

Board of Governors
Regular Meeting Minutes #312
November 3, 2022

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Alvaro Ballesteros, MBA, *Vice Chairperson*
 Ilan Shapiro, MD, *Treasurer**
 Stephanie Booth, MD, *Secretary*
 Christina R. Ghaly, MD
 Layla Gonzalez

George W. Greene, Esq.*
 Honorable Holly J. Mitchell
 Hilda Perez
 John G. Raffoul
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH

Management

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

All via teleconference

**Absent*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 1:04 p.m. the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously.</p> <p><i>Chairperson De La Torre experienced technical difficulties and directed Vice Chairperson Ballesteros to preside.</i></p> <p>Vice Chairperson Ballesteros announced that for those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p>	

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	<p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up to three minutes. All are welcome to provide input.</p> <p>He noted that public comments should be related to the meeting topic on the Agenda to inform Board Members. That is the purpose of public comment; it is not to rant or say whatever pops into one's head. It is to inform the Board regarding today's meeting and the items that are being discussed. Submitters should include the Agenda item for which the comment is to be read. If one does not tell us which item, the comment will be read in the general public comment section of the Agenda. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Public comment must be submitted before the public comment period for an item. This is normal procedure and every government agency that has public comment does it before the item because it is intended, and the State law is designed in a way to inform the discussion of the Board members. That is why we read the comments before the Board members discuss the item. He thanked participants for their public comment. The Board members value hearing the ideas and comments about the items on the Agenda. It better informs the Board's discussion on those items and about what is happening at L.A. Care.</p>	
APPROVAL OF MEETING AGENDA	<p>The agendas were approved as presented.</p> <p><i>Board Member Mitchell joined the meeting.</i></p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Perez, Raffoul, Roybal and Vaccaro)</p> <p><i>Chairperson De La Torre experienced technical difficulties and was unable to vote.</i></p>
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	<p><u>Motion BOG 100.1122</u></p> <ol style="list-style-type: none"> 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act; 2. Adopt findings as set forth in this Motion Summary and, 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the 	<p>Approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Greene, Mitchell, Perez, Raffoul, Roybal and</p>

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	Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.	Vaccaro) 1 NAY (Gonzalez) <i>Chairperson De La Torre experienced technical difficulties and was unable to vote.</i>
PUBLIC COMMENTS	<p>Received on November 3, 2022 at 11:32 am via text by sender not self-identified <i>General public comment, Nov 3 , 2022 has LA care notified enrollees that the state fined LA care \$55 million, I wonder how many members know about it?!</i> https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal <i>Add , why doesn't LA care release score cards, too busy harassing reviewers!?!</i> https://centerforhealthjournalism.org/2022/04/15/lawsuit-seeks-records-penalized-la-county-health-plan-0?amp</p> <p>Received on November 3 at 12:05pm via text by Ismael Maldonado, RCAC 2 Member: <i>I will like to know why LA Care health plan done any thing about disability awareness month in October of this year because my knowlege it this year in october and lasty happy thank giving every one</i> <i>I would like to know why don't we do anything for disaster preparedness month for all Raca members to receive a backpack with an emergency preparation kit we need to have this done</i> <i>I believe by not having us as the rcac to have a meeting is in violation of the California state Charter we have to abide by the law and it's a brown act and open meeting act</i></p> <p>Received on November 3, 2022 at 1:15PM via chat by Andria McFerson to everyone: <i>public comment Item:</i> <i>Hello this message is From Andria McFerson Chair of RCAC 6 I wanted to know how we could better communication amongst the committee members? Don't get me wrong I'm not being critical but, actions like giving chairs a 4 day time frame for making major future decisions like all plans and outreach for the whole upcoming year and only giving us 4 days to do so by email is uneventful and inconvenient. Please allow better communication within the Stakeholders committee members.</i></p>	

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APPROVE CONSENT AGENDA ITEMS	<ul style="list-style-type: none"> • October 6, 2022 Board of Governors Meeting Minutes • iColor Printing Contract Amendment <u>Motion FIN 100.1122*</u> To authorize staff to amend contract to increase funds in the amount of \$1,795,200 for a new total not to exceed amount \$4,090,200 with I Color Printing and Mailing Inc. to provide L.A. Care MPSS Premium Billing Unit with printing, storage, postage/ mailing, reporting, and order fulfillment services through June 30, 2025. • Accounts & Finance Services Policy AFS-008 (Annual Investment Policy Review) <u>Motion FIN 101.1122*</u> To approve Accounting & Financial Services Policy AFS-008 (Annual Investment Policy) as submitted. • Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank & Investments Accounts <u>Motion FIN 102.1122*</u> To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, De La Torre, Booth, Ghaly, Gonzalez, Greene, Mitchell, Perez, Raffoul, Roybal and Vaccaro)</p>
CHAIRPERSON'S REPORT	<p>PUBLIC COMMENT Received on November 3 at 4:54am via text by sender not self identified <i>Chairperson report Nov 3 2022 public comment, why can't the public see comments about LA care on Twitter , it's not credible you have hardly any comments for such a large entity!? LA care seems to spend a lot of time trolling public opinion!</i></p> <p>There was no report from the Chairperson.</p> <p>Vice Chairperson Ballesteros announced that staff will ask Board Members for their suggestions for charitable organizations to receive Board member stipend donations. Per past practice, the names of two suggested charities will be randomly selected and a motion will be presented at the December 1 Board Meeting.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>PUBLIC COMMENT Received on November 3 at 11:30am via text by sender not self-identified <i>CEO report, LA care board meeting November 3 2022, why are people working at LA care so preoccupied with flagging Yelp reviews. I and another person have</i></p>	

