

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – June 26, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE,
Vice Chairperson
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary**
 *Absent

Management/Staff

John Baackes, *Chief Executive Officer**
 Sameer Amin, MD, *Chief Medical Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*

Darren Lee, *Deputy Chief of Human Resources*
 Alex Li, MD, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, <i>Chairperson</i> , called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:25 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously. 3 AYES (Ballesteros, Booth and Shapiro)
PUBLIC COMMENT	<u><i>Public Comment</i></u> <i>Elizabeth Cooper came here on a very, very serious matter. The members of the Executive Committee will discuss some very serious issues. She will speak on each item because she is very concerned about the issue. She appreciates the members of the Board who will make some tough decisions. She is here to give her point of view. She appreciates the time they spend but what she is concerned, she hopes they involve the Department of Managed Care and Department of Health Services. She wanted to give her comments before this important decision. She appreciates the comments that were made. She reserves the right to communicate with the Department of Managed Care and the Department of Health and Human Services. She knows the Board members are doing a fantastic job. But she’s deeply concerned since she wasn’t able, due to family issues, to come in and comment. She didn’t get the agenda today so that’s why she’s in a rush. She would respectfully like to speak on all items on the Agenda for which she has requested.</i>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING MINUTES	The minutes of the May 22, 2024 meeting were approved.	Approved unanimously. 3 AYES
CHAIRPERSON'S REPORT	<p><i>The Chairperson noted that public comment after this item will be limited to two minutes.</i></p> <p><u>Public Comment</u> <i>Elizabeth Cooper commented that she appreciates the courtesy, but this is a very serious matter and it affects members of L.A. Care. She's concerned regarding decisions the Committee will make today. Since she didn't have the agenda in a timely manner, she wasn't able to give her comments. She has to look at each agenda item. Because she reads the agenda and she wants to give public comment. It's very important her as a member of L.A. Care to give her public comments. The chairperson's report is important. The CEO report is going to be very important to her. She comes here to give her point of view because it's so important, health care is not something that she takes lightly. She will listen and give her comment. She thinks Mr. Baackes has done a beautiful job, but she has to respectfully have public comment. When those motions come up and that, because she didn't have time to read this. They didn't get from their ECAC members, as members of the RCAC, they didn't get much comment from the Chairs and it would have been possible if they had spoken to them. So she thanks the Chair for that public comment.</i></p> <p>There was no report from the Chairperson.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p><u>Public Comment</u> <i>Elizabeth Cooper commented on Mr. Baackes' report, she thinks he does the best he can but she has a point of view on a more serious note. She appreciates the ECAC and all what they have done, but she thinks they have not, in her opinion, addressed the issues if this motion goes through. They have not communicated with the members. They think of them as unimportant, but they are the ones who keep the engine going. They do not communicate with them. And if this motion goes through, she hopes this helps make sure that the Chairs communicate with the members, and they don't look at them as someone not important. All of these issues could have been discussed more freely if they had been more communication with the members, some don't even talk to the members, and that's why she's here. They are here to represent the people in their district.</i></p>	

