



County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, November 9, 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.

- I. Call to order
- II. **Discussion Item(s):**
 - a. **DHS/OIA/DPH/DPSS/A&D:** 50+ MediCal Expansion
- III. **Informational Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. **DHS:** Approval of Amendment No. 5 to Sole Source Agreement No. H-705979 with the Center to Promote Healthcare Access, Inc. d.b.a. Alluma (Formerly D.B.A. Social Interest Solutions) for the Web-Based One-e-App System and Related Services
- 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

Medi-Cal Expansion for Older Adults

Departments of Health Services, Public Health, Public Social Services, Aging & Disabilities and Consumer & Business Affairs

**Effective May 1, 2022, full-scope
Medi-Cal was expanded to otherwise
eligible individuals 50 years of age
and older, regardless of immigration
status.**

Eligibility Based on Citizenship or Immigration Status:

- United States citizens and certain non-citizens with satisfactory immigration status may receive full-scope coverage.
- Full-scope coverage is granted to the following persons regardless of immigration status, if otherwise eligible:
 - Children (0-18 years of age);
 - Young Adults (19-25 years of age); and
 - Older Adults (50 years of age and over).
- Non-citizens ages 26 to 49 years old, without satisfactory immigration status, may receive restricted-scope coverage. The Governor plans to expand full-scope coverage to this population no later than January 2024.



Enrollment Without Interruption

- Effective May 1, 2022, over 137,000 beneficiaries in LA County age 50 and above were transitioned from restricted-scope Medi-Cal to full-scope Medi-Cal.
- In collaboration with the Department of Health Services' My Health Los Angeles (MHLA) Program, about 37,000 MHLA program members were identified and converted to full-scope Medi-Cal, which allowed for targeted outreach to the remaining 23,000 restricted-scope beneficiaries.



Promoted Medi-Cal Enrollment via:

- 30 bus shelter posters, averaging 74,730 impressions per week.
- 50 surface street billboards, averaging 117,957 impressions per billboard per week.
- Five digital bulletins, averaging 761,162 impressions per billboard per week.
- 1,780,411 outbound calls and 1,189,980 text messages encouraging beneficiaries to update their current contact information with DPSS.



Overall Workgroup Efforts:

- Office of Immigrant Affairs, DPSS and DHS are working on an outreach campaign that will utilize ethnic and social media and encourage eligible individuals to enroll.
- The campaign will include leveraging partnerships with community stakeholders and in-person outreach at community events.



Overall Workgroup Efforts:

- DPSS, OIA, and the workgroup are exploring hosting a health fair, in partnership with community organizations and other trusted organizations, to encourage eligible individuals to enroll in Medi-Cal.
- DPH plans to outreach to residents through existing programs, such as the COVID-19 grant programs and the Los Angeles Alliance for Community Health and Aging (LAACHA) Quarterly/Racial Justice Convening and community partners.
- DPSS and OIA, in collaboration with other stakeholders will continue to conduct presentations at various community events and/or health fairs to share information and conduct benefit enrollments.



Department of Health Services:

- Eligible patients:
 - DHS empaneled: About 22,000 eligible individuals identified through Restricted Medi-Cal codes.
 - My Health LA: About 60,000 eligible individuals.
 - Other patients using DHS system (episodic, not empaneled): Tens of thousands more.
- DHS participated in a project with the California Health Care Foundation on message testing for individuals eligible for the expansion.
- Participated in monthly workgroups with the DHCS and advocates throughout California.
- Conducted media interviews in English and Spanish about the age 50 and older transition.

Outreach to DHS Patients:

- Patient choice: DHS communication campaign and one-on-one direct patient outreach and assistance to choose existing provider.
- LA Care and Health Net - DHS data exchange to default patients with connection to DHS (existing primary care connection).
- Most patients were assigned back to their DHS provider correctly, however thousands of patients were not (continue to try to fix these).
- Lessons learned and recommendations for improving transitions were shared with the California Health Care Foundation (CHCF) to share with the State.

My Health LA :

- Worked with DPSS:
 - Identified MHLA participants in restricted Med-Cal (before May 1). Disenrolled 37,000 in May.
 - Identified MHLA participants still not on Medi-Cal (September). Disenrolled 23,000 in August.
- Collaborators:
 - Immigrant rights organizations; and community organizations such as Maternal Child Health Access, Neighborhood Legal Services of Los Angeles County and Community Health Councils, Benefits Access for Immigrants Los Angeles (BAILA).
 - Local and statewide advocates, community clinics, Community Clinic Association of LA County. Coordinated with CCALAC on a survey and outreach.



Outreach to My Health LA

Full Scope Medi-Cal for Adults 50+

A new California law allows all eligible California residents age 50 and older to get free full-scope Medi-Cal regardless of immigration status! People can qualify for full-scope Medi-Cal if they are undocumented.