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	<p><i>repeatedly had our comments flagged! Why are people working at LA care harassing reviewers instead of providing services, if you're so "good" why do you all resort this harassing reviewers!?</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, welcomed everyone to the first mixed media meeting, with some folks in the room with us. He reported:</p> <ul style="list-style-type: none"> • For almost the last seven years, Marie Montgomery has been L.A. Care's Chief Financial Officer, and she has signaled that she is ready to retire at the end of March 2023. Ms. Montgomery has been a tremendous contributor to the executive team and has done a stellar job in her fiduciary responsibilities as the Chief Financial Officer. She has been transparent and open, and he thinks the Finance Committee would agree that she has provided more than enough information for the Committee to do its job well. • Mr. Baackes announced that he has appointed Afzal Shah as the Chief Financial Officer to succeed her. Mr. Shah joined L.A. Care in June 2022 as Deputy Chief Financial Officer. He was previously with Alignment Health, a start-up organization, and prior to that he was with Health Net for 20 years, serving in a variety of financial management roles, including actuarial services. Mr. Baackes noted that since joining L.A. Care in June, Mr. Shah has been a contributor already, in terms of negotiations with providers as well as analyzing the various mysteries of rate development at California Department of Health Care Services (DHCS). <p>On behalf of the executive team, Mr. Baackes thanked Ms. Montgomery for her service and acknowledged that he will miss her.</p> <p>Ms. Montgomery expressed that she appreciates the opportunities that Mr. Baackes gave her at L.A. Care. It is such a great mission-driven organization and she has enjoyed every minute of it. The timing is bittersweet, at times, she feels she will miss out but she realizes she will be moving on to doing different things with new challenges. She appreciates the guidance from the Board and the Finance Committee in her time as CFO.</p> <ul style="list-style-type: none"> • Mr. Baackes noted that Richard Seidman, MD MPH, <i>Chief Medical Officer</i>, announced his retirement a while back, and will be with L.A. Care until the end of 2022. Today will be his last Board Meeting, as he will be headed to the Arctic at the time of the next Board Meeting. He thanked Dr. Seidman for his service. Dr. Seidman has been with L.A. Care for about half of its existence: From 2005 to 2011, he was the Senior Medical Director for Quality, having come to L.A. Care from the Northeast Valley Health Corporation. When he left L.A. Care, he went back to Northeast Valley Health Corporation to serve as the Chief Medical Officer. He returned to L.A. Care in 2017, for a total of 12 and a half years with L.A. Care. He has witnessed and contributed to the significant growth, and in the quality 	

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	<p>area he has done important work in early days and recently. He is a native Angeleno, he was born at Queen of Angels Hospital and he grew up in Northridge. He graduated from UC Davis and went to medical school at Charles R. Drew University, in one of the first classes. He completed his residency at Cedars Sinai Hospital. L.A. Care is grateful for his many contributions.</p> <p>Dr. Seidman thanked Mr. Baackes and he stated it has been a real honor and privilege to be at L.A. Care, not only during his first stint and for his second stint as Chief Medical Officer. It was a dream come true, as he has the honor and privilege to embody the American Dream. His grandparents grew up in Eastern Europe. Two of his grandparents are from just outside Kiev and he always thought of his grandmother as Russian, but now he knows she and his grandfather were Ukrainian. That was two generations ago. His parents were native New Yorkers, who left and came to Los Angeles. Dr. Seidman noted that he is a native Angeleno, born, raised, trained and worked in the safety net for his entire career. Northeast Valley is one of the many fine community clinics in Los Angeles County. Nina Vaccaro represents the Community Clinic Association of Los Angeles County on our Board along with Al Ballesteros, a CEO of an excellent community clinic. Dr. Seidman trained with Los Angeles County clinics. The clinic movement is all about social justice, and L.A. Care’s mission is, at its core, a social justice endeavor to provide access to health care for some of the most vulnerable people. He expressed that it has been an honor to work at L.A. Care. As Ms. Montgomery said, it is bittersweet to leave – he is looking forward to pursuing other adventures. He thanked Mr. Baackes and noted that he is still here for a little bit.</p> <ul style="list-style-type: none"> • Mr. Baackes announced that Samir Amin, MD has been appointed as the Chief Medical Officer and will join L.A. Care on December 5, 2022, overlapping with Dr. Seidman for a month. Dr. Amin is currently Senior Vice President and Chief Medical Officer at Oscar Health. Prior to joining Oscar, he was Chief Medical Officer at CareMore Health, which is a large medical group in Los Angeles County. Prior to that, he held a number of other positions at an Anthem subsidiary, which acquired CareMore. He was also with HealthCare Partners, as medical director of specialty medicine. Like Dr. Seidman, he was born in Los Angeles. His medical degree is from the David Geffen School of Medicine. He completed his internship and residency in internal medicine at Brigham and Women’s Hospital in Harvard. He completed a fellowship and residency in cardiology at Cedars Sinai. Mr. Baackes is very pleased to welcome Dr. Amin, after an extensive search, where Mr. Baackes had asked recruiters to focus on finding a candidate with experience in Southern California. Having also moved from the Northeast, the eco-system in Southern California is unique. The delegation model here is not repeated in other parts of the country or other parts of California, and he thought it was important to find someone who is familiar with this model to make the learning curve as brief as possible. Mr. Baackes is confident that he is an 	

