Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – December 11, 2024

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair **	Shelly Hash, Interpreter	Layla Gonzalez, Advocate, Board of Governors
Ana Rodriguez, TTECAC Chair and	Sonia Hernandez, Interpreter	Fatima Vazquez, Member, Board of Governors
RCAC 2 Chair	Isaac Ibarlucea, Interpreter	Sameer Amin, M.D, Chief Medical Officer, L.A. Care Health
Silvia Poz, RCAC 4 Chair	Eduardo Kogan, Interpreter	Plan
Maria Sanchez, RCAC 5 Chair	Erin Lafarque, Interpreter	Tyonna Baker, Community Outreach Field Specialist, CO&E
Joyce Sales, RCAC 6 Chair	Sina New, Interpreter	Ingrid Castelo, Director, Utilization Management ***
Martiza Lebron, RCAC 7 Chair	Missy Smith, Closed Captioner	Idalia De La Torre, Field Specialist Supervisor, CO&E
Ana Romo, RCAC 8 Chair	Andrew Yates, Interpreter	Auleria Eakins, Manager, CO&E
Tonya Byrd, RCAC 9 Chair	Bo Uce, Interpreter	Ramon Garcia, Community Outreach Field Specialist, CO&E
Damares O Hernández de Cordero,		Hilda Herrera, Community Outreach Field Specialist, CO&E
RCAC 10 Chair		Christopher Maghar, Community Outreach Field Specialist,
Maria Angel Refugio, RCAC 11 Chair	Gladys Alvarez, Public	CO&E
Lluvia Salazar, At-Large Member	Myrra Bollo, Public	Linda Merkens, Senior Manager, Board Services ***
Deaka McClain, TTECAC Vice-Chair	Bunly Buth, Public	Frank Meza, Community Outreach Field Specialist, CO&E
and At Large Member	Byrnette Cruz, Public	Rudy Martinez, Safety and Security Program Manager III,
	Frank Guzman, Public	Facilities Services
	Arnie Cifuentes, Public	Catherine Nguyen, Manager. Medical Management, Utilization
* Excused Absent ** Absent	Estela Lara, Public	Department ***
*** Via teleconference	Russel Mahler, Public	Cindy Pozos, Community Outreach Field Specialist, CO&E
	Andrea McFerson, Public	Victor Rodriquez, Board Specialist, Board Services
	Fresia Paz, Public ***	Farid Seyed, Lead Unified Communication Mobility Engineer, IT
	Marlene Paz, Public ***	Operations & Infrastructure
	Marcia Ramos, Public	Vivian Tang, Program Manager, Population Health Management
	Martha Rodriguez, Public	***
	Ricardo Sanchez, Public	Martin Vicente, Community Outreach Field Specialist, CO&E
	Demetria Saffore, Public	

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CALL TO ORDER	Ana Rodriguez, *TTECAC Chairperson*, read the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department. Chairperson Rodriguez called the meeting to order at 10:05 A.M.	
APPROVE MEETING AGENDA	**PUBLIC COMMENT** ***Andria McFerson expressed concerns about the timing of public comments during meetings. She stated that public comments should be allowed after agenda items are explained and addressed so that participants fully understand the topics they are commenting on. She noted that this practice was in place for years but changed suddenly. McFerson emphasized the importance of clear explanations, particularly for individuals with developmental disabilities, and argued that the current approach could be considered ADA discrimination. She also raised concerns about RCAC 5, where a motion was passed restricting public comments to the end of meetings, preventing participants from addressing agenda items as they are discussed. She believes this limits the ability of the public to share how L.A. Care's decisions impact their health. Additionally, she pointed out procedural issues, stating that the motion was made without the Chair present and should be revisited.*** **The Agenda for today's meeting was approved.**	**Approved Unanimously. 7 AYES (Byrd, McClain, Poz, Rodriguez, Romo Sales Sanchez)**
APPROVE MEETING MINUTES	**The November 13, 2024 Meeting minutes were approved.**	**Approved Unanimously. 7 AYES (Byrd, McClain, Poz, Rodriguez, Romo Sales Sanchez)**
STANDING ITEM		
UPDATE FROM CHIEF MEDICAL OFFICER	*(Member Martiza Lebron joined the meeting.)* Sameer Amin, *Chief Medical Officer*, gave the following update: Dr. Amin provided an update on a potential initiative to expand services at Community Resource Centers (CRCs) to improve healthcare access for members. He acknowledged ongoing challenges in accessing care due to overwhelmed primary care providers and	

