



L.A. Care
HEALTH PLAN[®]

For All of L.A.

EXECUTIVE COMMITTEE MEETING

BOARD OF GOVERNORS

September 20, 2022 • 2:00 PM

L.A. Care Health Plan

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



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



AGENDA Executive Committee Meeting Board of Governors

DRAFT

Tuesday, September 20, 2022, 2:00 P.M.

L.A. Care Health Plan, 1055 West 7th Street, 10th Floor, Los Angeles

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

<https://lacare.webex.com/lacare/j.php?MTID=maad4b2ef41afddc8013d8392e02b06a2>

To join and LISTEN ONLY via teleconference please dial: (213) 306-3065

Access code: 2490 608 7563 Password: lacare

Members of the Executive Committee or staff may participate in this meeting via teleconference. *The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to 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.

We continue to use different ways to submit public comment live and direct during the meeting.

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, 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.
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.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 pm on September 20, 2022, it will be provided to the members of the Executive Committee 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 also include the name of the item to which your comment relates.** Public comments submitted will be read for up to three minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted will be read for up to three minutes during the public comment period for each item. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

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

There may be some 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 in time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the closed session.

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 Board appreciates hearing the input as it considers the business on the Agenda.

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

Hector De La Torre, *Chair*

1. Approve today's meeting Agenda *Chair*
2. Public Comment (*please see instructions above*) *Chair*
3. Approve August 23, 2022 Meeting Minutes **p.5** *Chair*
4. Chairperson's Report *Chair*
5. Chief Executive Officer Report
John Baackes
Chief Executive Officer

COMMITTEE ITEMS

6. Government Affairs Update
Cherie Compartore
Senior Director, Government Affairs
7. L.A. Care Health Plan Qualified Supplemental and Non-Qualified Supplemental Defined Contribution Plans Amendments **(EXE 100)** **p.13**
Terry Brown
Chief Human Resources Officer
8. Housing and Homelessness Incentive Program **(EXE 101)** **p.18**
Cynthia Carmona
Senior Director, Safety Net Initiatives
9. 2023 Board of Governors Meetings Schedule **(EXE 102)** **p.33**
Linda Merkens
Senior Manager, Board Services
10. Approve the list of items that will be considered on a Consent Agenda for September 1, 2022 Board of Governors Meeting. *Chair*
 - September 1, 2022 Board of Governors Retreat/Meeting Minutes.
 - 2023 Board of Governors Meetings Schedule
 - Complete Cleaning Services Contract Amendment
 - North Star Alliances Contract Amendment
 - Change Health Care Resources Contract Amendment
11. Public Comment on Closed Session Items (*Please read instructions above.*) *Chair*

ADJOURN TO CLOSED SESSION (Est. time: 60 mins.)

Chair

12. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

13. 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: *September 2024*
14. 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)
15. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Three Potential Cases
16. 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
17. CONFERENCE WITH LABOR NEGOTIATOR
Section 54957.6 of the Ralph M. Brown Act
Agency Designated Representative: Hector De La Torre
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

ADJOURN

Chair

Due to religious holiday, the next Executive Committee meeting is scheduled on Tuesday, October 25, 2022 at 2:00 p.m. and may be conducted as a teleconference meeting.

Public comments will be read for up to three minutes.

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to 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 BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO 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 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to 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.

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – August 23, 2022

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

- Hector De La Torre, *Chairperson*
- Al Ballesteros, *Vice Chairperson*
- Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer*
- Stephanie Booth, MD, *Secretary*
- Hilda Perez

