Board of Governors
Regular Meeting Minutes #282
September 5, 2019

Joan Palevsky Center, California Community Foundation, 281 S. Figueroa Street, Suite 100, Los Angeles, CA 90012

Members

Hector De La Torre, *Chairperson*
Alvaro Ballesteros, MBA, *Vice Chairperson*
Robert H. Curry, *Treasurer*
Layla Gonzalez, *Secretary*
Stephanie Booth, MD
Christina R. Ghaly, MD *
George W. Greene, Esq. *
Antonia Jimenez
Hilda Perez
Honorable Mark Ridley-Thomas *
G. Michael Roybal, MD, MPH
Ilan Shapiro, MD

**Absent* ****Via teleconference*

Management/Staff

John Baackes, *Chief Executive Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Thomas Mapp, *Chief Compliance Officer*
Marie Montgomery, *Chief Financial Officer*
Richard Seidman, MD, MPH, *Chief Medical Officer*
Tom Schwaninger, *Chief Information Officer*

**Public Comments are summarized, not verbatim.*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
INTRODUCTION OF SPEAKER: Mark Ghaly, MD, MPH	The meeting began without a quorum at 9:20 a.m. John Baackes, *Chief Executive Officer,* introduced the guest speaker, Mark Ghaly, MD, MPH, *Secretary of California Health and Human Services* (CHHS). *(Members Curry, Gonzalez, Ballesteros, DeLaTorre joined the meeting.)*	
STATE POLICY AND MANAGED CARE IN 2020	Dr. Ghaly thanked the Board for inviting him to speak at the Retreat. He has had the opportunity to meet with three of the health plans in California to discuss the vision and priorities for health and health care in California. He welcomed this opportunity to talk with this Board and guests about L.A. Care's work and the work being done in Los Angeles County. Much of his background is in Los Angeles and the programs and projects he worked on during his tenure with Los Angeles County Department of Health Services. He wants to scale up across the State the successful programs in Los Angeles, and to continue to support that work. He has a committed and talented group of mission focused people at CHHS, and he was appointed by a Governor that is focused on health care. The Governor appointed Nadine Burke Harris, MD, MPH, as California's first surgeon general. She is working to bring Adverse Childhood Experience (ACE) screening to pediatric care throughout the state, and on developing a similar process for adults, and on understanding the social determinants and other factors that contribute to ACE.	

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	Governor Newsom is focused on reducing pharmacy costs in the public and private health care systems. He ran for office on a concept of single payor for health services. The *Health Care For All* commission will likely begin this fall and will take a very deep dive into considering implementing of a single payor health system in California. The commission will consider principles that drive a single payor system: focus on prevention and primary care, cost containment, and reducing administration. The small commission will have enormous public interest and engagement, within the state and at the federal level. The Governor has an expanded view of health. He sees health care as a very important piece of the focus on public health and social services as connected to health as there is increasing recognition that social factors drive health care and health outcomes. For Dr. Ghaly, the CHHS has a great opportunity across 12 departments. One of the departments is Department of Health Care Services, that oversees the Medicaid program and supports the health plans across the state to do their great work. Based on his experiences in Los Angeles with programs that worked with health care sites. He thinks the future for the agency is not vertical integration but partnership across departments. Medicaid is more than just a health program; it is a key equity tool for the state. Dr. Ghaly's priorities are (go to https://www.chhs.ca.gov/wp-content/uploads/2019/07/CHHSA-Strategic-Priorities.pdf for more information): 1. Address health care for all Californians, not just insurance coverage, but premium affordability and access to care. 2. Partnership among all government departments and health coverage entities to benefit patients. CHHS has a goal and vision to include data management in the improvement efforts. 3. Reforms will begin with a focus on a few of the most vulnerable populations to create meaningful outcomes and programs that are evidence-based and make a difference. He added that part of this will be support of successful county programs. Designing programs for the most vulnerable will likely lift outcomes in all other populations. A big challenge is increasing the available work force in health and social services to expand access to services. Californians need funding for buildings, IT infrastructure and, one of the most important scarcity in future of health care, the work force. The team at CHHS is taking on health care work force issues at every level, building momentum for funding, federal regulations for reimbursable classifications, and support for schools and higher education to train more health care professionals at all levels.	

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	Mr. Baackes thanked him and noted that CHHS priorities align with the priorities of L.A. Care. L.A. Care is interested in changes to "in lieu of services." Up to now, if L.A. Care provides a benefit to a member in lieu of services, it doesn't count in the cost base. It is appreciated that funding for those services might be allowed in the future, using Medi-Cal funds. Mr. Baackes asked if Dr. Ghaly could discuss the potential for a delivery system that could harness other social services funding for which members may be eligible, and deliver needed services in a package by health plans using social services and Medi-Cal funds. Plans have the best look into the needs of the whole person to align health care and social services for members. Dr. Ghaly responded that there is frustration that patients have to register for programs at different locations. How can we take a whole person approach to bring everything together? It may not be the right time to pitch this to federal administrators. There may be a right time in the future to bring funding for health care and social services together as close as we can for eligible clients. Whether that runs completely or partially through a health plan is an open question. It may be right for Medicaid but may not be for other populations. We need to be creative and open minded in shaping this. The principle of bringing together the funding and data, and working on shared outcomes that identify health in broad terms percolated at this Board's retreat two or three years ago in the discussion of the concept of a mega waiver. Mr. Baackes stated that L.A. Care is very interested in integrating social services with healthcare and a panel will discuss L.A. Care's activities later today. The data will show that these investments are worthwhile. Dr. Ghaly agreed that Los Angeles is a good market to demonstrate the value of integration due to the size and potential impact of the programs. Medicaid is a health care program at its core, but it is important to think broadly and include patient experiences that contribute to positive health outcomes. Innovation can lead to improved delivery of services and better outcomes. Dr. Booth asked if using Medi-Cal funding for these programs takes funds from health care services. Dr. Ghaly stated that the only way it works is when funding needed for those services is incorporated. When done in the past, it has been on the backs of the health plans. As we move to an era in which the scale of what is needed is not sustainable, other sources of funding for services will be needed (such as counties). It is probably unreasonable to expect folks to do it with same level of funding. Mr. Baackes noted that Covered California has been a success when compared to other states' health exchanges. Of 16 public plans in California only L.A. Care participates in the exchange.	

