



County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, November 30, 2022
TIME: 10:30 A.M.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 322130288#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

10:00 A.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)
M.H.C., a minor, v. County of Los Angeles
United States District Court Case No. 2:18-CV-08305
Department of Health Services

11:30 A.M. NOTICE OF CLOSED SESSION

CS-2 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)
Chrysie Anagnostou v. County of Los Angeles et al.
United States District Court Case No. 2:19-cv-08111
Department of Health Services

- I. Call to order
- II. **Discussion Item(s):**

a. DPH: Doula Care and Medicaid Benefit Update

III. **Information Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):

a. DHS: Request to Accept Compromise Offers of Settlement for Patients Seen under the Trauma Center Service Agreement

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

a. Discussion and consideration of necessary actions on issues related to the Harbor-UCLA Medical Center Replacement Program, and briefing by DPW, CEO and DHS, as needed, as requested at the Health and Mental Health Services Cluster meeting on May 18, 2022.

V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda

VI. Public Comment

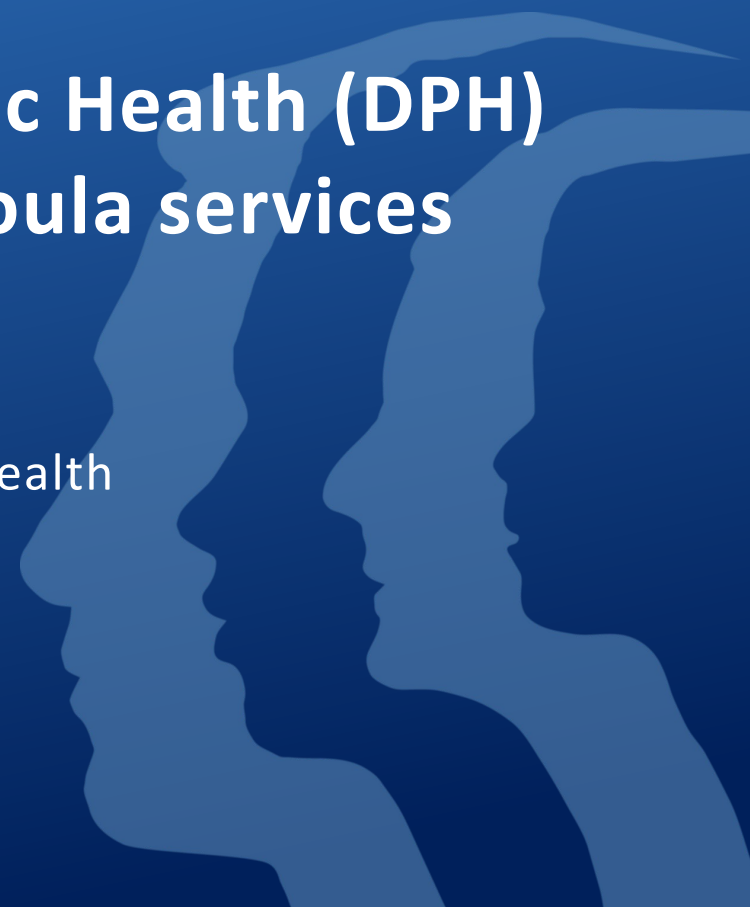
VII. Adjournment



Update: Department of Public Health (DPH) and Medi-Cal coverage for doula services

Health Promotion Bureau
Division of Maternal, Child, and Adolescent Health

11/30/22





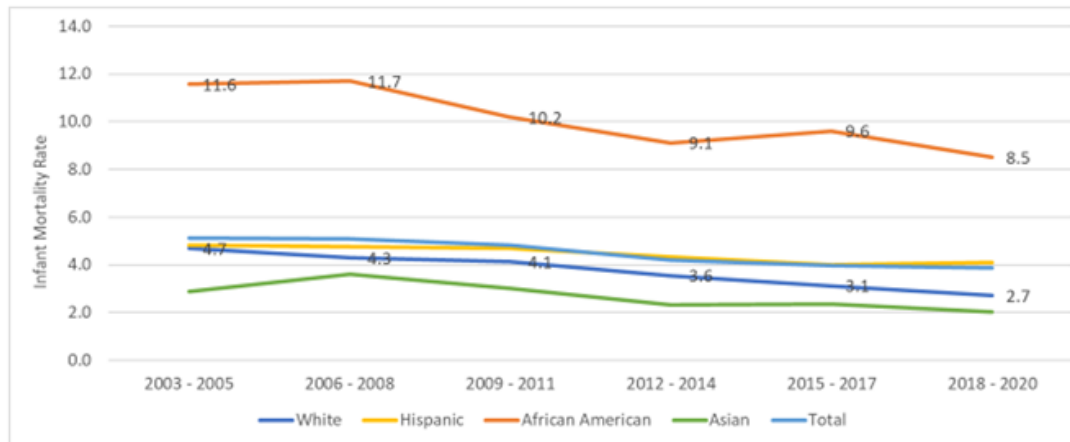
Agenda

- Context
- Background: doulas and doula care
- DPH's AAIMM Doula Program
- Medi-Cal doula benefit
- DPH/AAIMM next steps

Context: birth equity

- National crisis: maternal and infant mortality; disproportionate impact on Black/African American families and communities

Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3Year Averages, Los Angeles County 2003-2020



Note and Unknown races. Three -year averages used to account for random and annual rate fluctuations.