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	specialists. To address this, he proposed enhancing CRCs to provide direct care services, including preventive screenings, vaccinations, well-child visits, and support for transitions of care. He said that this idea is still in the early stages and requires further discussions with plan partners, financial analysis, and logistical planning. Key considerations include staffing CRCs with nurse practitioners, case managers, social workers, and pharmacists rather than doctors, ensuring proper communication with primary care providers, and integrating electronic health records. Dr. Amin stressed that this initiative would not replace existing primary care services but serve as an additional support system. He also noted that the project's feasibility depends on member engagement, provider collaboration, and approval from leadership, including the incoming Chief Executive Officer. While no decisions have been made, he welcomed feedback and suggestions on the proposal. **PUBLIC COMMENT** ***Andria McFerson thanked Dr. Amin for the information and asked for clarification to accurately report back to her group. She noted that the proposed improvements to Community Resource Centers (CRCs) aim to enhance access to care. She asked about including vaccinations, better communication with primary care providers, and the possibility of offering primary care appointments at CRCs.*** Dr. Amin clarified that the proposed enhancements to CRCs would not include primary care provider (PCP) appointments or doctor visits. Instead, the goal is to provide additional support to help PCPs manage patient care more effectively. He mentioned that some appointments might be available for preventive services, such as scheduling mammograms. He explained that while UCLA has "My Health" for tracking appointments and medical records, L.A. Care is launching a new member portal in 2025. This portal will provide similar functionalities, and he offered to share more details in the future. ***Ms. McFerson noted the value of peer-to-peer outreach and publicity within RCAC, she said that some members have been involved for decades. She suggested that RCACs receive funding to support outreach efforts, allowing members to inform potential participants about CRCs at various events across the county. She also proposed implementing surveys at CRCs and outreach events. She believes that people are more honest when providing feedback to peers rather than to individuals who may influence their healthcare.*** Dr. Amin acknowledged Ms. McFerson's previous input on conducting surveys and confirmed that the quality department is actively implementing them in doctors' offices and other appointment settings. Regarding peer outreach and CRC awareness, he mentioned	

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	that a Community Health Worker (CHW) benefit is available. Members interested in becoming CHWs can get licensed and network with L.A. Care, allowing them to engage with the community and connect members to available services. Member Joyce Sales appreciates the idea of direct care, it's a long time coming. She highlighted the challenge of not only providing services in the centers but also the construction development required. She suggested finding ways to simplify or minimize the process to make the build-up to the full-scale centers more efficient. Member Sales mentioned a company called Concerto Care, which she believes changed its name. This company offered direct care but required transferring all medical information and doctor use to their agency for full services. She expressed hesitation about L.A. Care being in that position, although she acknowledged that L.A. Care members would likely need to be part of such a system for it to make sense. Dr. Amin proposed a phased approach for the direct care centers, suggesting that the rollout start with a few centers instead of all of them at once. He mentioned a lighter version of the plan where vendors could provide services like mammograms and screenings at the centers without requiring extensive construction or long timelines. He confirmed that progress is being made on this approach under the guidance of Edward Sheen, *MD, Chief Quality and Population Health Executive*. Dr. Amin also emphasized that the direct care centers would not replace primary care doctors. Instead, the centers would offer additional support to existing primary care providers by assisting with tasks such as vaccinations, screenings, and preventative care. Nurse Practitioners or nurses would carry out these tasks alongside primary care appointments, helping to ease the workload of primary care doctors. Dr. Amin made it clear that the goal is to provide wrap-around care, not direct care, which would not interfere with or change primary care assignments. He noted that the community resource centers are being discussed in partnership with Blue Shield Promise, but no formal commitment has been made, discussions are still in the early stages. Member Tonya Byrd noted the importance of the CRCs and starting with the people at the table and within the community. She suggested that introducing the centers to these groups first would help establish a connection and familiarity with the services offered. Member Byrd also acknowledged the value of the proposed services, including mammograms and vaccinations, and noted that her background in the medical field made her appreciate the role of community centers as intermediaries for tasks like medication discussions. She emphasized that the centers could play a vital role in bringing the community together, particularly since many people are unaware of these resources. Dr. Amin thanked Member Byrd. He has encouraged members and staff to visit the Community Resource Centers	