Communication

- Texts, robocalls, letters – about the expansion and how to enroll.
- Webinars, newsletters, FAQs to community clinics.
- Direct phone calls in multiple languages.
- Targeted mailers.
- MHLA website with banner and info.
- Flyers in multiple languages.
- Focus group with MHLA participants.

Does the California government provide Medi-Cal?

Yes. Medi-Cal is a State health care program overseen by the California Department of Health Care Services (DHCS) for people with low incomes.

Will Medi-Cal harm my Immigration status?

No. Getting and using "full-scope" Medi-Cal (except for long-term care) will not affect your immigration status. The federal government does not consider Medi-Cal in a public charge determination for many immigrants.

What health care can I get with full-scope Medi-Cal?

"Full-scope" Medi-Cal is a health insurance that covers all types of care including:

- Doctor's visits
- Dental
- Vision (eye) care
- Specialist appointments
- Mental health care
- Substance use disorder services
- Prescription drugs and medical supplies
- In-home care
- Transportation to appointments
- And much more

Will I have to pay anything?

For many individuals and families, there is no premium, no co-payment, and no out-of-pocket costs. Some households may see very affordable costs, such as a low monthly premium.

How do I apply for Medi-Cal?

- **Step 1. Check if you qualify with your income:** Annual income should be less than:

Family Size	Annual Income
1	\$18,755
2	\$25,268
3	\$31,782
4	\$38,295

If your family is larger, you can find the income limit at: dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx

- **Step 2. Visit your medical home clinic.** Your medical home clinic can assist with applying for Medi-Cal and provide additional resources. Find your MHLA home clinic at dhs.lacounty.gov/our-locations. Or apply online or call Covered California™ at CoveredCA.com or (800) 300-1506. You can also call LA County DPSS at (866) 613-3777, or visit them at benefitscal.com.
- **Step 3. If you require help, you can contact any of the following:**
 - Your medical home clinic
 - Health Consumer Alliance at (888) 804-3536 or healthconsumer.org
 - Community Health Outreach Initiative at (213) 749-4261
 - BAILA Network at (888) 624-4752 or BAILAnetwork.org



Department of Public Health:

Community Health Outreach Initiatives (CHOI)

- 20-year history and the CHOEUR model
- Medi-Cal supports and referrals to social services programs
- Recently renewed for 3-years through FY24-25

Department of Public Health:

- Asian Pacific Healthcare Venture, Inc
- Child and Family Guidance Center
- Emanate Health G.E.M. Project
- City of Long Beach HHS
- City of Pasadena DPH
- Community Health Councils, Inc.
- Crystal Stairs, Inc.
- Dignity Health
- Human Services Association
- Los Angeles County Office of Education
- Los Angeles Unified School District
- Maternal and Child Health Access
- Northeast Valley Health Corp.
- St. Francis Medical Center
- Tarzana Treatment Center, Inc.
- Valley Community Healthcare
- Venice Family Clinic



Department of Public Health:

Outreach strategies

- In person events
- Advise office/clinic staff
- Promotional materials
- Social, text, e-blasts, mass mailings
- Education during case management call backs
- Calling MHLA referred 50+ clients directly
- Collaboration with additional partners

Creative Approaches

- Zoom informational sessions
- Facebook live events
- Targeted text messaging
- Engagement with Faith leadership

Additional DPH Strategies:

- Outreach to residents through COVID- 19 grant programs
- Outreach and education at COVID- 19 and Monkey Pox vaccine clinics
- Outreach to residents through Regional Health Offices
- LAACHA Quarterly /Racial Justice Convening
- Promoting and sharing information about Medical Expansion with LAACHA partners via bi-weekly Postcard to 250 members

Office of Immigrant Affairs:

OIA Mission: to drive forward policies, strategies and programs that realize immigrant equity.

- Policy Analysis & Development
- Narrative Change
- Resource Linkage

The Immigrant Lens:

- Language capacity
- Cultural humility
- **Immigration concerns**



Public Charge: What Is It?

- The **Public Charge “Test”** is used by immigration officials to determine whether a noncitizen will be primarily dependent on the government for support.
- This determination is made when a noncitizen applies:
 - For a visa to enter the U.S.
 - To adjust to lawful permanent resident (LPR) status, usually through a family-based application.
 - To extend nonimmigrant stay or change nonimmigrant status.

Public Charge: A Brief History

- **Before 2018:** The interpretation of the public charge rule exempted many forms of **non-cash** public benefits as set forth in the 1999 Guidance.
- **In 2018:** The Trump administration proposed changes to the rule that expanded its application. These changes were finalized in 2019.
- **Feb 2020:** The changes were challenged in court and were paused for a time but eventually took effect in **February 2020**.
- **March 2021,** the Biden administration stopped defending the Trump era public charge rule and returned to the 1999 Guidance. Then the administration proposed a new rule and opened it up to public comment.
- **Sept 9, 2022:** The federal government finalized the proposed rule.
- **Dec 23, 2022:** New final rule scheduled to take effect.