Management/Staff

- John Baackes, *Chief Executive Officer*
- Terry Brown, *Chief of Human Resources*
- Augustavia Haydel, *General Counsel*
- James Kyle, MD, *Chief of Equity & Quality Medical Director*
- Tom MacDougall, *Chief Technology & Information Officer*
- Thomas Mapp, *Chief Compliance Officer*
- Marie Montgomery, *Chief Financial Officer*
- Noah Paley, *Chief of Staff*
- Acacia Reed, *Chief Operating Officer*
- Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Hector De La Torre, <i>Chairperson</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:16 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today. • If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know. • 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. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda. <p>He provided information on how to submit a comment live and directly using the "chat" feature.</p>	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the June 28, 2022 meeting were approved as submitted.	Approved unanimously by roll call. 5 AYES
CHAIRPERSON'S REPORT	Chairperson De La Torre commented that President Biden signed legislation recently on a number of issues: the environment, some tax measures, but very importantly there was an extension on health insurance issues in that package. These will help people access health care. Additionally, there was a provision which will allow Centers for Medicare and Medicaid Services (CMS) to negotiate on some prescription drug prices, which is a wonderful thing to bring those costs down, as these will become benchmark prices for pharmaceuticals nationwide. The environmental issues and politics in Washington DC received a lot of attention, but the health care components did not. These provisions become effective right away.	
COMMITTEE ISSUES		
Government Affairs Update	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> The Inflation Reduction Act of 2022 was approved through Congress and significant changes were made. The federal subsidies for health care premium assistance will continue through 2025. L.A. Care continues to work on a permanent extension. There were changes to the Medicare program. Medicare will be allowed to negotiate prices for the 10 most expensive prescription drugs, increasing the number of drugs to 20 by 2029. Insulin is the first drug, and it will be capped at a cost of \$35 monthly 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>for Medicare enrollees, and a \$2,000 annual out of pocket cap for prescription drug spending for the Medicare Part D program. The Kaiser Family Foundation estimates this will impact 115,000 Medicare Part D beneficiaries in California. While most immunizations and vaccines are covered in Medicare Part D, there are some that are not covered, such as the vaccine against Shingles. The bill provides that all vaccines will not have a co-payment for Medicare Part D recipients. This provision will benefit over 500,000 Californians. A detailed matrix of all of the health provisions affecting Californians will be distributed.</p> <ul style="list-style-type: none"> • In California, the Legislature has until August 31, 2022 to pass legislation to be sent to the Governor for action. The Governor has until September 30, 2022 to take action on the legislation. A full matrix of all enacted legislation with a direct impact to L.A. Care will be distributed after the end of the legislative session. 	
<p>Revisions to Legal Services Policy 603 (Grants & Sponsorships)</p>	<p>Board Member Booth commented that the revisions don't seem to resolve the duplication of consideration by the Executive Committee and then by the Board. In 2019 the limit for approval was increased to \$150,000. The Board of Governors has invested in these grant initiatives, and it may want to continue to consider the individual grant proposals. She noted that when one group receives a large grant, it takes away from the funding, which could be approved at smaller amounts for more entities. She noted that the provisions may not apply very often and may not help much. She asked for more information about the selection of these limits for approval. She would rather see more entities receive a smaller amount of funds.</p> <p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, responded that it is not believed there will be a large number of grants that would not surface to the Board, but this would reduce some of those. Today will be the fourth grant presented for Board consideration, under the new policy there would have only been one grant presented. The new policy would reduce the number of grants presented to the Board. All grants would continue to be reported to the Executive Committee and to the Board. It was discovered that grants will also be reported to the Finance & Budget Committee.</p> <p>Board Member Booth noted that she has questions about the Grant under consideration on today's agenda. She feels that the maximum grant amount for Board consideration should remain at the level currently in the policy, report grants to Finance & Budget and submit the grant proposals to the Board of Governors for consideration.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>John Baackes, <i>Chief Executive Officer</i>, noted that he is in favor of the revisions to the policy to streamline the work done by staff. The grant proposals end up being approved in the long run and there is a reporting mechanism for the Board.</p> <p>Board Member Booth agreed that the revisions help staff, but doesn't really change the work of the Board.</p> <p>Ms. Webber-Christmas noted that in May 2020 the Board made an exception and raised the \$150,000 limit to \$250,000, and there would have been additional grant proposals considered by the Board in that time.</p> <p>Chairperson De La Torre commented that the proposal for revisions to the policy modifies the process. Grants will continue to be reviewed in some manner by the Board. Board Member Booth noted that the monthly or quarterly report does not include the same level of detail as the motions for grant proposals. Board Member Booth stated that she sees the approval of grant proposals as actions by the Board where Board Members investigate and inquire about the proposals. She agreed that most of the proposals are approved. Chairperson De La Torre noted that the authority is delegated to staff who are involved on a day-to-day basis. The reports are presented to the Board, and if there is any issue, Board members can ask for more information. This is a normal process.</p> <p><u>Motion EXE 100.0922</u> To approve Policy 603 as amended to optimize the Board of Governors' approval process for Community Health Investment Fund grants and authorize General Counsel and her designees to make edits to the policy as needed to effectuate the amendments.</p>	<p>Approved by roll call. 4 AYES (Ballesteros, De La Torre, Perez, and Shapiro), 1 NAY (Booth)</p> <p>The Committee approved including motion on the Consent Agenda for the September 1, 2022 Board of Governors' meeting.</p>
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>Mr. Baackes apologized for disrupting the order of the meeting, and he reported:</p> <ul style="list-style-type: none"> • He was on a call with Mark Ghaly, MD, MPH, California Health and Human Services Secretary, and representatives of other California health plans, concerning retroactively reallocating costs to health plans for out of network COVID-19 testing back to March 2020. This was a discussion of the issue so that health plans could inform Dr. Ghaly of their opinions. • There are significant impacts to L.A. Care enrollment in the next 18 months: <ul style="list-style-type: none"> ○ End of the public health emergency will initiate eligibility redetermination process for Medi-Cal beneficiaries, now expected to occur in early 2023. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ 253,000 Members enrolled with Kaiser through L.A. Care will be directly enrolled with Kaiser in January 2024. ○ Undocumented residents between the ages of 26 and 49 who are eligible for Medi-Cal will be able to enroll in January 2024. ○ Some categories of fee-for-service Medi-Cal beneficiaries will be moved into managed care in January 2023. ● All of these will affect enrollment and finances. ● L.A. Care has closely followed 2023 and 2024 rate issues for Medi-Cal. ● L.A. Care’s application to convert Cal Medi-Connect to a Dual Special Needs Plan (DSNP) has met all qualifications and is approved to move forward. He commended the L.A. Care staff team for their hard work. The DSNP model is better for L.A. Care members, providers and for the health plan. <p>In response to Board Member Shapiro’s question about Kaiser, Mr. Baackes explained that Governor Newsom negotiated with Kaiser outside of the normal procurement process, and the State of California will award Kaiser with a direct Medi-Cal contract. Kaiser will not be required to participate in a competitive bidding process. Public entity health plans do not have to go through procurement. Commercial health plans participating in Medi-Cal occasionally go through a re-procurement process, where the health plans bid for the Medi-Cal contract. In February 2022 a request for proposal (RFP) was released by the Department of Health Care Services, which began the re-procurement process. The results of the process are expected to be announced soon. Just prior to releasing the RFP, it was announced that Kaiser, without bidding, would directly contract to provide Medi-Cal services in California. The reason given for not including Kaiser in the re-procurement is that it is a “closed system”. Approval by the Legislature was required for this contract, which identified the “alternative care delivery plan”. The characteristics were given for a statewide organization, with at least 4 million members, with a pharmacy providing benefits only to those members. Kaiser has contracts as a plan partner with 12 public entity health plans in California. Board Member Booth clarified that the legislation includes a description that can only be applied to Kaiser. Mr. Baackes noted that it is important that the re-procurement process requires that the health plan awarded a Medi-Cal contract would accept all applicants. But Kaiser limits enrollment to beneficiaries with prior affiliation in the previous six months. This puts other health plans on unequal footing. Chairperson De La Torre noted that L.A. Care, along with other public health plans, sent a letter to the Secretary of Health and Human Services in Washington DC, asking that the federal</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>waiver necessary for the Kaiser direct Medi-Cal contract be declined. He commended Mr. Baackes for participating as a leader in appealing this issues to the federal administration.</p> <p>Mr. Baackes informed Committee Members that L.A. Care has no disagreements with the leadership of Kaiser in Los Angeles County, and continues to work harmoniously with Kaiser to serve L.A. Care’s members. There is disagreement with state representatives about the way this arrangement was reached and the bad policy precedent that it sets. Chairperson De La Torre agreed with Mr. Baackes and noted it was that the agreement with Kaiser circumvented the normal way that Medi-Cal contracts are handled in the State of California.</p>	
Plunum Health Grant	<p>Ms. Webber-Christmas summarized a motion to request an award up to \$500,000 to support implementation of Plunum Health’s Care Transformation Program (CTP) at Eisner Health, Saban Community Clinic, and Venice Family Health. It would allow each of those entities to use the Medical Home Network (MHN) model and implement a level of care management that has proven to be successful with high-cost, high-need patients, and addresses a full spectrum of health, social and behavioral health issues, integrates information in the patient electronic health record and ensures coordination among the entities serving the patients’ needs. The program involves emergency care, hospitalizations, and pharmaceuticals. Funds will be used to hire staff and for some of the technical information technology consultants that will be needed to make the system work in and among the entities.</p> <p>Mr. Baackes commented that this grant is innovative, and the Community Health Investment funds should be used for support of innovative ideas that could produce a best practice and could have wide applicability. This is based on a model that has proven to reduce overall health care cost and coordinate services. The grantee will be getting funds from other sources as well as L.A. Care.</p> <p>Board Member Ballesteros asked if this will be a new software program. Ms. Webber-Christmas responded that the new program is called MHN Connect, which integrates electronic health records to capture data and provide reports. Board Member Ballesteros asked if results of this new program would be available to inform a potential expansion of the program. Mr. Baackes responded that this applies an enhanced care management approach to assess any need for additional services for each patient. Board Member Ballesteros applauded the approach and noted that positive results could indicate that this program may be far-reaching.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Motion EXE 101.0922 To award up to \$500,000 to Plunum Health to implement its evidenced based Care Transformation Program (CTP) at partner clinics to enhance care management, improve patient health status, and reduce system utilization costs.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, De La Torre and Perez) <i>Member Shapiro experienced technical difficulties and was unable to vote.</i></p> <p>The Committee approved including motion on the Consent Agenda for the September 1, 2022 Board of Governors' meeting.</p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for September 1, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • July 28, 2022 Board of Governors Meeting Minutes • Revisions to Legal Services Policy 603 (Grants & Sponsorships) • Plunum Health Grant • Quarterly Investment Report • Consolidated Allocation of Funds for Non-Travel Meals and Catering & Other Expenses • OptumInsight, Inc. Contract Amendment SOW #6 • Verizon Business Contract Amendment • UpHealth, Inc. (formerly Thrasys, Inc.) Contract Amendment • Cognizant Technology Solutions and Solugenix Corporation Contract Amendment for Staff Augmentation 	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</p>
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 3:10 p.m.</p> <p>Ms. Haydel 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 3:12 p.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <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>August 2024</i></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"> • L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p> <p>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"> • 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 	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:05 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:05 p.m.	