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	(CRCs), noting that they are beautiful spaces offering excellent services. He mentioned that many people already benefit from the programs at CRCs. Dr. Amin's team has developed plans to carry out some of the proposed work, without extensive transportation changes, and more activity will be seen at the CRCs, regardless of whether the larger initiative moves forward. Member Deaka McClain said she supports the idea, calling it a great improvement in access to care. However, improving access to care is one thing, but actually implementing it is a challenge. She suggested adding a service at the community resource centers to help individuals with paperwork, as she had received a call from a community member struggling to navigate the process of starting services. Member McClain proposed having someone at the center who could assist with filling out forms and sending them to the necessary places. She also noted concerns about long wait times for follow-up appointments, suggesting a need for someone to address this issue as well. Dr. Amin thanked her for her feedback. *(Member Damares De Cordero, Member Maria Angel Refugio, and Member Lluvia Salazar joined the meeting.)*	
BOARD MEMBERS REPORT	Ms. Gonzalez and Ms. Vazquez presented the October 2024 Board Member Report *(a copy of the report can be obtained from CO&E).* The Board of Governors met on December 5. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care's website. • The list of motions approved at that Board meeting can be obtained from CO&E. • Thank you to the RCAC members that joined the Board meeting in person or virtually. They were happy to see members there and appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person: – Roger Rabaja – Ana Rodriguez – Maria Sanchez – Deaka McClain – Sarai Angeles – Ravy Morrath – Silvia Poz – Joyce Sales	

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	– Maria Adela Guadarrama – Jose Lopez – Myrra Bolla – Maria Moreno Lesana – Silvia Socio – Hilda Perez – Damares Cordero – Deysi Corona – Estela Lara – Maritza Lebron – Andria McFerson – Reginald Fagan • Mr. Baackes introduced an agreement to continue the Community Resource Center (CRC) partnership with Blue Shield Promise. The Board unanimously approved the motion. • Dr. Li summarized a Board resolution to reaffirm the mission to protect member access to healthcare coverage regardless of immigration status. With the recent election, there is a credible threat with regard to deportation as well as a potential deterrent to enrollment due to public charge rules. As an organization, L.A. Care stands by members regardless of immigration status. This is an affirmation and will provide staff with the capacity and ability to further that message and work with community partners to ensure that our members are not deterred from seeking health care coverage or fear a pathway to legal status. The Board unanimously approved the resolution. • Mr. Baackes gave a final report to the Board of Governors, reflecting on his tenure. He discussed L.A. Care's growth since he became CEO in 2015, including expansion into Covered California and the Cal Medi-Connect program, and highlighted implementation of the matrix management structure that improved accountability and eliminated operational silos. He noted improvements in health plan quality scores, the introduction of direct contracting with physicians, and the expansion of Community Resource Centers (CRCs) across Los Angeles County. Mr. Baackes spoke about the success of the Elevating the Safety Net (ESN) initiative, which has supported workforce development and medical education, as well as several ongoing business transformation projects. Financially, L.A. Care remains fiscally strong, with reserves of $2.2 billion, positioning the organization well for future challenges. Mr. Baackes expressed gratitude for each member of his leadership team and introduced resolutions to expand the ESN fund and safeguard the investments for the future.	

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	• Joanne Campbell, from L.A. Care's Government Affairs department, reported that at the federal level, Congress is expected to vote on a funding measure to avoid a government shutdown, with a focus on using budget reconciliation to address issues like immigration, energy, and healthcare. At the State level, key legislation includes AB4, which aims to expand access to coverage in the state-based exchange regardless of immigration status, and proposals from the California Attorney General to safeguard medication abortion and reproductive privacy. L.A. Care supports both AB4 and family planning rights legislation. A special session has been called to create a $25 million fund for legal resources to protect California's values and rights. • Board Chairperson Ballesteros expressed deep gratitude to Mr. Baackes, highlighting his commitment to the organization since 2016 and his impactful work in addressing community needs. He praised Mr. Baackes for his dedication to the community through the Community Resource Centers and the efforts to ensure healthcare access across Los Angeles, particularly in underserved areas. Board Chairperson Ballesteros noted the importance of partnership in bridging healthcare disparities and commended Mr. Baackes for focusing on the development of young physicians and healthcare workers. He acknowledged the challenges ahead and expressing confidence in the continued progress under Mr. Baackes' leadership. • Dr. Amin discussed the potential expansion of clinical services at L.A. Care's Community Resource Centers (CRCs) to provide wrap-around care and address increasing administrative burdens on providers. He outlined plans to offer services like health visits, screenings, vaccinations, and disease management at the CRCs in collaboration with primary care providers. This expansion would require retooling the CRCs to include medical equipment and staff, such as medical directors and case managers, and aims to improve care, reduce hospital utilization, and strengthen member engagement. Dr. Amin highlighted the potential for a significant return on investment, including closing care gaps and reducing emergency service costs. He noted that while this initiative is still in the planning stage, it aligns with L.A. Care's mission and has generated interest from key partners like Blue Shield Promise. • The Board approved TTECAC's request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts in the Community Health Investment Fund grant program to assist patients in getting on and off examination tables. • The Board approved a motion to appoint Martha Santana-Chin as Chief Executive Officer of the Local Initiative Health Plan Authority for Los Angeles County, effective January 6, 2025.	