Public Charge: New Implications

- Applies to people applying for admission and adjusting status inside the U.S.
- Increases protections for immigrant families seeking public benefits.
- Provides clarification about the exempt statuses and exempt public benefits.
- Improves the "balancing" of the circumstances test for those subject to public charge determinations.
- Going through a formal rulemaking process makes it harder for future administrations to radically change the rules.
- Could be challenged in court.

Public Charge – New Updates

- Considers only benefits for which an immigrant is the beneficiary. Children's use of benefits **will not** affect their parent's public charge determination – even if child receives cash benefit that is family's sole source of income.
- Confirms that use of Medi-Cal (unless long-term care), CalFresh, and housing assistance is **not considered** in a public charge determination. Provides an updated list of other exempt benefits.
- Confirms the many immigration statuses that are exempt from public charge.
- Use of benefits while someone has an exempt immigration status **will not** count against them in public charge determination even if person adjusts through family-based petition.

Public Charge – Who does it Apply to?

- People applying for a visa or Legal Permanent Residence (LPR)/"Green Card" status.
- People applying for extension of nonimmigrant stay or change of nonimmigrant status.
- LPRs who have been outside of the U.S. for longer than 6 consecutive months and are trying to reenter.
- LPRs returning from abroad with certain criminal histories.

Public Charge – Who is Exempt?

- Asylees and refugees
- People applying for or granted TPS
- U Visa, T Visa and VAWA applicants and beneficiaries (survivors of trafficking, domestic violence and other serious crimes)
- DACA applicants and renewals (when applying for or renewing DACA)
- Special Immigrant Juveniles, Afghan or Iraqi Special Immigrant Visa Holders
- LPR when applying for citizenship or renewing a green card.

Public Charge – What Benefits May Not be Considered

- **Earned benefits:** Unemployment insurance, workers' compensation, paid family leave will NOT be considered.
- **Short-term cash aid** for special purposes and emergencies (including pandemic aid) will NOT be considered.
- **Use of cash benefits by eligible children or household members will NOT be considered under new rule under any circumstances!**

Public Charge – What May be Considered

- **Monthly Cash Assistance**
 - Supplemental Security Income (SSI)
 - CalWORKs, General Relief, CAPI
- **Long-term institutional care** such as a nursing home paid by a government program like Medi-Cal. But the *new rule clarifies this does NOT include*:
 - Short-term rehabilitation
 - Imprisonment for conviction of crime
 - In-home or community-based care

Public Charge – Other Benefits not Considered

Health Care

- Medicare
- Full-Scope and Restricted- Scope Medi-Cal
- Medi-Cal for Children and Pregnant Women
- My Health LA
- CHIP
- Sliding Scale Health Center Programs
- Covered CA
- IHSS

Nutrition, School, and Childcare

- CalFresh
- WIC
- Head Start
- School Breakfast/ Lunch
- Veterans Benefits
- All school-based services at public schools
- Public school
- Foster care benefits
- Childcare

Housing, "Earned" Benefits, Special Purpose and Tax Credits

- SSA Retirement Benefits
- SSDI
- Veteran's benefits
- All tax credits/stimulus money
- All Pandemic Assistance
- Public Housing, Section 8, LIHTC
- Utility/Internet/Phone Assistance
- FEMA/Disaster Assistance
- EDD Benefits: PFL, Unemployment, SDI
- Workers' Compensation

Public Charge – Key Messaging

- The Trump era public charge rule is no longer in effect.
- The changes to and clarifications of the public charge test are positive for immigrants. They become final Dec 23, 2022.
- Making changes to the rule will be harder for future administrations.
- Using CalFresh, Medi-Cal (except long-term care), Section 8 housing vouchers, In-Home Supportive Services, and many other programs **WILL NOT** affect your immigration status!

Public Charge – Materials



Public Charge

Carga Pública

What is Public Charge?

Public Charge is a “test” used by immigration officials to decide whether a noncitizen will be dependent on the government for support. This determination is made when a person applies to enter the U.S. or to adjust to legal permanent resident (“green card”) status through a family-based application.

What do I need to know about Public Charge?

The Public Charge rule implemented by the Trump Administration is no longer in effect. On March 9, 2021, the Biden Administration restored the longstanding 1999 Public Charge policy. This means that immigrants can access most benefits and services without fear of a negative impact on their immigration status.

Are all immigrants subject to a Public Charge test?

No. Many groups of immigrants are not subject to Public Charge.