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	Other public plans note that the volume of participation in Covered California won't cover the administrative cost to offer the program, because the plans are required to comply with regulations that are substantially different from Medi-Cal. He asked if Dr. Ghaly sees a time where Medi-Cal and Covered California regulations on reporting could be seamless. Dr. Ghaly responded that the state is interested in having more plans and more choices in Covered California. In 85% of the state there are three plans to choose from, and 98% of state has two. In response to a question about the specifics of the Waiver he encouraged bringing together Covered California contracts with the upcoming Medicaid reprocurement to make reporting by the plans as similar as possible, to help relieve administrative complexity. Member Jimenez asked about solutions to the challenge in providing social services and health care and sharing data horizontally among County departments and sites to best serve beneficiaries. Dr. Ghaly is interested in solving those problems and improving services through a whole person care approach, and making sure that clients are enrolling in programs for which they are eligible. A talented group in CHHS is working on data issues. He has charged them to bring information around the state to dispel myths, inform local agencies and improve data sharing. Member Shapiro noted that health services need to be delivered at the moment a patient needs it, at the right place with the right tools. Dr. Ghaly indicated that work has begun in the area of reimbursement of certain alternative visit types, including behavioral health, which is a growing need with large geographic areas with an insufficient number of providers. Another important issue is the need for services in rural areas, which comprise about 60-70% of California's geography. Hector De La Torre, *Board Chairperson*, noted that there were discussions ten years ago about increasing Medicaid rates to improve access to care. The cuts from 2010 haven't yet been restored. He asked if there are discussions to increase rates to improve access to care for beneficiaries. Dr. Ghaly noted that rates in Medicaid are only part of the story. A good portion of funding for Medicaid is rates. There are other payment schemes in California. Providers want increases in rates. Funding through Proposition 56 does not reach all providers. Despite some relative wealth at the moment there is concern about changing rates with a prospective recession. There are ways to raise total funding outside the formal rate structure. Mr. Baackes noted that the Governor's proposal in January for lowering pharmacy cost seems to have caught people unaware. As the proposal is currently shaped, health plans are being cut out of the process of integrating pharmacy programs into overall care management, particularly	

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	for most vulnerable members. He asked about ways within the Governor's proposal for plans to continue use pharmacy information for care management. The health plans also have information to which the statewide pharmacy management entity should have access in order to provide quality services to the members. Dr. Ghaly noted that with any tough change focusing on a care element and fiscal element, there is discussion of shape and planning. The fiscal side should not negatively impact care management or disrupt ongoing patient care. He is working to provide opportunities to share information to make sure it is available to manage patients well. Alison Klurfeld, *Director, Safety Net Programs & Partnerships,* asked Dr. Ghaly about the unique leadership role and action areas for health plans. Dr. Ghaly indicated that the health plans collectively are an extension of the state in delivery of needed services. Health plans have a leadership role in working with counties to strengthen ties to deliver services. Los Angeles County has unique characteristics. Particularly in behavioral health, the definition of the health plan role is evolving. Member Ballesteros asked about how added services in the CHHS priorities could be reflected in the rate structure, perhaps in a waiver or other funding mechanism. Dr. Ghaly noted that for clinical stability, for example, there should be support for housing. Funding may be limited by length of stay. Plans are part of building infrastructure in Medicaid to support stability, and partnerships between county and plans is a key responsibility. Dino Kasdagly, *Chief Operating Officer,* stated that L.A. Care is driving very hard to efficiently use funds to increase its operational functions and to improve member outcomes. He asked Dr. Ghaly about simplification programs that can reduce cost and complexity of infrastructure for plans and confusion for members and providers. He noted that integrating programs and simplifying regulations can help provide services for members. Dr. Ghaly responded that as innovation is implemented through the waiver process, a key tenet is simplification. Reducing rate cells from thousands to less than one hundred, consistency in forms, expectations and outcomes to make sense. CHHS would like to hear from plans through the waiver process about what makes sense. An important change is that the available bandwidth can't be an excuse for not innovating. Valuable changes that plans believe CHHS needs to work on should not be dismissed because of limited bandwidth. Principles of single payor really push simplification on the administrative side. The pending rich conversations will likely raise a lot of these issues that are easy to implement and bring the most immediate benefit. PUBLIC COMMENT:	

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	Andria McFerson, *RCAC 6 Chair*, spoke about bridging the gap between community based organizations and health care. She thinks that is important. She spoke about a resource guide and we have it now but it is only on the website. She asked if we can make it so everyone can understand. Make it easy for people who may not have the ability to understand. Break it down to layman's terms and have colors that show the geographic location to make it easy to understand. Elizabeth Cooper, *RCAC 2 Member*, stated she is an L.A. Care member, parent of a Regional Center patient, and she has been on many committees. She is an Afro American parent. She is concerned about diversity. She was born in the South. There seems to be a lack of Afro American providers. She is a registered voter and she helps push the envelope. She is proud of all doctors in the health care system. Too many Afro American children have adverse health. She would like to see the consumers have a retreat like this. They are the ones impacted by these decisions. From the state level she would appreciate diversity in staff. Too many are left out. She requested that the Board direct that community advisory committees have a retreat. She is a Regional Center parent; she wants to be part of the solution. She respects each one for the presentation and would like them to please take notice of her comments. Dr. Ghaly asked how L.A. Care is addressing behavioral health system issues with transitions and preparedness, recognizing that behavioral health needs to be integrated. Mr. Baackes noted that L.A. Care recently met with representatives of Los Angeles County Department of Mental Health (DMH) to discuss cooperation. The discussion was modeled after an integration workgroup with L.A. Care and Los Angeles County Department of Health Services (DHS) representatives which helped delineate plan activity and provider activity to avoid duplication of effort. Mr. Baackes asked Michael Brodsky, MD, *Medical Director, Behavioral Health & Social Services,* if he would like to comment on the work group. Dr. Brodsky stated that last week was a good start and there is a lot of work to do. He is cautiously optimistic there is room to bring this closer together, particularly in bringing behavioral health into the primary care setting where providers already are overburdened with lots of work to do and lots of people in the waiting room. Richard Seidman, MD, MPH, *Chief Medical Officer,* noted that L.A. Care is innovating and pushing integration such as piloting a program to facilitate substance abuse transfers from inpatient acute care directly into residential rehabilitation facilities. This is to leverage that unique opportunity when the patient is ready for (receptive to) inpatient rehabilitation.	