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	PUBLIC COMMENT ***Andria McFerson noted the the need for more direct representation from the Board of Governors on issues discussed at meetings. She suggested having motions related to topics regularly discussed, specifically around improving access to services at the CRCs and enhancing services based on community suggestions. McFerson recommended taking these discussions to representatives and bringing them to the ECAC in the next meeting for further consideration by the BOG. She also noted that L.A. Care was fined $55 million by the Department of Health Care Services, with $28 million allocated to organizations throughout Los Angeles County. Ms. McFerson emphasized the importance of discussing this issue at every RCAC meeting and requested that more funding be directed toward community outreach and advocacy efforts.*** Member Silvia Poz asked Ms. Gonzalez and Ms. Vazquez if they had any information regarding Government Affairs update on the Deferred Action for Childhood Arrivals (DACA) program. Ms. Gonzalez responded that they would follow up and provide information in the future.	
ECAC CHAIRPERSON'S REPORT	Chairperson Rodriguez presented Motion ECA 100.1224 *(A copy of the list of RCAC members can be obtained from CO&E.):* **ECA 100.0225** ***Motion to recommend approval of new candidate (s) for RCAC membership.***	**Approved.** **9 AYES (Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, Refugio, and Romo)** **1 ABSTENTION Byrd**
MEMBER ISSUES	**PUBLIC COMMENT** ***Ms. McFerson's comment focused on disparities faced by L.A. County residents and L.A. Care members, particularly low-income individuals. She stated that despite her efforts to highlight human rights issues and systemic injustices within the healthcare system, she has been unsuccessful. She described a negative experience at Cedars Sinai Hospital, alleging malpractice, and stated that while she filed complaints with relevant quality and compliance departments, she received no follow-up communication.*** ***Demetria Saffore stated that she would like to let the committee know that she has come to a difficult decision where she going to discontinue treatment with CPAP therapy because she is not able to receive her supplies in a timely manner.***	

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	Member Refugio, from RCAC 3, stated that even before COVID, for over a year, members in her area have consistently reported issues with community clinics. The main problem is difficulty getting appointments, with long wait times. Members often prefer a specific, closer clinic and are reluctant to go to other referred clinics. Member Refugio requested follow-up on this issue and asked if there would be a future response for the RCAC.	
NEW BUSINESS		
POPULATION HEALTH MANAGEMENT OVERVIEW	Vivian Tang, MPH, CHES, Program Manager*, Population Health Management,* gave a Population Health Management Overview *(a copy of the report can be obtained from CO&E).* Introduction to Population Health Management (PHM) Definition & Purpose: PHM is a strategic approach to improving health outcomes by addressing the broad factors affecting patient populations. It integrates healthcare delivery, social determinants of health (SDOH), and data-driven interventions to enhance patient well-being. Focus Areas: • Preventative care • Chronic disease management • Coordination of healthcare services • Addressing disparities in healthcare access PHM Program Components • Care Coordination: Ensuring patients receive the right care at the right time, reducing gaps in treatment. • Health Data Utilization: Leveraging technology and analytics to identify at-risk populations and tailor interventions. • Member Engagement: Encouraging individuals to participate in their health management through education and community resources. • Collaboration Across Providers: Connecting healthcare providers, social services, and community organizations to create a more integrated system. Background Why PHM Matters: • Rising healthcare costs and the need for efficient resource allocation. • Health disparities in underserved communities requiring targeted support.	

