health insurance again. He thanked L.A. Care for doing a great job. He noticed that L.A. Care used to give only eye examinations, now eyeglass and eye frame, and dental are covered. It was not like that before. Very honored to be with L.A. Care again.</p> <p>Mr. Noriega added that L.A. Care really cares. He commented that he was in Hollywood, and saw some people protesting against L.A. Care. He thinks it was propaganda. He met people with children who are very happy with L.A. Care. He wants to join the RCACs again. To be the voice for others and the public. He thanked L.A. Care for caring for human beings and added that he is proud of L.A. Care's progress.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:32 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:33 p.m.</p> <p><b>CONTRACT RATES</b> Pursuant to Welfare and Institutions Code Section 14087.38(m)</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>May 2025</i></p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The meeting reconvened in open session at 1:37 pm. Ms. Haydel advised the public that no reportable action from the closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting adjourned at 1:37 p.m.</p>	

Respectfully submitted by:

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

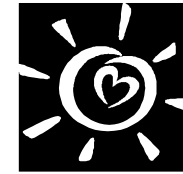
APPROVED BY:

\_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed \_\_\_\_\_

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – May 18, 2023



**L.A. Care**  
HEALTH PLAN

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

**Members**

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros, MBA  
Hilda Perez  
G. Michael Roybal, MD

**Senior Management**

Augustavia J. Haydel, *General Counsel*  
Thomas Mapp, *Chief Compliance Officer*  
Sameer Amin, MD, *Chief Medical Officer*  
Noah Paley, *Chief of Staff*  
Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*  
Linda Greenfield, *Chief Product Officer*  
Gene Magerr, *Information Security Officer* Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*  
Demetra Crandall, *Director, Customer Solution Center Appeals and Grievances*  
Steven Chang, *Senior Director, Care Management, Care Management*