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	Mr. Baackes noted that a main concern with behavioral health is the lack of capacity. He wondered how the DHS has facilities that operate separately from DMH. L.A. Care wants to help Federally Qualified Health Centers (FQHCs) to integrate delivery of behavioral health services. The Elevating the Safety Net (ESN) program will include grants for behavioral health scholars and providers beginning this year. Member Roybal noted that funding drove separation of county facilities years ago. Now there is lots of encouragement for sites to reintegrate. He observed that everything is siloed and needs to be reintegrated. Incentives at the state and federal levels are needed to address integration and engagement for providers operationally and administratively. Member Shapiro indicated that, as a community provider, the system will improve if more doctors are added to provide care at the correct time and with the correct tools. Providers need assistance in training doctors on integration with behavioral health services. Chairperson De La Torre thanked Dr. Ghaly for his comments and thoughts to help L.A. Care better serve our members.	
WELCOME	The meeting was called to order at 10:32 a.m. Chairperson De La Torre announced that the public may address the Board before discussion of each item on the Agenda by completing a blue "Request to Address" form and submitting the form to staff before the agenda item is discussed.	
APPROVAL OF MEETING AGENDA	The current Audit Committee Chair is Al Ballesteros. The agenda was approved as amended.	**Unanimously approved. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, and Shapiro)**
PUBLIC COMMENT	Ms. Cooper commented that there is a recent decision about In Home Supportive Services (IHSS) recipients. She suggested that the decisions need to be printed in layman's language. She recommended to each Board Member that a presentation like this (today's guest speaker) be scheduled for consumers. It is very important that consumers have a conference like this. She will be impacted by every decision Dr. Ghaly will make, and she wants an opportunity to provide input. She writes to legislators to give her input. She wants the Board to support this. She spoke directly to consumer representatives. She respectfully requests an answer.	

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	Chairperson De La Torre responded that her comments are noted and he assured her there will be discussions. Ms. McFerson spoke about proper treatment when it comes to diversity related to race, mental and physical capacities. We need to work together on programs that already exist and make the programs are diverse and equal. She gave examples of programs based on physical needs. She noted that the health promoter program only has 18 members and just two African Americans. She has been approached by others who would like to participate in the program. She stressed a need to reach out to all communities. She has been shut out as well. She has not been able to participate as a health promoter with L.A. Care. L.A. Care needs diversity in its programs.	
STATE & FEDERAL POLICY PRESENTATIONS	Cherie Compartore, *Senior Director, Government Affairs,* introduced Jim Gross and John Russell. California is moving forward to create a viable state health system, working toward universal coverage, despite the possibility that there will not be federal support for some of the initiatives. In spite of the current federal climate, California recognizes the importance of remaining focused on ensuring access and increasing health care coverage for our vulnerable populations. John Russell, *Principal, Dentons,* presented information on federal issues (*a copy of his presentation is available by contacting Board Services).* Around the country L.A. Care is known as an innovator, pushing against a federal administration that is shrinking the safety net. While we are under a fierce sustained attack, there are strong allies. The current administration won't be there forever. He reviewed actions taken by some members of the federal administration to shrink safety net systems and cut health care coverage benefits for vulnerable populations. He noted that the separation of powers built into the US Constitution has helped those who are fighting for programs that support the health care safety net and universal health coverage. Many of the proposed changes are stalled in the court system. L.A. Care has allies in the federal legislature who support the safety net. There will be more pressure from legislators to protect the safety net and health coverage programs. At every level, L.A. Care Board Members and staff should be talking about all the good things L.A. Care is doing. Jim Gross, *Partner, Nielsen Merksamer Parrinello Group, LLC,* summarized issues occurring at the state level. Dr. Ghaly described the ways that California's Governor Newsom wants to address health care issues. Jim Gross briefly summarized former Governor Brown's term. Governor Brown identified fiscal responsibility as his primary goal, and he took steps to restore fiscal health, including significant cuts to health coverage programs and shifting costs to local governments. The current Governor has a different philosophy and will change the approach	

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	for the state. Funding will be needed to achieve Governor Newsom's goals, along with energy, commitment and expertise. The administration is new; patience and healthy skepticism will be needed as they gain experience. The California Department of Finance was empowered in the last administration and still has much power over programs. Ultimately a balance will be struck. Mr. Baackes noted that the decision for any cases brought to the United States Supreme Court by October 2020 would not be handed down until June 2021. Member Jimenez asked about "categorically eligible" and changes to the public charge rules. She also asked about the state's recent changes to open eligibility for undocumented residents up to 26 years old. Mr. Baackes noted that L.A. Care was previously assured that personal information in enrollment for health plans would not be shared with immigration officials. He asked if that was still the case. There is concern among undocumented parents that enrolling their children could mean that personal information about immigration status will be made available to immigration officials. Mr. Russell responded to Mr. Baackes stating that there is no effort to remove the firewall that protects an individual's immigration status. Ms. Jimenez noted that applications for Los Angeles County Department of Public Social Services (DPSS) benefits are checked with Homeland Security to determine if the applicant is a legal permanent resident of the United States. Ms. Compartore confirmed that federal statute and regulations appear to limit the sharing of information provided on the application for only eligibility determination for other federal government programs. PUBLIC COMMENT: Ms. Cooper stated that she listened intently to Mr. Russell. It's very important to watch appointees to the court. Many consumers do not, but the public should pay attention to the court appointments. Ms. McFerson, commented on facilitating quantitative data sharing across Los Angeles County to analyze the information and make health care more accessible. Providers and facilities should be informed as to how to best support members and how to expand the facilities with better behavioral health options. She recommended empathy training for providers about behavioral health needs for low income people who have difficulty communicating.	

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ADDRESSING THE SOCIAL NEEDS OF MEMBERS **Housing** **CalFresh** **Community Link** **Family Resource Centers**	Mr. Baackes introduced a panel session to discuss L.A. Care's programs to give Board members an idea of what L.A. Care is already doing to integrate social services to make sure L.A. Care members are connected with the programs and services they need. Penny Griego, *Media Relations Specialist II,* introduced herself and a panel of L.A. Care staff. She noted the panel would discuss how L.A. Care can do more to connect our members to social services that will ultimately lead to better health outcomes, but first we will review what we have done to this point. Ms. Klurfeld described the three goals of L.A. Care's support of Los Angeles County Housing 4 Health program: 1. Support a pathway to permanent housing for L.A. Care members. L.A. Care has placed 249 households representing about 300 individuals. 2. Increase local resources. 3. Build partnerships. There were challenges in engaging members who have a well-founded distrust of systems. It also takes time to secure housing; it now takes 9-12 months to secure permanent housing. Phinney Ahn, *Executive Director, Medi-Cal*, noted that L.A. Care works to provide free and low cost community resources for members. Very recently L.A. Care partnered with DPSS to help enroll eligible members in the expanded CalFresh program. In Los Angeles County there could be around 200,000 newly eligible beneficiaries. Although the program is underutilized at this time, L.A. Care is working to increase knowledge and raise enrollment for these members. Dr. Brodsky discussed a new online resource, *L.A. Care Community Link*, which L.A. Care deployed on its website on July 1 to help members, providers and staff conduct searches for and connect with other resources and programs in their community, based on their social needs. A feature of the system is real-time reporting of the searches. There have been about 5,000 searches since inception; about 100 each day. Francisco Oaxaca, *Senior Director, Communications and Community Outreach & Education*, informed the Board about DPSS workers at L.A. Care's Community Resource Centers to help members and visitors determine eligibility and answer questions about applying for programs in Los Angeles County. As the Resource Centers are expanded, L.A. Care will explore opportunities in the local community for members to locate and access services and assistance with local programs. Ms. Klurfeld explained what L.A. Care can do to address the growing homeless population is to increase participation and expand programs, and find more opportunities to announce program	

