



EXECUTIVE COMMITTEE MEETING BOARD OF GOVERNORS

January 24, 2023 • 2:00 PM

L.A. Care Health Plan

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



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



L.A. Care
HEALTH PLAN®

AGENDA
Executive Committee Meeting
Board of Governors

Tuesday, January 24, 2023, 2:00 P.M.

L.A. Care Health Plan, 1055 West 7th Street, Conference Room 1025, Los Angeles

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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 in person and via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting in person and via teleconference as follows:

NEW: Members of the Executive Committee of the Board of Governors of L.A. Care Health Plan, 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=m7b367dea4d813ca7cd8d86bce9e57b46>

To listen to the meeting via teleconference please dial: +1-213-306-3065

Meeting Number: 2480 434 3585 Password: lacare

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, 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 comments by 2:00 P.M. on January 24, 2023, it will be provided to the members of the Executive Committee 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, it will be read in the general public comment agenda 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

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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 Executive Committee 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. 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 (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

Al Ballesteros, MBA, *Chair*

1. Approve today's Agenda *Chair*
2. Approval of findings under the Ralph M. Brown Act **(EXE A)** ^{p.6} *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve November 15, 2022 meeting minutes ^{p.8} *Chair*
5. Chairperson's Report *Chair*
 - New Board Member Supervisor Hilda Solis
 - Discussion on Committee Meeting Schedule
6. Chief Executive Officer

John Baackes
Chief Executive Officer

Committee Issues

7. Government Affairs Update *Cherie Compartore*
 - L.A. Care's 2023 State and Federal Policy Agenda **(EXE 100)** ^{p.15} *Senior Director, Government Affairs*
8. Scout Exchange Contract Amendment **(EXE 101)** ^{p.19} *Terry Brown*
Chief Human Resources Officer
9. Housing and Homelessness Incentive Program (HHIP) **(EXE 102)** ^{p.20} *Sameer Amin, MD*
Chief Medical Officer
Karl Calhoun
Director, Safety Net Programs and Partnerships
10. Approve the list of items that will be considered on a Consent Agenda for February 2, 2023 Board of Governors Meeting. *Chair*
 - December 1, 2022 Board of Governors Meeting Minutes
 - Ratify L.A. Care Chief Executive Officer, John Baackes execution of Department of Health Care Services Medi-Cal Contract 04-36069, Secondary Contract 22-20466, DSNP Contract 22-20236 Amendments
 - Cognizant Contract Amendment for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) services

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- Toney Health Care Consulting (THCC) to provide Utilization Management Frontline Nursing and Leadership Staffing Augmentation
- 2023 Compliance Work Plan
- 2023 Internal Audit Plan
- 2023 Risk Assessment

11. Public Comment on Closed Session Items *(Please read instructions above.)*

Chair

ADJOURN TO CLOSED SESSION (Est. time: 30 mins.)

Chair

12. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates
- Plan Partner Services Agreement

13. 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: *January 2025*

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—EXISTING LITIGATION

Pursuant to 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

16. 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

17. 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

RECONVENE IN OPEN SESSION

18. Plan Partner Services Agreement Contract Amendments
(EXE 103) ^{p.44}

Augustavia J. Haydel, Esq.
General Counsel

ADJOURNMENT

Chair

**The next Executive Committee meeting is scheduled on Tuesday, February 21, 2023 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.

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THE PUBLIC MAY SUBMIT COMMENTS TO THE FINANCE & BUDGET COMMITTEE 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. 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 EXECUTIVE COMMITTEE CURRENTLY MEETS ON THE FOURTH TUESDAY 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.



L.A. Care
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Board of Governors
MOTION SUMMARY

Date: January 24, 2023

Motion No. EXE A.0123

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Remote Teleconference Meetings

Background: On March 17, 2020, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act (the “Brown Act”) in order to allow for local legislative bodies to conduct their meetings completely telephonically or by other electronic means due to public health orders restricting gatherings during the COVID-19 pandemic.

AB 361 was signed into law on September 16, 2021 to amend the Brown Act allowing legislative bodies to continue meeting virtually with relaxed protocols provided there is a state of emergency declared by the Governor, and either (1) state or local officials have imposed or recommended measures to promote social distancing; or (2) the legislative body determines by majority vote that meeting in person would present imminent risks to the health and safety of attendees (AB 361). The Governor, by executive order signed on September 20, 2021, suspended the effective date of this new legislation to October 1, 2021 to avoid confusion in the overlap between Executive Order N-29-20 and new AB 361 requirements.

In order to continue conducting virtual meeting under the revised provisions of the Brown Act the Board of Governors, or any other legislative bodies of L.A. Care Health Plan and L.A. Care Joint Powers Authority, including Committees, must, within thirty days of the first meeting pursuant to Government Code Section 54953(e)(1) and every thirty days thereafter, make findings that (a) state or local officials continue to recommend measures to promote social distancing, or that (b) an in-person meeting would directly impact the ability of the members to meet safely in person.

Findings:

1. The Board of Governors has reconsidered the circumstances of the state of emergency initially declared by the Governor on March 4, 2020, pursuant to section 8625 of the California Emergency Services Act, relating to the COVID-19 public health crisis and finds that the declaration still remains in effect.
2. The Board of Governors finds that given that the vaccination status of meeting participants is not known and COVID-19 continues to be a threat to people’s health and safety, it is prudent to use caution in protecting the health of the public, L.A. Health Care’s employees and its members. Where, as here, meeting safely in person is impacted by COVID-19 and 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 teleconference/videoconference option should be exercised.
3. The Board of Governors finds that state and local officials continue to impose or recommend measures to promote social distancing. The Department of Industrial Relations’ issuance of COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section

Board of Governors

MOTION SUMMARY

3205 *et seq.*, includes informing employees that masking and social distancing in the workplace are most effective when used in combination because particles containing the virus can travel more than six feet. Further, as of the date of this Motion, the Los Angeles County Department of Public Health continues to recommend measures to promote social distancing, including recommendations to avoid crowded indoor spaces and to maintain six feet of social distancing, especially in cases where the vaccination status of persons outside a person’s household is unknown. The continuation of virtual meetings will allow for full participation by members of the public while social distancing recommendations remain in effect and will facilitate the purposes of such social distancing recommendations by preventing large crowds from congregating in indoor facilities for extended periods of time.

As such, staff recommends approval of this motion so that the Board of Governors, all legislative bodies of the L.A. Care Health Plan, and L.A. Care Joint Powers Authority may continue to meet virtually. The Board of Governors, or other legislative bodies on the Board’s behalf, may extend the authorization for an additional thirty days via another motion summary that makes the above specific findings in support of continuing virtual meetings.

Member Impact: L.A. Care members will benefit from this motion by providing for public participation in Board of Governor meetings, while following social distancing measures promoted by State and Local public health officials.

Budget Impact: The approval of a motion to continue virtual meetings will maintain the status quo and minimal financial impact is anticipated by the approval of this motion, though some costs may be associated with the technical solutions required to conduct teleconference meetings in compliance with the Brown Act.

- Motion:**
- 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;**
 - 2. Adopt findings as set forth in this Motion Summary and,**
 - 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.**