\* Absent

\*\* Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:03 p.m.  She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee’s consideration of the item by submitting their comments via text, voicemail, or email. There were no members of the public present either in person attending virtually by WebEx or telephone.	
<b>APPROVAL OF MEETING AGENDA</b>	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. <b>4 AYES</b> (Ballesteros, Booth, Perez, and Roybal)
<b>PUBLIC COMMENT</b>	There was no public comment.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The April 20, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES
CHAIRPERSON REPORT	There was no Chairperson report.	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the written report can be obtained from Board Services)</i>.</p> <p>Mr. Sobetzko gave a Issues Inventory update. He asked the committee to refer to the presentation to view the full report.</p> <ul style="list-style-type: none"> <li>• Issues Reported in 2022 and 2023 <ul style="list-style-type: none"> <li>- 127 items are listed in the issues inventory as of April 30, 2023</li> <li>- 40 issue items were added to the inventory <ul style="list-style-type: none"> <li>➤ one newly added issue remains in new/in review status</li> <li>➤ 20 newly added issues are in open status</li> <li>➤ 19 newly added issues have been remediated</li> </ul> </li> <li>- 38 issues require remediation <ul style="list-style-type: none"> <li>➤ Two in new status: <ul style="list-style-type: none"> <li>○ Three of the four existing new issues are now in open status, leaving one existing issue in new status</li> <li>○ One new issue is in new status</li> </ul> </li> <li>➤ 36 in Open status: <ul style="list-style-type: none"> <li>○ Three of the four existing new issues are now in open status</li> <li>○ Four of the 17 existing in process issues were remediated in April</li> <li>○ 20 new issues are in open status</li> </ul> </li> </ul> </li> </ul> <p>Issues Reported Prior to 2022 25 issues were updated to remediation status. Remediation had been completed and documentation had been received, but Issues Inventory update was incomplete.</p> <p>The following items were closed out, but were not a part of the Internal Audit process.</p> <ul style="list-style-type: none"> <li>• Non-Compliance – Dual Eligible Special Needs Plans (D-SNP) Member Notice Process: The Enrollment Services team identified 65 D-SNP member notices that were out of Center for Medicare</li> </ul> </li></ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																																
	<p>and Medicaid Services compliance. A reconciliation process is needed for the member notice process to ensure member notices are accurately triggered and transmitted. Vendor deployed correction to enrollment code on the 834 file. Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process.</p> <ul style="list-style-type: none"> <li>• D-SNP Failure to Provide Accurate Member Materials: On January 19, 2023, L.A. Care disclosed to CMS that approximately 18,600 members received member ID cards with an incorrect phone number for dental services. Mailed out corrected ID cards along with the cover letters on January 27, 2023 (English) and February 6, 2023 (all threshold languages). Checklist has been created to ensure all fields are validated and additional levels of review is added to the Quality Assurance process.</li> <li>• DSNP Enrollment - Reconciliation GAP: Lack of a formal enrollment reconciliation process to determine member eligibility. Vendor deployed correction to enrollment code on the 834 file. Revised policy and desk level procedure for the D-SNP enrollment process to include the reconciliation process.</li> </ul> <p>Ms. Crandall gave an update about on Appeals &amp; Grievances (A&amp;G) Trend Analysis for 2022 and 2023.</p> <p>CMC/DSNP Background/Goals/Results</p> <table border="1" data-bbox="396 760 1734 1130"> <thead> <tr> <th colspan="2">CMC/DSNP Grievances</th> <th colspan="4">CY 2022</th> </tr> <tr> <th>Category</th> <th>Count</th> <th>% of Total Grievance</th> <th>Rate</th> <th>Rate Goal/1000 Member Months</th> <th>Goal Met?</th> </tr> </thead> <tbody> <tr> <td>Access</td> <td>3,613</td> <td>41%</td> <td>17.17</td> <td>10</td> <td>No</td> </tr> <tr> <td>Attitude and Service</td> <td>2,517</td> <td>29%</td> <td>11.96</td> <td>10</td> <td>No</td> </tr> <tr> <td>Billing and Financial Issues</td> <td>2,121</td> <td>24%</td> <td>10.08</td> <td>10</td> <td>No</td> </tr> <tr> <td>Quality of Care</td> <td>521</td> <td>6%</td> <td>2.48</td> <td>10</td> <td>Yes</td> </tr> <tr> <td>Quality of Practitioner Office Site</td> <td>11</td> <td>0%</td> <td>0.05</td> <td>10</td> <td>Yes</td> </tr> <tr> <td>Total</td> <td>8,783</td> <td>100%</td> <td>41.75</td> <td>20</td> <td>No</td> </tr> </tbody> </table> <p>Quantitative Analysis - Grievances (CMC/DSNP):</p> <ul style="list-style-type: none"> <li>• The goals for the Quality of Care and Quality of the Practitioner Site were met</li> <li>• All other categories and the total rate did not meet the goal. <ul style="list-style-type: none"> <li>- The rate for Access exceeded the goal by the largest margin, 7.17</li> <li>- The total grievance rate goal was exceeded by 21.75 grievances per 1000 member months</li> </ul> </li> <li>• Access is the leading cause of grievances with 41% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.</li> </ul>	CMC/DSNP Grievances		CY 2022				Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?	Access	3,613	41%	17.17	10	No	Attitude and Service	2,517	29%	11.96	10	No	Billing and Financial Issues	2,121	24%	10.08	10	No	Quality of Care	521	6%	2.48	10	Yes	Quality of Practitioner Office Site	11	0%	0.05	10	Yes	Total	8,783	100%	41.75	20	No	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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CMC/DSNP Appeals		CY 2022			
Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?
Access	453	96%	2.15	10	Yes
Attitude and Service	0	0%	0.00	10	Yes
Billing and Financial Issues	16	3%	0.08	10	Yes
Quality of Care	1	0%	0.00	10	Yes
Quality of Practitioner Office Etc.	0	0%	0.00	10	Yes
Total	470	100%	2.23	20	Yes

Quantitative Analysis - Appeals (CMC/DSNP):

- All goals for each individual category and total grievances were met.
- Access Issues were the category that had the most relative volume of appeals; the rate was still 7.85 under the goal.