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:

Hector De La Torre, *Chair*

Date: _____



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: September 20, 2022

Motion No. EXE 100.1022

Committee: Executive

Chairperson: Hector De La Torre

Issue: Supplemental Defined Contribution Plans

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: L.A. Care established the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan (respectively the "QSDCP" and "NSDCP" and collectively the "Plans"), supplemental defined contribution plans for senior executives who are not eligible to participate in the L.A. Care Cash Balance Plan, effective January 1, 2015. Together, the Plans provide defined contribution benefits based on a specified annual allocation.

The full Board or, the Executive Committee pursuant to the Board's delegation, must approve amendments to the Plans that affect the Chief Executive Officer's compensation.

The proposed QSDCP and NSDCP amendments, copies of which are attached hereto, provide for the annual allocation for the Chief Executive Officer for the next two-year period, from March 23, 2022, to March 22, 2024.

The Executive Committee previously approved the Chief Executive Officer's annual allocation through March 22, 2022.

The chart below summarizes the proposed annual allocation for the next two-year period, from March 23, 2022, to March 22, 2024, for the Chief Executive Officer.

Officer Title	Annual Allocation
Chief Executive Officer	\$150,000

Member Impact:

Budget Impact: None. The annual cost of the Plans will not increase because the amount of annual allocation for the Chief Executive Officer remains unchanged.

Motion: To (1) approve the amendment of the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan to continue the current annual allocations for the Chief Executive Officer for the period from March 23, 2022, to March 22, 2024, and (2) authorize and direct the Chair of the Board to execute appropriate amendments to those Plans.

**ELEVENTH AMENDMENT
TO THE
L.A. CARE HEALTH PLAN
QUALIFIED SUPPLEMENTAL DEFINED CONTRIBUTION PLAN**

WHEREAS, L.A. Care Health Plan (the "Employer") established the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan (the "Plan") effective January 1, 2015, to provide retirement benefits to its eligible employees; and

WHEREAS, the Plan was most recently restated effective January 1, 2017; and

WHEREAS, pursuant to Section 11.1 of the Plan, the Employer may, by resolution of its Board of Governors (the "Board"), amend the Plan; and

WHEREAS, the Employer wishes to amend the Plan to provide for the annual employer contribution to the Plan for its Chief Executive Officer for the two-year period beginning March 23, 2022, in the amount of \$150,000.

NOW THEREFORE, the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan is hereby amended, effective March 23, 2022, as follows:

1. Schedule 1 of Appendix A of the Plan is amended and restated to read in its entirety as attached hereto.

IN WITNESS WHEREOF, L.A. Care Health Plan has caused its duly authorized officer to execute this Eleventh Amendment to the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan on the date set forth below.

L.A. CARE HEALTH PLAN

By: _____

Its: _____

Date: _____

APPENDIX A

Schedule 1

Eligible Employee: John Baackes

Entry Date: March 23, 2015

Computation Period:

The 12-month period beginning March 23, 2015, and ending on March 22, 2016, and each successive 12-month period beginning each March 23 and ending on the following March 22 thereafter.