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – November 15, 2022

1055 West 7th Street, 10th Floor, 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*

Linda Greenfeld, *Chief Products Officer*

Alex Li, *Deputy Chief Medical Officer*

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*

Afzal Shah, *Deputy Chief Financial 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 in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or 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	Stephanie Booth, MD, <i>Board Secretary</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:06 p.m. The meetings were held simultaneously. She 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, 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.• 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.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> 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. Public comment will be made 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. <p>She 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. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the October 25, 2022 meeting were approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)
CHAIRPERSON’S REPORT <ul style="list-style-type: none">Nomination of Charitable Organization for Board Stipend	Secretary Booth reported on behalf of Chairperson De La Torre that Board members could nominate charitable organizations to receive the Board Member stipend donations. The names of two charities will be randomly selected from the nominees, and a motion will be presented at the December 1, 2022 Board meeting.	
CHIEF EXECUTIVE OFFICER REPORT	There was no report from the CEO. Mr. Baackes will provide a report at the December 1 Board meeting.	
COMMITTEE ISSUES		
Government Affairs Update	Cherie Compartore, <i>Senior Director, Government Affairs</i> , reported: The results of the U.S. Congressional elections:	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • In the U.S. Senate, leadership will remain the same. • In the U.S. Congress, Republicans gained a majority of just four seats. One third of the members are new, which has not happened in a very long time. • Government Affairs staff will go to Washington D.C. and will visit district offices to speak with newly-elected members and their staff. • It is not yet known what Minority Leader Pelosi will do. • It is also not yet known who will become Speaker. It will be a very difficult position, regardless of who becomes Speaker. • Heading into the lame-duck session, the continuing budget resolution has been extended to December 16. This is expected to be addressed soon, along with a variety of Medicare payment extensions and other health related issues. Alternate payment methodology, hospital funding, physician rate cuts, and telehealth are all a priority. It is unknown if all of these issues can be addressed before the end of year legislative recess. • Government Affairs staff is monitoring the issue of separating the Federal Medical Assistance Percentage (FMAP) from Public Health Emergency (PHE) policies and moving those funds back into Medicaid funding. The current FMAP funding increase has been authorized through the PHE. • The PHE will likely be extended through April 2023, because the deadline for the 60-day advance notice recently passed without any announcement. Government Affairs staff will continue to monitor this issue. • In California, there will be about 25% new members in the state legislature as a result of the elections. Government Affairs will reach out to all new members. <p>Board Member Booth noted that she participated in a live chat during which Assembly member Ash Kalra discussed the single-payer bill in California, AB 1400, and why it was removed from consideration. Assembly member Kalra determined that it will be far less expensive for California and if it is brought forward again, he will carry this proposal through the legislature. Ms. Compartore opined that this legislation would not be successful with so many of the state legislature being newly-elected. She explained that it does not have support from legislative leadership, and California’s Governor likely does not have the will to support it, considering an expected budget deficit, due to a probable recession. This does not discount Assembly member Kalra’s statements and discussions are always important, but it will not gain momentum at this time. Ms. Compartore does not think single-payer will be passed in the near term.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Revisions to Legal Services Policy LS 006 (Gifts and Donations) (EXE 100)	<p>Augustavia Haydel, Esq., <i>General Counsel</i>, introduced the motion to revise an existing policy concerning gifts and donations. The major issue is to correct an incongruity in the policy language for people who are not required to file a Form 700 Statement of Economic Interests required by the Fair Political Practices Commission.</p> <p>Board Member Booth asked about the difference in the annual restrictions, one is \$520 and another is \$600.</p> <p>Ms. Haydel explained that “restricted” source category is separate from “reportable” sources, and those are treated differently in the reporting requirements.</p> <p><i>(Chairperson De La Torre joined the meeting.)</i></p> <p><u>Motion EXE 100.1222</u> To approve Legal Services Policy LS-006 (Gifts and Donations) as amended to create consistent gift polices for L.A Care employees consistent with law and general policy updates and authorize General Counsel and her designees to make edits to the policy as needed to effectuate the amendments.</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</p> <p>The Committee approved including EXE 100 to the Consent Agenda for the December 1, 2022 Board of Governors’ meeting.</p>
Biennial Review of L.A. Care Health Plan’s Conflict of Interest Code	<p>Ms. Haydel noted that this document defines the people who must file a Form 700 Statement of Economic Interests required by the Fair Political Practices Commission.</p> <p>California state law requires local public agencies, such as L.A. Care, to review and update their Conflict of Interest Codes biennially. Pursuant to the notice received from Los Angeles County – L.A. Care’s Conflict of Interest Code (Code) Reviewing Body – staff conducted a review of the Code and recommends updating the list of Designated Positions that are required to file a Form 700, as shown in the attached Exhibit B.</p> <p>The list of Designated Positions was updated to reflect three added positions, one title change, and four deleted positions. Specifically, the following positions were added to the Code: (i) Chief Health Equity Officer (Disclosure Category 2); (ii) Chief of Enterprise Performance (Disclosure Category 2); and (iii) Deputy Chief Financial Officer (Disclosure Categories 1 and 2). The title of “Senior Director, Contracting and Procurement” was changed to “Director, Contracting and Procurement.” Finally, the following positions were deleted from the Code: (i) Director, Health Information Technology Outreach and Education; (ii) Director, Health Information Technology Marketing and Strategic Initiatives; (iii) Senior Director, Health Information Exchange Initiatives; and (iv) Senior Director, HITEC-LA.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Pursuant to instructions from Los Angeles County, L.A. Care timely submitted its 2022 Biennial Review Certification Form to the Board of Supervisors Executive Office. The next step in the process is to submit the proposed revisions and supporting documentation to the County by January 3, 2023.</p> <p><u>Motion EXE 101.1222</u> To approve revisions to the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to the CEO and General Counsel (including their respective designees) to make any non-substantive changes or changes that may be required by the County upon their review.</p> <p>Ms. Haydel and the members of the Executive Committee expressed appreciation for the work on these documents by Legal Services staff members Jessica Mejorado and Rebecca Villalobos.</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</p> <p>The Committee approved including EXE 101 to the Consent Agenda for the December 1, 2022 Board of Governors' meeting.</p>
Employee Annual Incentive Program FY 2021-22 (EXE 102)	<p>Terry Brown, <i>Chief Human Resources Officer</i>, described the written motion to approve the annual incentive payment to employees. The amount requested is below the total approved in the fiscal year budget.</p> <p><u>Motion EXE 102.1222</u> To authorize the disbursement of funds not to exceed \$7.7 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care's FY 2021-2022 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, (Annual Organizational Incentive Program).</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro)</p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for the December 1, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • November 3, 2022 Board of Governors Meeting Minutes • Approve Charitable Organizations to Receive Board Stipend Donations • Revisions to Legal Services Policy LS-006 (Gifts and Donations) • Biennial Review of L.A. Care Health Plan's Conflict of Interest Code • Quarterly Investment Reports • Global Processor, Inc. Contract for SAP Ariba Software Implementation • Salesforce, Inc. Customer Relationship Management (CRM) Subscription Renewal 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Cognizant Technology Solutions, HCL America, Inc., Infosys Limited, and Solugenix Corporation Contracts Amendments for Information Technology Staff Augmentation • Amended motion for Cognizant Technology Solutions (Cognizant) Contract Amendment for Continued Hosting Services for the QNXT and CCA Core Systems 	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre Perez, and Shapiro)
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:35 p.m.</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 3:04 p.m.</p> <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>November 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—EXISTING LITIGATION Pursuant to 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 LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</p>	

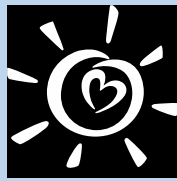
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 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 3:03 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:03 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: January 24, 2023

Motion No. EXE 100.0223

Committee: Executive

Chairperson: Al Ballesteros, MBA

Issue: Approval of L.A. Care's 2023 State and Federal Policy Agenda.

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

Background: In accordance with the process approved by the L.A. Care Governing Board, below is L.A. Care's proposed 2023 State and Federal Policy Agenda (Policy Agenda) for consideration.

This Policy Agenda contains principles and policies that serve as the framework for the development and advocacy of positions on federal and state legislative, administrative, and budget issues. This Policy Agenda provides guidance for L.A. Care's Government Affairs Department to respond effectively to proposals that could significantly impact L.A. Care's strategic and operational interests.

2023 State and Federal Policy Principles

Federal Funding and Coverage

1. Retain coverage expansions and subsidies accomplished by the Affordable Care Act (ACA), including proposals that codify ACA provisions in state statute.
2. Support proposals that stabilize the marketplace (Covered California individual market).
3. **Support proposals that provide federal stimulus funds for government-sponsored programs in public health emergency relief legislation**
4. Oppose efforts by the federal government to recoup Medicaid matching funds.