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	<p>John Baackes, <i>Chief Executive Officer</i>, reported: The California Budget impacts a subject of great importance to L.A. Care, the managed care organization (MCO) tax. The Legislature reached an agreement on a Budget that includes a feature that the proceeds from the MCO tax, earmarked for about \$2.6 billion this year, were swept by the Governor into the General Fund to help plug the budget deficit. This will have a negative impact for L.A. Care and all of the Medi-Cal providers. The Governor and the Legislature agreed that payments that would have gone to Medi-Cal in 2025 are pushed out to 2026. That's a meaningless gesture since the current Legislature cannot approve a budget provision for a future fiscal year. That has to be approved by the subsequent Legislature, so they will have to do it all over again next year. The MCO tax on managed care health plans like L.A. Care and our competitors, has been around for years. The money collected by the tax draws down a matching amount of dollars from the federal government. In the first nine years through 2021, the proceeds of that tax went to the general fund. None of the money went to Medi-Cal. The tax was allowed to expire in 2023 because California had a one hundred billion dollar surplus. The health plan and provider community formed the Los Angeles Safety Net Coalition to try to get an increase in Medi-Cal funding to deal with financial impacts of COVID, the increased cost of nursing, and so forth. The Los Angeles County coalition, which consisted of hospitals, doctors, clinics, labor unions, and L.A. Care's competitor health plans, came up with the idea to have the tax reinstated with the proceeds earmarked specifically to increase Medi-Cal reimbursement to providers. Surprisingly, the Coalition was able to get the Governor and Legislature to agree to implement it in last year's State Budget. The tax went into effect last July. It was supposed to be a three-year tax that would generate \$19 billion in federal funding, with \$8 billion going into the General Fund and \$11 billion into Medi-Cal to increase payments to providers. By the Governor's action this year that funding is gone. It was assumed that when the tax was adopted last year that a ballot initiative was needed, which, if approved by the voters, would make the proceeds of the tax go to where it was originally intended. Sufficient signatures have been collected and the initiative has been certified by the Secretary of State. A ballot initiative number will be issued by July 3, and it will appear on the November ballot in California. If approved, it only takes a simple majority, the tax proceeds would begin to flow to increase Medi-Cal provider reimbursement and it will create another budget hole for the state next year to deal with. The coalition remains strong, everybody wants to proceed with this as planned. Local organizations have been part of the Coalition and it's really remarkable to have the various groups agree on the same thing. This is the number one issue right now.</p>	

APPROVED

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<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported: With regard to the California Budget, a directed payment program was approved for children's hospitals that brings in new funding of \$230 million annually. The Governor issued a press release on another type of payment program for children's hospitals that may be in addition to that funding. Additional funding for the Equity and Practice Transformation payments for providers was removed from the Budget, leaving approximately \$113 million believed for this year's program. Government Affairs staff is seeking information on next steps for that program. L.A. Care has 46 enrolled practices in that program.</p> <p>The Legislature and Governor agreed to funding for the:</p> <ul style="list-style-type: none"> • Medi-Cal acupuncture benefit for adults, • benefits for In Home Supportive Services workers for undocumented seniors, • backup provider services for IHSS. Beneficiaries are eligible for approximately 80 hours per year, • Medi-Cal Continuous Eligibility program for children ages from birth through four years of age. <p>Those are the main budget items. An updated State Budget review will be included in the next board meeting packet.</p> <p>Ms. Compartore reported that the main budget bill and the health budget trailer bill have been approved by the Governor and the Legislature, but there will be many budget trailer bills occurring through the summer and will be reported at a future Board meeting.</p>	
COMMITTEE ISSUES		
Ratify L.A. Care Chief Executive Officer's, John Baackes, execution of Amendment A04 to L.A. Care's Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of	<p><u><i>Public Comment</i></u> <i>Elizabeth Cooper commented that a few years back when she was a member of the RCAC, they got the RCAC involved, and all these motions that she listens to, it is very important what she was saying and what Mr. Baackes said. Chairperson, she does pay attention to what is said and what the legislation is. But what she's concerned about is that she doesn't hear anything coming to the RCACs about going out and supporting with one's Legislator. L.A. Care has a large membership, and it's very important for them to hear from their constituency regarding this legislation, about Medi-Cal and what Governor Newsom has done. Some of those issues impact her as a consumer. As a member and in trying to be an informed person, she</i></p>	