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	<p>excellent candidate. Board Members will meet Dr. Amin in person at the February Board Meeting.</p> <p>Mr. Baackes is pleased that highly qualified successors have been hired for these two important positions.</p> <ul style="list-style-type: none"> • Mr. Baackes reported that there are no significant updates for the changes he previously reported for Medi-Cal members. L.A. Care is on track to enroll fee for service Medi-Cal members in managed care. It is expected that the public health emergency will be extended next year from the middle of January to mid-April, so it does not end in winter when there may be a spike in COVID and pneumonia cases. When the public health emergency ends, Medi-Cal members will have to go through an eligibility redetermination process. Redetermination of eligibility has not been done in three years, and there is concern that a number of members will be ineligible to continue benefits, because they have moved or because their income level exceeds the ceiling to qualify for benefits. There will also be a cohort who do not respond to the eligibility redetermination process. Individuals who become ineligible could enroll through L.A. Care Covered if they do not have health coverage elsewhere. L.A. Care has extensive plans in place to remind enrollees about eligibility redetermination, and he will review those plans with the Board as the period for resumption of redeterminations draws closer. L.A. Care will ask the Regional Community Advisory Committee members to help spread the word about redeterminations, and people will be able to go to the Community Resource Centers for assistance in completing the redetermination process. • In January 2024, Medi-Cal members enrolled with Kaiser Health Plan through L.A. Care will be transitioned to membership directly with Kaiser, under the auspices of the new contract with DHCS. • Also in January 2024, L.A. Care expects Medi-Cal enrollment of about 140,000 newly eligible undocumented residents ages 26 through 49. • A re-procurement process by DHCS was completed in recent months, and an announcement was made about changes to the commercial health plans participating in Medi-Cal. In Los Angeles County, the contract was awarded to Molina Health. Health plans which did not receive renewal of their contracts have appealed the decision of DHCS. If the decisions are reaffirmed, as expected, it is likely that court actions will ensue. <p>Board Member Roybal asked about continuity of care for the Medi-Cal members moving from fee for service into managed care. Mr. Baackes noted that L.A. Care has asked for information about the providers for those members so it can work to ensure continuity of care. As part of the recent enrollment of 85,000 newly eligible members, L.A. Care updated its provider codes to</p>	

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	<p>enable recognition and matching of providers for new members, to preserve continuity of care. It is not certain that the codes will be consistent for the transition of the fee for service Medi-Cal members, so L.A. Care is working to enable that transition.</p> <p>Board Member Roybal asked if the L.A. Care network capacity is sufficient to serve the new members in the coming years. Mr. Baackes noted that assuming that the people transitioning to managed care from fee for service and the additional cohort of undocumented residents are already using providers in the network, the capacity is covered. If the new members do not have a primary care provider, or if they are using a provider that is not in the L.A. Care network, additional capacity will be needed in L.A. Care’s network. Mr. Baackes is confident there is sufficient capacity, as indicated by its current access and availability scores. Access and availability for L.A. Care members is constantly monitored. Dr. Seidman agreed that many people are already being seen by providers already in L.A. Care’s network. To the extent that new enrollees may be seeing providers outside L.A. Care’s network, there is capacity available based on time and distance standards. There are limits to the number of patients that can be assigned to a primary care provider (PCP), nurse practitioners and physician’s assistants. L.A. Care will continue to monitor network capacity. Board Member Roybal noted that his experience is that age group episodically accesses medical care, but now with an ability to have health care coverage, there will be increased utilization. Mr. Baackes noted that if there were a history of diagnosis or treatment in the encounter data for a category that is tracked for intervention, L.A. Care would reach out to those with chronic conditions. It will depend on the documentation that L.A. Care receives for the newly enrolled.</p>	
<ul style="list-style-type: none"> 4th Quarter FY 2021-22 Vision 2024 Progress Report 	<p>Board Member Supervisor Mitchell noted that the report was overwhelming. She asked about the focus of the Vision Plan, and she asked to what extent L.A. Care’s partners (community advocates and community based organizations) may have been involved in the process.</p> <p>Mr. Baackes noted that the format goes back to his first report to the Board during the 2015 Board Retreat, where the Vision structure was established. There are four aspirational goals that are still the same: Developing accountability from L.A. Care and participating providers, building a network that is responsive to members, L.A. Care’s role in contributing to the overall health of the community, and the fourth is to improve L.A. Care’s internal operations. The specific objectives for each goal will change each year. There are four priorities overall, with tactics to advance those goals.</p> <p>Board Member Supervisor Mitchell asked about priorities for focused energy and resource allocation for those four goals. Mr. Baackes feels all four need to be pursued simultaneously, and he feels the organization has the personnel and resources to do that. In any particular year, there may be more emphasis on one or the other. In the first year, the focus was on</p>	