Public Plan Protection

5. Support proposals that strengthen L.A. Care as the Local Initiative plan in Los Angeles County.
6. Support proposals that build upon California's public Medi-Cal managed care plans to create a local, regional, or statewide Public Option and to continue efforts to ensure L.A. Care is recognized as a Public Option in L.A. County.
7. **Support proposals that advocate for required transparency by government regulators (DHCS, DMHC) when awarding health plan contracts in the Medi-Cal program.**

Eligibility, Benefits, and Enrollment

8. **Support proposals to expand full-scope Medi-Cal and healthcare subsidies (Cov. CA) to all residents, regardless of age or immigrant status.**
9. **Support proposals that limit unwarranted coverage loss due to Medi-Cal redetermination process and ensure coverage transitions to Covered California, Medicare or employer-sponsored insurance are successful.**
10. **Support proposals that allows close collaboration between states, counties and managed care plans in the Medi-Cal redetermination process (e.g., sharing renewal files with plans to conduct outreach; allow plans to obtain and update beneficiary info; and allow plans to outreach to beneficiaries who recently lost coverage for procedural reasons).**
11. Support proposals that simplify and coordinate the Medi-Cal enrollment and redetermination processes with existing programs (e.g., CalFresh, universal consent for communications, enrollment into Medi-Cal due to loss of Covered California eligibility, etc.)

Board of Governors

MOTION SUMMARY

12. Support proposals that strengthen government-sponsored programs and increase no or low-cost health insurance coverage to the uninsured and low-income populations, without eroding existing coverage or access.
13. Support proposals that would eliminate barriers to eligible populations receiving health and social services benefits for which they qualify.
14. Support proposals that improve enrollment processes and policies impacting duals specific Medicare products, in order to enable membership growth in the duals product line.
15. Support value-based purchasing strategies that are geared towards achieving value through high-quality, cost-efficient member-centric care and that do not result in diminished coverage or benefits.
16. Support proposals that strengthen and improve existing government-sponsored programs in ways that support the safety net, including expanding program eligibility and increasing reimbursement.
17. Support proposals that promote home and community-based care for persons who would otherwise require institutionalization and that do not financially harm the health plan.
18. Support proposals that expand, simplify, or streamline access to behavioral health and substance use disorder services.

Quality

19. Support measures that result in improved quality and equity outcomes in government-sponsored programs, including integrated delivery and whole person care models.
20. Support proposals that improve quality outcomes, reduce racial disparities, and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

Rates/Reimbursement

21. Support proposals that increase transparency, accuracy, and appropriateness in the rate-setting process conducted by regulatory agencies (e.g., DMHC, DHCS, CMS, and Covered California).
22. Support use of health plan fees, provider fees, and intergovernmental transfers that maximize California's share of Federal Medicaid funding and help stabilize the Medi-Cal program.
23. Oppose efforts that continue the countywide averaging of Medi-Cal rates in its current form.
24. Support proposals that align financial incentives among providers, patients, health plans, and payers.
25. Support efforts that result in payment equity among government-sponsored programs (e.g., Medi-Cal payment levels being increased to Medicare payment levels).
26. Oppose proposals that shift the cost burden of pandemic testing primarily to health plans, with no consideration of additional reimbursement from the federal or state governments.

Access to Care

- 27. Support proposals to expand the safety net for abortion care, including for Medi-Cal eligible and undocumented people**
28. Support proposals that increase California's health care workforce and address the shortage of appropriate health care providers in underserved communities in order to enhance provider access for Medi-Cal enrollees.
29. Support proposals that encourage rigorous evaluations comparing clinical, risk-adjusted patient outcomes for licensed health care professionals. The results of these evaluations will inform the discussions and deliberations surrounding the scope of practice for licensed practitioners; including their initial and ongoing education, training and supervision, in order to assure they work within their entire scope of practice to deliver safe, culturally competent, high-quality health care.
30. Support proposals that encourage team-based training of groups of medical professionals with different licensure and for these groups to practice team-based medical care. Consideration should also be given to having value-based performance rewards for teams as a whole.
31. Support proposals allowing scope of practice expansion under a particular type of license, only if the public interest is clearly protected by commensurate changes in: education and training standards; testing for knowledge and clinical proficiency; and expectations for life-long learning.

Board of Governors

MOTION SUMMARY

32. Support proposals that establish a Graduate Medical Education Governance Council that would expand graduate medical education to match the needs of California's growing and diverse population, especially in geographically underserved areas.
33. Support proposals to expand the capacity for physician (M.D. and D.O.) residency positions and creating residency positions for Nurse Practitioners who desire additional training. Proposals to expand the number of residency positions that focus on educating individuals to provide medical care to vulnerable and underserved patient populations are considered high priority; especially if they expand primary care positions.
34. Support proposals that improve and expand access to telehealth/virtual care health services and create long-term policy to utilize technology that improves access to care (including community clinics) and include appropriate compensation.
35. Support proposals that expand access to technology to access telehealth services (e.g., broadband expansion devices, and affordable internet services).
36. Support policies that would establish mental health hotlines and expand mental health services and community workforce to meet increased need.

Social Determinants of Health/Equity

37. Support policies that improve social conditions and quality of life for low-income populations, including policies that support economic stability, education, food security, housing and healthy physical environments.
38. **Support proposals that provide ongoing funding for housing and services for those experiencing homelessness with options for individuals with higher levels of care needs, such as Adult Residential Facilities (ARFs) and Residential Facilities for the Elderly (RCFEs).**
39. **Support proposals which provide funding to meet the housing and related supportive service needs of vulnerable populations, including people experiencing homelessness, veterans, elderly, populations with disproportionate housing challenges, people with disabilities, justice-involved individuals and those with serious mental illness and/or substance use disorder. Furthermore, support proposals for these populations that expand the access and availability of housing.**
40. **Support proposals that provide funding and expand eligibility to food assistance programs to Californians of all ages, regardless of immigration status**
41. Support proposals that would change policies, behaviors, and beliefs that perpetuate racism by identifying and addressing those policies and practices in areas where L.A. Care has control or influence, such as employment, contracting, and the provision of medical services.
42. Support programs to address implicit bias in policing and the development of funding mechanisms that support mental health rapid response units that can de-escalate a mental health emergency.

Health Information Technology

43. Support the use of health information technology and interoperability that would result in cost-savings, patient care improvement, and greater health equity.
44. Support sustainability of regional Health Information Exchanges or Organizations when they demonstrate clear benefit.
45. Support proposals that improve health and social services information sharing to address needs and gaps, especially in vulnerable and minority communities.
46. Support policy that improves collection and reporting of REAL (Race, Ethnicity, and Language) and Sexual Orientation and Gender Identity (SOGI) data for members and providers.

Fraud

47. Support the strengthening of anti-fraud measures and programs, and provide the ability of health plans and payers to recover lost funds.

Board of Governors
MOTION SUMMARY

Member Impact: L.A. Care supports public policies that increase resources for the safety net, and/or leads to improved access and quality of health care services for its members.

Budget Impact: Sufficient funds are budgeted in the Government Affairs Department budget for this fiscal year. We will budget the balance in future fiscal years.

Motion: To approve L.A. Care’s 2023 State and Federal Policy Agenda, as submitted.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: January 24, 2023

Motion No. EXE 101.0223

Committee: Executive

Chairperson: Al Ballesteros, MD

Issue: Execute Amendment V to the contract with Scout Exchange providing contingent worker vendor management services.

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

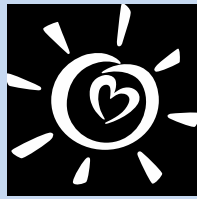
Background: L.A. Care staff requests approval to execute Amendment V to the contract with Scout Exchange adding \$14,500,000 to the maximum compensation.

Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout will streamline the contingent workforce management process, including timecards, staffing requests, and vendor management.

We request approval to extend the contract through September 30, 2023 with an additional \$14,500,000 (for a total cost not to exceed \$48,464,908).

Budget Impact: The cost was not anticipated and was not included in the approved budget for Human Resources. The cost associated with this expense will be reflected in the next budget forecast.

Motion: **To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$14,500,000 not to exceed a total spend of \$48,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2023.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: January 24, 2022

Motion No. EXE 102.0223

Committee: Executive

Chairperson: Al Ballesteros, MBA

Issue: Request to increase delegated authority from \$70 to \$110 million to implement investments for the Housing and Homelessness Incentive Program (HHIP), and to make investments to support the program, including to the Los Angeles County CEO Homeless Initiative for Strategic Housing Investments.

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

Background:

HHIP Overview

The [Housing and Homelessness Incentive Program](#) (HHIP) is a Department Health Care Services (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 for completing 17 metrics related to improving infrastructure, services, and access to housing for members experiencing homelessness. HHIP funds are one-time and must be earned by March 2024, but they can be spent over a longer timeframe (e.g. 5-10 years or more). All funds are considered earned when L.A. Care receives them (i.e. there is no claw back provision).