Employer Contribution:

- Employer Contribution for March 23, 2015 to March 22, 2016 Computation Period: \$130,000
- Employer Contribution for March 23, 2016 to March 22, 2017 Computation Period: \$130,000
- Employer Contribution for March 23, 2017 to March 22, 2018 Computation Period: \$150,000
- Employer Contribution for March 23, 2018 to March 22, 2019 Computation Period: \$150,000
- Employer Contribution for March 23, 2019 to March 22, 2020 Computation Period: \$150,000
- Employer Contribution for March 23, 2020 to March 22, 2021 Computation Period: \$150,000
- Employer Contribution for March 23, 2021 to March 22, 2022 Computation Period: \$150,000
- Employer Contribution for March 23, 2022 to March 22, 2023 Computation Period: \$150,000
- Employer Contribution for March 23, 2023 to March 22, 2024 Computation Period: \$150,000

Vesting Schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Fewer than 2	0%
2 or more	100%

**FIFTEENTH AMENDMENT
TO THE
L.A. CARE HEALTH PLAN
NONQUALIFIED SUPPLEMENTAL DEFINED CONTRIBUTION PLAN**

WHEREAS, L.A. Care Health Plan (the "Employer") established the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan (the "Plan") effective January 1, 2015, to provide retirement benefits to its eligible employees; and

WHEREAS, pursuant to Section 11.1 of the Plan, the Employer may, by resolution of its Board of Governors (the "Board"), amend the Plan; and

WHEREAS, the Employer wishes to amend the Plan to provide for the annual target allocation to the Plan for its Chief Executive Officer for the two-year period beginning March 23, 2022, in the amount of \$150,000.

NOW THEREFORE, the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan is hereby amended, effective March 23, 2022, as follows:

1. Schedule 1 of Appendix A of the Plan is amended and restated to read in its entirety as attached hereto.

IN WITNESS WHEREOF, L.A. Care Health Plan has caused its duly authorized officer to execute this Fifteenth Amendment to the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan on the date set forth below.

L.A. CARE HEALTH PLAN

By: _____

Its: _____

Date: _____

APPENDIX A

Schedule 1

Eligible Employee: John Baackes

Entry Date: March 23, 2015

Computation Period:

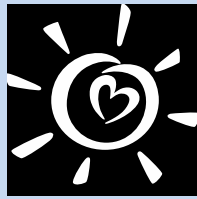
The 12-month period beginning March 23, 2022, and ending on March 22, 2023, and the 12-month period beginning March 23, 2023, and ending on March 22, 2024.

Target Allocations:

- Target Allocation for March 23, 2022 to March 22, 2023 Computation Period: \$150,000
- Target Allocation for March 23, 2023 to March 22, 2024 Computation Period: \$150,000

Vesting Schedule:

The Participant will become 100% Vested on March 22, 2024, in his entire Account balance as of that date, but only if he completes Vesting Service with the Employer for the period beginning March 23, 2022, and ending March 22, 2024.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: September 20, 2022

Motion No. EXE 101.1022

Committee: Executive

Chairperson: Hector De La Torre

Issue: Request to approve the investment priorities and estimated funding for the Housing and Homelessness Incentive Program (HHIP) Investment Plan due to the Department of Healthcare Services (DHCS) on September 30, 2022.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: The [Housing and Homelessness Incentive Program](#) (HHIP) is a DHCS incentive program for Medi-Cal Managed Care Plans (MCPs). There are two goals for HHIP: to help MCPs develop the capacity and partnerships to connect members to needed housing services, and to reduce and prevent homelessness.

L.A. Care is eligible to receive up to \$290 million by March 2024 for completing 16 metrics related to improving infrastructure, services, and access to housing for members experiencing homelessness. Staff estimate that L.A. Care will meet enough metrics to earn approximately \$211 million, but may be able to earn more or less depending on performance. HHIP funds are one-time, but they can be spent over a longer time frame (e.g. 5-10 years or more).

Staff have assessed L.A. Care’s ability to meet the measures and developed the following estimates:

Program Stage	Measurement Period	Report Due to DHCS	Expected Payment Timing	% of funds	Potential Earnings	Estimated Earnings
Local Homelessness Plan (LHP)	Jan-Apr 2022	6/30/2022 & 8/12/2022	Oct-22	5	\$ 14,504,809	\$ 14,504,809
Investment Plan	N/A	9/30/22	Nov-22	10	\$ 29,009,617	\$ 29,009,617
Reporting Period 1	May-Dec 2022	2/28/23	May-23	35	\$101,533,660	\$ 71,073,562
Reporting Period 2	Jan-Oct 2023	12/31/23	Mar-24	50	\$145,048,085	\$ 96,698,723
HHIP Program (Total)	Jan 2022 - Oct 2023	N/A	Mar-24	100	\$290,096,170	\$211,286,710

Over the past four months, L.A. Care and Health Net have worked to plan our approach to HHIP in partnership with a core stakeholder group including Plan Partners, the four Los Angeles homeless Continuums of Care (COCs – Glendale, the Los Angeles Homeless Services Authority (LAHSA), Long