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	<p>accountability for L.A. Care and providers, which resulted in material improvements in quality scores. Internally, a matrix structure was developed to provide clarity and accountability for staff. Work in building an appropriate network and models of care has been emphasized in recent years. The expansion of the Community Resource Centers (CRC) is the most visible effort related to improving the health of the community. CRC programs and services have expanded from health education to include customer service, social service agencies, and recently a technology bar will be added to help members' access virtual services. The Vision 2024 has had a consistent structure since 2015.</p> <p>Board Member Supervisor Mitchell asked about the roles of stakeholders in establishing the Vision plan. Mr. Baackes noted that he regularly attends the executive community advisory committee (ECAC) meetings to update them on L.A. Care's progress. Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, has reviewed the Vision plan with the ECAC members. There is not a formal mechanism for getting feedback from community-based organizations, and he will ask Ms. Schiffer to consider ways to do that.</p> <p>Board Member Booth commented that the tactics are interrelated and interdependent, like a "tapestry", and it is hard to see a direct correlation to a particular goal. Mr. Baackes complimented Board Member Booth for her vigilance in reviewing the Vision report. He noted that making sure the goals come to life requires the depth that is apparent in the 20 pages of the report. Specific actions are identified to support the aspirational goals. He stated that if one thread is pulled from the tapestry, it could unravel the entire fabric.</p> <p>Board Member Perez, on behalf of the membership, thanked Ms. Montgomery for her hard work in making sure the Board has correct information to make wise decisions, always toward the well-being of the members and their health. She appreciates that Ms. Montgomery participates in the meetings. She thanked her for all the years of service. Her retirement is well deserved and she hopes Ms. Montgomery enjoys it to the max.</p> <p>Board Member Perez commended Dr. Seidman; she said his legacy is huge among the members, especially the RCAC and ECAC members. Dr. Seidman delivered crucial information during the pandemic so that people could make wise decisions about being vaccinated and using a mask. That Dr. Seidman comes from the safety net and identifies with communities in need – the most vulnerable ones – is very special. Dr. Seidman's retirement is not welcome. His restructure of the Technical Advisory and Children's Health Committees included member suggestions. Information that Dr. Seidman brought to the advisory committee meetings and his presence at the CRCs, vaccination clinics and food pantry events meant a lot to members. She wished him and his wife well after all these years of service.</p>	

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	<p>The names might be forgotten but the legacy and what they did for the community will always be there. They made a difference in people's lives.</p> <p>Dr. Seidman and Ms. Montgomery thanked Board Member Perez for her comments.</p> <p>Chairperson De La Torre thanked Vice Chairperson Ballesteros for backing him up so often in the meetings and for doing a great job as Vice Chairperson. Chairperson De La Torre resumed presiding over the meeting.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p>Mr. Baackes referred Board Members to the written report included in the meeting materials.</p> <p><i>Board Member Greene left the meeting.</i></p>	
<p>MOTION FOR CONSIDERATION</p> <p>Community Health Investment Fund (CHIF) grant making priorities for FY 2022-23 (BOG 101)</p>	<p><i>Board Members Ballesteros and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of subsection a. to support the health care safety net to improve infrastructure and address racial inequities, and those Board Members' vote on Motion BOG 101.1122 reflects a vote concerning the entire Motion excluding those items for which the member is abstaining.</i></p> <p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, presented information about the Community Health Investment Fund (CHIF) grant making priorities for FY 2022-23 (<i>a copy of her presentation can be obtained by contacting Board Services</i>).</p> <p>L.A. Care Board of Governors established CHIF in 2000. \$117.4 million has been invested in 879 grants to improve health care access and quality of care for under resourced communities and to strengthen the safety net. On September 1, 2022, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for fiscal year 2022-23. This Motion seeks Board approval for Community Benefits' Grant making and Budget Priorities for FY 2022-23. The four priorities are:</p> <ul style="list-style-type: none"> Support the health care safety net to improve infrastructure and address racial inequities, Address social determinants of health that result in inequities, Close the health disparities gap, and Empower and invest in organizations that address systemic racism. <p>CHIF grant making priorities are aligned with efforts across the enterprise to ensure non-duplicative funding. Funding strategies have been vetted by internal and external organizations to determine the most appropriate strategy to impact community health and social needs. The CEO's approval will be sought prior to execution of a grant within his authority. Grant requests over \$500,000 will be brought to the Board for approval. Community Benefits staff will rigorously examine all CHIF grant applications, a review committee composed of internal staff and/or external subject matter experts,</p>	