HHIP Program and Financing Current State

L.A. Care has been working diligently over the past year to achieve HHIP metrics and further the program goals. L.A. Care completed the first two HHIP submissions to DHCS, our Local Homelessness Plan (LHP) and Investment Plan (IP) and received payment in full for both.

Staff recently reassessed L.A. Care’s ability to meet the HHIP measures and developed the following revised estimates:

Program Stage	Measurement Period	Report Due to DHCS	Expected Payment Timing	% of funds	Potential Earnings	Actual / Expected Earnings
Local Homelessness Plan (LHP)	Jan-Apr 2022	6/30/2022 & 8/12/2022	Sep-22	5	\$ 14,504,809	\$ 14,508,802
Investment Plan	N/A	9/30/22	Dec-22	10	\$ 29,009,617	\$ 29,017,605
Measurement Period 1	May-Dec 2022	2/28/23	May-23	35	\$ 101,533,660	\$ 78,347,532
Measurement Period 2	Jan-Oct 2023	12/31/23	Mar-24	50	\$ 145,048,085	\$ 102,221,107
HHIP Program (Total)	Jan 2022 – Oct 2023	N/A	Mar-24	100	\$ 290,096,170	\$ 224,095,045.92

Board of Governors
MOTION SUMMARY

Please note the following considerations:

- L.A. Care’s expected earned funding from HHIP increased from an estimated \$211 million in September 2022 to an estimated \$224 million at this time, and may further increase modestly due to recent guidance changes.
- Estimated earnings for Measurement Period 1 are pending performance data for quantitative measures. More information will be available after the Measurement Period 1 report to DHCS on March 10, 2023.

Board Request 1: Approve HHIP Investments of Up to \$110 million

In October 2022, the L.A. Care Board of Governors approved the HHIP Investment Priorities, which align with Health Net’s local HHIP priorities and with the Los Angeles County CEO [Homeless Initiative framework](#). The Board also authorized L.A. Care to allocate funds to implement an Investment Plan (IP) of up to \$70 million.

At this time, L.A. Care is requesting approval of an additional \$40 million for the HHIP Investment Plan in this fiscal year, up to a new threshold of up to \$110 million. Investments are being made quickly to enable L.A. Care to meet HHIP metrics by the end of Measurement Period 2 on October 31, 2023, so that L.A. Care can earn the remainder of the available incentive funds. Going forward, HHIP revenue and expenditures will be included in budget forecasts for the Board.

Board Request 2: Approve Strategic Housing Investments to L.A. County CEO Homeless Initiative

L.A. Care is partnering with Health Net to implement HHIP Strategic Housing Investments to meet HHIP metrics and address urgent unmet needs for people experiencing homelessness. L.A. Care will implement these strategies via agreements with the Los Angeles County Chief Executive Office Homeless Initiative (CEO HI), which is the central coordinating body of Los Angeles County’s ongoing efforts to expand and enhance services for people experiencing or at risk of homelessness.

L.A. Care is requesting authority to negotiate and execute a \$50 million initial investment to CEO HI, as well as delegated authority to commit up to \$30 million more in April 2023, contingent upon L.A. Care’s internal assessment of expected earnings of at least \$40 million for Measurement Period 1.

Planning for the two investments in quick succession will allow the CEO HI team to move swiftly to achieve as much as possible before HHIP Measurement Period 2 ends on October 31, 2023, and will also fund continued activities. These investments will be one-time funding for six years. Depending on CEO HI performance and on future HHIP earnings, L.A. Care also intends to make additional substantial investments for this purpose in 2024.

The two strategies for this effort are:

- Unit Acquisition Strategy: This strategy will increase utilization and decrease time to lease for people experiencing homelessness with tenant-based housing vouchers. The investment will create a backfill fund to pay non-rent costs of “master leasing” between 1,700 to 1,900 expected additional units so that they can be available for voucher holders, and will also support program staff and evaluation. The table below shows the estimated breakdown of units by partner and time period:

Board of Governors
MOTION SUMMARY

Deliverables	L.A. Care: Initial Commitment	L.A. Care: Additional Commitment	Health Net Commitment	Expected Units for Project	Expected Completion Date
Units secured using HHIP funding paired with tenant-based housing subsidies.	482	287	341	1,100	October 31, 2023
	264	157	179	600	December 31, 2024

The number of units for each funding commitment and expected completion date are estimates. The actual number of units could vary but the total of 1,700 minimum expected units is not impacted.

- **Activities of Daily Living (ADL) Expansion Strategy:** This strategy will create a faster pathway into service-enriched housing for people experiencing homelessness who need help with their ADLs. There are three sub strategies: 1) The implementation of four Enhanced Care Assessment (ECA) teams who can assess the ADL needs of people experiencing homelessness and refer them to appropriate services; 2) A program to provide 100 slots of personal caregiving services in interim housing so that participants have a chance to stabilize while being referred to In Home Supportive Services and/or Community Supports, and; 3) Enriched Residential Care, a program that places people experiencing homelessness who need ongoing care and supervision in licensed residential care settings such as Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE). Investment funds will support program costs, program staff, and evaluation.

Board Request 3: Approval of Additional Grant or Incentive Agreements to Achieve HHIP Metrics
 L.A. Care plans to implement some additional HHIP investment activities through grant, incentive, or other investment initiatives. Consistent with L.A. Care Policy, individual grant requests over \$500,000 for HHIP require Board approval. At this time, L.A. Care requests approval to make grants, incentives, or funding agreements of over \$500,000 with the partners below for the purposes below:

HHIP Investment Activity	Description	Partner	Grant, Incentive, or Investment Amount of up to:	HHIP Measures Impacted
Data Infrastructure Support for CoCs	Funding to support monthly data exchange with L.A. Care and for to integrate the LAHSA Homeless Management Information System (HMIS) with the City of Long Beach’s HMIS.	LAHSA	\$3,200,000	1.1, 1.4, 2.2
Data Infrastructure Support for County Partners	Funding for DMH to integrate housing related data and support data exchange with L.A. Care.	City of Long Beach	\$1,225,000	1.5

Actual amounts may be less. Additional partners may be identified for future investments.

Board of Governors
MOTION SUMMARY

Upcoming Activities

L.A. Care will continue to share information with the Board regarding HHIP achievements, earning, and investments over the months and years to come. Additional investments and grants will also come to the board for review and approval if needed.

There will also be opportunities to increase spending in planned investment categories and to add new activities based on estimated and actual earnings for Measurement Periods 1 and 2.

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 at risk of homelessness, as well as 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 members at risk of homelessness will also benefit both directly and indirectly.

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

Motion:

1. **To increase approval of investments for Housing and Homelessness Incentive Program (HHIP) from \$70 million by \$40 million, for a new total of up to \$110 million.**
2. **To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement an investment to the Los Angeles County Chief Executive Office Homeless Initiative (CEO HI) of \$50 million for HHIP Strategic Housing Investments.**
3. **To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement an investment to CEO HI of an additional \$30 million for HHIP Strategic Housing Investments, contingent upon L.A. Care’s internal assessment of expected earnings for HHIP Measurement Period 1 of \$40 million.**
4. **To authorize the CEO or his designee to negotiate, finalize, make any necessary changes, and execute an agreement and any other documents necessary to implement grants, incentives, or other funding agreements of up to the amounts listed for the below:**
 - a. **The Los Angeles Homeless Services Authority: Up to \$3.2 million**
 - b. **The L.A. County Department of Mental Health: Up to \$1.225 million**
5. **Delegate authority to the CEO to adjust HHIP Investment Plan amounts, priorities, and recipients above to align with evolving implementation needs. All other policies and procedures related to grant making and expenditures will remain in place.**



January 24, 2023

TO: Executive Committee, Board of Governor
FROM: Sameer Amin, *Chief Medical Officer*
Karl Calhoun, *Director of Safety Net Programs and Partnerships*
SUBJECT: **Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority from \$70 to \$110 million for investment implementation, and to make investments to support the program, including to the Los Angeles County CEO Homeless Initiative for Strategic Housing Investments**

HHIP Overview

The [Housing and Homelessness Incentive Program](#) (HHIP) is a Department of Health Care Services (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.