Member G. Michael Roybal, MD, noted that looking under the “Rate” column it looks like the rate was totaled instead of taking the average of the total count by the number of members. If it is added up it equals 41. He asked how there be a rate of 41 when the highest number is 17. He said it looks like the column was added instead of dividing by the number of members. Ms. Crandall responded that he is correct and she will make that edit. Member Roybal said that he noticed that in all of them. That may be a calculation error. He asked if this information is available by participating physician groups (PPG) and is L.A. Care is working with those groups that have higher rates or have bigger issues in terms of access with these particular categories. Ms. Crandall responded that for PPGs they are unable to go to the level of detail by provider, but they are able to identify the PPGs that members that filed grievances are affiliated. That information can be shared with provider network teams and they can share that with the different PPGs. They meet with their product teams and provide them with high level information. All PPGs receive this information because they must respond to those grievances. They are aware of the concern they have individually. Specifically by provider she does not have that information today. Member Roybal asked if PPGs are required to provide a corrective action plan if their rate is higher than the average or the median. Additionally, is there any criteria for asking any PPG for a corrective action plan and asking for a certain goal. Ms. Crandall responded that A&G currently does not have that process in place, but there could be something in place through the contracting team. She may have to get back to him.

Mr. Mapp stated that one of the challenges within the current system that is in place, it is not easy to categorize volume and cases by PPG. They are working towards that so they can have an easier ability to make that kind of communication. Member Roybal stated that it will make it easier to help PPGs that are



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	<p>having issues and help identify them. Member Roybal would like to see them improve, but if L.A. Care can't provide data and then ask for feedback from them and a way to fix it. Member Roybal noted that L.A. Care gets stuck in this loop that continues to have higher rates for certain categories and there is no improvement.</p> <p>Ms. Crandall stated that for access those categories encompass delays in authorizations, durable medical equipment, seeing a provider, or getting pharmacy services. For billing and finance, those items include billing discrepancies, coverage disputes, and denial of payment requests. Quality of Care items are continuity of care, refusal for referral, and issues that occur at a providers office. The last category refers to issues with provider facilities.</p> <p>Member Al Ballesteros stated that the classification under access are pretty broad. He asked if they can be broken down by percentage. It's indicative of a much bigger problem. It may be more related to the provider shortage than it is related to a denied authorization. Ms. Crandall responded that her staff can make that edit.</p> <p>Personal Assistane Services Council (PASC) Background/Goals/Results</p> <table border="1" data-bbox="394 716 1736 1076"> <thead> <tr> <th colspan="2">PASC Grievances</th> <th colspan="4">CY 2022</th> </tr> <tr> <th>Category</th> <th>Count</th> <th>% of Total Grievance</th> <th>Rate</th> <th>Rate Goal/1000 Member Months</th> <th>Goal Met?</th> </tr> </thead> <tbody> <tr> <td>Access</td> <td>1,511</td> <td>39%</td> <td>2.51</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Attitude and Service</td> <td>771</td> <td>20%</td> <td>1.28</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Billing and Financial Issues</td> <td>1,446</td> <td>37%</td> <td>2.40</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Quality of Care</td> <td>181</td> <td>5%</td> <td>0.30</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Quality of Practitioner Office Site</td> <td>5</td> <td>0%</td> <td>0.01</td> <td>5</td> <td>Yes</td> </tr> <tr> <td>Total</td> <td>3,915</td> <td>100%</td> <td>6.51</td> <td>10</td> <td>Yes</td> </tr> </tbody> </table> <p>Quantitative Analysis – Grievances (PASC):</p> <ul style="list-style-type: none"> <li>• All goals for each individual category and total grievances were met.</li> <li>• Access Issues were the category that had the most relative volume of appeals; the rate was still 2.49 under the goal.</li> <li>• Access is the leading cause of grievances with 39% of the total 2022 CY volume. The Quality of the Practitioner Site had the least number of grievances, making up less than 1% of the total volume.</li> </ul>	PASC Grievances		CY 2022				Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?	Access	1,511	39%	2.51	5	Yes	Attitude and Service	771	20%	1.28	5	Yes	Billing and Financial Issues	1,446	37%	2.40	5	Yes	Quality of Care	181	5%	0.30	5	Yes	Quality of Practitioner Office Site	5	0%	0.01	5	Yes	Total	3,915	100%	6.51	10	Yes	
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	PASC Appeals		CY 2022					
	Category	Count	% of Total Grievance	Rate	Rate Goal/1000 Member Months	Goal Met?		
	Access	120	94%	0.20	5	Yes		
	Attitude and Service	0	0%	0.00	5	Yes		
	Billing and Financial Issues	7	5%	0.01	5	Yes		
	Quality of Care	1	1%	0.00	5	Yes		
	Quality of Practitioner Office Site	0	0%	0.00	5	Yes		
	Total	128	100%	0.21	10	Yes		
	<p>Quantitative Analysis – Appeals (PASC):</p> <ul style="list-style-type: none"> <li>All goals for each individual category and total grievances were met.</li> <li>Access Issues were the category that had the most relative volume of appeals; the rate was still 4.80 under the goal.</li> </ul>							
	<p>Chairperson Booth stated that when Member Roybal brought up the issue about rates as being a sum, maybe that is what was intended by staff, because comparing that sum to the goal of what was set was also a sum of the sub goals. Maybe it is supposed to be a sum. Member Roybal said it can't be a sum, because it's a rate. Chairperson Booth noted that it is a rate, but it is being compared, otherwise why would it be based off per 1,000 member months. Member Roybal said it is true, but if it is added up it doesn't work.</p>							
<p>Billing and Financial Issues</p> <ul style="list-style-type: none"> <li>Billing Discrepancy identified as the top billing and financial issue along with balance billing has been the top concerns with L.A. Care members.</li> <li>Member education on benefit of premium, deductible and co-payment continue cause member abrasion.</li> <li>Although it is a top issue, over 49 percent of L.A. Care's billing and financial grievances have been resolved by the next business day.</li> </ul>								
<p>Member Ballesteros noted that members under Medi-Cal managed Care plans do not have copays and asked how are members billed if they are on Medi-Cal. Chairperson Booth responded that sometimes people will get balanced billed. Member Roybal responded that sometimes members do not know they are not supposed to be billed and are billed and then they pay it. There are providers that take advantage of the fact that members don't know that they are fully covered. Member Ballesteros asked if they are billed by L.A. Care. Ms. Crandall responded that they are not billed by L.A. Care. Members might not provide their ID Cards and can be billed. Member Ballesteros asked if members know that it is not L.A. Care. Ms. Haydel</p>								