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	<p>and the Senior Director of Strategic Planning before approval is sought. Upon approval, a contractual grant agreement will be executed with the applicant to outline the scope of work, deliverables, and terms of funding. Ultimately, the goal is to increase member access to innovative care, for members to experience quality and culturally congruent care, and to access services that address social determinants of health, which will improve health outcomes, reduce health disparities and minimize health and racial inequity. Staff will report approved grants to the Board monthly, and provide an annual CHIF grant summary.</p> <p>Board Member Booth commented that the reason the delegated amount was raised to \$500,000 is that during the pandemic, community grants were needed quickly to address immediate needs. Supervisor Mitchell commended L.A. Care for the strategic intentionality of the grant funding to address racial inequities that impact health outcomes and making an investment to correct those. She asked about reporting of the geographic distribution of the grant making. Ms. Webber-Christmas responded that grant making is distributed to organizations serving communities throughout Los Angeles County. It does depend upon the applications received. In the past, L.A. Care has worked with awarded organizations to encourage expansion to geographic areas not covered. L.A. Care grant initiatives typically have full coverage across all of its RCAC areas.</p> <p><u>Motion BOG 101.1122</u></p> <ol style="list-style-type: none"> 1. Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2022-23 allocation of \$10 million in the following priority categories: <ol style="list-style-type: none"> a. support the health care safety net to improve infrastructure and address racial inequities, recommended at \$4.65 million, b. address social determinants of health that result in inequities, recommended at \$2.7 million, c. close the health disparities gap, recommended at \$1.4 million, and d. empower and invest in health/social determinants of health related organizations that address systemic racism, recommended at \$1.25 million. 2. Delegate authority to the CEO to adjust CHIF priority category amounts noted above to align with evolving community needs and requests. All other policies and procedures related to CHIF grant-making investments will remain in place. 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, De La Torre, Booth, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal and Vaccaro) with abstention by certain Board Members for the areas noted.</p>
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	Board Member Gonzalez reported that the ECAC met on October 12, and approved minutes can be obtained by contacting Community Outreach & Engagement staff. She thanked all the members that are listening to the Board and the ECAC meetings, and public that were able to attend in person. This is our first hybrid Board meeting since the start of the Public Health	

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	<p>Emergency in March of 2020. We appreciate your attendance and welcome your comments, suggestions and questions.</p> <ul style="list-style-type: none"> • In the CMO Report, Dr. Li spoke about the COVID-19 and Monkey Pox viruses, and the high number of cases of drug overdoses in L.A. County - 5 to 10 people are dying of drug overdose in L.A. County every day. Unfortunately, people do not get the rehab treatment they need. We see people in a hospital who overdose from drugs or are suffering the health consequences of overdose. L.A. Care is collaborating with L.A. County substance abuse programs to help discharge people from the hospital setting into in-patient or residential treatment centers with a home care setting, where they can get counselling and rehab services. Patients can also go to outpatient treatment centers. • In his CEO update, Mr. Baackes spoke about the Cal MediConnect program, which will end on December 31, and the new dual special needs plan (D-SNP), which will provide continued access to needed services for members. • In the Government Affairs update, Ms. Thanki spoke about the changes to the public charge rule effective on December 23, 2022, which strengthen protections for immigrant families seeking to access critical programs, resources, and services offered by Los Angeles County and other public agencies, without an impact on immigration status. This is especially important since California recently expanded Medi-Cal to all income eligible persons ages 50 or older regardless of immigration status. • She thanked Ms. Compartore for sharing very interesting information about the propositions on the November ballot so they can decide their vote on Election Day. • Dr. Eakins spoke about several topics: <ul style="list-style-type: none"> - Community Resource Center events and activities - ECAC and RCACs will be returning to in-person meeting starting December and January depending on the cycle of when a RCAC meets, which is very exciting news - Board Application process has been open since 2020 but as a reminder anyone desiring to submit an application can do so to Board Services or CO&E. Applications can be submitted but there will be new rules with different due dates so it is highly suggested that applicants wait for the new rules to be approved. She recommended to anyone interested in representing the community throw their hat in, and say what they need to say to represent their community. • Laura C. Gunn, <i>Quality Improvement Project Manager</i>, presented information about Child and Adolescent Health interventions. L.A. Care uses automated calls and social media campaigns to encourage parents of children ages 0 to 17 and members ages 18-21 to make an appointment with their primary care provider for a well care checkup. 	