This includes:

- Asylees and refugees
- U Visa, T Visa and VAWA applicants and beneficiaries (survivors of trafficking, domestic violence and other serious crime)
- Special Immigrant Juveniles
- Legal permanent residents when applying for citizenship or renewing a green card.

Legal permanent residents are only subject to Public Charge when returning to the U.S. after remaining abroad for 180 days or more, or when returning from abroad with certain criminal history.

¿Qué debo saber sobre la carga pública?

La regla de carga pública implementada por la Administración Trump ya fue revocada. El 9 de marzo de 2021, la Administración Biden restableció la antigua política de carga pública de 1999. Esto significa que los inmigrantes pueden recibir a la mayoría de los beneficios y servicios sin temor a un impacto negativo en su estatus migratorio.

¿Qué es la carga pública?

La carga pública es una “prueba” utilizada por los oficiales de inmigración para decidir si un inmigrante dependerá del apoyo del gobierno. Esta determinación se realiza cuando una persona solicita ingresar a los EE. UU. o ajustar su estatus a la residencia permanente (“tarjeta verde”) a través de una petición familiar.

¿Se aplica la prueba de carga pública a todos los inmigrantes?

No. La carga pública no se aplica a varios grupos de inmigrantes, incluyendo:

- Asilados y refugiados
- Solicitantes y beneficiarios de Visa U, Visa T y VAWA (sobrevivientes de tráfico, violencia doméstica y otros delitos graves)
- Jóvenes Inmigrantes Especiales
- Residentes permanentes legales al solicitar la ciudadanía o renovar una tarjeta de residente legal.

La carga pública solamente se aplica a un residente permanente cuando regresa a los EE. UU. después de permanecer en el extranjero durante 180 días o más, o cuando regresa del extranjero con ciertos antecedentes penales.



Public Charge – OIA Website Current Info



MENU



Public Charge / Carga Pública

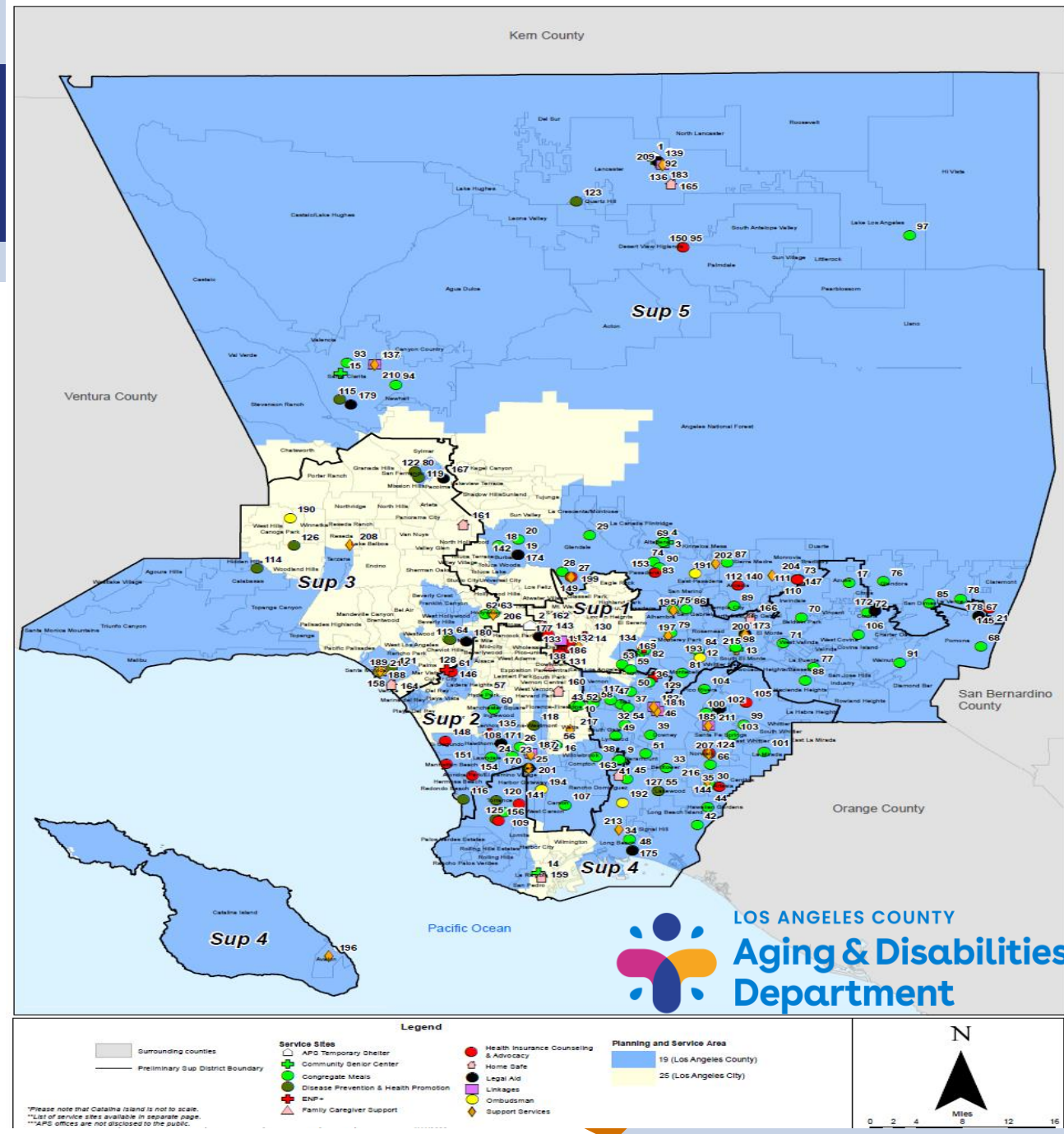
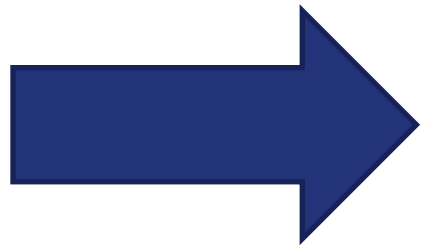
The Biden Administration has ended the Trump-era public charge rule and announced regulations that increase protections for immigrant families.