Data Source: 2003-2017 s: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, California Department of Public Health, Birth and Death Statistical Master Files. 2018 -2020 data downloaded from the Vital Record Business Intelligence System (VRBIS).

- Achieving equitable Black/African American maternal and infant birth outcomes has been – and continues to be – a County priority



Background: doula support

- *What is a doula?*
 - Doulas are **trained** childbirth companions
 - Doulas provide **client-centered** physical and emotional support, education, and advocacy during pregnancy, labor and birth, and the postpartum period
- *What are the benefits of doula care?*
 - Evidence shows that continuous support can:
 - Decrease maternal deaths, preterm birth (*leading cause of infant mortality*), risk of cesarean, use of medications for pain relief and labor augmentation, and length of labor
 - Increase chance of a spontaneous vaginal birth, breastfeeding initiation/duration, and maternal satisfaction with birth
 - Effects are strongest when doula support is part of a birth center/midwife-led care model¹

1.Center for Medicare and Medicaid Services (CMS) - Strong Start Initiative for Mothers and Newborns (2018): <https://innovation.cms.gov/files/reports/strongstart-prenatal-fg-finalevalrpt.pdf>

African American Infant & Maternal Mortality Prevention (AAIMM) Initiative

Initiative Goal: to reduce the Black-White infant mortality gap in LA County by 30% over 5 years (2018-2023).

- Reduce maternal mortality gap in LA County (metrics TBD).



Aspirational Goal: to eliminate racism and reduce the effects of racism on Black women's bodies.



STRATEGIES:

1. Reduce women's exposure to stressors in the social environment.
2. Block the pathway from social stress to physiologic stress.
3. Intervene as early as possible when stress has taken a toll on health.
4. Create and sustain infrastructure to achieve Strategies 1-3.

AAIMM Doula Program



Who we are...

- 11 doulas, all Black women residing across LA County
- Extensive experience: certified lactation educators, CPR certified, trauma-informed, trained in full-spectrum support

AAIMM Doula Program clients, FY21-22:

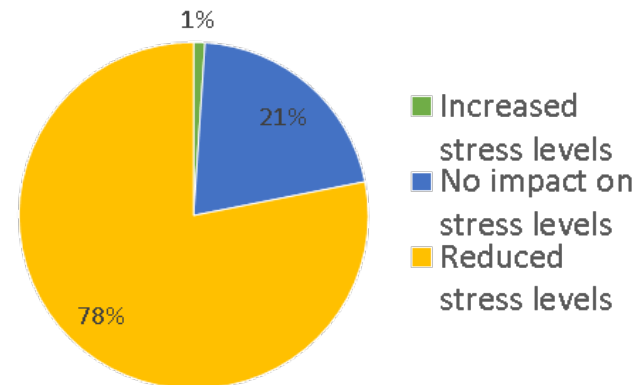
- **288** client referrals; **154** enrollments
- Average gestational age at enrollment: 25.7 weeks
- **50%** Medi-Cal clients
- **328** total prenatal visits completed
- **110** births attended

AAIMM Doula Program outcomes

AAIMM Doula Program clients, FY21-22:

- Client received regular prenatal care: 99%
- Primary cesarean: 21% (*CA goal: 23.9%*)
- Birth plan followed
 - *Completely: 46%*
 - *Partially: 41%*
- Breastfed after delivery: 91%

HAVING A DOULA FOR LABOR AND DELIVERY & STRESS LEVELS (N=96)





Medi-Cal doula benefit – background

- Background
 - Part of CA Senate Bill 65 ("Momnibus"); funding included in the FY 20-21 state budget and 2022 May revision
 - Benefit to be added via State Plan Amendment process
 - Funded by the Department of Health Care Services (DHCS); claims will be paid largely via Medi-Cal managed care plans
 - **DPH/AAIMM**: active member of the DHCS Stakeholder Workgroup
 - Meeting monthly to define key elements of the benefit