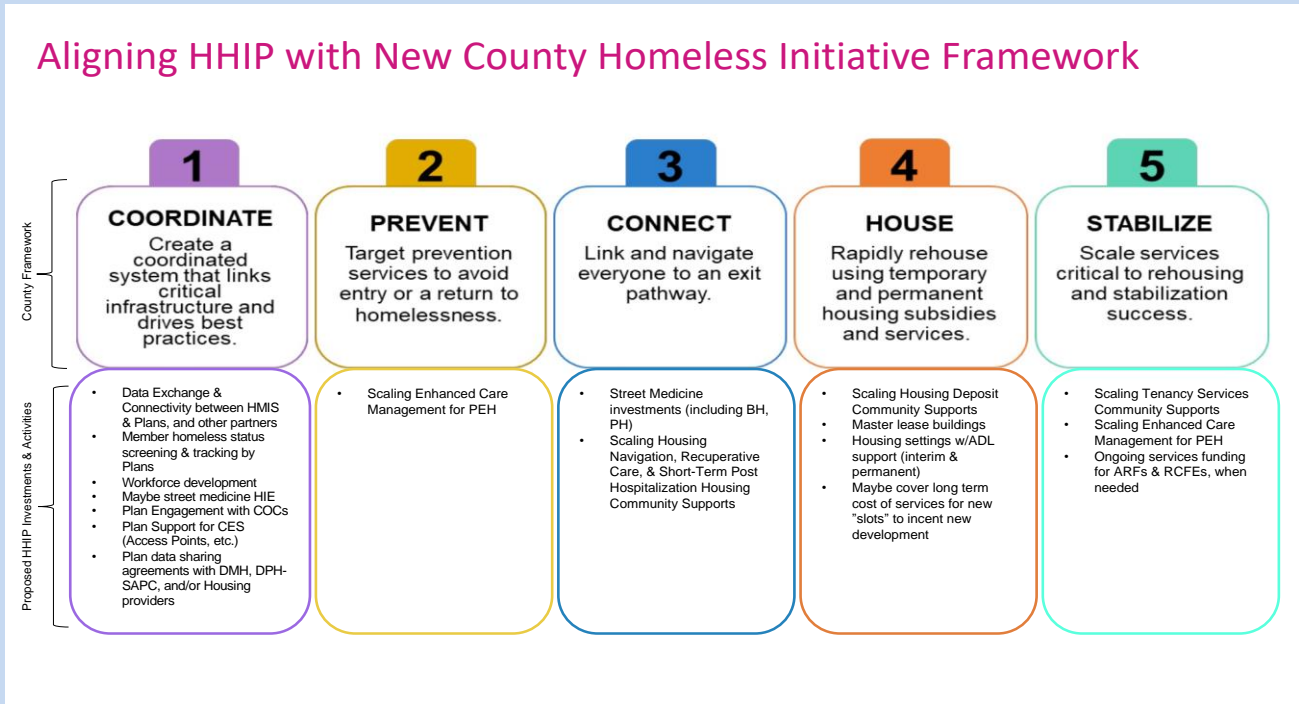
Board of Governors
MOTION SUMMARY

Beach, and Pasadena), the Los Angeles County CEO Homeless Initiative, and the Los Angeles County Departments of Health Services, Mental Health, and Public Health. We have also sought input from LAHSA’s Lived Experience Advisory Board and a Community Forum of various health, homeless service, and housing stakeholder organizations. Some investments will be needed simply to meet the HHIP metrics, while others are designed to improve infrastructure, care, and/or housing outcomes.

Based on this feedback, we and Health Net have developed the following investment priorities for HHIP:

Infrastructure	Street Medicine	Programs to Get & Keep People Housed	•Housing Acquisition	•Housing Access for People w/ADL Assistance Needs
<ul style="list-style-type: none"> •Data exchange and connectivity between Homeless Management Information Systems (HMIS) and health plans. •Data exchange w/other housing & homeless services partners (DMH, DPH, Community Supports providers) •Workforce development and support, especially for housing navigation and tenancy services 	<ul style="list-style-type: none"> •Street Medicine extends beyond Primary Care Services; the goal can also be to stabilize and connect to PCP services (example: wound care). •Potential inclusion of behavioral health and public health partners •Potential Health Information Exchange (HIE) project •Technical Assistance and Capacity Building 	<ul style="list-style-type: none"> •Expanding utilization of housing-related Community Supports •Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness 	<ul style="list-style-type: none"> •Master lease buildings •Partner with COCs and County to increase utilization of tenant-based vouchers •Cover long term costs of “slots” in order to unlock funding for master leasing and new development 	<ul style="list-style-type: none"> •Field-based team to assess individual needs •Access to interim and permanent housing for people w/ADL needs •Enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs)

We also aligned these priorities with the new L.A. County CEO [Homeless Initiative framework](#) so that L.A. Care’s efforts will be complementary, rather than duplicative, of other local work:



Based on these investment priorities, L.A. Care is drafting an Investment Plan (IP) for submission to DHCS on September 30, 2022. Each MCP must submit a non-binding IP that describes how the Plan will invest in activities to achieve the HHIP metrics during 2022 and 2023. DHCS is not requiring MCPs to specify how all incentive funds will be spent and MCPs have discretion over the amount of money to invest at each stage. The IP will include a description of activities (including estimated funding amounts, recipients, timelines, and impacted HHIP measures), a narrative of risk analysis to achieve HHIP goals and make successful investments, signed letters of support from the COCs, and a signed attestation from the CEO or CFO.

L.A. Care would like to request Board approval to allocate up to \$70 million for the investment plan. We expect the majority of this funding to be covered by the \$43.5 million estimated to be received in full for the first two payments for HHIP (LHP and IP funds available in October / December 2022 respectively). For the additional \$26.5 million in the investment plan, we would like board approval to include this amount, based on the expectation of future HHIP earnings during Measurement Periods 1 and 2. These funds are needed as soon as possible to enable L.A. Care to move quickly to implement these proposed interventions to meet the HHIP metrics and earn the remainder of the available incentive funds. Urgent action is needed, particularly with respect to completing infrastructure metrics, and meeting housing placement targets.

Member Impact: L.A. Care members will benefit from this motion through improved infrastructure to identify, assess, intervene, and evaluate outcomes for members experiencing and preventing homelessness, expansion of housing-related services, and improved access to housing. While some HHIP investments will target infrastructure or improve housing access for all people experiencing homelessness in Los Angeles County, homeless members and those at risk for homelessness will benefit both directly and indirectly.

Budget Impact: The costs are anticipated to be covered entirely via future HHIP funding received in 2022, 2023, and 2024.

Board of Governors
MOTION SUMMARY

Motion:

1. To approve the Housing and Homelessness Incentive Program (HHIP) investment priorities.
2. To approve a Housing and Homelessness Incentive Program (HHIP) Investment Plan of up to \$70 million.