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	<p>Board Member Perez thanked L.A. Care on behalf of Health Promoters, for allowing them to attend the Vision Y Compromiso conference in October. They learned many different resources for the community and had a chance to meet other Health Promoters from across the United States. October is the Health Promoters month, and she reminded everyone about the importance of the Navigators in the health care system. The Health Promoter establishes trust between the patient and health services, improving access to care. The patient can identify with the Health Promoter, lives in the same community, goes through the same situations, is part of the most vulnerable communities and usually speaks the same language. She thanked L.A. Care and the social media team for the opportunity to participate in the different events at the CRCs. This is a way to connect with our communities. She invited everyone to attend these events to learn about available resources. She noted that with regard to stipends, there was a delay and Health Promoters did not receive stipends timely. When stipends are delayed, the Health Promoter has to take funds from the family budget to conduct their Health Promoter activities. Health Promoters dedicate their time and energy to serve the community.</p> <p>Board Member Perez announced that after not meeting during the pandemic, RCAC meetings would resume soon. Community Outreach and Engagement staff has reached out to RCAC members to determine their participation in RCAC meetings. She suggested that CO&E staff restart written reports on RCAC activities to keep them informed. She noted that people have to get out of their comfort zones to evolve. She encouraged members to try to get in front of the computer to receive an email update. She learned to do it. She is doing on line classes through Venice Family Clinic and the American Cancer Society to reach out to those who could not yet meet in person. She encouraged members to respond when urged to evolve and put oneself out of one's comfort zone, to learn something new. She wants to make sure that everyone gets the information they need, and information is also available in Spanish. She reminded everyone present that interpreters are translating the meeting so that Spanish-speaking members can understand the message, feel included in the meeting, and feel comfortable making comments during the Board Meetings.</p> <p>Chairperson De La Torre thanked Board Members Gonzalez and Perez for all that they do to represent members and for speaking up to flag things that others may not be aware of that only members can see and experience. He thanked them for being that constant voice of the patients that we serve, who are the reason the Board is here.</p>	
BOARD COMMITTEE REPORTS		
Executive Committee	Chairperson De La Torre reported that the Executive Committee met on October 25 (<i>approved meeting minutes can be obtained by contacting Board Services and will be available on the website</i>).	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
<ul style="list-style-type: none"> Board Officers 2023 	<p>Chairperson De La Torre reported that the Executive Committee reviewed nominations received for 2023 Officers and proposes a slate of officers:</p> <p><u>Motion BOG 102.1122</u> To approve the following 2023 Board of Governors Officers, effective January 1, 2023:</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Alvaro Ballesteros</td> <td>Chairperson</td> </tr> <tr> <td>Ilan Shapiro, MD</td> <td>Vice Chairperson</td> </tr> <tr> <td>Stephanie Booth, MD</td> <td>Treasurer</td> </tr> <tr> <td>John Raffoul</td> <td>Secretary</td> </tr> </table> <p>Chairperson De La Torre congratulated the new Officers. He is so glad for the transition and the Board can use all the expertise of the new Officers. He thanked the Board for extending his time as Chairperson during the pandemic. He is glad that the Board is returning to normal routines like the hybrid meeting and the regular election of Officers.</p>	Alvaro Ballesteros	Chairperson	Ilan Shapiro, MD	Vice Chairperson	Stephanie Booth, MD	Treasurer	John Raffoul	Secretary	<p>Unanimously approved by roll call. 10 AYES</p>
Alvaro Ballesteros	Chairperson									
Ilan Shapiro, MD	Vice Chairperson									
Stephanie Booth, MD	Treasurer									
John Raffoul	Secretary									
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> Mid-term elections are scheduled for next week. While the outcome of the California Governor’s race is fairly clear, all state Assembly seats are on the ballot, along with some Senate seats. This will lead to quite a few new state legislators heading into 2023. As soon as the election is over, the Governor will call for a Special Legislative Session and will reconvene the Legislature on December 5 to consider his proposal to place a windfall tax on oil companies. L.A. Care is preparing to meet with new members as soon as possible at the district level and at the state capitol. L.A. Care will also reach out to those elected to federal offices as well. Centers for Medicare and Medicaid released a final rule confirming that Medi-Cal providers will face a rate cut. Immediately following that announcement, a bi-partisan letter was sent from Congressional representatives asking the administration to take action to stop the rate cut. Ms. Compartore anticipates that Congress will be successful in stopping the rate cut. The letter also calls for a more long-term solution and discussions are occurring, but she does not believe the long-term solution will be successful. Providers, hospitals and clinic staff are especially concerned this year because of inflation, rising labor costs, lack of COVID funding and increased rates of influenza and RSV infections. <p>Chairperson De la Torre noted that Ms. Compartore’s point about new members could not be understated. This is the first big batch of members leaving at the same time in many years. This will be a significant change because of the loss of expertise of a number of legislators and it will take the newly elected members some time to adjust to the new role. Institutional memory</p>									