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	availability. L.A. Care has applied for additional funding for housing. L.A. Care also participates and supports funding for recuperative care for members who need time and additional medical support after hospitalization or other treatment. L.A. Care will continue to look for partners to expand this program. Ms. Ahn explained that L.A. Care will continue to partner with other agencies and conduct referrals and screening to meet the social needs of members that can contribute to good health. California is sponsoring a medically tailored meal program to help recovering patients. L.A. Care sponsors Project Angel Food to help reduce food insecurity and to show the importance of nutrition in recovery and for good health. Dr. Brodsky described how L.A. Care is planning to conduct extensive training about *Community Link* for all the teams at L.A. Care that work with members to help them connect with services. Mr. Oaxaca described the value of L.A. Care's unique partnership with Blue Shield Promise on the Community Resource Centers (CRC), expanding to 14 locations in 2021. Staff will include care managers and social workers to assist visitors at the sites. Member Jimenez thanked L.A. Care for its partnership; Los Angeles County has enrolled about 106,000 seniors in CalFresh. She noted that she would like to know when L.A. Care refers CRC visitors to DPSS so those referrals can be followed up. Member Perez thanked the panel, and she suggested that the panel members face the audience and that visual aids be developed for the presentation. She requested that written talking points or main points describing each program be provided for member and community outreach. She is here to listen to the members and she sees the work that staff does on the programs to serve the community. She suggested that members look on the app *Aunt Bertha* and Facebook for information about L.A. Care and to follow the programs. She asked if L.A. Care staff responds to comments on line. Ms. Griego responded that L.A. Care is on *Twitter, Instagram*, *LinkedIn and Facebook,* and staff does respond to comments that are posted on those sites. Member Booth asked if there is a new name for L.A. Care's Family Resource Centers, *Community Resource Centers*. Mr. Oaxaca responded that the new name reflects the updated sites being implemented in partnership with Blue Shield Promise. Existing sites will gradually be transitioned to joint sites. Member Booth noted that she was glad to hear the words *close the loop* and *data,* and that it will be increasingly important to show positive or negative results for L.A. Care's programs. She	

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	asked about other ways L.A. Care helped with CalFresh enrollment. Roland Palencia, *Director, Community Benefits,* described grants to help organizations conduct community outreach and enrollment in CalFresh. Member Gonzalez asked about ensuring the accuracy of information on Community Link. Dr. Brodsky responded that a vendor regularly checks the organizations listed for authenticity and updated contact information. Dr. Seidman reported that C*ommunity Link* is accessible on L.A. Care's main webpage at www.lacare.org. PUBLIC COMMENT Ms. Cooper commented that she has heard people are disappointed in the food stamp program benefits and eligibility needs to be addressed. Jaquelin Sessions, has concerns about the CalFresh benefit level. Enrollment is down because going through the enrollment process and the embarrassment is not worth the benefit. Russel Mahler, *RCAC 1 Chair*, noted that in the past few months they did legislative outreach about the CalFresh program. It is a slow process to get enrolled. He thanked the Board for all that L.A. Care is doing and he hopes we can reach out to more people so the CalFresh program can take off and people getting so little should get more. Ms. McFerson commented that she is going to the brain surgeon right after this meeting and is on new medication. On the food stamp issue, she advocates because she is going through health issues herself. She has mental health and physical disabilities and she has been homeless. That's why she can speak on different topics like this. If someone applies for food stamps, the rent goes up. So why go through the whole process and have $100 added to your rent? Why have members not heard about the website? We need a survey of who has been on the website, how many received help, is it easy for everyone to understand, does it cater to different visual and auditory needs, and what help do they receive. She suggested that programs bridge the gap between the educated and the uninformed, and that proper outreach to future members should address necessities. She stated that homeless people need food options. She suggested a food and wellness event with fun options in order to make sure they give their information (some may not want to give information). She suggested a raffle with blankets and foldable chairs. She suggested gift cards for a free walker for those who may need it. Some won't participate or may get shut out because of their level of understanding. Make it fun to provide access for all people without categorizing them. Make different opportunities for everyone with fun options. *(The meeting adjourned for lunch at 12:15 p.m.)*	

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MEMBER STORY	*(The meeting reconvened at 12:55 p.m.)* Mr. Baackes introduced a session to learn about an L.A. Care member. L.A. Care is taking on direct care management and moving care managers out to the Community Resource Centers. Care managers have been attending management team meetings to provide a member story so that those who don't have direct contact with members can understand our members better. Delia Mojarro, *Director, Social Services,* described a member who was living out of a car since 2013. L.A. Care began helping him in 2018 and within three months was able to place him in a suitable board and care facility where he is having his health needs met. Mr. Baackes noted the extended outreach to members who need support.	
PUBLIC COMMENTS	Ms. Cooper would like to see a person with a disability like a regional center consumer sit at the Board table and participate in decisions. In response to her request, Chairperson De La Torre indicated that he was asking where there may be an appropriate place for that representation. Ms. Cooper said she would be happy to help with recommendations. She asked the consumer representatives to take notice of her comments. Tonya Byrd, *RCAC 9 Chair*, commented with a positive note on transportation. Call the Car has been great. She tells them they are great and has let them know that she will tell the Board.	
APPROVAL OF CONSENT AGENDA	• July 25, 2019 Board meeting minutes • Authorized Bank Signatory **Motion BOG 100.0919*** **To authorize Doris Lai, *Senior Director, Accounting and Financial Services*, as an authorized signatory for all L.A. Care banking and investment accounts.** • Quarterly Investment Report **Motion FIN 100.0919*** **To accept the Quarterly Investment Report for the quarter ending June 30, 2019, as submitted.** • Information Technology Staff Augmentation Contract Amendments **(FIN 101)** **Motion FIN 101.0919*** **To authorize additional spending with the following vendors: Cognizant, FlexTech, HCL, Infosys, Solugenix Corp, and Synaptix in an amount not to exceed $5,090,499 for IT Professional Services expenditures through January 31, 2020.**	**Unanimously approved. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, and Shapiro)**