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>responded that it will not have an L.A. Care letterhead and the bill would not be coming from L.A. Care, it would be sent by the provider. Members also receive an Explanation of Benefits that states they are not to be billed for any services. Mr. Mapp noted that this report also covers other lines of business that do have copays and those members may be charged more than what they are supposed to.</p> <p>Barrier Analysis:</p> <ul style="list-style-type: none"> <li>• Lack of member knowledge regarding coverage benefit limits and managed care requirements.</li> <li>• Large influxes of calls to the customer service department which at times lead to extended wait times.</li> <li>• A large percentage of D-SNP grievances were related to access to care issues specific to L.A. Care’s supplemental vendors.</li> <li>• Pharmacies had to adjust their billing practices, specifically to split-bill appropriately to Magellan for Part B crossover claims for DSNP members. A fax blast was sent to pharmacies regarding this change.</li> </ul> <p>Opportunities for Improvement:</p> <ul style="list-style-type: none"> <li>• The A&amp;G team is collaborating with internal product teams to improve the members’ experience especially regarding access to care issues.</li> <li>• The team is focusing on STAR measures. Monitoring reports are being created to conduct root cause analysis on Complaints Tracking Module (CTM) and Appeals to raise L.A. Care’s STAR rating. CTM is a Centers for Medicare &amp; Medicaid Services (CMS) term for DSNP complaints.</li> <li>• CMS obtains complaints from beneficiaries via 1-800-MEDICARE. The CTM system tracks and processes complaints, referred to as CTMs, received from beneficiaries and providers specifically related to the Part D Medicare Prescription Drug Program.</li> <li>• PCT (A&amp;G system of record) Updates: Continued enhancement of grievance &amp; appeal categories in PCT to support data analytics.</li> <li>• In preparation for D-SNP updates were made to PCT, A&amp;G reports, policies and procedures and the creation of new letter templates</li> <li>• Improve our communication with our Plan Partners to make sure we are able to meet the regulatory timeframes for cases received from our Regulators.</li> <li>• Cross-Functional JOM: A&amp;G and Call Center has established a JOM to address cross-functional challenges, and enhance our members’ service and experience. The current focus is billing and financial concerns.</li> <li>• A&amp;G collaborated with an advisory firm to provide a customized work plan for success. The teams have identified and implemented some improvements to department structure, staffing, and procedures that are integral to processing appeals and grievances</li> </ul>	