HHIP funds were authorized through the American Rescue Plan Act and approved by Centers for Medicaid and Medicare Services (CMS) as part of the DHCS [Home and Community Based Services Spending Plan](#). L.A. Care is eligible to receive up to \$290 million for completing 17 metrics related to improving infrastructure, services, and access to housing for members experiencing homelessness. HHIP funds are one-time and must be earned by March 2024, but they can be spent over a longer time frame (e.g. 5-10 years or more). All funds are considered earned when L.A. Care receives them (i.e. there is no claw back provision).

HHIP Program and Financing Current State

L.A. Care has been working diligently over the past year to achieve HHIP metrics and further the program goals. One recent achievement was executing a data sharing agreement and conducting a member match with the Los Angeles Homeless Services Authority (LAHSA) to allow bidirectional information sharing, to meet HHIP metric 2.2. This match will provide L.A. Care with important information about which members are experiencing homelessness, which homeless services providers are serving them, and if they have been placed in interim or permanent housing, and will provide LAHSA (and in the future, other local homeless services Continuums of Care (CoCs)) with information on members' Medi-Cal plan, provider, and Enhanced Care Management (ECM) and Community Supports (CS) relationships.

Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority

L.A. Care has also included key partners in the design and development of our HHIP strategy. L.A. Care and Health Net jointly convene a monthly workgroup of local agency partners, including Plan Partners, SCAN Health Plan, the four CoCs (LAHSA, as well as the Cities of Glendale, Long Beach, and Pasadena), the L.A. County CEO Homeless Initiative (CEO HI), and the Los Angeles County Departments of Health, Mental Health, and Public Health. L.A. Care has also sought feedback on HHIP investment priorities from local health and homeless services provider and community stakeholders through quarterly community forums and presentations to LAHSA’s Lived Experience Advisory Board.

L.A. Care completed the first two HHIP submissions to DHCS, our Local Homelessness Plan (LHP) and Investment Plan (IP) and received payment in full for both.

Staff recently reassessed L.A. Care’s ability to meet the HHIP measures and developed the following revised estimates:

Program Stage	Measurement Period	Report Due to DHCS	Expected Payment Timing	% of funds	Potential Earnings	Actual / Expected Earnings
Local Homelessness Plan (LHP)	Jan-Apr 2022	6/30/2022 & 8/12/2022	Sep-22	5	\$ 14,504,809	<u>\$ 14,508,802</u>
Investment Plan	N/A	9/30/22	Dec-22	10	\$ 29,009,617	<u>\$ 29,017,605</u>
Measurement Period 1	May-Dec 2022	2/28/23	May-23	35	\$ 101,533,660	\$ 78,347,532
Measurement Period 2	Jan-Oct 2023	12/31/23	Mar-24	50	\$ 145,048,085	\$ 102,221,107
HHIP Program (Total)	Jan 2022 – Oct 2023	N/A	Mar-24	100	\$ 290,096,170	\$ 224,095,045.92

Please note the following considerations:

- L.A. Care’s expected earned funding from HHIP increased from an estimated \$211 million in September 2022 to an estimated \$224 million at this time.
- Due to recent DHCS guidance changes received in early January, L.A. Care’s expected earnings may further increase, due to reduced thresholds and the ability to earn partial points for some measures.
- Estimated earnings for Measurement Period 1 are still pending performance data for quantitative measures. More information will be available when L.A. Care completes the Measurement Period 1 report to DHCS on March 10, 2023.

Board Request 1: Approve HHIP Investments of Up to \$110M

In October 2022, the L.A. Care Board of Governors approved the HHIP Investment Priorities, which align with Health Net’s local HHIP priorities and with the Los Angeles County CEO [New Homeless Initiative framework](#). The Board also authorized L.A. Care to allocate funds for an Investment Plan (IP) of up to \$70 million.

L.A. Care is collaborating closely with Health Net and other partners to implement planned investment activities. HHIP funds will be allocated through a mix of: investment agreements; grants; provider incentives; provider contracts; vendor contracts; internal and Plan Partner health care and administrative spending on new HHIP-related activities and staff; and other agreements.

In the past few months, L.A. Care has clarified needed spending for planned HHIP investments, added projects in existing categories, and has added one new activity: Medi-Cal application and renewal assistance for people experiencing homelessness. With input from our partners, we added this activity to support continued access to coverage in light of the impending end of Medi-Cal continuous enrollment.

At this time, L.A. Care is requesting approval of an additional \$40 million for the HHIP Investment Plan in this fiscal year, up to a new threshold of up to \$110 million. Investments are being made quickly to enable L.A. Care to meet HHIP metrics by the end of Measurement Period 2 on October 31, 2023, so that L.A. Care can earn the remainder of the available incentive funds. Going forward, HHIP revenue and expenditures will be included in budget forecasts for the Board.

Board Request 2: Approve Strategic Housing Investments to L.A. County CEO Homeless Initiative

L.A. Care is partnering with Health Net to implement HHIP Strategic Housing Investments to meet HHIP metrics and address urgent unmet needs for people experiencing homelessness in Los Angeles County. The two strategies for this effort are the Unit Acquisition Strategy and the Activities of Daily Living (ADL) Expansion Strategy, described in more detail below. L.A. Care will implement these strategies via agreements with the Los Angeles County Chief Executive Office Homeless Initiative (CEO HI), which is the central coordinating body of Los Angeles County's ongoing efforts to expand and enhance services for people experiencing or at risk of homelessness.

L.A. Care is requesting authority to negotiate and execute a \$50 million initial investment to CEO HI, as well as delegated authority to commit up to \$30 million more in April 2023, contingent upon L.A. Care's internal assessment of expected earnings of at least \$40 million for Measurement Period 1. The two investments represent 70% of the total project funds (to align with L.A. Care's 70% Medi-Cal market share), with a \$34 million grant from Health Net comprising the remaining 30%. Planning for the two investments in quick succession will allow the CEO HI team to move swiftly to achieve as much as possible before HHIP Measurement Period 2 ends on October 31, 2023, as well as funding continued activities. These investments will also support L.A. Care's ability to meet HHIP Metrics around housing placement, retention, equity, and investment plan implementation. These investments will be one-time funding for a total duration of six years, in order to allow for development and evaluation of new infrastructure and programs that may be sustained through future public and private investments.

Depending on CEO HI performance and on future HHIP earnings, L.A. Care also intends to make additional substantial investments for this purpose in 2024.

Unit Acquisition Strategy

Every year, a combination of local, state and federal funding supports various time-limited and permanent tenant-based housing vouchers that are used to house people experiencing homelessness in Los Angeles County. These rental vouchers are primarily used in the private housing market, as they are issued to the tenant (rather than being tied to a specific unit of housing). However, a recent study by [ABT Associates](#) found that only 65% of people in Los Angeles who are issued a voucher are actually able to lease a unit and that it takes them an average of 122 days from voucher approval

Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority

to do so (not including time spent beforehand to apply for the voucher). This is due to many challenges, including Los Angeles’s tight rental market and illegal landlord discrimination against voucher holders and people of color.

The Unit Acquisition Strategy will aim to address these challenges in order to 1) increase utilization of these tenant-based housing vouchers and 2) reduce the length of time it takes for a voucher holder to find a unit, ultimately increasing the number of individuals permanently housed annually in LA County. The strategy will use a variety of models generally referred to as “master leasing” to provide the non-profit and public sector with the tools to compete in the private rental market. According to a recent report by the [Urban Institute](#), Los Angeles’ community stakeholders identified four primary advantages of “master leasing” programs: expedited access to buildings and units; access to units for people excluded from the private rental market; maximizing resources (including federal housing vouchers); and expanding relationships with new landlords and developers.

This grant will facilitate “master leasing” by creating a backfill fund to cover non-rent costs. Depending on the agreement with the landlord, backfill costs may include vacancy coverage (i.e. rent paid for time in between tenants), pest control, damage mitigation funds, landscaping, repairs and maintenance, insurance, utilities, and/or trash. When paired with rental funds from vouchers, these backfill funds will bring new units into the local housing portfolio for three to ten years (duration will vary by agreement). Leveraging HHIP funding to implement this strategy would make Los Angeles the first community to launch an effort at this scale and would align with efforts through the recent declarations of states of emergency on homelessness by local Los Angeles Cities and the County.