Housing & Homelessness Incentive Program (HHIP) Investment Plan



L.A. Care
HEALTH PLAN®

For All of L.A.



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

Cynthia Carmona, Senior Director, Safety Net Initiatives
L.A. Care Executive Committee
September 20, 2022

HHIP Background & Overview

The **Housing and Homelessness Incentive Program (HHIP)*** is a voluntary Medi-Cal Managed Care Plan (MCP) Incentive Program that aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as social determinants of health for the Medi-Cal population.

There are two program goals:

1. Help MCPs develop the capacity and partnerships to connect members to needed housing services, and
2. Reduce and prevent homelessness.

To draw down funds, MCPs must demonstrate progress toward HHIP program metrics. This requires collaboration with the local Continuums of Care (CoCs) and housing stakeholders.

More info: <https://www.dhcs.ca.gov/services/Pages/Housing-and-Homelessness-Incentive-Program.aspx>

** HHIP is funded by the American Rescue Plan Act: \$644 million in state funds + \$644 million in matching federal funding*

*** Subject to the requirement of 42 Code of Federal Regulations (CFR) section 438.6(b)(2) that incentive payments not exceed five percent of the value of payments attributable to the enrollees or services covered by the incentive arrangement. DHCS may, at its discretion, use an updated Point In Time (PIT) count as appropriate to redetermine the amounts for Program Year 2.*



HHIP Background (cont'd)



Goals: Ensure managed care plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services; Reduce and prevent homelessness.



Total Funding Available: Health Net (Los Angeles): up to **\$115 million**; L.A. Care: up to **\$290 million**; one-time funding



Letter of Intent (LOI): Completed April 4, 2022



Local Homelessness Plan (LHP): Submitted June 30, 2022; updated measures submitted August 12, 2022



Investment Plan: Due September 30, 2022



HHIP Investment Plan

- **Each MCP must submit a non-binding Investment Plan (IP) per county to DHCS by September 30, 2022, detailing investments needed to achieve program metrics. DHCS is NOT requiring MCPs to specify how incentive funds will be spent.**
 - There are 4 components to the IP:
 1. **Description of Investment Activities**
 - Funding amounts, recipients, timelines, and impacted HHIP measures
 2. **MCP Narrative of Risk Analysis to achieve HHIP goals and make successful investments**
 3. **Signed CoC Letters of Support**
 4. **Signed Attestation by MCP**
- **L.A. Care and Health Net are currently developing investment plans for LA County, in partnership with Core Planning Stakeholders and other partners.**
 - Estimating which metrics we can meet (and what associated funding we expect)
 - Estimating costs for required activities to meet metrics
 - Identifying potential investments to improve infrastructure, care, and housing outcomes



HHIP Top Priorities for Investment (Sept. 2022)

Infrastructure: HIE, Data Exchange, Workforce

- Data exchange and connectivity between HMIS and health plans.
- Data exchange w/other housing & homeless services partners (DMH, DPH, Community Supports providers)
- Workforce development and support, especially for housing navigation and tenancy services

Street Medicine

- Street Medicine extends beyond Primary Care Services; the goal can also be to stabilize and connect to PCP services (example: wound care).
- Potential inclusion of behavioral health and public health partners
- Potential Health Information Exchange (HIE) project
- Technical Assistance and Capacity Building

Programs to Get & Keep People Housed

- Expanding utilization of housing-related Community Supports (CS)
- Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness

•Housing Placement

- Master lease buildings
- Partner with COCs and County to increase utilization of tenant-based vouchers
- Cover long term costs of “slots” in order to unlock funding for master leasing and new development

•Housing Accessibility

- Field-based team to assess individual needs
- Access to interim and permanent housing for people w/ADL needs
- Enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs)

Developed w/input from: Stakeholder meetings with Continuums of Care (COCs), Enhanced Care Management and Community Supports providers, CBOs, Clinics, local stakeholders, Lived Experience Advisory Board



Aligning with New County Homeless Initiative Framework

County Framework

Proposed HHIP Investments & Activities

1

COORDINATE

Create a coordinated system that links critical infrastructure and drives best practices.

- Data Exchange & Connectivity between HMIS & Plans, and other partners
- Member homeless status screening & tracking by Plans
- Workforce development
- Maybe street medicine HIE
- Plan Engagement with COCs
- Plan Support for CES (Access Points, etc.)
- Plan data sharing agreements with DMH, DPH-SAPC, and/or Housing providers

2

PREVENT

Target prevention services to avoid entry or a return to homelessness.

- Scaling Enhanced Care Management for PEH

3

CONNECT

Link and navigate everyone to an exit pathway.

- Street Medicine investments (including BH, PH)
- Scaling Housing Navigation, Recuperative Care, & Short-Term Post Hospitalization Housing Community Supports

4

HOUSE

Rapidly rehouse using temporary and permanent housing subsidies and services.

- Scaling Housing Deposit Community Supports
- Master lease buildings
- Housing settings w/ADL support (interim & permanent)
- Maybe cover long term cost of services for new "slots" to incent new development

5

STABILIZE

Scale services critical to rehousing and stabilization success.