[Read More](#)



Aging & Disabilities Department

Informational flyers are continuously being distributed within all locations where services are offered.



Aging & Disabilities Department

Informational flyers are continuously being distributed to the following:

- 14 Community and Senior Centers (3,500 clients enter centers every month)
- 98 congregate meal sites serving about 17,000 clients (these older adults may have family members or caregivers in need of services)
- Home bound older adults who may have caregivers in need of services (19,500 older adults receiving HDM)
- Services within AAA (30,000 clients)
- APS clients (5,000 clients receive the information monthly)
- APS Home Safe program (homeless services for approximately 300 APS clients)
- New Freedom Transportation services (approximately 100 clients)
- LA FOUND Initiative (approximately 300 clients)
- Disability network including 6 independent living centers

Aging & Disabilities Department

Flyers emailed to:

- The Aging network
- Purposeful Aging LA Initiative
- Los Angeles County Commission on Disabilities (LACCOD)
- Los Angeles County Commission on Disabilities (LACCOA)

Information distributed through:

- Outreach events and fairs (outreach events to approximately 2,500 contacts since July 2022)
- Information and Assistance services through 211

Next Medi-Cal Expansion:

- 26-49 year-olds eligible for full-scope Medi-Cal 'no later than' January 2024.
- Includes individuals otherwise eligible for Medi-Cal but for immigration status.
- DHS will begin working on transition planning in early 2023.
- State has started process – set timeline, creating website, will send first notice in summer 2023.
- After 2024, there will be no one remaining eligible for MHLA.

BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

CLUSTER AGENDA REVIEW DATE	11/9/2022	
BOARD MEETING DATE	12/6/2022	
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	Approval of an amendment to the sole source Agreement with The Center to Promote HealthCare Access, Inc. d.b.a. Alluma for the Web-Based One-e-App System (OEA) and Related Services.	
PROGRAM	My Health LA (MHLA)	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: It is in the best interest to extend the term of the Alluma Agreement as no other proprietary software has been identified by DHS with the kind of eligibility functionality needed for the MHLA program. The extension will enable Alluma to continue to provide and operate OEA to assist eligible participants with accessing health care services through its network of County-contracted Community Partner (CP) clinics.	
DEADLINES/ TIME CONSTRAINTS	The current Agreement expires on December 31, 2022.	
COST & FUNDING	Total cost: The Maximum Contract Sum will be increased by \$1,899,540.	Funding source: Funding request of \$887,040 for FY 22-23 has been included in DHS FY 2022-23 Final Budget. DHS will request funding in future fiscal years, as needed. There is no impact to net County cost.
	TERMS (if applicable): January 1, 2023 through March 31, 2024. Explanation:	
PURPOSE OF REQUEST	To allow for the continued provision of the web-based electronic eligibility and enrollment system customized for DHS and CPs that are essential to continuing to streamline benefits enrollment for the MHLA program.	
BACKGROUND (include internal/external issues that may exist including any related motions)	DHS developed a health care program designed to expand access to healthcare services and address gaps in health care access for the residually uninsured residents of the County in 2014. At the time, DHS needed an automated solution to determine eligibility for the new MHLA program, to facilitate selection of the primary care medical home clinics and serve as a mechanism for determining real-time MHLA enrollment. MHLA is a County-run program that provides health care coverage to uninsured, low-income County residents aged 26-49. The Board approved the Agreement for OEA in concert with the MHLA program. This solution enables CPs to determine in real time if the applicant is eligible for MHLA or other health care coverage programs such as Medi-Cal. After an initial screening, if it is determined that the applicant may qualify for Medi-Cal, the applicant is referred to apply for that program. Additionally, the Agreement was approved on February 25, 2014, for a 60-month period after final acceptance of the OEA system. Via subsequent delegations of authority, the Agreement has been amended periodically to extend the term through December 31, 2022. Furthermore, on May 1, 2022, the State of California expanded full-scope Medi-Cal to low-income older adults aged 50 and older, regardless of immigration status. Due to this expansion, roughly 60,000 MHLA participants (about 45% of the population in the program), became eligible for Medi-Cal. All of those older adults were disenrolled from MHLA by August 1, 2022. In addition, California plans to expand Medi-Cal further to individuals aged 26-49, no sooner than January 1, 2024. Therefore, since the MHLA program and OEA will not be needed after early 2024, DHS intends to sunset use of OEA shortly after the remaining MHLA population become eligible for Medi-Cal.	
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: - Anna Gorman, COO, Community Programs, (626) 525-5396, AGorman@dhs.lacounty.gov - Julio Alvarado, Dir. of Contracts Admin. & Monitoring, (213) 288-7819, jalvarado@dhs.lacounty.gov - Kevin Lynch, CIO, (213) 288-8128, KLynch@dhs.lacounty.gov - Lillian Anjargolian, Deputy County Counsel, (213) 808-8776, LAnjargolian@counsel.lacounty.gov	