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	has been lost. Healthcare is always a difficult issue for new members, and L.A. Care will need to identify new members who will become health care leaders.	
Finance & Budget Committee	Chairperson De La Torre reported that the Finance & Budget Committee met on October 25 (<i>approved meeting minutes can be obtained by contacting Board Services and are available on the website</i>). The Committee approved a contract amendment with Instant Infosystems that does not require approval by the Board.	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, presented Financial Reports for August 2022 (<i>a copy of the presentation can be requested by contacting Board Services</i>).</p> <p><u>Membership</u> August 2022 enrollment is 2.7 million members, 2,599 members unfavorable to the 9+3 forecast, and 21,151 unfavorable year-to-date (YTD). The unfavorability was due to: 1) a Plan Partner terminated a provider group contract, so those 6,000 members moved from Plan Partners to L.A. Care’s directly contracted network (MCLA) as that provider group is in the network, and 2) the forecast over-estimated Kaiser members. The error will carry forward through the end of the year.</p> <p>Membership of 115,000 for L.A. Care Covered (LACC) was slightly favorable to the forecast. In August, Covered California dis-enrolled members who did not meet the eligibility requirements, with an estimated decrease in L.A. Care enrollment of approximately 2,500 members. The commercial product team is contacting those members about their enrollment.</p> <p><u>Consolidated Financial Performance</u> The net deficit for August 2022 is \$13 million; \$6 million unfavorable to the 9+3 forecast. Administrative expense is \$3.5 million favorable to the forecast, and Non-operating expense is \$2.7 million favorable to the forecast. The same variances for the month of August can be seen in the year to date variances.</p> <p><u>Year-to-Date (YTD) Consolidated Financial Performance</u> Net surplus is \$17.4 million, \$7.5 million unfavorable to the forecast. The operating margin is \$32 million unfavorable to the forecast primarily due to \$42 million incurred fee for service claims. This is offset by \$7 million higher institutional member revenue due to higher member count and a corrected \$1.5 million claims recovery accrual.</p> <ul style="list-style-type: none"> • CBAS was favorable \$8.8 million and Pharmacy expense was \$2.6 million favorable. • Administrative was \$7.6 million favorable to the forecast. • Non-operating expense is \$17 million favorable to the forecast due to timing of grant spending, lower CRC expenses, and higher interest income, offset by unrealized losses. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> • Overall Medical Cost Ratio (MCR) is 93.8% vs forecast of 93.5%. This is due to incurred claims. • Plan Partners MCR is slightly favorable to forecast. • SPD/CCI MCR is just below forecast due to lower CBAS costs. • TANF/MCE MCR is higher than the forecast due to the higher outpatient claims discussed earlier. • CalMedi-Connect MCR is unfavorable to the forecast due to timing in the Part D reconciliation and higher fee for service claims. • Commercial MCR is slightly higher than the forecast due to PASC capitation deduct true up and higher outpatient claims. <p><u>Reported vs Paid Claims Trend</u></p> <p>In the previous fiscal year, the monthly claims payments stabilized, and this influenced the level of reserves. After a dip in July, August saw a record high paid claims month driven by the items discussed earlier.</p> <p>Afzal Shah, <i>Deputy Chief Financial Officer</i>, noted there are three main drivers of uncertainty related to the reserves. First is the corrected claims process. The second item is the reduction of the inventory of claims. Third is the payment of COVID testing claims. There was a policy change implemented this summer to pay those COVID testing claims.</p> <p>As part of the audit, Deloitte will be reviewing L.A. Care's reserve position. Year-end results will be presented at the November Finance & Budget Committee meeting and the December Board Meeting.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> • The Medical Care Ratio of 93.8% • The administrative ratio was 5.5%, lower than the forecast of 5.6%. • Working Capital and Tangible Net Equity are ahead of benchmarks. • Cash to claims is below the benchmark. • As previously reported the cash to claims ratio will not fully recover until the IHSS balances are settled with DHCS. <p><u>Tangible Net Equity & Days of Cash on-Hand</u></p> <p>August 2022 Fund Balance was \$1.07 billion, which represents 522% of the required Tangible Net Equity, which represents 39 days' operating expenses.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion FIN 103.1122</u> To accept the Financial Reports for August 2022 as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of August 31, 2022 was \$1.7 billion.</p> <ul style="list-style-type: none"> \$1.32 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund \$255 million in Los Angeles County Pooled Investment Fund 	
<p>Compliance & Quality Committee</p>	<p>The Compliance & Quality Committee met on October 20 <i>(approved meeting minutes can be obtained by contacting Board Services and will be available on the website).</i></p> <ul style="list-style-type: none"> Mr. Mapp and Compliance Department staff presented the October 2022 Chief Compliance Officer report: <ul style="list-style-type: none"> 2022 Internal Audit. L.A. Care Compliance Department Internal Audit contracted with Resources Global Professionals, Inc. (RGP), to perform a second follow-up review of corrective action plans implemented to remediate issues documented in the L.A. Care Sales and Marketing Audit Report dated April 16, 2021. The audit found opportunities for improvement in the Sales (formerly Sales and Marketing) quality assurance program effectiveness and management oversight. Internal Audit completed a follow-up review on November 2, 2021, which determined that corrective actions were implemented timely and instruction conducted to the sales team were effective. RGP also performed an internal audit of L.A. Care's Non-Emergency Medical Transportation and Non-Medical Transportation services to express an opinion on L.A. Care's compliance with the applicable requirements. The audit was initiated in response to a DHCS letter received March 25, 2022, stating DHCS "has identified systemic issues related to Medical Managed Care Health Plan administration of the Non-Emergency Medical Transportation, and Non-Medical Transportation benefit." The letter also advised DHCS will impose monetary sanctions and corrective action plans for non-compliance identified during DHCS' Annual Medical Audit. In response, L.A. Care's Regulatory Compliance team conducted a risk assessment, identified risk areas, and recommended initiation of an internal audit of the Non-Emergency Medical Transportation and Non-Medical Transportation benefit administration program, as well as other risk mitigation activities. 	