Medi-Cal doula benefit – design process

- Current status
 - Benefit design still underway
 - Unique nationally: doula input has greatly shaped benefit rollout
 - Responding to stakeholder critique of original DHCS plan has delayed launch
 - 1/1/22 - 7/1/22 - **1/1/23**
 - Shifting timeline and outstanding questions pose a challenge to doula service providers planning to participate
 - All DHCS guidance remains under review or in draft form:
 - DHCS State Plan Amendment (*submitted to Centers for Medicare and Medicaid Services November 2022*)
 - DHCS draft Provider Manual (*rev. October 2022*)



Medi-Cal doula benefit – features

- Key benefit elements
 - How doulas qualify to care for Medi-Cal beneficiaries
 - Unique: 2 pathways to qualify – *training* or *experience*
 - Covered scope of services
 - Range of visit types, "full-scope" for live birth, stillbirth, miscarriage, abortion
 - “Recommendation” by licensed clinician required to qualify for services
 - Reimbursement rates (*baseline set by DHCS, negotiable with MCPs*)²

2. California Department of Health Care Services (2022): <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>



Alignment: AAIMM Doula Program, proposed Medi-Cal doula benefit

Program feature	AAIMM Doula Program	Proposed Medi-Cal doula benefit
Doula qualifications	≥16hr training <u>and</u> participation in ≥6 births, CPR & HIPAA training, identify as Black/African American	≥16hr doula training <u>or</u> 5yrs experience + 3 letters, CPR & HIPAA training
Services covered	Prenatal care, postpartum care, birth support, any birth outcomes	Prenatal care, postpartum care, birth support, any birth outcomes
Number of visits covered	8 visits (includes 1 extended visit + labor/birth support)	11 visits ³ (includes extended visits – initial, 2 postpartum + labor/birth support)
Reimbursement (single episode)	\$1,850.00 + mileage	\$1,640.96 ⁴
Eligible clients	Pregnant ≥18yo or foster youth, identify as Black/African American, Los Angeles County resident	Pregnant or within 12mo postpartum window Active coverage with a contracted MCP
Authorization for services	None required	Recommendation by licensed health care practitioner

3. More visits may be approved with additional "recommendations" obtained by doula/client

4. Payment for typical single episode "package" of services



Anticipated needs – Medi-Cal benefit implementation

- Support and collaboration from managed care plans, birth facilities, perinatal care clinics
- Additional funding to preserve living wages for community doulas given the proposed Medi-Cal reimbursement rates
- Continued support for pilots and existing programs, like the AAIMM Doula Program, during Medi-Cal benefit ramp-up
- Resources for community-based doulas: training, technical assistance for Medi-Cal managed care contracting



AAIMM Doula Program next steps

- Contract with Los Angeles County managed care plans to receive Medi-Cal reimbursement
 - Keep sight of AAIMM goals: serving Black/African American communities with the goal of achieving birth equity
- Expanding AAIMM Doula Program staffing to meet increased demand
- Engage community stakeholders to enhance AAIMM support for doulas across the County
 - Training and technical assistance regarding Medi-Cal contracting requirements?
 - Diverse doula workforce pipeline?



For further background

- National Health Law Project (May 2022): <https://healthlaw.org/medi-cal-coverage-for-doula-care-requires-sustainable-and-equitable-reimbursement-to-be-successful/>
- DHCS draft State Plan Amendment (*rev. October 2022*): <https://www.dhcs.ca.gov/services/medi-cal/Documents/Limitations-31-A-Page-18e-Doula-V3.pdf>
- DHCS draft Provider Manual (*rev. October 2022*): <https://www.dhcs.ca.gov/services/medi-cal/Documents/Doula-Provider-Manual-DRAFT.pdf>
- AAImm website: www.blackinfantsandfamilies.org

BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

CLUSTER AGENDA REVIEW DATE	11/30/2022	
BOARD MEETING DATE	12/20/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services (DHS)	
SUBJECT	REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.	
PROGRAM	Health Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	Not Applicable	
COST & FUNDING	Total cost: \$0.00	Funding source: Not Applicable
	TERMS (if applicable): Not Applicable	
	Explanation: There is no net cost to the County	
PURPOSE OF REQUEST	<p>Requesting Board approval for the acceptance of compromise offers of settlement for patient accounts that are unable to be paid in full. The payments will replenish the Los Angeles County Trauma Funds.</p> <p>The Board is being asked to authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$28,140.14 for medical care provided at Harbor UCLA MC and LAC+USC MC.</p>	
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlements will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077 virperez@dhs.lacounty.gov County Counsel, Kelly Hassel, Deputy County Counsel, (213) 974-1803 khassel@counsel.lacounty.gov	

December 20, 2022

DRAFT
DHS Letterhead

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
FOR PATIENTS SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services (DHS), or designee, to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- Harbor-UCLA Medical Center – Account Number 102011128 in the amount of \$3,219.91 (Attachment I).
- LAC+USC Medical Center – Account Number 100141855 in the amount of \$2,752.34 (Attachment II).
- LAC+USC Medical Center – Account Number 101665454 in the amount of \$1,000.00 (Attachment III).
- LAC+USC Medical Center – Account Number 101372994 in the amount of \$16,167.89 (Attachment IV).
- LAC+USC Medical Center – Account Number 101906214 in the amount of \$5,000.00 (Attachment V).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at County facilities: The compromise offer of settlement for these patient accounts is recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount DHS was able to negotiate or was offered.