Health Services
LOS ANGELES COUNTY

December 6, 2022

**Los Angeles County
Board of Supervisors**

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First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

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:

**APPROVAL OF AMENDMENT NO. 5 TO SOLE SOURCE
AGREEMENT NO. H-705979 WITH THE CENTER TO PROMOTE
HEALTHCARE ACCESS, INC. D.B.A. ALLUMA (FORMERLY D.B.A.
SOCIAL INTEREST SOLUTIONS) FOR THE WEB-BASED
ONE-E-APP SYSTEM AND RELATED SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

CIO RECOMMENDATION: APPROVE (X)

SUBJECT

Request approval for the Director of the Department of Health Services, or designee, to execute Amendment No. 5 to the existing Sole Source Agreement No. H-705979 with The Center to Promote Healthcare Access, Inc. d.b.a. Alluma, formerly d.b.a. Social Interest Solutions, to extend the agreement term for the continued provision of the web-based electronic eligibility and enrollment system known as One-e-App and Related Services used at Community Partner clinic sites and Department of Health Services facilities, increase to the Maximum Contract Sum by \$1,899,540, and update to Agreement terms and conditions commensurate with the services provided to Los Angeles County.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of the Department of Health Services (Director), or designee, to execute Amendment No. 5 (Amendment) to Agreement No. H-705979 (Agreement) with The Center to Promote Healthcare Access, Inc. d.b.a. Alluma (Alluma), effective upon its execution, to: (a) extend the term of the Agreement from January 1, 2023 through March 31, 2024; (b) increase the Maximum Contract Sum by \$1,899,540, from \$7,184,131 to \$9,083,671 for the entire term, which includes Pool Dollars in an amount not to exceed \$435,950 which are unused roll over funds from the previous term; and (c) provide for other changes as set forth herein.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8050
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*"To advance the health of our
patients and our
communities by
providing extraordinary
care"*

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2. Delegate authority to the Director, or designee, to execute future amendments to the Agreement to: a) incorporate administrative changes to the Agreement, including but not limited to: addition, modification, or removal of any relevant terms and conditions to comply with changes in applicable law; (b) approve necessary changes to the Statement of Work (SOW) and/or to the work component pricing with no change to the Maximum Contract Sum; (c) implement additional programmatic and administrative changes, including modifications to the Department of Health Services' (DHS') operational protocols that are reflected in the Agreement and other adjustments that do not materially alter the scope of service; (d) use available Pool Dollars to provide for additional work described in the Agreement as needed, and (e) issue written notice(s) of partial or full termination of the Agreement for convenience without further action by the Board of Supervisors (Board), subject to the review and approval by County Counsel, and, if applicable, the Office of the Chief Information Officer (OCIO).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Background

In 2014, DHS developed a health care program designed to expand access to healthcare services and address gaps in health care access for the residually uninsured residents of the County of Los Angeles (County). At the time, DHS needed an automated solution to determine eligibility for the new My Health LA (MHLA) program, to facilitate selection of the primary care medical home clinics and serve as a mechanism for determining real-time MHLA enrollment. MHLA is a County-run program that provides health care coverage to uninsured, low-income County residents aged 26 through 49.