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	<p>Mr. Mapp noted that the take aways for this report are:</p> <ul style="list-style-type: none"> <li>• More grandular data</li> <li>• Data by PPG</li> <li>• More information regarding remediation activities that will help solve member problems and reduce the need for them to file grievances.</li> </ul> <p>Chairperson Booth mentioned that she had asked for appeal volumes to be on a 12 month rolling cycle. She asked the committee if that is something that they would be interested in having. <i>Committee members agreed.</i></p> <p>Dr. Amin stated that he asked for that data recently and it will be coming to the committee regardless. It is needed for internal purposes.</p> <p>Mr. Sobetzko gave a Risk Management Update (<i>a copy of the written report can be obtained from Board Services.</i>).</p>	
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, presented the May 2023 Chief Medical Officer Report (<i>a copy of the written report can be obtained from Board Services.</i>).</p> <p>Provider Quality Review (PQR)/Potential Quality Issues (PQI) PQR, Appeals, and Grievances Data Discrepancies: As previously stated, the PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of A&amp;G cases not sent to PQI, to ensure PQIs are being properly routed. As of March 31, 2023, 441 cases remain open from the new backlog; the goal is to complete cases by August 2023.</p> <ul style="list-style-type: none"> <li>• The risk management and operation support team is now engaged with A&amp;G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases.</li> <li>• Joint meetings continue with Customer Solution Center/ A&amp;G, Department of Health Services and Call the Care to address ongoing optimization, issues and corrective action plans.</li> </ul> <p>He stated that L.A. Care is in the process of hiring to address the backlog, but is on track to complete them.</p> <p>Quality Improvement (QI)-Accreditation: Stars/ Healthcare Effectiveness Data and Information Set (HEDIS)</p> <ul style="list-style-type: none"> <li>• MY2022 performance continues to be projected at an overall 2.5 (with rounding). In March, the HEDIS overall domain improved (2.41 to 2.71) but the Operations domain overall declined (3.40 to 3.24). HEDIS improved due to +1 Star Rating improvement in Care of Older Adults (COA) Medication Review, COA Pain Assessment, Osteoporosis Management in Women and Plan All Cause Readmission. Operations fell due to a 1 Star rating decline in Reviewing Appeal Decisions due to a change in cut-point assumptions.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis to be conducted to identify if G&amp;A and CTM have correlation on connections to member disenrollment.</li> <li>• Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey at the contract level for MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to DSNP contract being new. However, the plan will conduct a CAHPS survey at the PPG level during Q4 to help guide programs and PPG evaluations for MY2024.</li> <li>• For the High Touch HEDIS / Pharmacy Call Center Outreach Request For Proposal, three vendors were selected and their solutions were demonstrated in March. The winner is AdhereHealth.</li> <li>• The TTY/ Foreign Language Star Measure is currently exceeding the goal of 80% (for Part C and Part D) for MY2023. Current performance is 86% for Part C (3 Star) and 100% for Part D (5 Star).</li> <li>• Pharmacy Medication Adherence measures are performing at similar levels in MY2023 as in prior years when comparing February and March activity. This will yield an overall domain rating of 2 Stars or less unless the rate of month over month decline is reduced.</li> <li>• The HEDIS audit season is underway and all deliverables are on target. Both Advent and HSAG Audits took place in March with some minor follow-ups but overall successful. Non-Standard Data submissions and approvals are due March 31, 2023. Medical Records collection for hybrid pursuit is currently on target.</li> <li>• Align. Measure. Performance (AMP) measure sets file generation is on target with plan to submit in April.</li> <li>• Prospective HEDIS MY2023 is running in parallel to retrospective. First prospective rate tracker will be available this month.</li> </ul> <p>Dr. Amin noted that Dr. Parrish will be departing L.A. Care. He said that she has been working at L.A. Care for sometime now and for many years has been a key leader in informatics. She has made a decision to leave LA Care. She has been working from the East Coast and is planning to take a role closer to her home and family. Dr. Parrish stated that it has been a pleasure to work with everyone at L.A. Care. With everything they have been able to achieve she knows there is still so much more that they still need to do. She thinks she is leaving everyone in a terrific spot in both quality and informatics work. L.A. Care has an amazing set of teams that are doing so many things in the areas that Dr. Amin spoke about and in other areas as well. The committee will hear from some of the teams today. She is very happy with what L.A. Care has been able to do at L.A. Care and in the County of Los Angeles. She really appreciates so much what the committee has done to help her and her teams. She wishes everyone the best.</p>	