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Health Care Services (DHCS)	<p><i>would hope, Chairperson and Members of the Board that you sort of encourage members to be more involved, not politically involved, but involved on those issues. So the Legislators can hear from the people who vote for them and who their constituency is. That is most important and she appreciates what she was discussing today and she appreciates what Mr. Baackes was saying, about what they tried to do. But one final thing, the voter's going to decide and those who write to their Legislator will be important to Governor Newsom. She writes to him.</i></p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, introduced Nadia Grochowski, <i>Associate Counsel</i>, and she presented a motion for an amendment to the Dual-eligible Special Needs Plan (DSNP) agreement that L.A. Care currently has with the California Department of Health Care Services (DHCS). This is an amendment extending the term of the contract from December 31, 2024 to December 31, 2025. When the amendment was received from DHCS, L.A. Care was asked to sign by June 20 2024. Ms. Grochowski asked approval of a motion to ratify the execution of the amendment by Mr. Baackes.</p> <p><u>Motion EXE 100.0724</u> To ratify L.A. Care Chief Executive Officer's, John Baackes, execution of Amendment A04 to L.A. Care's Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of Health Care Services (DHCS).</p>	Approved unanimously. 3 AYES
Approve the revisions to the Operating Rules of the Consumer Advisory Committee, and related changes, in accordance to the delegated authority from the Board of Governors as outlined in Motion BOG 104.0624	<p><u>Public Comment</u> <i>Estela Lara, a former Chair of Regional Community Advisory Committee (RCAC) 2 in the San Fernando Valley, and a member of RCAC 4 in Metro LA. She would like the Committee to approve the Operating Rules and the modifications that were made. She thinks it will be really beneficial for RCAC members with just one little modification. The stipend will be increased to \$100. She suggests to increase the stipend to \$200 because they have not had one in a very long time, and since there are modifications it is better to include it right now. Demares Hernandez de Cordero, has been here for 24 years, Ms. Lara has been here for eight years. Fatima Vazquez has been here for 13 years. There was one more on the list and between just the four of them they have 50 years of experience. There are many more members on all RCACs. She thinks their experience is under utilized. L.A. Care pays consultants but should just pay them the additional stipend because they can tell you specifically what will improve the plan and what needs to be done to have it go forward. She asked for that change in the modifications.</i></p>	

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	<p><i>Elizabeth Cooper commented that she understands comments are two minutes. She can talk fast, but sometimes she cannot. Chairperson, this is one of the most important things or issues before the Board, the changes in the operating rules. Although she didn't have a chance to vote on them. She only had a brief time. But this has not been explained. The money is important too, and it is a help, she concurs with the money, but she was concerned about some of the changes. What will happen? Who will be the ones who select under the operating rules, and what about the ECAC? Will they have terms where they do not have to go through the changes that the members go through? You need to think about this motion, how it is going to affect the members, because we did hear this, but where the members did not have a vote on this operating rules before the ECAC voted on it. If we did not get the final say, the ECAC members did not communicate with the chair. That's why I'm speaking. But on these operating rules, I wonder who would make that decision on selection, who be on the committee? Would that be a prejudicial thing? It should be consideration of who would make those decisions. She appreciates the leadership that Mr. Baackes has shown members and she thinks he's been very sensitive to some of the concerns. But she's concerned about the operating rules because it's going to make changes. For the record, in the enabling legislation SB 2092, there was no term limits in the legislation for term limits. She doesn't matter because even if she's termed out, she still has a voice. But please take notice SB 2092, the enabling legislation, does not set term limits. It's alright with her because she will go to any meeting. But please take notice, Board, SB 2092, the enabling legislation, and legislators will have to agree to term limits, she believes. That's her point. But please take notice how you vote on the operating rules, making sure the RCACs are able to sustain themselves.</i></p> <p><i>(This comment from Ms. McLain was read at the end of the meeting because it was received via email after this topic was discussed, but it is included here for relevancy.)</i></p> <p><i>Deaka McLain, ECAC Member at Large (Representative for Senior and People w/ Disabilities(SPD), TTECAC Vice-Chair. I would like to thank the executive committee for assisting the advisory committees with this process. I am in support of the changes as long as it's written and clear what was promised by Mr. Baakes and that if we are unhappy with any aspect of the changes, the ECAC has the ability to make amendments as necessary to ensure the RCACs are meeting the needs of members. Deaka McClain</i></p>	