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	<ul style="list-style-type: none"> - The 2022 Issue Inventory continues to be updated and going through a clean-up process. The repository now has 240 items of which 53% show remediated and L.A. Care prioritized issues. - The 2024 DHCS Operational Readiness Assessment. Medi-Cal managed care Request For Proposal (RFP) for commercial plans was released on February 9. All Medi-Cal managed care plans will be subject to new contract requirements as of January 1, 2024. DHCS initiated an operational readiness assessment for Medi-Cal managed care plans in June 2022. Approximately 250 deliverables are grouped into three submission phases, due between August 8, 2022 and October 31, 2023. As of October 3, there are a total of 61 submissions, 29 have been approved by DHCS and 30 are currently being reviewed. • Dr. Seidman gave his Chief Medical Officer report. He gave an update earlier today. • Elaine Sadocchi-Smith gave a report on: <ul style="list-style-type: none"> - L.A. Care’s Population Health Management (PHM) strategy addresses National Committee for Quality Assurance’s PHM standards and requirements. It also addresses how L.A. Care provides services to members through a holistic patient-centered model of care engaging members regardless of where the member lies on the continuum of health and a comprehensive Transition of Care program specifically addressing CalAIM requirements. - She also provided an overview of the Initial Health Assessment (IHA). IHA is a Medi-Cal requirement for all newly enrolled members to complete with their provider within 120 days of enrollment, based on DHCS’s All-Plan Letter 08-003. Primary Care Physicians are responsible for ensuring members complete an IHA. • Betsy Santana gave a report on Behavioral Health Quality Improvement Initiatives. All product lines have added metrics related to behavioral health for both primary and specialty care. The Initiatives team works closely with the Behavioral Health Department and Beacon Health Options (our vendor) to determine priorities and develop interventions to improve member care. Some areas of focus in 2022 include Follow-Up Care for Children Prescribed ADHD Medication, Metabolic Monitoring for Children and Adolescent on Antipsychotics, Antidepressant Medication Management, Follow-up after Hospitalization for Mental Illness, and Diabetes Monitoring for People with Diabetes and Schizophrenia. <p>Compliance & Quality Committee members work hard to improve the quality of care provided by L.A. Care, while constantly dealing with changing legislative and regulatory requirements. As Committee Chair, Board Member Booth is proud of the great job they do, and she is honored to be a part of the Committee.</p>	

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<p>PUBLIC COMMENT on Closed Session Items</p>	<p>Received on November 3 at 1:49pm via text by Ismael Maldonado, RCAC 2 Member <i>Full-scope Medical going into manage care like La Care Molina BLUE Cross what if we don't want any of that plan unrestrictive medical</i></p> <p>Received on November 3, 2022 at 2:33PM via email by Andria McFerson, RCAC 6 Chair: <i>Hello Board, This is Andria from RCAC 6 This email is a repeat of my previous comment for item 8: being that I was not able to completely write it in the chat box. Our RCAC members and other members of the community that may be suffering the same Health situations, or even different conditions should have an official, anonymous and/or peer to peer support program giving public surveys regarding their medical treatment from healthcare professionals and all other relevant professionals they interact with regarding healthcare necessities. This could be questions given anonymously to our members virtually or on paper in locked boxes this would answer so many questions addressing and prioritizing the major problems from people who have the highest chronic illness and the highest mortality rate and all the things they go through. Honest interaction from us can show better stress management and socialization and have better overall data as well. Knowing LA Care and all people relative to healthcare could actually show acknowledgment about the social determinants of health and making medical providers and pcps show integrity and more professionalism, responsibility and less racism could relieve a lot of stress from our members. Finding out the major causes from the actual people who have to things like high mortality and mental illnesses I think is because of bad preventive health care, also being undiagnosed, misdiagnosed and to be under-diagnosed. Also this survey is so that people of color like myself could have better overall care and help save lives. Also to point out doctors who don't feel accountable for their actions which is one of the reasons Seniors, disabled people, and people of color are most likely to be sick and are less likely to see medical providers for preventative solutions. As a Black women my ideas have been used here at LA Care a lot and I have had no acknowledgment I don't care as long as my effective ideas are used for the betterment of the people of LA county i.e. Resource Guides Robo-calls SDOH and helping the homeless Also Empathy training, But, we need to address the elephant in the room and have more involvement regarding the African American community due to the major issues we face, with more successful solutions like surveys FYI...I initially made this request at the BOG meeting in July of 2021. I want to ask the Board members right now does an anonymous after-care survey given to the members on a regular basis sound feasible Chair or are their legal issues that may not allow direct communication?</i></p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>(following are comments from people attending the meeting in person) <i>Russel Mahler, RCAC 1</i> <i>Good morning, members of the Board. First off, I want to say that I'm glad to be back seeing everybody in person and everybody doing well. I also want to thank for the update on the RCACs and ECAC meetings that are going to be taking place soon. It's been a long time coming since we have seen each other. I hope that going forward we have new faces here at the Board and old faces come back and visit us. I also want to say thank you for all that you guys have done through the years in keeping us informed about the updates and things that have gone on with this virus. Thank you.</i> <i>Chairperson De La Torre noted that staff will take the idea of a survey under advisement to see if that is something that can be done, or maybe it is already being done in some capacity.</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 3:07 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:41 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>November 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan's Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of Appeals for the Federal Circuit Case No. 20-2254)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:11 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:11 p.m.	

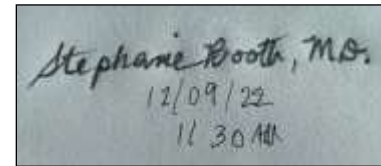
Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III*

Victor Rodriguez, *Board Specialist II*

APPROVED BY:



Stephanie Booth, MD.
12/09/22
11:30 AM

Stephanie Booth, MD, *Board Secretary*

APPROVED