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<b>Managed Care Accountability Set MY2023/RY2024</b>	<p>Rachael Martinez, RN, BSN <i>Senior Manager, Incentives, Population Health</i>, gave a report about L.A. Care’s Managed Care Accountability Set for 2023 and 2024 <i>(a copy of the written report can be obtained from Board Services.)</i>.</p> <ul style="list-style-type: none"> <li>• Top priority measures are set to a Minimum Performance Level (MPL), the national NCQA 50th percentile.</li> <li>• Not meeting the MPL may lead to sanctions and additional projects</li> <li>• Plan-Do-Study-Act (PDSA) or Strengths, Weaknesses, Opportunities, and Threats (SWOT).</li> <li>• This year there are 18 measures held to the MPL, plus 24 reportable measures that may be added in subsequent years.</li> <li>• DHCS has proposed increasing measures held to MPL to 25 in 2024.</li> <li>• Two new measures come from the CMS Core Set of measures (i.e., not HEDIS) and are now held to MPL for MY 2023: <ul style="list-style-type: none"> <li>- Developmental Screening in the First Three Years of Life</li> <li>- Topical Fluoride for Children</li> </ul> </li> </ul> <p>Member Roybal asked if the state allows self collected cervical cancer screening. In some parts of the world they allow self collected screening. Many of his patients that have transportation issues or child care, it is easier for them to do their own screening. Ms. Rachel responded there is nothing approved by the Federal Drug Administration (FDA) to do self collected cervical cancer screening, but she thinks it is something that should be talked about and looked at more. In past years L.A. Care has met this measure. Much of it has to do with the pandemic and not as many people going into their well care visits. L.A. Care can take this need to its auditors and contractors, but at the moment there is no self collected cervical cancer screening. Dr. Parrish noted that the NCQA will not allow self testing until the FDA approves it. She has personally emailed the FDA for three years and has not given a response, but she thinks L.A. Care should keep pushing for it.</p>	
<b>Care Management Training</b>	<p>Steven Chang, <i>Senior Director, Care Management</i>, gave a Care Management Department update <i>(a copy of the written report can be obtained from Board Services.)</i>.</p> <p>Member Hilda Perez stated that she loved everything that Mr. Chang mentioned in his presentation. Starting with his pace. She listened to everything that he said and she is really happy to be part of this organization and all the efforts so that members find what they want to do and how to do it. And their health gets better and they live happier. She noted that the Health Promoters also use motivational interviewing and it is something as part of the community find very useful. They do it more often than doctors, because they do not see their doctors often and they may not have time. Some doctors only have 15 minutes to see their</p>	

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	<p>patients. The Health Promoters train to provide this information to members. She believes member education is key. The more they are informed the are, the better their health will be.</p> <p>Chairperson Booth asked that is nothing is put on the care plan that the patient doesn't want does it mean it does not get documented. Mr. Chang responded that it does not. L.A. Care goes through assessment with members. If members say they are not comfortable working on that condition, staff has a separate area in the notes to document it. The next care manager will be able to see those notes.</p>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Compliance &amp; Quality Committee meeting was adjourned at 3:50 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:51 P.M.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Five potential cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 4:37 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: \_\_\_\_\_  
Stephanie Booth, MD, *Chairperson*  
Date Signed: \_\_\_\_\_