The CEO HI will administer the strategy by expanding two existing programs: 1) the Master Rent Subsidy Agreement (MRSA) program through the Los Angeles County Department of Health Services and its intermediary partner Brilliant Corners, and 2) the LAHSA Resident and Property Support Services (RPSS) leasing program, implemented through third party intermediary PATH. There is also intent to expand to include partnerships with additional housing providers who can directly lease and administer units. In addition to backfill funds, the investments will support staff to administer the programs (including unit location, landlord negotiation, and ongoing oversight and operations) and a third-party evaluation.

L.A. Care and Health Net’s combined funding will support the addition of an estimated 1,700 to 1,900 units over the next two years, each of which could house multiple tenants (based on family size and turnover during the lease). Given that Los Angeles County’s homeless response system [collectively housed 21,213](#) people experiencing homelessness in 2021, an investment of this scale is significant. The table below shows the breakdown of units by partner and time period:

Deliverables	L.A. Care: Initial Commitment	L.A. Care: Additional Commitment	Health Net	Expected Units for Project	Expected Completion Date
Units secured using HHIP funding paired	482	287	341	1,100	10/31/2023

Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority

with tenant-based housing subsidies.	264	157	179	600	12/31/2024
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The number of units for each funding commitment and expected completion date are estimates. The actual number of units could vary based on the terms of the unit acquisition agreements that are executed using each funding commitment during each time period. The total of 1,700 minimum expected units is not impacted by this potential variation.

Since L.A. Care and Health Net’s funds will be paired with housing vouchers issued through the Coordinated Entry System, both members and non-members will be served, but we estimate that at least 70% of people housed through this strategy will be MCP members.

ADL Expansion Strategy

The population of seniors experiencing homelessness in Los Angeles has grown significantly over the past decade, with the 2022 Homeless Count estimating a 6.5% increase since 2020. In addition, many people experiencing homelessness show accelerated aging and worse chronic conditions as compared with their stably housed peers, especially people with long histories of homelessness.

Local health and homeless services providers report challenges serving this population, especially for individuals who may need assistance with activities of daily living (ADLs). Most shelters and interim housing settings are designed for people who can take care of themselves independently. This can create the perverse effect that people experiencing homelessness who need help with their ADLs are deemed too needy for placement and remain unsheltered for longer periods. There is also very little funding for ADL supports and the coordination of that care for people experiencing homelessness until they are housed. Without ADL support, people have longer episodes of homelessness, overuse emergency rooms, stay in hospitals longer, use higher cost services such as skilled nursing unnecessarily, or may end up falling back into homelessness because their permanent home is no longer appropriate and/or available.

The ADL expansion strategy aims to address the needs of this population by creating a service-enriched pathway to stable housing. The CEO HI will administer the strategy through an agreement with the Department of Health Services Housing for Health Division and partnerships with the County Departments of Mental Health and Public Health. There are three sub strategies:

1. **Enhanced Care Assessment (ECA) Teams:** The implementation of four teams of skilled assessors, including licensed clinicians, who can assess the ADL needs of people experiencing homelessness and refer them to appropriate services including health plan benefits such as Enhanced Care Management, Community Supports, and Managed Long Term Services and Supports. Many people experiencing homelessness are not currently identified as having special needs when unsheltered or in interim housing. By clearly understanding their needs, ECA teams can connect people with the type of housing match and supportive services they require to live safer and healthier lives with more independence and purpose. Each team will assess a minimum of 425 clients per year and teams will serve all people experiencing homelessness, with an estimated 70% being MCP members.
2. **Caregiving Services in Interim Housing:** A program to provide short- to medium-term personal caregiving services to people experiencing homelessness in interim housing settings, as

Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority

well as to assist with transitions to ongoing personal caregiving services through In Home Supportive Services and/or Health Plan Community Supports when applicable. When combined with the ECA teams, the anticipated outcome is that there will be faster entry into the interim housing system for people who otherwise would not be eligible for the majority of facilities due to their ADL needs. Participants would also have the chance to stabilize sooner and be considered for permanent housing options more readily because of the presence of a care giver, improving throughput in the interim housing system. The program will have approximately 100 slots at any given time and will serve all people experiencing homelessness, with an estimated 70% being MCP members.

3. **Enriched Residential Care:** This program places people experiencing homelessness who need ongoing care and supervision in licensed residential care settings such as Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE). Residents receive case management and other enhanced services to support the transition, and opportunities to move to other settings as needs change. The model is similar to the Medi-Cal Assisted Living Waiver and is designed to provide a safe and less restrictive housing option for people who do not require nursing level care. This intervention will be restricted to individuals who are health plan members at program entry, with L.A. Care receiving approximately 56 slots and Health Net receiving 24; slots will not refill at attrition.

In addition to program funds, the investments will support staff to administer the programs and a third-party evaluation.

Board Request 3: Approval of Additional Grant or Incentive Agreements to Achieve HHIP Metrics

L.A. Care plans to implement some planned HHIP investment activities through grant, incentive, or other investment initiatives that will support the achievement of HHIP program metrics and goals. Consistent with L.A. Care Policy, individual grant requests over \$500,000 for HHIP require Board approval. Upon approval, a contractual grant agreement will be executed with the applicant to outline the scope of work, deliverables, and terms of funding. Staff will report approved grants to the Board monthly, and provide an annual HHIP grant summary.

At this time, L.A. Care requests approval to make grants, incentives, or funding agreements of over \$500,000 to implement the HHIP investment plan with the partners below for the purposes below:

HHIP Investment Activity	Description	Partner	Grant, Incentive, or Investment Amount of up to:	HHIP Measures Impacted
Data Infrastructure Support for CoCs	Funding to support monthly data exchange with L.A. Care and to integrate the LAHSA Homeless Management Information System (HMIS) with the City of Long Beach's HMIS.	LAHSA	\$3,200,000	1.1, 1.4, 2.2

Housing and Homelessness Incentive Program (HHIP) Request to Increase Delegated Authority

Data Infrastructure Support for County Partners	Funding for DMH to integrate housing related data and to support data exchange with L.A. Care.	City of Long Beach	\$1,225,000	1.5
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Actual amounts may be less. L.A. Care is collaborating closely with Health Net to jointly fund these investments, with L.A. Care paying 70% of expected costs. Additional partners may be identified for future investments.

Upcoming Activities

L.A. Care will continue to share information with the Board regarding HHIP achievements, earnings, and investments over the months and years to come, including via budget forecast updates. Additional investments and grants will also come to the board for review and approval if needed.

There will also be opportunities for L.A. Care to increase spending in planned investment categories and to add new activities based on estimated and actual earnings for Measurement Periods 1 and 2.

Attachments

- HHIP Investment Priorities
- Slide deck

HHIP Top Priorities for Investment – January 2023

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
- **NEW: Medi-Cal application and renewal assistance for people experiencing Homelessness**

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
- Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness

Unit Acquisition Strategy

- Make it possible to “master lease” buildings by covering non-rent costs
- 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