- Scaling Tenancy Services Community Supports
- Scaling Enhanced Care Management for PEH
- Ongoing services funding for ARFs & RCFEs, when needed

Requests to the Committee

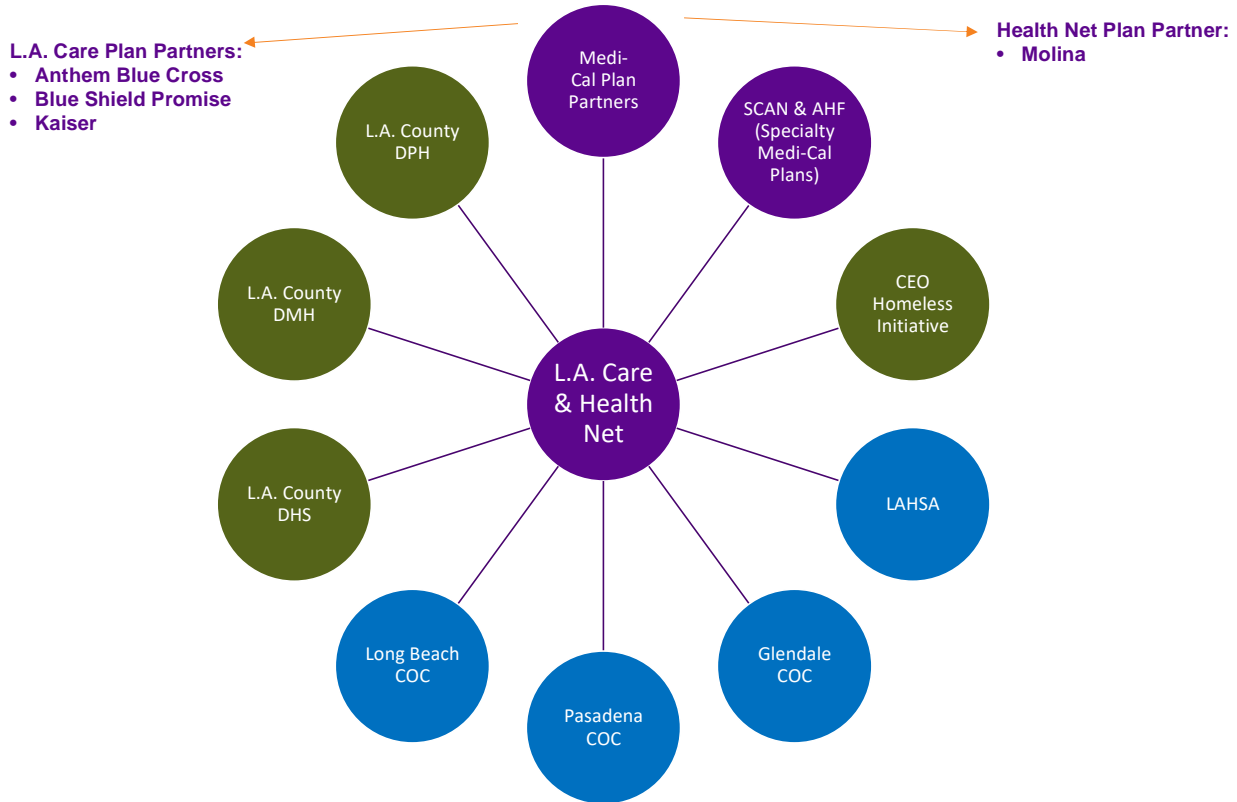
1. To approve the HHIP investment priorities.
2. To approve an HHIP Investment Plan of up to \$70M.



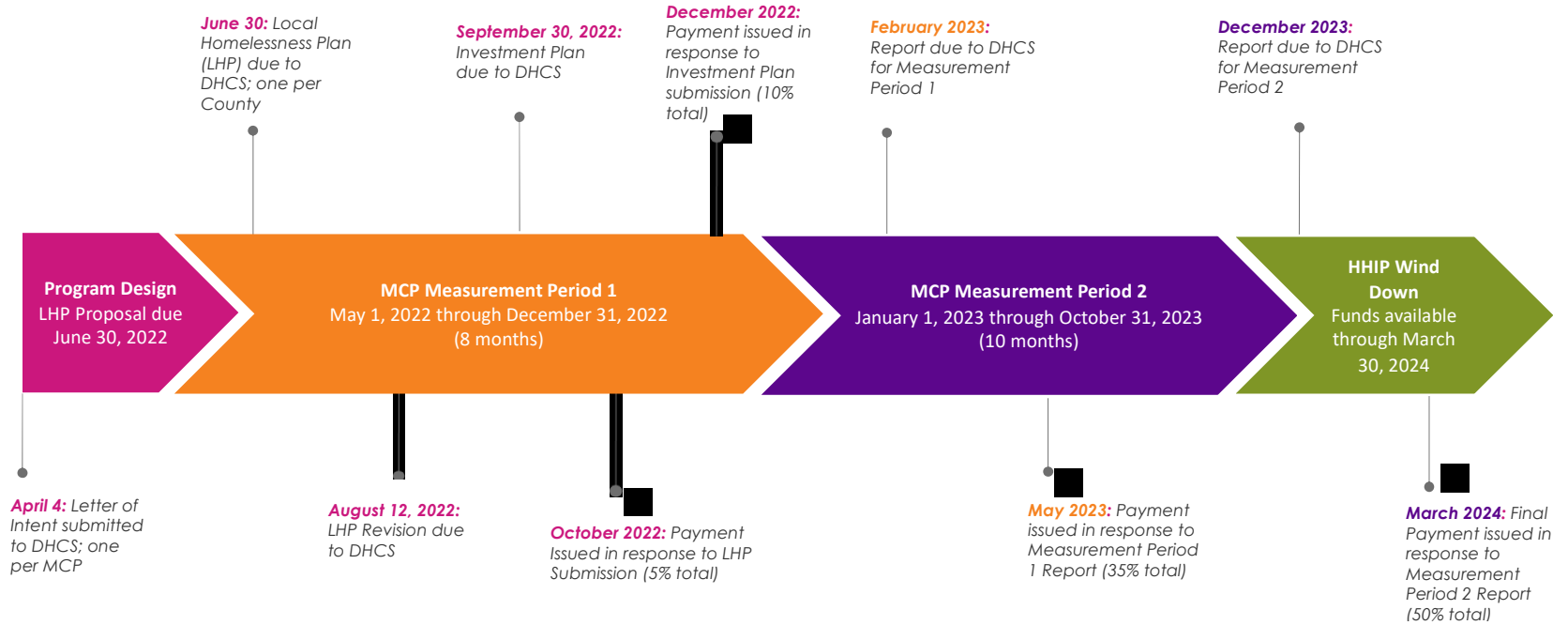
Appendix



HHIP LA Core Planning Team



HHIP Timeline



MCPs must demonstrate progress on HHIP measures to draw down funds.