Alluma is the licensor of a web-based electronic eligibility and enrollment system known as One-e-App (OEA), which provides a single point of entry for the MHLA program. OEA is implemented in numerous counties in California, with county specific customizations. The Board approved the Agreement for OEA in concert with the MHLA program. This solution enables Community Partners (CPs) to determine in real time if the applicant is eligible for MHLA or other health care coverage programs such as Medi-Cal. After an initial screening, if it is determined that the applicant may qualify for Medi-Cal, the applicant is referred to apply for that program.

Justification

On May 1, 2022, the State of California expanded full-scope Medi-Cal to low-income older adults aged 50 and older, regardless of immigration status. Due to this expansion, roughly 60,000 MHLA participants (about 45% of the population in the program), became eligible for Medi-Cal. All of those older adults were disenrolled from MHLA by August 1, 2022. In addition, California plans to expand Medi-Cal further to individuals 26-49 years of age, no sooner than January 1, 2024. This expansion will mean that the MHLA program and OEA will not be needed after early 2024. DHS intends to sunset use of OEA shortly after the remaining MHLA population becomes eligible for Medi-Cal.

At this juncture, OEA is a critical part of the MHLA program, enabling CP clinics to conduct enrollments, re-enrollments, renewals and dis-enrollments, and a fifteen-month extension of the Agreement will ensure the uninterrupted continuation of the web-based electronic eligibility and enrollment system. The recommended extension will enable Alluma to continue to provide, operate, and maintain OEA with all existing functionality as defined in the current Agreement. The software has been customized to fit the needs of the MHLA program and its eligibility rules. It has been modified numerous times since 2014 to adapt to the changes to both the eligibility rules of the MHLA and Medi-Cal.

Recommendations

Approval of the first recommendation will allow the Director, or designee, to: execute the Amendment, substantially similar to Exhibit I, with Alluma to extend the term of the Agreement from January 1, 2023 through March 31, 2024 and increase the Maximum Contract Sum by \$1,899,540.

Approval of the second recommendation will allow the Director, or designee, to incorporate administrative changes, approve necessary changes to the SOW and/or work component pricing with no change to the Maximum Contract Sum, implement additional programmatic and administrative changes, use existing maximum of \$435,950 in Pool Dollars to provide for additional work described in the Agreement, and terminate the Agreement for convenience, subject to review and approval by County Counsel and, if applicable, the OCIO.

Implementation of Strategic Plan Goals

The recommended actions support Strategy III.2, “Embrace Digital Government for the Benefit of Our Internal Customers and Communities” and Strategy III.3, “Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

DHS is requesting to extend the term of the Agreement from January 1, 2023 through March 31, 2024; increase the Maximum Contract Sum by \$1,899,540, from \$7,184,131 to \$9,083,671 for the entire term.

Funding request of \$887,040 for FY 22-23 has been included in DHS FY 2022-23 Final Budget. DHS will request funding in future fiscal years, as needed. There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On February 25, 2014, the Board approved the Agreement with Alluma for a 60-month period after final acceptance of the OEA system. On August 13, 2019, the Board approved an extension of the Agreement term through August 31, 2020 with annual extension options that were subsequently exercised through August 31, 2022. Via COVID-19-related delegations of authority subsequently approved by the Board, the Agreement term was extended through December 31, 2022.

DHS notified the Board on March 29, 2022, via Attachment A, of its intent to commence negotiations with Alluma for the Sole Source Agreement extension in accordance with the revised Board Policy No. 5.100, Sole Source Contracts. The Sole Source checklist is attached as Attachment B in compliance with this Board Policy.

County Counsel has approved Exhibit I as to form.

In compliance with Board Policy 6.020 "Chief Information Office Board Letter," the OCIO reviewed the information technology (IT) components of this request and recommends approval of Amendment No. 5. The OCIO determined that this recommended action does not include any new IT items that would necessitate a formal written analysis.

The Agreement includes all Board-required provisions and continues to allow for termination for convenience upon a prior written notice.

The Agreement for the web-based electronic eligibility and enrollment system, including this Amendment, is not a Proposition A Agreement, as the services provided under the Agreement are highly specialized and cannot currently be provided by County staff and, therefore, are not subject to the Living Wage Program (Los Angeles County Code Chapter 2.201).

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will ensure the continued provision of the web-based electronic eligibility and enrollment system customized for DHS and CPs that are essential to continuing to streamline benefits enrollment for the MHLA program.