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	• Ratify elected Children's Health Consultant Advisory Committee (CHCAC) Chair and Vice Chair **Motion CHC 100.0919*** **To ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children's Health Consultant Advisory Committee effective September 2019.** • Technical Advisory Committee Relaunch/Roster **Motion EXE 100.0919*** **To approve the following members for the Technical Advisory Committee (TAC):** **L.A. Care:** • **John Baackes** • **Richard Seidman, MD, MPH** • **Other L.A. Care participants** **Recruited to Date:** • **Santiago Munoz (Chief Strategy Officer, UCLA)** • **Paul Chung, MD (Dean of Innovation - Kaiser School of Medicine, former UCLA Division Head, Ambulatory Pediatrics and RAND Health Services Researcher with a focus on SDOH)** • **Rishi Manchanda, MD (CEO, Health Begins. Experience in designing and operating Integrated Health Services Delivery)** • **Elaine Batchlor, MD, MPH (CEO, Martin Luther King, Jr. Community Hospital)** • **Hector Flores, MD (CEO, Family Care Specialists IPA + Medical Group)** • **Muntu Davis, MD, MPH (Health Officer, County of Los Angeles) (invited but not confirmed)**	
CHAIRPERSON'S REPORT	PUBLIC COMMENT: Ms. Cooper declined to comment. Chairperson De La Torre reported that Al Ballesteros was appointed Chair of the Audit Committee. He asked Board Members to begin thinking about 2020 officer nominations for the election which will be held at either the October or November board meeting.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT **Grants and Sponsorships Reports**	Mr. Baackes referred to his written report in the meeting materials (*a copy of his report is available by contacting Board Services).* • Elevating the Safety Net (ESN) has awarded grants for 92 new primary care physicians. Since the program began, 58 new physicians are in practice in Los Angeles County. • 20 of those doctors have applied for medical school loan repayment programs • 16 medical school scholarships have been awarded • Housing units were arranged for 249 families for a total of 300 people housed • 2,130 people have received In Home Supportive Services home care training. L.A. Care has a goal of 3000 people trained by end of 2020. • Blue Shield has provided a $73 million grant for a partnership to operate Community Resource Centers. Blue Shield Promise is a Plan Partner since 2015. This is the first time for a financial collaboration with a plan partner and the only situation where competing health plans are collaborating to jointly provide services to members. This is one of the unique advantages of the Two-Plan Model in Los Angeles County. The arrangement has caught the attention of another L.A. Care Plan Partner, Anthem Blue Cross, and we are talking with Anthem about possible partnership opportunities. • L.A. Care Practice Transformation Network is a big success story. It began four years ago with a grant from the Centers for Medicare and Medicaid Services through the Transforming Clinical Practices Initiative (TCPI). TCPI helps practices upgrade their business practices and business profile to operate more efficiently. Improving data systems helps the practice and L.A. Care achieve quality ratings. L.A. Care is one of 29 TCPI in the US. Over the four years, L.A. Care has deployed 37 trained facilitators as coaches who have been in the field working directly with 64 L.A. Care provider groups covering 3200 clinicians. L.A. Care has measured significant quality improvement including decreases in emergency room and hospitalization usage resulting in cost avoidance of $136 million. More importantly, it has brought skills training to the practices that will help them simplify their administration and improve cost savings so they can engage more effectively with an organization like L.A. Care. L.A. Care is in the top tier and garnered the most cost savings of any TCPI in the country. L.A. Care will participate in the next steps of the TCPI. L.A. Care hopes to get better encounter data from our providers. • L.A. Care has developed a program called Transform LA Coaching, modeled after the TCPI program working with providers, and will continue to invest in the program. Member Roybal noted that his clinic worked with TCPI coaches, and it really helped step up their game and helped with data gathering and analysis. Coaches became invaluable members of the team and he hopes to continue the relationships.	

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	• L.A. Care created a Joint Powers Authority with Los Angeles County to administer the health coverage for PASC-SEIU In Home Supportive Services workers under a special Knox-Keene limited license approved by the Department of Managed Health Care (DMHC). Because of a request from the DMHC, L.A. Care will now be working to upgrade to a full pledged license. Member Booth asked about members served as grant program participants. Mr. Palencia noted that Community Benefit programs serve both members and non-members. For the new eviction assistance initiative, we hope to keep people from being evicted in the first place and not potentially becoming homeless. Mr. Baackes noted that this program came about as a result of Ms. Cooper's repeated comments at Board meetings about helping people with tenant's rights. Member Booth asked about potential overlap in services and how many people L.A. Care will help. Mr. Palencia noted that it depends on where the client is in the process and what needs to be done in each case. Member Curry asked Mr. Baackes to define primary care in the ESN program, and asked if there was an opportunity to expand the program to behavioral health. Mr. Baackes responded that when ESN started, it was planned to cover four primary care specialties with 92 grants in the first round in those areas. For the next round we have added psychiatry in order to increase those providers in the safety net. Chairperson De La Torre noted that L.A. Care is very unique in the nation in both national and state statistics. He congratulated L.A. Care for putting this together to try to address the "pipeline" issue. At a recent presentation everyone was very impressed by the program.	
CHIEF MEDICAL OFFICER REPORT	PUBLIC COMMENT Ms. Cooper asked that the Deans of the medical schools in ESN be invited to talk about how they train the doctors. She is interested to learn how they are trained to work with different cultures. It is important that the providers L.A. Care gives grants to are culturally sensitive to their patients. Dr. Baackes asked Dr. Seidman to comment on the selection of UCLA and Drew Medical Schools because of diversity in their programs. Dr. Seidman thanked Ms. Cooper for her comments. He described a white coat ceremony and the very inspirational address by Dr. Reed Tucson, a former Dean of Drew University. Dr. Tucson discussed the civil rights movement in	