Priority Area 1: Partnership and Capacity to Support Referrals for Services	Priority Area 2: Infrastructure to Coordinate and Meet Member Housing Needs	Priority Area 3: Delivery of Services and Member Engagement
<p>1.1 Engagement with CoC, such as, but not limited to: attending CoC meetings, joining the CoC board, subgroup or workgroup, and attending CoC webinars.</p>	<p>2.1 Connection with street medicine team that is providing healthcare for individuals who are homeless Priority Measure*</p>	<p>3.1 Percent of MCP Members screened for homelessness/risk of homelessness</p>
<p>1.2 Connection and integration with the local homeless Coordinated Entry System Priority Measure*</p>	<p>2.2 MCP connection with the local Homeless Management Information System (HMIS) Priority Measure*</p>	<p>3.2 MCP Members screened for homelessness or risk of homelessness who were discharged from an inpatient setting or have been to the emergency department for services two or more times in a 4-month period</p>
<p>1.3 Identifying and addressing barriers to providing medically appropriate and cost-effective housing-related Community Supports services or other housing-related services to MCP members experiencing homelessness</p>	<p>2.3 MCP process for tracking and managing referrals for housing-related Community Supports offered during the measurement period, including:</p>	<p>3.3 MCP members experiencing homelessness who were successfully engaged in ECM</p>
<p>1.4 Partnerships with counties, CoC, and/or organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) with whom the MCP has a data sharing agreement that allows for timely information exchange and member matching Priority Measure*</p>	<ol style="list-style-type: none"> 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs 	<p>3.4 MCP members experiencing homelessness receiving at least one housing related Community Supports, including:</p> <ol style="list-style-type: none"> 1. Housing Transition Navigation 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Recuperative Care 5. Short-Term Post-Hospitalization Housing 6. Day Habilitation Programs <p>Priority Measure*</p>
<p>1.5 Data sharing agreement with county MHPs and DMC-ODS (if applicable)</p>		<p>3.5 MCP Members who were successfully housed Priority Measure*</p>
<p>1.6 Partnerships and strategies the MCP will develop to address disparities and equity in service delivery, housing placements, and housing retention (aligns w/ HHAP-3)</p>		<p>3.6 MCP Members who remained successfully housed Priority Measure*</p>
<p>1.7 Lessons learned from development and implementation of Investment Plan (IP)</p>	<p>Note: Priority Measures* will be weighed heavily by DHCS when reviewing MCP reports to determine funds earned. Measures are either P4P (pay-for-performance) or P4R (pay-for-reporting)</p>	





Board of Governors
MOTION SUMMARY

Date: September 20, 2022

Motion No. EXE 102.1022

Committee: Executive

Chairperson: Hector De La Torre

Issue: Approval of 2023 schedule of meetings for the Board of Governors and Committees.

Background: The meetings are scheduled according to these guidelines established by the Board:

- Hold the Finance & Budget and Executive Committee meetings on the fourth Tuesday. Ten Finance & Budget and ten Executive Committee meetings are scheduled; with meeting cancellations determined by agenda content.
- Schedule eight Board meetings in 2023, with two tentatively scheduled meetings in March and October; with meeting cancellations determined by agenda content.
- Ten Compliance & Quality Committee meetings on the 3rd Thursday; with meeting cancellations determined by agenda content.
- Audit, Governance and Services Agreement Committees meet as needed.

The schedule is consistent with L.A. Care’s enabling statute (California Welfare & Institutions Code Section 14087) which requires six board meetings per year, and the proposed meeting frequency is in line with other public health plans in California.

The chart below shows the frequency of meetings since 2013:

Meeting	2023*	2022	2021	2020	2019	2018	2017	2016	2015
Board of Governors	8*	8*	8*	8	8	9	8	8	14
Executive	10*	10*	10*	10	10	10	10	10	10
Finance & Budget	10*	10*	10*	9	10	9	9	10	11
Compliance & Quality	10*	8*	6*	6	6	5	5	4	6

*2022 and 2023 meeting frequency is projected

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

Budget Impact: None.

Motion: To approve the 2023 Board of Governors meeting schedule as submitted.

2023 Regular Board and Committee Meeting schedule

BoG: Board of Governors, meets at 1:00 for approximately 3 hours, and meets all day in September for strategic discussion

C&Q: Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours

Exec: Executive Committee meets at 2:00 p.m. for approximately 90 minutes

F&B: Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes

CHCAC: Children’s Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours

ECAC: Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours

TAC: Technical Advisory Committee meeting schedule to be determined

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 7th Street, 1st 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, TAC	<u>February 2023</u> 2/2 – BoG 2/8 – ECAC 2/16 – C&Q 2/28 –F&B, Exec	<u>March 2023</u> 3/2 BoG (tentative) 3/8 – ECAC 3/16 - C&Q 3/21 – CHCAC 3/28 – F&B, Exec TBD – GOV
<u>April 2023</u> 4/6 – BoG 4/12 – ECAC 4/20 – C&Q 4/25 – F&B, Exec TBD - TAC	<u>May 2023</u> 5/4 – BoG 5/10 – ECAC 5/16 – CHCAC 5/18 – C&Q 5/23 – F&B, Exec	<u>June 2023</u> 6/1 – BoG (<i>offsite</i>)* 6/14 – ECAC 6/15 – C&Q 6/27 – 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> 8/9 - ECAC 8/15 – CHCAC 8/17 – C&Q 8/22 – F&B, Exec TBD – Audit, TAC	<u>September 2023</u> 9/7 – BoG (<i>offsite all day retreat</i>)* 9/13 - ECAC 9/14 – C&Q 9/19 – CHCAC 9/26 - F&B, Exec TBD –GOV
<u>October 2023</u> 10/5 BoG (tentative) 10/11 – ECAC 10/19 – C&Q 10/24 - F&B, Exec TBD - TAC	<u>November 2023</u> 11/2 – BoG 11/8 – ECAC 11/14 – CHCAC 11/14 - 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