It is in the best interest of the County to approve the acceptance of these compromise offers, as it will enable the DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended actions will support Strategy III.3 “Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

The approval will recover revenue totaling \$28,140.14 of the \$489,067 in charges.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director’s, or designee’s, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts.

The Honorable Board of Supervisors
December 20, 2022
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Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:RS:VP

Enclosures (5)

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-07-A

Amount of Aid	\$31,710.00	Account Number	102011128
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$31,710.00	Service Date	04/27/21-04/15/22
Compromise Amount Offered	\$3,219.91	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$28,490.09	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$31,710.00. The patient has a total of \$38,490.09 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	\$1,523.90	\$1,523.90	10.16%
Other lien holders	\$256.19	\$256.19	1.71%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$31,710.00	\$3,219.91	21.47%
Net to Client (Heirs)	\$0.00	\$5,000.00	33.33%
Total	\$38,490.09	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-07-B

Amount of Aid	\$44,835.00	Account Number	100141855
Amount Paid	0.00	Name	Adult Female
Balance Due	\$44,835.00	Service Date	10/09/18-08/11/22
Compromise Amount Offered	\$2,752.34	Facility	LAC+USC Medical Center
Amount to be Written Off	\$42,082.66	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$44,835.00. The patient has a total of \$412,130.50 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$125,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$50,000.00	\$50,000.00	40.00%
Attorney Cost	\$30,852.90	\$30,852.90	24.68%
Other lien holders	\$286,442.60	\$19,297.78	15.44%
Los Angeles Department of Health Services (LAC+USC MC)	\$44,835.00	\$2,752.34	2.20%
Net to Client (Heirs)	\$0.00	\$22,096.98	17.68%
Total	\$412,130.50	\$125,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-07-C

Amount of Aid	\$113,813.00	Account Number	101665454
Amount Paid	0.00	Name	Adult Male
Balance Due	\$113,813.00	Service Date	09/05/19-04/28/21
Compromise Amount Offered	\$1,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	\$112,813.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$113,813.00. The patient has a total of \$121,078.82.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$8,750.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$3,500.00	\$2,187.50	25.00%
Attorney Cost	\$0.00	\$0.00	0.00%
Other lien holders	\$3,765.82	\$1,000.00	11.43%
Los Angeles Department of Health Services (LAC+USC MC)	\$113,813.00	\$1,000.00	11.43%
Net to Client (Heirs)	\$0.00	\$4,562.50	52.14%
Total	\$121,078.82	\$8,750.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-07-D

Amount of Aid	\$84,104.00	Account Number	101372994
Amount Paid	0.00	Name	Adult Female
Balance Due	\$84,104.00	Service Date	08/03/22
Compromise Amount Offered	\$16,167.89	Facility	LAC+USC Medical Center
Amount to be Written Off	\$67,936.11	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$84,104.00. The patient has a total of \$103,263.87 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$50,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,666.67	\$16,666.67	33.33%
Attorney Cost	\$59.20	\$59.20	0.12%
Other lien holders	\$2,434.00	\$468.77	0.94%
Los Angeles Department of Health Services (LAC+USC MC)	\$84,104.00	\$16,167.89	32.34%
Net to Client (Heirs)	\$0.00	\$16,637.47	33.27%
Total	\$103,263.87	\$50,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 22-07-E

Amount of Aid	\$214,605.00	Account Number	101906214
Amount Paid	0.00	Name	Adult Male
Balance Due	\$214,605.00	Service Date	10/18/20-11/13/20
Compromise Amount Offered	\$5,000.00	Facility	LAC+USC Medical Center
Amount to be Written Off	\$209,605.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LAC+USC Medical Center at a total cost of \$214,605.00. The patient has a total of \$383,947.03 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$500,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$166,666.67	\$166,666.67	33.33%
Attorney Cost	\$2,675.36	\$2,675.36	0.54%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (LAC+USC MC)	\$214,605.00	\$5,000.00	1.00%
Net to Client (Heirs)	\$0.00	\$325,657.97	65.13%
Total	\$383,947.03	\$500,000.00	100.00%