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	• The shift from a reactive to a proactive healthcare model. Historical Context: • PHM programs have evolved in response to healthcare reforms and the increasing focus on value-based care. Community Advisory Committee (CAC) & PHM Future Involvement Role of CAC in PHM: • Representing community perspectives to shape PHM initiatives. • Identifying local healthcare challenges and advocating for solutions. • Supporting outreach efforts to engage diverse populations. Future Participation: • CAC members will be involved in program evaluations, feedback sessions, and recommendations for expanding PHM services. • Potential for new pilot programs focused on community-specific health issues. Next Steps Implementation Plans: • Expanding community-based health interventions. • Enhancing partnerships between healthcare providers and social service organizations. • Increasing awareness and utilization of PHM resources among members. Measuring Success: • Tracking health outcomes, patient satisfaction, and program effectiveness through data analysis. • Continuous feedback loops to refine PHM strategies. **PUBLIC COMMENT** ***Andria McFerson began by raising concerns about a violation of her ADA rights during a previous comment session, requesting an ADA-compliant platform to ensure her rights are upheld when speaking. She then asked how L.A. Care addressed the Department of Health Care Services directives regarding risk management and improved care for members. She questioned whether L.A. Care took the necessary steps to meet DHCS expectations and adjust its practices accordingly. She inquired about the connection between these changes and a related settlement, seeking clarification on whether L.A. Care's actions aligned with the requirements set forth by DHCS.*** Ms. Tang explained that the initiative is primarily focused on collaborating with local health departments to improve health outcomes across Los Angeles County. She emphasized the	

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	importance of partnering with RCAC members, as they have firsthand knowledge of their communities' needs. She said that while data is valuable, it doesn't always capture the full picture, making community input essential. B y working with local health departments and service areas, L.A. Care aims to ensure that healthcare concerns and needs are properly addressed. She acknowledged RCAC members as subject matter experts and emphasized their role in shaping the project's direction. Member Lebron praised the presentation's visuals and coverage of key objectives but pointed out that the goal on the fourth page needed further clarification. They specifically asked whether the data and initiatives focused solely on Black individuals or American Indians, or if they included other groups. They emphasized the importance of evaluating which populations are most in need and asked whether the initiative addresses high-risk individuals, particularly parents at higher risk of dying. and their children. Ms. Tang clarified that while the primary focus of the initiative includes Black/African American and Native populations, this was a "Bold Goal" set based on state-identified areas of need. However, she emphasized that the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are designed to serve the entire population within the service area, addressing various health disparities across Los Angeles County. She acknowledged that different regions have different health priorities, citing examples such as Pasadena health department's focus on increasing immunization rates and Long Beach health department's efforts in violence prevention. Ms. Tang reassured that the initiative aims to address all care gaps by prioritizing areas identified as most in need based on local health department assessments. Member Silvia Poz asked for clarification on eligibility for Complex Case Management and Transition of Care Services. Previously, she understood that eligibility required at least three emergency room (ER) visits within six months and wanted to confirm if that was still the case. Ms. Tang clarified that this should not be the case for Complex Case Management, though she was not entirely familiar with its specific criteria. However, for Transitions of Care Services, she explained that support is now available for all levels of care, regardless of whether a patient is classified as high or low risk. She also mentioned a recently established hotline where patients can call directly to request post-hospitalization care. She offered to provide additional details to Ms. De La Torre.	
MOTION FROM RCAC 4	Member Silvia Poz, *RCAC 4 Chair*, presented Motion ECA 100. **ECA 100**	

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	At the November 19, 2024, RCAC 4 meeting, the committee members voted to send this motion to the December TTECAC meeting. The motion asks L.A. Care to take action on the following: ***1. Review the Referral and Approval Process:*** ***L.A. Care should review how referrals and durable medical equipment (DME) approvals are handled to find and fix any problems. This review should include:*** • ***How long it usually takes to approve referrals and DME.*** • ***Where delays or issues happen in the referral and approval process.*** • ***Gaps in communication between doctors and specialists.*** ***2. Provide a Report with Solutions:*** ***L.A. Care should give a report to ECAC and the RCACs by May 2025. The report should include:*** • ***A review of findings.*** • ***Suggestions to make the process faster, like ensuring referrals are processed within 10 business days and DME approvals within 14 business days.*** • ***Steps to improve communication between referring doctors and specialists.*** ***3. Set Goals and Track Progress:*** ***L.A. Care should:*** • ***Create clear goals and timelines for making improvements.*** • ***Provide regular updates to RCACs and ECAC on how well these changes are working.*** ***4. Help Members Understand the Process:*** ***L.A. Care should create simple step-by-step member education guides to help members understand how referrals and DME approvals work. These guides should include:*** • ***Expected wait times for referrals and approvals.*** • ***Contact information for member to get help or to escalate issues if there are delays.*** ***By taking these steps, L.A. Care can make the referral and approval process faster, improve communication between doctors and specialists, and ensure members have the information they need to get the care they deserve.*** **PUBLIC COMMENT** *Demetria Saffore stated that she would like to understand why it's so difficult for L.A. Care to process referrals.*	