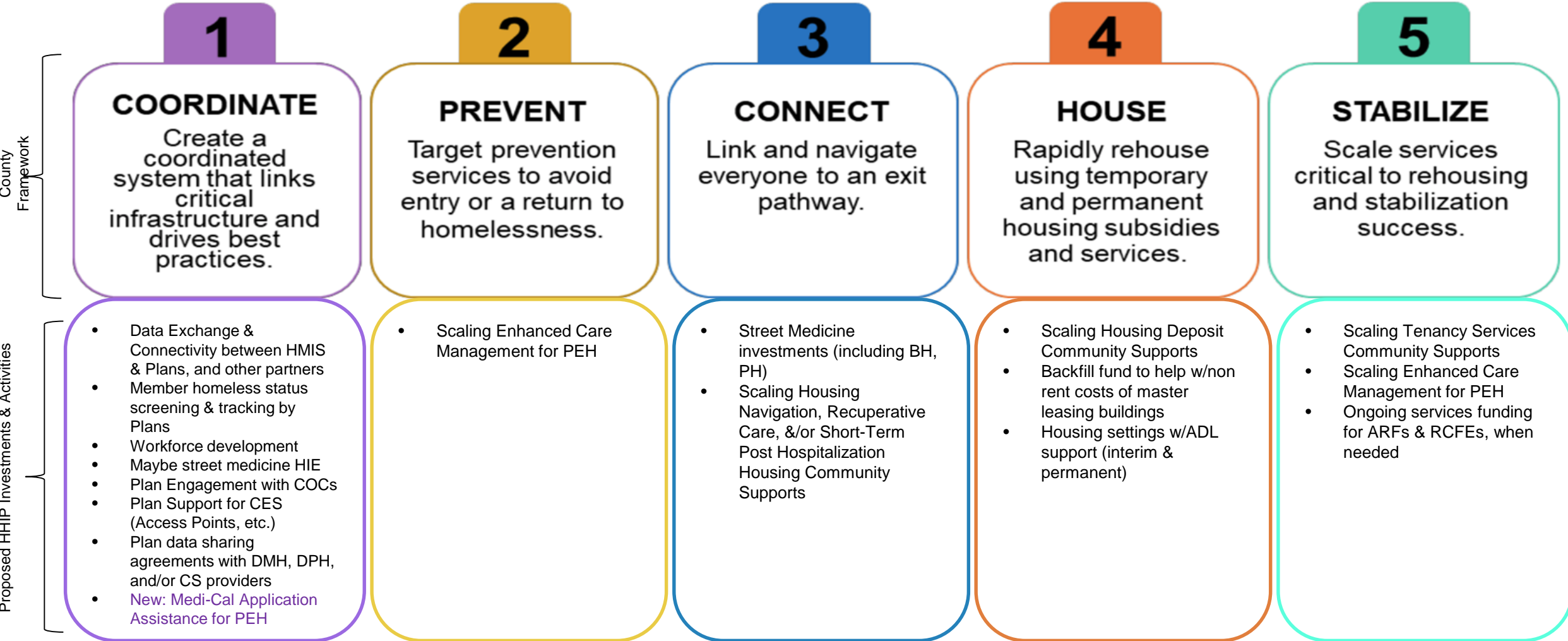
ADL Expansion Strategy

- Field-based team to assess individual ADL needs
- Caregiving in interim 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)

Sources:

Stakeholder meetings with counties, COCs, Enhanced Care Management and Community Supports providers, CBOs, Clinics, MCP Collaborations, Lived Experience Advisory Board Feedback

Aligning HHIP with County Homeless Initiative Framework – January 2023



Housing & Homelessness Incentive Program (HHIP): Investment Plan & Investment Requests



L.A. Care
HEALTH PLAN®

For All of L.A.



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

L.A. Care Board of Governors Executive Committee
Dr. Sameer Amin, CMO & Karl Calhoun, Director of Safety Net Programs & Partnerships
January 24, 2023

Housing & Homelessness Incentive Program (HHIP) Overview



Goals: 1) Ensure managed care plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services; 2) Reduce and prevent homelessness.



Total Funding Available: \$1.288 Billion statewide; **L.A. Care:** up to **\$290 million**; Health Net (Los Angeles): up to \$128 million; one time funding; must be earned by 3/2024; may be spent over a longer timeframe



Local Homelessness Plan (LHP): Submitted June 30, 2022; updated measures submitted August 12, 2022; L.A. Care received the full 5% payment (\$14.5M)



Investment Plan (IP): Submitted September 30, 2022; L.A. Care received the full 10% payment (\$29M)



Measurement Period 1 Submission (S1): Due to DHCS 3/10/2023; worth up to 35% of available funds



Previous Board Action on HHIP (Oct 2022)

- Approval of HHIP Investment Priorities
- Approval of HHIP Investment Plan of up to \$70M



HHIP Top Priorities for Investment – January 2023

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)
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- **NEW: Medi-Cal application and renewal assistance for people experiencing Homelessness**

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- 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
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- Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness

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- Make it possible to “master lease” buildings by covering non-rent costs
- Partner with COCs and County to increase utilization of tenant-based vouchers
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ADL Expansion Strategy

- Field-based team to assess individual ADL needs
- Caregiving in interim 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)

Sources:

Stakeholder meetings with counties, COCs, Enhanced Care Management and Community Supports providers, CBOs, Clinics, MCP Collaborations, Lived Experience Advisory Board Feedback

HHIP Potential vs. Estimated Earnings

Program Stage	Measurement Period	Report Due to DHCS	Expected Payment Timing (when are funds received from DHCS?)	% of funds	Potential Earnings	Actual / Estimated Earnings
Local Homelessness Plan (LHP)	Jan-Apr 2022	6/30/22 & 8/12/22	Nov-22	5	\$ 14,504,809	\$ 14,508,802
Investment Plan (IP)	N/A	9/30/22	Dec-22	10	\$ 29,009,617	\$ 29,017,605
Measurement Period 1	May-Dec 2022	3/10/23	May-23	35	\$ 101,533,660	\$ 78,347,532
Measurement Period 2	Jan-Oct 2023	12/31/23	Mar-24	50	\$ 145,048,085	\$ 102,221,107
HHIP Program (Total)	Jan 2022 - Oct 2023	N/A	Mar-24	100	\$ 290,096,170	\$ 224,095,045.92

- L.A. Care’s estimated earnings increased from \$211M in September 2022 to \$224M at this time.
- Due to recent DHCS guidance changes received in early January, L.A. Care’s expected earnings may further increase, due to reduced thresholds and the ability to earn partial points for some measures.
- Estimated earnings for Measurement Period 1 are still pending performance data for quantitative measures. More information will be available when L.A. Care completes the Measurement Period 1 report to DHCS on March 10, 2023.



HHIP Motion Summary

1. To increase approval of investments for HHIP from \$70M by \$40M, for a new total of up to \$110M.
2. To authorize an investment to CEO HI of \$50M for HHIP Strategic Housing Investments.
3. To authorize an investment to CEO HI of an additional \$30M, contingent upon L.A. Care's internal assessment of expected earnings for HHIP Measurement Period 1 of at least \$40M.
4. To authorize grants, incentives, or other funding agreements of up to the amounts listed for the below:
 - a. The Los Angeles Homeless Services Authority: Up to \$3.2M
 - b. The L.A. County Department of Mental Health: Up to \$1.225M
5. Delegate authority to the CEO to adjust HHIP Investment Plan amounts, priorities, and recipients above to align with evolving implementation needs.



HHIP Strategic Housing Investments: CEO HI Investment Requests

- L.A. Care is partnering with Health Net to implement HHIP Strategic Housing Investments to meet HHIP metrics and address urgent unmet needs for people experiencing homelessness.
- L.A. Care will implement these strategies via investments to the L.A. County Chief Executive Office Homeless Initiative (CEO HI), which is the central coordinating body for L.A. County's efforts.
- L.A. Care is requesting:
 - **\$50M** initial investment to CEO HI
 - Delegated authority to commit **up to \$30M** more in April 2023, contingent upon L.A. Care's internal assessment of at least \$40M expected earnings for HHIP Measurement Period 1.
 - Both investments will be one-time funding for a duration of six-years
- Why two investments in quick succession? To achieve as much as possible before HHIP Measurement Period 2 ends on October 31, 2023.
- Depending on CEO HI performance and on future HHIP earnings, L.A. Care also intends to make additional substantial investments for this purpose in 2024.



CEO HI Strategic Housing Investments: Unit Acquisition Strategy

- Goals:
 - Increase utilization of tenant-based housing vouchers
 - Decrease time to lease-up
 - Decrease effects of discrimination against voucher holders and people experiencing homelessness
- Investment funds will support:
 - Backfill funds that cover non-rent costs of master leasing buildings (e.g. vacancy payments, trash, pest control, damage mitigation)
 - Program staff
 - Evaluation

Deliverables	L.A. Care: Initial Investment	L.A. Care: Additional Investment	Health Net Grant	Expected Units for Project	Expected Completion Date
Units secured using HHIP funding paired with tenant-based housing subsidies.	482	287	341	1,100	10/31/2023
	264	157	179	600	12/31/2024

The number of units for each funding commitment and expected completion date are estimates. The actual number of units could vary but the total of 1,700 minimum expected units is not impacted by this potential variation.