Respectfully submitted,

Reviewed by:

Christina R. Ghaly, M.D.
Director

Peter Loo
Acting Chief Information Officer

CRG:PL:aa

Enclosures

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



Health Services
LOS ANGELES COUNTY

March 29, 2022

**Los Angeles County
Board of Supervisors**

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First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

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Director

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Chief Deputy Director, Clinical Affairs

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TO: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D. *Chaly*
Director

**SUBJECT: ADVANCE NOTIFICATION OF INTENT TO EXTEND
SOLE SOURCE AGREEMENT NO. H-705979 WITH
THE CENTER TO PROMOTE HEALTHCARE ACCESS,
INC. D.B.A ALLUMA FOR AN ELECTRONIC
ELIGIBILITY AND ENROLLMENT SYSTEM**

This is to advise the Board of Supervisors (Board) that within the next six months, the Department of Health Services (DHS) intends to return to the Board to request approval of an extension to the existing sole source Agreement No. H-705979 (Agreement) with The Center To Promote Healthcare Access, Inc. DBA Alluma (Alluma), (formerly DBA., Social Interest Solutions), for the continued provision of an electronic eligibility and enrollment system, One-E-App (OEA), used at Community Partner (CP) clinic sites and DHS facilities. OEA is utilized to determine and view, respectively, eligibility for the Los Angeles County's (LA County) My Health LA program (MHLA). MHLA is a LA County program responsible for service administration and oversight of contracted CP agencies that provide eligible participants with primary health care. DHS has determined that extending this Agreement is essential to continuing to streamline benefits enrollment for the MHLA program and is in the best economic interest of LA County.

Board Policy No. 5.100 requires written notice of a department's intent to enter into sole source negotiations for extension of a Board approved Agreement at least six months prior to the current Agreement's expiration date. The Agreement will expire on August 31, 2022.

Background

In 2014, DHS developed a health care program designed to expand access to healthcare services and address gaps in health care access for the residually uninsured residents of LA County. At the time, DHS

needed an automated solution to determine eligibility for the new MHLA program, to facilitate selection of the primary care medical home clinics and serve as a mechanism for determining real-time MHLA enrollment. Alluma is the owner and licensor of OEA, which provides a single point of entry for the MHLA program. OEA is implemented in numerous counties in California, with county specific customizations.

The Board approved the Agreement for OEA as a web-based eligibility and enrollment system implemented in concert with the MHLA program. This solution enables CPs to determine in real time if the applicant is eligible for MHLA or other health care coverage programs such as Medi-Cal. After an initial screening, if it is determined that the applicant may qualify for Medi-Cal, the applicant is referred to apply for that program.

Justification

Implementation of OEA streamlined and automated the eligibility and enrollment process for CPs and DHS and allowed for real-time eligibility determination for the program. The software has been customized to fit the needs of the MHLA program and its eligibility rules. It has been modified numerous times since 2014 to adapt to changes to both the eligibility rules of the MHLA and Medi-Cal. It is in the best interest of LA County to proceed with the extension of this sole source Agreement as no other proprietary software has been identified by DHS with the kind of eligibility functionality needed for the MHLA program. Extending this sole source Agreement will enable Alluma to continue to provide and operate OEA to assist eligible participants with accessing health care services through its network of County-contracted CP clinics.

The State of California is expanding full-scope Medi-Cal to low-income older adults, regardless of immigration status, on May 1, 2022. Due to this expansion, roughly 60,000 MHLA participants (about 45% of the population in the program), will become eligible for Medi-Cal and be disenrolled from MHLA. In addition, Governor Newsom has proposed expanding Medi-Cal further to individuals ages 26 – 49 years of age, no sooner than January 1, 2024. While this change requires the passage of legislation, this expansion will mean that the MHLA program, and OEA, may not be needed after early 2024. DHS plans to negotiate a short-term extension of the Agreement to address the needs of MHLA until early 2024.

DHS also has several purchase orders with Alluma for an online community resource platform called One Degree. DHS staff currently use One Degree to search for community resources to meet patients' social service needs and to refer patients to organizations where they can receive the appropriate community resources. In addition, LA County uses One Degree to support the COVID-19 testing map. To streamline and improve LA County's terms with respect to One Degree, DHS may transition the existing purchase orders to the Agreement.

Conclusion

Each Supervisor
March 29, 2022
Page 3

DHS has determined that Alluma is uniquely positioned to continue providing for an electronic eligibility and enrollment system used at CP clinic sites and DHS facilities. DHS will commence negotiations for the Agreement's extension no earlier than four weeks from date of this notification unless otherwise instructed by the Board.

If you have any questions, you may contact me or your staff may contact Anna Gorman, COO of CP, at (626) 525-5396 or by email at AGorman@dhs.lacounty.gov.

CRG:az

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

SOLE SOURCE CHECKLIST

Department Name: _____

- New Sole Source Contract
 - Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved: _____

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS Identify applicable justification and provide documentation for each checked item.
	➤ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an <i>“Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist.”</i>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

Date