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	Member Maria Sanchez stated that this is a very good motion and she supports it 100%. She asked if the motion would specify PCPs. Sometimes they have long wait lists, even for primary care. Aside from PCP, Specialists usually take about five or seven months for a visit. Ms. De La Torre stated that there is a motion on the table it has been seconded by Member Byrd, and now Member Sanchez wants to amend the motion to add PCP providers, in the amendment it would actually include where the provider report with solutions would include a PCP referral, to include our offer primary care appointments within 10 business days. Specialist appointments are offered within 15 business days upon receiving referral, and their durable medical equipment. Adding to the motion will be the PCP, and Specialist appointments. PCPs. Member Byrd stated that this is important to her because she comes from the medical field and they had an excellent DME department that was separate from the hospital, it was not difficult to get an order from the PCP, similar to a prescription. Then they'd be notified if it was delivered. She doesn't understand why it's so difficult. Member Sales asked if the motion is asking to add more doctors to L.A. Care's network. Ms. De La Torre responded that the motion is about the time it takes to access services. She said that would be a different discussion. Member Lebron asked if this motion also covers CPAP machines, requesting them and approving them. She mentioned that sometimes equipment does not work and members are not able to choose which equipment they want. Member Poz said that she would like to add medications to the amendment. **Motion ECA 100 was approved with amendments.**	**Approved Unanimously. 10 AYES (Byrd, Cordero, McClain, Poz, Refugio, Rodriguez, Romo, Salazar, Sales, Sanchez)**
DURABLE MEDICAL EQUIPMENT (DME) PROCESS & WHEELCHAIR	Catherine Nguyen, *UM Manager, Outpatient Services*, and Ingrid Castelo, *RN, Director, Outpatient Services*, gave a report about Durable Medical Equipment (DME) Process and Wheelchairs *(a copy of the report can be obtained from CO&E).* Durable Medical Equipment (DME) refers to medical devices that are used by people who need help with certain health conditions. These items are called "durable" because they are designed to be used over a long period of time. Examples of DME include: • Wheelchairs: To help people who can't walk easily. • Oxygen tanks: To help people breathe better. • Walkers: To help people walk more safely. The DME Process	

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	• Healthcare Provider's Prescription: The treating healthcare provider orders the necessary equipment (e.g., wheelchair, oxygen tank). • UM Team Approval: The UM team reviews the prescription to ensure the equipment is needed for the member's health. • Coordination with DME Providers: The UM team works with suppliers to ensure that they have the necessary equipment. • The UM team helps make sure patients get the right equipment at the right time to help with their health needs. Focus on Wheelchairs- How It Works • Healthcare Provider's Evaluation: The healthcare provider decides if a wheelchair is needed. • Expert Assessment: Sometimes, LA Care asks specialists to evaluate if a custom wheelchair is required. • Choosing the Right Type: The UM team helps determine whether a manual or powered wheelchair is best. • Approval & Coordination: Once approved, the DME supplier arranges fitting and delivery. • Why It Matters: Getting the right wheelchair improves mobility, comfort, and independence! Tips for Working with your Healthcare Provider for a Smooth UM Review • Share Complete Health Info: Make sure your healthcare provider has all your medical details for the UM review. • Explain Your Needs: Tell your healthcare provider how the equipment (like a wheelchair) will help you. • Ask for Expert Help: If needed, ask your healthcare provider to request a specialist evaluation for custom equipment. • Submit Requests Early: Work with your healthcare provider to send in requests ahead of time. • Follow Up: Keep in touch with your healthcare provider to ensure everything is on track. • Check Insurance Coverage: Confirm with your healthcare provider that your insurance covers the equipment. • By working together, you and your healthcare provider can help ensure a faster UM review!	