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	<p>Mr. Baackes responded that it is a new requirement in the Medi-Cal contract with the DHCS that Medi-Cal managed care plans have consumer advisory committees. L.A. Care has always had them, and that makes L.A. Care an outlier from other managed care plans in California. For most plans, this is a new issue being addressed from scratch. L.A. Care worked to bring the long-standing RCACs and ECAC in alignment with the new DHCS requirements. A principal new requirement was that plans have a selection committee for community advisory committees, and that a report is sent annually on the composition of the community advisory committees. The members of the advisory committees must match the composition of membership in the health plan. L.A. Care has multiple RCACs while most other health plans will have only one. L.A. Care took this opportunity to create a selection committee and after listening to RCAC member concerns that the selection committee would be made up of members of the staff, the new operating rules call for a selection committee of six, consisting of three RCAC chairs selected by the ECAC, two members of the L.A. Care community based organization advisory group, and one staff member, the Chief Health Equity Officer, Dr. Alex Li. The committee of six will select the members of the eight RCACs. The eight RCACs (instead of the current eleven) will align with LA County Service Planning Areas (SPAs). This will enable L.A. Care to provide the members of those eight committees with current data from Los Angeles County about the health status of the community they live in. The data can be used in making recommendations to L.A. Care. Members will have two 4-year terms, which matches the term limits of the Board of Governors. L.A. Care reviewed the issue that was raised about no term limits and cannot find any substantiation, so the term limits are allowed.</p> <p>The structure was presented to the ECAC, and as the previous speaker mentioned, ECAC approved it. There was significant discussion about, what if we don't approve, what if it doesn't work out the way we think it can. So there is an opportunity in the operating rules for the ECAC to revisit the operating rules and make recommendations if things aren't working, so it can be adjusted going forward.</p> <p>Those are the highlights of what the operating rules contain. On the behalf of staff, Mr. Baackes stated they are anxious to get this implemented and over with and start meetings again on the new basis. Assuming it is approved, two meetings are planned in August including all RCAC members meeting together to go over the new operating rules, the new configurations and the new agendas. The Agendas we'll use will encourage more participation by the members. There will be a two-day training sessions</p>	

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	<p>held two weeks apart in August and then the regular schedule will start in September. There will be six meetings annually for each RCAC.</p> <p>Mr. Baackes noted that is a quick summary of discussions, and topics were discussed many times. In the last round of RCAC meetings, Sameer Amin, MD, <i>Chief Medical Officer</i>, and Mr. Baackes tried to attend every RCAC meeting. Each of them attended four and there were three they couldn't get to that other staff attended. Modifications were made after listening to the members in those meetings. One concern was that they didn't like the idea of only four meetings, and the number of meetings was raised to six meetings annually. Another was that they really didn't like the idea of roundtable meetings, so that was eliminated. L.A. Care will incorporate member focused discussion in the agendas of the RCAC meetings. The purpose of the proposed roundtables was to have topic specific items on every agenda.</p> <p>Mr. Baackes asked that the Executive Committee consider a motion to adopt the operating rules.</p> <p>Board Member Booth noted there are typos and some grammar that needs to change and would not affect the document. She asked specifically about the wording on page 11, described as “substantial” violation of the Code of Conduct. She recommends the language be revised to indicate a CAC member is removed for violation of the Code of Conduct, without the word substantial. The section is about eligibility to re-apply for membership, the word substantial should not be there because it gives the appearance that there could be violations that are not substantial. She thinks a violation of the Code of Conduct is substantial. She was told that the word fighting just under that section as a one of the potential reasons for action taken against a CAC member. She thinks that's pretty unclear and was told that it could be better defined in the CAC member handbook, which also has conduct rules. Also on page 9, she noted the intention for 25 members in a group, this includes a maximum membership of 35. She suggested discussing whether 35 or 25 should be the maximum. She recommended aiming for a maximum of 25 because she is a member of committees with 35 members and it is way too many to get anything done. She noted there are a couple of other places with some inconsistencies that should be fixed.</p> <p>Mr. Baackes noted that the original operating rules included things about fighting and so forth, so that wording has been in the document for some time. The reason for the maximum of 35 members is because one RCAC will have 32 members in the new structure. Those 32 members will carry over into the new RCAC. L.A. Care agreed that</p>	