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	the community surrounding Drew University. Dr. Seidman will explore opportunities to help members learn more about the medical schools. Dr. Seidman reported: (*A copy of his written report can be obtained by contacting Board Services*): • Health Homes program has 432 members and may have 500 members by the end of September. • HEDIS results are final; L.A. Care has maintained *Commendable* status for Medi-Cal and *Accredited* for CMC and LACC. • Integrated Healthcare Association has a statewide program to improve quality called Align Measure and Perform. This program helps by aggregating and reporting on provider quality. L.A. Care uses this program for L.A. Care Covered. Results will be presented at a future meeting. • Flu vaccine for 2019-20 is available. He encouraged everyone to get the flu vaccine. L.A. Care makes the flu vaccine available at a variety of sites and promotes availability of the vaccine across Los Angeles County. • L.A. Care's pilot program in clinical pharmacy includes pharmacists in the physician incentive program for providers that are not able to have their own clinical pharmacy services. Pharmacists are an important part of L.A. Care's member care team. Member Roybal noted that a patient was immunized at Rite Aid and he received a fax. He asked if we are encouraging contracted pharmacies to notify the Primary Care Physicians and improve the vaccine records. Dr. Seidman noted that immunization clinics enter data on the California immunization registry, as well as health information exchanges. Other health information exchanges also include immunization records. Member Roybal indicated that LA County is using clinical pharmacists to complete HEDIS measures requirements. Interesting to see how HEDIS measures change with clinical pharmacist involvement. Dr. Seidman noted that L.A. Care will be measuring pre and post outcomes for immunization, diabetes and hypertension. Member Booth asked about the chart on page 3 of the board materials and why there are significantly fewer primary care physicians this year over last. Ms. Montgomery offered to look into this. Member Perez asked about the activities of the clinical pharmacist and physician. Dr. Seidman noted that the program will assist high volume practices with documenting health records of care.	

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	Member Perez asked about how emergency room or urgent care center records are included. Various health information exchange systems are attempting to extend access to information for care providers with a right to access those records. Ms. McFerson submitted a request for public comment on item 12 but the form was submitted too late.	
Executive Community Advisory Committee (ECAC)	PUBLIC COMMENT: Ms. Cooper declined to comment on this item. Member Gonzalez acknowledged the RCAC / CCI Members in attendance. She reported that there was no ECAC meeting in August. • RCAC Chairs and Vice-Chairs and members of the I-speak Advocacy trainings have been doing legislative visits (*photos were shown earlier today*). • RCAC Members have been speaking at community events and to local organizations about colorectal cancer. There are about 214 members in the RCACs. If each one speaks with 25 people, they will reach 5,350 people in Los Angeles County. • RCAC members recently received Emergency Preparedness training from the Red Cross. RCAC members also submitted information about local organizations to assist with food shortages in Los Angeles County. Food scarcity is the theme for the RCAC Work Plan for Fiscal Year 2018-2019. She looks forward to seeing these organizations on the spreadsheet given to the Board listing sponsorships and grants awarded this quarter. • She was happy to see Thomas Mapp, *Chief Compliance Officer*, at RCAC 2's meeting. She thanked him for attending. She invited all Board Members to attend a local RCAC meeting. The members ask her when other Board Members will visit them. Member Perez reported that a work plan sponsorship was suggested by one of the members of the Committee, revised and approved by L.A. Care with $5,000 allocated to an organization in the RCAC 6 area of South Central LA. Aside from creating studies and reaching out to different agencies and community based organizations, L.A. Care is also taking input from its RCAC Members when approving sponsorships. The Cal MediConnect consumer committee met in June. Discussed the enrollment packet and provided feedback.	
Children's Health Consultant Advisory Committee	Dr. Seidman reported that the Children's Health Consultant Advisory Committee met on August 20. • He presented the CMO report that was presented earlier today.	

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	• The Committee discussed a vacant seat and recommended that it be filled by an L.A. Care Consumer. Committee members are excited about that suggestion a nomination is expected. • Tara Ficek, MPH was elected Chair of the Committee and Maryjane Puffer, BSN, MPH was elected as Vice Chair. • The Committee received a presentation on Department of Health Care Services (DHCS) Value Based Pay program. The program will provide incentive payments to providers for meeting criteria aimed at improving care for certain high-cost or high-need populations. (Subject to CMS approval) • Maryjane Puffer, BSN, MPH and Patricia Anton, Anton Consulting Inc. presented on the L.A. Trust Data xChange. The L.A. Trust Data xChange is a database that provides insights and measurable connections between school based health clinics and student academic achievement. *(Copies of presentations can be obtained by contacting Board Services.)*	
STANDING COMMITTEE REPORTS		
Executive Committee	Chairperson De La Torre reported that the Executive Committee met on August 26, 2019. *(A copy of the minutes of the meeting can be obtained by contacting Board Services).*	
Finance & Budget Committee	Member Curry reported that the Finance & Budget Committee met on August 26, 2019. *(A copy of the minutes can be obtained by contacting Board Services).* The Committee approved the following contracts that do not require Board approval: • Los Angeles Network Enhancement Services • Ansafone • Claris Health • Center for the Study of Services • SafetyNet Connect The Committee received the monthly investment transactions report, included in the meeting materials for Board Member review.	
Chief Financial Officer's Report	Marie Montgomery, *Chief Financial Officer,* reported on financial results for the fiscal year for June and July, 2019. (A *copy of the report can be obtained by contacting Board Services.)* Financial Report Highlights for June and July 2019:	

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	• $8.3 million net surplus for the month of July 2019, and $252 million surplus for the year, both slightly favorable to forecast. • Year-to-date member months is slightly unfavorable to forecast at 21,870,323. • Revenue year-to-date of $6,569,701,000 is $1.1 million unfavorable to the forecast. • Health Care expenses are unfavorable year to date to the forecast by about $6.2 million, driven by higher overall fee for service claims this month. From time to time there is an escalation in the paid claims. Staff will continue to monitor paid claims. • There have been retroactive adjustments for Skilled Nursing Facility and ground emergency medical transportation payments, partially offset by favorability in pharmacy of $7.3 million due to timing of pharmacy rebates. • Administrative expenses are lower than the forecast by $2 million. • Non-Operating expense is favorable by $6 million primarily due to the timing of the ESN expenditures. Member Jimenez asked about the potential impact on the budget if undocumented adults would be allowed to enroll in full scope Medi-Cal. Ms. Montgomery indicated that the new members represent a small fraction of the enrollment and will likely not have a significant impact. **<u>Motion FIN 102.0919</u>** **To accept the Financial Report as submitted, for the periods ended June and July 2019, as submitted.**	**Unanimously approved. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, and Shapiro)**
Operating and Capital Budget FY 2019-20	*Members Curry, Perez and Roybal may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion of those issues identified below. In order to expedite the process, such members' vote on the Budget reflects a vote concerning the entire budget excluding those items for which the member is abstaining, as identified:* *<u>Members Ballesteros, Curry, Roybal and Shapiro</u>* *Community Health Investment Fund* *Sponsorships/In-Kind and Ad Hoc Grants* *<u>Members Ballesteros, Roybal and Shapiro</u>* *Provider Recruitment Program* *Residency Support Program* *Community Clinic Program/ (SCOPE) Plan* *CTAP* *eManagement*	