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	PUBLIC COMMENT ***Demetria Saffore said that her PCP submits the order for her DME and she would like to know what happens to her order.*** Ms. Nguyen stated that it takes her department 5 business days to review and when it's an urgent request it takes 72 hours and communication is sent out via a letter. ***Demetria Saffore said that her wait times are months at a time.*** Ms. Nguyen stated she will need to reach out to her provider or L.A. Care for assistance. It should be a very smooth process. She asked for her information and she will follow up on her case. ***Andria McFerson thanked the speaker for the update but expressed concern that the process isn't working properly. She cited examples of people whose health has worsened due to delays in receiving necessary equipment and medication, including a friend with lung cancer who recently passed away. She emphasized the importance of having scooters available, as they are more accessible for people with leg, hip, knee, or ankle issues.*** Member Salazar asked about the process for obtaining roller walkers (the sturdier kind with a seat) instead of the regular walkers that are often provided. She noted that many people, including people she knows, need the roller walkers but are given the regular ones which don't work as well. She asked why it's so difficult to get the more durable and useful roller walkers and what the process is to obtain one, as she wants to help a member get one. She also asked if Medi-Cal covers it. Ms. Nguyen stated that the process for obtaining a walker, including a roller walker, is the same as for other equipment. The healthcare provider needs to submit an order with the correct codes, and the request will be reviewed. She confirmed that walkers are covered, but specialized walkers might not be, depending on the specific type. The Utilization Management (UM) team reviews each request and checks for Medi-Cal coverage. Board Member Vazquez thanked the presenter for addressing a long-requested topic. She asked two questions: 1) Whether members can access a list of all durable medical equipment covered by their benefits, similar to how they can see if a cane is covered. 2) How long a piece of equipment, like a walker, is expected to last before it's replaced in one year or six months, and whether that information is available. Ms. Nguyen recommended checking the member handbook for a list of covered durable medical equipment. Regarding the lifespan	

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	of equipment, she acknowledged wear and tear and stated that while a wheelchair, for example, might be replaced every one to five years, repairs are covered. A new piece of equipment can be approved if it's medically necessary and beneficial. Member Sales asked if DME includes a shower seat. Ms. Nguyen responded that it does. Member Sales asked if someone could speak to Ms. Saffore so she can get assisted with her DME. Ms. Nguyen asked that someone forward Ms. Saffore's information so she can contact her personally.	
FUTURE AGENDA ITEM SUGGESTIONS		
	Member Refugio requested a presentation to clarify what is covered by Medi-Cal, specifically regarding durable medical equipment, medications, and dental services. She noted that there is confusion among members about which items are approved by Medi-Cal, mentioning that many dental services, such as fillings and extractions, are covered, but other services are not. Member Refugio asked for a representative from Medi-Cal to provide this information during a presentation.	
PUBLIC COMMENTS		
	PUBLIC COMMENT ***Andria McFerson commented on the population health management system, suggesting that recorded phone calls could be used to assist patients through the referral process by providing specific phone numbers for the services they need. She believes this would be especially helpful for individuals facing disparities or limitations. She also recommended adding an option to press zero for more information about the CRCs. Ms. McFerson expressed a complaint about a situation during the BOG meeting, where she felt staff lacked accountability.*** ***Marcia Ramos commented on the process for receiving DME supplies, noting that while a motion was made to shorten the process, adding the PCP to the motion seemed to have lengthened it. She expressed concern that the goal of simplifying the process by having individuals only contact one person–has not been fully achieved. Ms. Ramos pointed out that there is an ongoing issue where people have to contact multiple individuals just to receive DME supplies or even to get refills.*** Member Poz shared information about a program called 24-Hour Home Care, which is available for individuals who are denied services or receive very few hours. She mentioned that people can apply for this program if they are in need. Member Poz also discussed a service where medical equipment can be rented for a short time, depending on the	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	individual's income. She offered to provide the details and requested copies of the information to be distributed to everyone. Member Refugio stated that she would like to extend the time for the RCAC meetings to three hours. Kala Hillary, *Account Manager*, *Call the Car*, introduced herself to the committee. Ms. De La Torre stated that the Committee schedule will resemble the Board of Governors meeting schedule. She said that the Board does not meet in January and August. TTECAC does not meet in January or August. This was also done last year.	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:15 P.M.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, TTECAC Chair _____
Date _____

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APPROVED BY

Ana Rodriguez, TTECAC Chair _____
Date 2/12/25