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	<p>current RCAC members would be “grandfathered in” and wouldn't need to go through the selection process. Board Member Booth agreed that is fine to start the process, but as people leave they should not be replaced the RCAC membership is down to 25. She doesn't think the maximum needs to be described if it will be 25.</p> <p>Augustavia Haydel, <i>General Counsel</i>, noted that the enabling legislation sets the maximum number of each RCAC at 35, so this language reflects the number that was in the legislation, which is 35. The operating rules should not contain language that contradicts the enabling legislation.</p> <p>Mr. Baackes noted that the stipend is being raised to \$140 per meeting, which is doubling the previous stipend.</p> <p>A proposal to make certain revisions to the Operating Rules for the Consumer Advisory Committees (CAC) was presented at the June 12, 2024 Temporary Transitional Executive Community Advisory Committee (TTECAC) meeting. The members of the TTECAC endorsed the revisions to the Operating Rules that included changes to CAC operations previously approved by the TTECAC at its meeting on May 12, 2024. The most substantive revisions to the Operating Rules are summarized below:</p> <ol style="list-style-type: none"> 1. <u>Section II – Function and Role</u> – Additional subject areas added to align with new language in L.A. Care’s contract with the Department of Health Care Services (DHCS) to provide Medi-Cal services. 2. <u>Section III – Membership, Paragraph A – Selection Committee</u> – A new section added describing the structure and role of a new CAC Member Selection Committee. The section also adds language referring to the submission of an Annual CAC Membership Demographic report by April 1 of each year. 3. <u>Section III – Membership, Paragraph F – CAC Member Term</u> – Language added describing term limits for CAC members (a maximum of two, four-year terms) and the setting of a target membership of 25 members for each CAC. 4. <u>Section III – Membership, Paragraph H – Replacement of Members</u> – Language added to specify that L.A. Care intends to replace CAC members who resign or are removed within 60 days. 5. <u>Section VII – CAC Meetings, Paragraph D - Additional Meeting Guidelines</u> – Additional language referring to posting of CAC meeting summaries, the deadline for submission of meeting summaries to DHCS and the length of the meeting summary record retention period. 	

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	<p>At its meeting of June 12, 2024, the TTECAC requested an additional revision to the Operating Rules:</p> <ol style="list-style-type: none"> 1. <u>Section V – Role and Term of ECAC Leadership – Sections A and B</u> – In subparagraph e in each section, the TTECAC has requested that only unexcused absences be considered when determining if an ECAC Chairperson or Vice-Chairperson is considered to have resigned from their position due to missed meetings. In addition, the TTECAC asked that language that staff would consider each situation of this type on a case-by-case basis be added. <p>Staff is in agreement with these additional revisions to the Operating Rules.</p> <p>Other non-substantive edits to the Operating Rules to remove mention of the CCI Council CAC that no longer exists and several minor corrections are also noted.</p> <p><u>Motion EXE A.0624</u> To authorize the Executive Committee of the Board of Governors to approve revisions to the Operating Rules for the Consumer Advisory Committees of L.A. Care Health Plan as presented during the June 12, 2024 meeting of the Temporary Transitional Executive Community Advisory Committee.</p> <p>On behalf of the staff who have been working on this issue for a long time, Mr. Baackes thanked the Board Members and RCAC and ECAC members who have participated in the meetings, and he looks forward to a regular cadence of community advisory committee meetings to discuss issues that are important to the to the RCAC members and will help inform L.A. Care on how the organization can add value for members and providers. He thanked everyone extending patience through this process.</p> <p>Board Member Booth also thanked Francisco Oaxaca for his response to her questions even though he is out of the office.</p> <p>Mr. Baackes recognized the work by Auleria Eakins, a senior member of the staff who has been extremely helpful in this process. He also thanked the public for being involved in the discussion.</p>	<p>Approved unanimously, with non-substantive edits. 3 AYES</p>

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<p>Discussion/ Recommendation on Temporary Transitional Executive Community Advisory Committee’s tabled motions from May 2, 2024 Board of Governors meeting</p>	<p><i>Public Comments</i> <i>Estela Lara from RCAC four asked the Committee to please approve the motion.</i> <i>Elizabeth Cooper commented that she approves this motion, with one correction. She knows it's out of order, Chairperson, when she speaks, she refers to the point of authority, the enabling legislation. Anything that she has spoken about is referred to in the enabling legislation, just like Counselor Haydel. So she hopes everything is going. She approves this, she doesn't object to this motion, she just wanted to say, you might say she's out of order, but Elizabeth Cooper referred to the enabling legislation that was signed by Governor Wilson and the legislature approved it. So that's when she's speaking.</i></p>	
<ul style="list-style-type: none"> Placement of Closed session on the Board Meeting Agenda 	<p>Ms. Haydel noted that this motion was brought forward by the TTECAC in response to changing the closed session from the end to the beginning of the Board meeting Agenda. TTECAC brought this motion forward and it was tabled by the Board at the May meeting, and delegated by the Board to the Executive Committee for further discussion about whether the public portion of the Board meeting could be moved back up to the beginning of the Board meeting.</p> <p>Chairperson Ballesteros asked Executive Committee members about their thoughts on reverting back a closed session at the end of the Board meeting. The Board heard from the public in recent meetings that having the closed session at the beginning of the meeting has been problematic for their schedule.</p> <p>Board Member Booth commented that the closed session was moved to the beginning of the Board meeting because the members present for the quorum goes down near the end of the meeting and action could not be taken without quorum. Action items were then placed in the early part of the meeting and the more informational items were moved to the end. The Board members are here to do the business of L.A. Care. She acknowledges the issue expressed in public comment, and the Board also needs to accomplish the action items on the Agenda.</p> <p>Board Member Shapiro agreed with Board Member Booth and noted it is a balance of making sure that the public can participate and the Board can do its business. He suggested a shorter 30 minute closed session at the beginning of the meeting as a compromise, understanding that it would be the middle ground between what we have and what we can offer. That way the Board can vote on action items.</p> <p>Board Chairperson talked to consumers. He has a general sense that the Board wants to</p>	