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	Transforming Clinical Practices Initiative *Member Perez* *Health Promoters/Promotoras Program* *Elevating Community Health* Budget FY 2019-20 Membership Projections The Budget assumed some modest growth. Overall projected membership growth between FY 2018-19 and FY 2019-20 is expected roughly at 32,000 members or 1.5%. • Medi-Cal membership closely reflects the California Budget assumptions of flat growth, except the Medi-Cal Expansion (MCE) segment which should see an increase due to expansion of undocumented young adults which will begin in January 2020. • LACC and Cal MediConnect (CMC) are modeled to include retention and new membership driven by Broker support. • PASC membership is expected to be flat. Financial Performance For FY2019-20, operating margin is projected to decrease by $74 million compared to the most recent 8+4 month forecast. Revenue is expected to increase by 2.5% while fee for service claim trends are expected to grow by 4.5%. Our estimated net surplus for FY2019-20 is $153 million. Administrative Expenses The budget reflects a $25.5 million increase in administrative expenses. The budget for salaries includes a 3.25% merit increase and a vacancy factor of 18.8%. Other categories of administrative expense include increases for software licenses of $4.2 million and lease expense of $2.3 million, among other expenses for resources needed for functional initiatives. These costs increase the pmpm administrative cost to $16.89, or a 5.6% administrative ratio. Staff will work to manage expenses below that expectation wherever possible. Community Programs The grant spending is expected to be $46,212,000 for FY 2019-20. That amount includes the housing initiatives and the Blue Shield Promise Grant to rebrand and expand the Family Resource Centers. Other programs include ESN with provider recruitment, residency support, physician loan repayment, medical school scholarships and training. Ms. Montgomery reviewed projected revenue and expenses by product segment for the FY 2019-20 budget. The overall medical cost ratio moves from 91.4% in the current fiscal year to 92.4% in FY 2019-20.	

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	Opportunities and Risks Opportunities in the coming year include: • Improvement in claims trends • Overpayment recovery • Improved rates for Coordinated Care Initiative enrollment Risks include: • Claims trends continue to deteriorate • Decline in membership due to changes in the application of "public charge", negative retroactive adjustments due to deceased member audit, and decline in enrollment due to the current rate position of LACC. • Potential revenue change due to a final reconciliation of the IHSS (removed in January 2018) program which is expected to occur in FY 2019-20. • A reconciliation of the CCI risk corridor could result in a change in expected revenue. • Audits for LACC for 2018 RADV and 2019 RAF could result in revenue change. Key Initiatives L.A. Care will continue a focus on growing the directly contracted provider network, and a more centralized and better coordinated approach for delegated provider oversight. Other continuing efforts relate to payment integrity and claims recoveries, and on identifying administrative efficiencies through deployment of new technologies. Tangible Net Equity (TNE) The forecast for the end of September 2019 is 656% of its regulatory requirement for TNE. The Board approved a goal of 600%. As of July 2019 there is approximately $70 million designated by the Board for expenditures related to ESN and Community Programs. The 2019-20 Budget projects TNE of 711%. Capital Projects and Programs 2019-20 Budget Dino Kasdagly, *Chief Operating Officer,* presented information about the budgeted expenditure of about $52 million for capital projects and leasehold improvements for 2019-20. He described five key foundational programs in various phases of development and implementation as L.A. Care works to continue to improve operational efficiencies. • Enterprise Resource Planning systems applications and products implementation started about a year ago. Completed time and attendance and payroll. Planning for other financial modules to be implemented.	

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	• Thrasys to integrate care management and utilization management. Increase direct network and improve effectiveness of delegated network. • Total Provider Management phase three to complete improvements. • Encounters & Risk Adjustment / EDIFECS to improve revenue based on risk scores. • VOICE project focusses on infrastructure of the Call Center. • Progresses further the intelligent desktop to make more efficient. • Provide portals for improved data in the directory. • Programs improve data integration and efficiency. • Leasehold improvements for 5th floor, 1200 W. 7th Street and 4 Family Resource Centers **Motion FIN 103.0919** **To approve the Fiscal Year 2019-20 Capital and Operating Budget, as submitted.**	**Unanimously approved (with abstentions specifically noted). 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, and Shapiro)**
Non-Travel Project Expenses	Ms. Montgomery summarized a motion for non-travel expenses as required by L.A. Care policy. This motion is for projects that are similar in amount compared to last year. **Motion BOG 101.0919** **To approve the allocation of funds to support L.A. Care's Projects with Non-Travel Meals and Catering and Other Expenses exceeding $10,000 in the total amount of $1,003,724 for FY 2019-20, with an additional expense authorized if expenses were not included for UMC or CMC expenses.**	**Unanimously approved. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Jimenez, Perez, Roybal, and Shapiro)**
Monthly Investment Transaction Report	Ms. Montgomery referred to the report on investment transaction details from June 1 to June 30, 2019, and a separate report from July 1 to July 31, 2019, included in the meeting materials for Committee member review. (*A copy of the report can be obtained by contacting Board Services).* L.A. Care's investment market value as of June 30, 2019 was $1.78 billion, and as of July 31, 2019 was $1.76 billion. This includes our funds invested with the government pooled funds. L.A. Care has an investment balance of $61 million for both months with the statewide Local Agency Investment Fund (LAIF), and an investment balance of $104 million for both months with the Los Angeles County Pooled Investment Fund (LACPIF).	
Compliance & Quality Committee Report	Member Booth, *Committee Chair,* reported that the Committee met on August 15. (*A copy of the report can be obtained by contacting Board Services).* • Dr. Seidman provided updates during his CMO report earlier today.	