CEO HI Strategic Housing Investments: ADL Expansion Strategy

- Goals:
 - Identify and assess people experiencing homelessness w/ADL assistance needs earlier
 - Speed appropriate placements into interim and permanent housing
 - Help people experiencing homelessness w/ADL assistance needs live in less restrictive settings with appropriate supportive services
- Investment funds will support program, staff, and evaluation for:

Enhanced Care Assessment Teams

- Field-based teams to assess the ADL needs of people experiencing homelessness & refer them to appropriate services
- 4 teams; primarily field-based; multidisciplinary

Caregiving in Interim Housing

- Personal caregiving services in interim housing
- Help participants stabilize; transition to In Home Supportive Services &/or Community Supports
- Approximately 100 slots

Enriched Residential Care

- Places people experiencing homelessness who need ongoing care and supervision in licensed residential care settings such as Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE).
- 80 total slots; 56 for L.A. Care & 24 for Health Net.



HHIP Investments: Additional Requests

- L.A. Care requests approval to make grants, incentives, or funding agreements of over \$500,000 with the partners below for the purposes below:

HHIP Investment Activity	Description	Partner	Grant, Incentive, or Investment Amount of up to:	HHIP Measures Impacted
Data Infrastructure Support for CoCs	Funding to support monthly data exchange with L.A. Care and for to integrate the LAHSA Homeless Management Information System (HMIS) with the City of Long Beach’s HMIS.	LAHSA	\$3,200,000	1.1, 1.4, 2.2
Data Infrastructure Support for County Partners	Funding for DMH to integrate housing related data and support data exchange with L.A. Care.	City of Long Beach	\$1,225,000	1.5

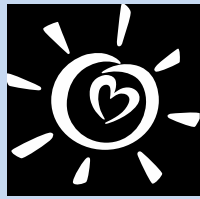
- L.A. Care will fund jointly with Health Net proportional to our market share (70%).



HHIP Next Steps

- HHIP will be included in future budget forecasts.
- Updates to the Board regarding HHIP achievements, earning, and investments.
- Additional investments angrants for Board review and approval as needed.
- Opportunities to increase spending in planned investment categories and to add new activities based on estimated and actual earnings.





L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: January 24, 2023

Motion No. EXE 103.0223

Committee: Executive

Chairperson: Al Ballesteros, MBA

Issue: Staff requests the Committee's approval of the Amendments to Anthem Blue Cross' and Blue Shield Promise Health Plan's Plan Partner Services Agreements (PPSA) which extend the term of the PPSA through September 30, 2035.

New Contract Amendment Sole Source RFP/RFQ was conducted

Background: The PPSAs are being amended to extend the term of each agreement through September 30, 2035.

Member Impact: This action will not affect L.A. Care members.

Budget Impact: None.

Motion: To approve the attached amended terms and conditions to the Anthem Blue Cross Plan Partner Services Agreement and the Blue Shield Promise Health Plan Plan Partner Services Agreement which extend the term of each agreement through September 30, 2035, and to authorize the Chief Executive Officer, or his designate, to execute such amendments and to authorize staff to make non-substantive revisions to the amendments.

Amendment No. 3450
to
Services Agreement
between
Local Initiative Health Authority for Los Angeles County
and
Anthem Blue Cross

This Amendment No. 34-50 (this “Amendment”) is effective as of March 1, 2023~~19~~, as indicated herein by and between the Local Initiative Health Authority for Los Angeles County operating as L.A. Care Health Plan, an independent public entity (“Local Initiative”) and *Blue Cross of California dba Anthem Blue Cross*, a California health care services plan (“Plan”).

Recitals

WHEREAS, the State of California (“State”) has, through statute, regulation, and policies, adopted a plan (“State Plan”) for certain categories of Medi-Cal recipients to be enrolled in managed care plans for the provision of specified Medi-Cal benefits. Pursuant to this State Plan, the State has contracted with two health care service plans in Los Angeles County. One of these health care service plans is an existing HMO which is selected by the State (“Commercial Plan”). The other health care service plan is the Local Initiative, a health care service plan locally created and designated by the County’s Board of Supervisors for, among other purposes, the preservation of traditional and safety net providers in the Medi-Cal managed care environment;

WHEREAS, the Local initiative is licensed by the Department of Managed Health Care (“DMHC”) as a health care service plan under the California Knox-Keene Act (Health and Safety Code Sections 1340 *et seq.*) (the “Knox-Keene Act”);

WHEREAS, Plan is duly licensed as a health care service plan under the Knox-Keene Act and is qualified and experienced in providing and arranging for health care services for Medi-Cal beneficiaries; and

WHEREAS, Local Initiative and Plan entered into the prior agreement dated October 1, 2009, as amended (“Agreement”), for Plan to provide and arrange for the provision of health care services for Local Initiative enrollees as part of a coordinated, culturally, and linguistically sensitive health care delivery program in accordance with Local Initiative’s Medi-Cal contract with the California Department of Health Care Services (“DHCS”) and in accordance with all applicable federal and state laws.

NOW, THEREFORE, in consideration of the foregoing and the terms and conditions set forth herein, the parties agree to amend the Agreement as follows:

I. ARTICLE VII, TERM AND TERMINATION, SECTION 7.01 (TERM) IS AMENDED AS FOLLOWS:

7.01 Term. The term of this Agreement shall be from October 1, 2009 through September 30, 20325, unless terminated sooner as provided in this Agreement. The parties shall endeavor to enter into negotiations regarding the extension of this Agreement not less than one hundred eighty (180) calendar days prior to the end of the term of this Agreement and in the event Plan does not intend to extend the term of this Agreement, Plan shall give notice to Local Initiative, as provided herein, at least ninety (90) calendar days prior to the end of the term of this Agreement. Nothing herein shall limit Local Initiative's authority to enter into contracts with any other health care service plan, provider or health care organization as determined by Local Initiative in its sole discretion. Local Initiative and Plan shall notify DHCS of any termination under this Section 7.01. Notwithstanding the foregoing, this Agreement may be terminated at any time upon mutual written consent of Local Initiative and Plan.

All other non-conflicting rights and duties, obligations and liabilities of the parties to the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties have entered into this Amendment No. 34-50 as of the date set forth below.

Local Initiative Health Authority for Los Angeles County operating as L.A. Care Health Plan (Local Initiative)
A local public agency

Blue Cross of California dba Anthem Blue Cross
A California health care services plan

By: _____
John Baackes
Chief Executive Officer

By: _____
~~Barsam Kasravi, M.D.~~ Les Ybarra
~~Interim~~ President
Medicaid Health Plan for California

Date: _____, 202319

Date: _____, 202319

By: _____
~~Hector De La Torre~~ Alvaro Ballesteros
Chairperson
L.A. Care Board of Governors

Date: _____, 202319

Amendment No. ~~33-50~~
to
Services Agreement
between
Local Initiative Health Authority for Los Angeles County
and
Blue Shield of California Promise Health Plan

This Amendment No. ~~33-50~~ is effective as of March 1, 20~~23~~¹⁹, as indicated herein by and between the Local Initiative Health Authority for Los Angeles County operating as L.A. Care Health Plan, an independent public entity (“Local Initiative”) and *Blue Shield of California Promise Health Plan*, a California health care service plan (“Plan”).

Recitals

WHEREAS, the State of California (“State”) has, through statute, regulation, and policies, adopted a plan (“State Plan”) for certain categories of Medi-Cal recipients to be enrolled in managed care plans for the provision of specified Medi-Cal benefits. Pursuant to this State Plan, the State has contracted with two health care service plans in Los Angeles County. One of these health care service plans is an existing HMO which is selected by the State (“Commercial Plan”). The other health care service plan is the Local Initiative, a health care service plan locally created and designated by the County’s Board of Supervisors for, among other purposes, the preservation of traditional and safety net providers in the Medi-Cal managed care environment;

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WHEREAS, Plan is duly licensed as a health care service plan under the Knox-Keene Act and is qualified and experienced in providing and arranging for health care services for Medi-Cal beneficiaries; and

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IN WITNESS WHEREOF, the parties hereto have entered into this Amendment as of the date first set forth above.

**Local Initiative Health Authority for
Los Angeles County operating as
L.A. Care Health Plan (Local Initiative)**
A local public agency

**Blue Shield of California
Promise Health Plan,**
A California health care services plan

By: _____
John Baackes
Chief Executive Officer

By: _____
~~Greg Buchert, M.D., MPH~~ Kristen Cerf
President and Chief Executive Officer

Date: _____, 2023~~19~~

Date: _____, 2023~~19~~

By: _____
~~Hector De La Torre~~ Alvaro Ballesteros
Chairperson
L.A. Care Board of Governors

Date: _____, 2023~~19~~