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	<p>make meetings as accessible to the public as possible. The Board members do not want the public to get the impression that they are not considered as the agenda is structured. A main concern is that Board Members did not want the public to feel as if they were not important, and that might appear to be reflected in the fact that the closed session was moved to the beginning of the meeting. There are also some issues around meeting management that we need to think of: when many public comments come forward and there are many agenda items on the Agenda, he has been willing to move public comment from 3 to 2 minutes. There is a set amount of time for the meeting. He is also comfortable with pointing out to the speakers before the Board when the topic that they want to speak to in their comments are not germane to the Agenda topic. He suggested these additional meeting management tools be used. He has no issue with moving the closed session to the end of the agenda. He advised Board Members and the public that he will have to exercise those options to bring public comment from 3 to 2 minutes, perhaps to 1 minute if the agenda's cramped. He thinks that if the public is aware of that he will be okay with moving the closed session item back to the end of the agenda given that we're going to begin exercising more of the meeting management tools. He recommended going back to having the closed session to the end of the meeting.</p> <p><u>MOTION TTECA 100.0524</u> To request the Board of Governors to consider returning the BOG monthly meetings to the first Thursday 1 pm – 4 PM BOG “public” session meetings which would cause the BOG “closed” sessions to begin before or after the “public” session meetings designated hours.</p> <p>Chairperson Ballesteros directed staff that starting at the next board meeting, the closed session will be held at the end of the meeting.</p>	<p>Approved unanimously. 3 AYES</p>
<ul style="list-style-type: none"> Consider the placement of push buttons on any door accessible to the public at any site used by L.A. Care for public meetings 	<p>Darren Lee, <i>Deputy Chief Human Resources Officer</i>, noted that in a previous session, the Board Members requested additional information about adding automatic opening doors to L.A. Care Community Resource Centers and sites visited by the public. The request was reviewed, and it was determined that L.A. Care is in compliance with state and federal regulations with regard to those doors already in all public meeting spaces and larger forums. A review included researching any industry practice or standards for installation of automatic doors on bathrooms. It is noted that installing these automatic doors can create additional problems with blocking hallways and passageways as well as privacy issues when the doors stay open. He referred Board Members to the meeting</p>	