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	• Dr. James Kyle presented on the Managed Care Accountability Set, formerly known as the External Accountability Set. The new clinical quality reporting requirements expanded by seven new measures, and were retroactively effective January 1, 2019 for calendar year 2019. Thomas Mapp, *Chief Compliance Officer,* reported on the following: • The 2019 DHCS Medical Audit – Medi-Cal: The 2019 Audit focused on the following areas – California Children's Services (CCS), Initial Health Assessments (IHAs), pharmaceutical services and overall delegation management. • The CMS Validation audit – Cal MediConnect (CMC) – L.A. Care continues to conduct ongoing monitoring of internal business units and delegates to ensure correction of deficiencies and preparation for Validation Audit.	
Audit Committee Report	Member Ballesteros, *Committee Chair*, reported that the Committee met on August 20 to discuss the Audit Plan for FY 2018-19. (*A copy of the report can be obtained by contacting Board Services).* • The Board previously delegated authority to the Audit Committee for overseeing the work of our external independent financial audit firm. • Deloitte & Touche presented their Audit Plan for Fiscal Year 2018-19. o Rosie Procopio was introduced as the Audit Managing Director who will join the engagement team this year. o Deloitte identified significant risks during its risk assessment procedures. The key areas of focus in the audit will be 1) revenue recognition, 2) health care costs and claims reserves, and 3) risk related to potential management override of controls. o Some of the audit will focus on 1) risk based audit methodology addressing L.A. Care's unique business and financial reporting, 2) Deloitte will leverage specialists and technology-powered solutions in the audit.	
PUBLIC COMMENT	Mr. Baackes reported that L.A. Care will distribute funds under Proposition 56 to Plan Partners. An amendment is needed to complete the transaction, but due to time constraints it was not included on today's Agenda. He informed the Board Members that the Plan Partner Services Agreement amendments for this program will be brought to the next Board meeting for review. Elizabeth Cooper encouraged everyone to be positive, and not say things can't be done. She wants people to instead say, we will. She wondered why Board Members are not running for public office. She encouraged everyone to vote.	

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	Sylvia Poz, *Chairperson, RCAC 4,* asked about dual members. Duals are part of L.A. Care. But if there are problems member services can never help. She asked, what does L.A. Care offer a dual member? Other health plans, like Health Net, treat duals like other plan members. Mr. Baackes noted that we have 16,000 dual members in CMC. He asked Mr. Kasdagly to speak with her. Mr. Baackes noted that L.A. Care only covers select services (only long term care or home health) for CCI members and L.A. Care does not have access to all the information for the member, such as primary care providers, because all other services are covered by another plan under Medicare or Medicare Advantage. Fatima Vasques, *Chairperson, RCAC 7*, commented that she is very grateful to participate in meetings which bring members really close, and, in giving information to the community, brings members close to the community as well. RCAC members work closely with health promoters to educate them, so they can educate the community. RCAC members are also close to Ms. Perez and Ms. Gonzalez, and they listen to members and provide information that can be taken to the community. Since 2011 there is great progress in the plan with many things that have changed for the good. The community feels more informed about changes in the state and the country. Working with community members in confronting a lot of challenges in front of them. The goal of the organization is to provide access to medical care. RCAC members work in a team with the community, families, neighbors with disabilities. People who are leaders are willing to work on future projects. RCAC members have a goal to increase the knowledge in the community. It is great that L.A. Care listens to our voices so we can work together toward that goal. It's a big project and the goal is reachable. In the future the individual names may be forgotten, but members are working to have a safe community. The ones that follow will enjoy the results of work being done. Dorothy Lowry, *RCAC 8 Member*, asked about the IHSS program training. Chair De La Torre responded that the training is ongoing. Mr. Baackes clarified that IHSS is not provided by L.A. Care, but L.A. Care supports an education program for IHSS workers so they can do a better job assisting L.A. Care members. Ms. Lowry then asked about the care management program Mr. Kasdagly mentioned, and he clarified that it is a computer software program to enhance care management for L.A. Care members. Olivia Oronos thanked L.A. Care for the $5,000 contributed to Minesterio Para la Luz, the food bank in her community. It will be a great blessing for the program in Lynwood, Watts, and Los Angeles. The L.A. Care logo is on the flyers we distribute. Ms. McFerson commented that her neurologist at UCLA since 2009 sent her to the emergency room after three grand mal seizures. She also had numerous tumors in her uterus. She was	

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	given medication and then asked to leave when she was incapacitated by medication. She fell asleep and was awakened by someone threatening to call security if she didn't leave. It is important to do sensitivity training for providers. We need information to distribute to the providers about how to deal with people who may have mental disabilities or incapacities and the medication may affect their mental capacity. Sensitivity training is important. Dhaka McClain, *Member, RCAC 9,* commented that for safety net providers it is important to encourage them to ensure they have comprehensive sensitivity training when hiring primary care doctors or giving loans. For the UCLA contract with L.A. Care, she was told that it is still in the works and there are select criteria in the contract for patients to be seen at UCLA. She is waiting for an answer about the criteria. Mr. Baackes responded that UCLA is open for all hospital services, and specialists are covered. The limitation is only for enrollment in primary care because they are almost at capacity for primary care members. Dr. Seidman did not have written criteria to provide to Ms. McClain but could provide information later to evaluate her qualification to be referred to UCLA for specialty care. Ms. McClain noted that she is a dual member but cannot apply for CMC. She called L.A. Care for durable equipment and was told it was not covered. Mr. Baackes noted that the Medicare plan is responsible for durable medical equipment, and L.A. Care is willing to assist as it has in the past. Member Booth asked if people manning the phones at L.A. Care can answer these questions when members call in. Mr. Baackes responded that they will know we don't have the information for CCI folks and member services staff answering the phone tells callers we are not able to help them.	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel,* announced the following items to be discussed in closed session. The Board adjourned to closed session at 3:15 p.m. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *September 2021*	

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	CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act Two Potential Cases CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act One potential case *Members Curry and Roybal may have financial interests in Plans, Plan Participating Providers or other programs and as such refrained from the discussion on the issue identified below.* CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act: Names of cases: • Dignity Health and Northridge Hospital Medical Center v. L.A Care Health Plan et al. (BC583522); Appeal No. B288886 • Dignity Health and Northridge Hospital Medical Center v. L.A Care Health Plan et al. (BS172353) • California Hospital Medical Center et al (Dignity) v. L.A. Care (JAMS. 1220056913)	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:03 p.m. There was no report about the closed session.	
ADJOURNMENT	The meeting was adjourned at 4:04 p.m.	

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

APPROVED BY:

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Layla Gonzalez, *Board Secretary*
Date Signed _____

APPROVED

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APPROVED BY:

Layla Gonzalez, *Board Secretary*
Date Signed _____

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