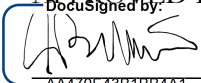
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>materials which include positive and negative potential issues with regard to the automatic doors. There are maintenance costs included in the meeting materials. He also noted that if the power goes out, the automatic doors are more difficult to manage. Industry standard and practice for regular clinics is that they generally do not have automatic doors.</p> <p>Looking at the cost for installation, which was one of the concerns the Board asked about, would be somewhere between \$25 and \$30,000 per door. That number is closer to \$40,000 to retrofit. Retrofitting all of L.A. Care's doors at Community Resource Centers would cost somewhere in the neighborhood of \$500,000. If that is something the Board would like to consider, additional information is included with regard to the time remaining on each lease.</p> <p>Board Member Shapiro asked Mr. Lee to confirm that the information indicates L.A. Care is doing all the legal things that it needs to be doing and is compliant, and this would be something extra. Mr. Baackes noted the staff recommendation in the meeting materials.</p> <p>Board Member Booth asked about the difference in cost from a regular door. Mr. Lee noted that there is a different door and framing, electrical and switches. A retrofit would include the deconstruction of the old door as well as installation of the automatic door. Board Member Booth commented that she has worked in hospitals that have a lot of these doors, and there seems to always be work on them or they get stuck. She hasn't found them to be reliable. Mr. Lee noted there would be a cost for regular maintenance as well as parts to repair them.</p> <p><u>Motion TTECA 101.0524</u> L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings.</p> <p>Board Member Booth commented to the members present that this is the input the Board would like to see. This is wonderful. She thanked the members for bringing it forward.</p>	<p>Not approved. 2 NAYS, 1 ABSTENTION (Ballesteros)</p>
Approve Human Resources Policies HR 306 (Equal	<p><u>Public Comment</u> <i>Elizabeth Cooper thanked the Chair and Board Members. This issue of human resource policy that's the employment is very important. She knows as member of</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
Employment Opportunity) and HR 603 (Overtime Pay)	<p><i>the public, and she hopes board members will listen to their concerns. She is concerned because when she first came here she saw a lack of Afro Americans employed here, and this is the employment issue. Also Afro Americans and others not given high positions. So she would like to know how does equal opportunity fit because I see some Afro Americans now who are in very high academic, but they are not getting elevated to top positions. And she also would like to see disabled members, which she hopes you do, but on the equal opportunity they hire and they fire, and they also recommend. She would also like to see diversity which she appreciates, she works with all groups, but she does like this board to consider diversity. As the one who has preached this since she's been a member of L.A. Care on the RCACs. She appreciates all cultures, but she finds that there's been a lack of elevation of Afro Americans in top positions. She's not saying others aren't just as important, but she would like to see the human relations department start elevating some. That doesn't mean they are all right or all wrong, but she's seen African Americans with high position and they're still in the same position. They don't get a chance. They go to the family resource centers, they don't get those positions. So she would like the human resources department to be more proactive on that. She appreciates all the employees. In fact, she has supported all the employees, but she sees a lack of Afro Americans in high positions.</i></p> <p>Darren Lee, <i>Deputy Chief of Human Resources</i>, presented a motion requesting approval of the revised Human Resources Policies 306 (Equal Employment Opportunity) and HR 603 (Overtime Pay).</p> <table border="1" data-bbox="499 954 1577 1224"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification</th> </tr> </thead> <tbody> <tr> <td>HR-306</td> <td>Equal Employment Opportunity</td> <td>Employment</td> <td>Including recommended verbiage to meet NCQA Health Equity HE1A Factor 1</td> </tr> <tr> <td>HR-603</td> <td>Overtime Pay</td> <td>Benefits</td> <td>Transferred Policy to new template and made minor changes</td> </tr> </tbody> </table> <p><u>Motion EXE B.0624</u> To approve the Human Resources Policies HR 306 (Equal Employment Opportunity) and HR 603 (Overtime Pay), as presented.</p>	Policy Number	Policy	Section	Description of Modification	HR-306	Equal Employment Opportunity	Employment	Including recommended verbiage to meet NCQA Health Equity HE1A Factor 1	HR-603	Overtime Pay	Benefits	Transferred Policy to new template and made minor changes	<p>Approved unanimously. 3 AYES</p>
Policy Number	Policy	Section	Description of Modification											
HR-306	Equal Employment Opportunity	Employment	Including recommended verbiage to meet NCQA Health Equity HE1A Factor 1											
HR-603	Overtime Pay	Benefits	Transferred Policy to new template and made minor changes											

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	Mr. Baackes commented that the changes approved were suggested as part of the accreditation process whereby L.A. Care achieved Health Equity Accreditation from the National Committee on Quality Assurance.	
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for July 25, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • June 6, 2024 meeting minutes • Ratify L.A. Care Chief Executive Officer's, John Baackes, execution of Amendment A04 to L.A. Care's Exclusively Aligned Enrollment (EAE) D-SNP Contract Number 22-20236 with the Department of Health Care Services (DHCS) 	Approved unanimously. 3 AYES
PUBLIC COMMENTS		
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 3:30 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:30 pm.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2026</i></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>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i>, and Gene Magerr, <i>Chief Information Security Officer</i></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
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:50 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:50 pm	

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

APPROVED BY:
DocuSigned by:

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Alvaro Ballesteros, MBA, *Board Chairperson*
Date: 9/8/2024 | 10:13 AM PDT

APPROVED