

Board of Governors

Executive Community Advisory Committee (ECAC)

Meeting Minutes – February 11, 2026

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Maria Mayoral, <i>RCAC 1 Chair</i> Ana Rodriguez, <i>RCAC 2 Chair</i> Gladis Alvarez, <i>RCAC 3 Chair</i> Silvia Poz, <i>RCAC 4 Vice Chair</i> Carmen Delgado, <i>RCAC 5 Chair</i> Hilda Perez, <i>RCAC 6 Chair</i> Maritza Lebron, <i>ECAC Chair and RCAC 7 Chair</i> Tonya Byrd, <i>RCAC 8 Chair</i> Deaka McClain, <i>At Large Member</i> Lisa Poleshek, <i>At-Large Member</i></p>	<p>Izmir Coello, <i>Interpreter ***</i> Isaac Ibarlucea, <i>Interpreter</i> Sonia Hernandez, <i>Interpreter</i> Denise Hinxman, <i>Closed Captioner ***</i> Leticia Johnson, <i>Interpreter ***</i> Alex Mendez, <i>Interpreter ***</i> Sheila Pendleton, <i>Closed Captioner ***</i> Andrew Yates, <i>Interpreter ***</i></p>	<p>Mirella Diaz- Santos, M.D., <i>Advocate, Board of Governors**</i> Audie Rhodes, <i>Member, Board of Governors</i> Sameer Amin, MD, <i>Chief Medical Officer, L.A. Care Health Plan</i> Noah Paley, <i>Chief of Staff, L.A. Care Health Plan</i> Charles Robinson, <i>Chief Health Equity Officer, L.A. Care Health Plan</i> Vanessa Acosta, <i>Senior Manager, Strategic Investments Executive Services</i> Maricela Amurao, <i>Member Advocate, Member Relations Services, Even MORE Outreach & Service</i> Malou Balones, <i>Board Specialist, Board Services ***</i> Shernedra Brown, <i>Community Outreach Project Specialist, CO&E</i> Kristina Chung, <i>Community Outreach Field Specialist, CO&E</i> Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> Auleria Eakins, <i>Manager, CO&E</i> Joy Ellington, <i>Emerging Markets Program Manager, Product, Sales, & Marketing ***</i> Steve Galarza, <i>Manager, Unified Communication Integration, IT Operation & Infrastructure</i> Ramon Garcia, <i>Community Outreach Field Specialist, CO&E</i> Hilda Herrera, <i>Community Outreach Field Specialist, CO&E</i> Christopher Maghar, <i>Community Outreach Field Specialist, CO&E</i> Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> Candace Nafissi, <i>Senior Manager, Partnerships, Executive Services</i> Jeanette Ortega, <i>Manager, CSC Member Relations, CSC</i> Cindy Pozos, <i>Community Outreach Field Specialist, CO&E</i> Victor Rodriquez, <i>Board Specialist, Board Services ***</i> Frank Salinas, <i>Help Desk Technician III, Product Support and Help Desk III</i> Martin Vicente, <i>Community Outreach Field Specialist, CO&E</i></p>
<p>* <i>Excused Absent</i> ** <i>Absent</i> *** <i>Via teleconference</i></p>	<p>Niloufar Abedi, <i>Public</i> Aida Aguilar, <i>Public</i> Maria Alvarez, <i>Public</i> Eugene Beatty, <i>Public</i> Griselda C, <i>Public</i> Diane Chavez, <i>Public</i> Bahiga El Hagggar, <i>Public</i> Alicia Flores, <i>Public</i> Leticia Flores, <i>Public ***</i> Estela Lara, <i>Public</i> Jose Lopez, <i>Public</i> Dorothy Lowery, <i>Public</i> Andria McFerson, <i>Public</i> Russel Mahler, <i>Public</i> Cindy Olson, <i>Public ***</i> Elmano Osorio, <i>Public</i> Paul Paylk, <i>Public ***</i> Marcia Ramos, <i>Public</i> Socrates Rodriguez, <i>Public</i> Demetria Saffore, <i>Public</i> Joyce Sales, <i>Public</i> Maria Toscano, <i>Public</i> Fatima Vasquez, <i>Public ***</i></p>	

	Dyllan Viray, <i>Public Call the Car</i>	Ingrid Viera, <i>Member Advocate, Member Relations Services, Even MORE Outreach & Service</i>
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(Due to technical issues with the meeting recording and audio, some dialogue and comments may not be fully or accurately captured.)

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Maritza Lebron, Chairperson Lebron, <i>ECAC Chair</i> , 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 called the meeting to order at 10:08 A.M.	
APPROVE MEETING AGENDA	<p><u>PUBLIC COMMENT</u> <i>Andria McFerson (RCAC 5)</i></p> <p>The agenda for today’s meeting was approved.</p>	<p>Approved Unanimously. 10 AYES (Alvarez, Byrd, Delgado, Lebron, Mayoral, McClain, Perez, Poleshek, Poz, and Rodriguez)</p>
APPROVE MEETING MINUTES	The December 10, 2025, Meeting minutes were approved as submitted.	<p>Approved Unanimously. 10 AYES</p>
STANDING ITEM		
<p>UPDATE FROM CHIEF MEDICAL OFFICER</p> <ul style="list-style-type: none"> • CO&E Team Update- Reporting to Community Health • LASSO Program Update 	<p>Sameer Amin, MD, Chief Medical Officer, gave the following update:</p> <p>Dr. Amin stated that his Chief Medical Officer report would focus on two primary areas: how L.A. Care is reorganizing its health services division around member voices, and a detailed update on the LASSO initiative, which stands for L.A. Care’s Access, Service, and System Optimization program. He explained that after his previous report, ECAC members had asked him to return with additional information about this initiative. Dr. Amin said the organization had been evaluating how best to incorporate member feedback from RCAC and ECAC meetings into the structure and operations of the health plan. The central question motivating this reorganization was how to ensure that L.A. Care could meaningfully act on concerns that members identified as most significant to their care experiences. Through this evaluation, the leadership concluded that member input and the teams responsible for acting on that input needed to be integrated into a single division to streamline accountability and impact.</p> <p>Dr. Amin explained that under the Health Services structure—which he oversees as Chief Medical Officer—L.A. Care houses a number of resources essential to delivering care to</p>	

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	<p>members, including care management programs, community supports programs, and an entire department called Community Health. This department is responsible not only for behavioral health services, but also for social services, housing initiatives, and all CalAIM (California Advancing and Innovating Medi-Cal) programs that directly support members and communities. Dr. Amin noted that moving the Community Outreach and Engagement (CO&E) team—who work directly with RCACs and ECAC—into the Community Health department would create a stronger pipeline between member feedback and operational action. He added that L.A. Care’s health equity efforts and the administration of Community Resource Centers would also be moved into this department, further centralizing these critical functions.</p> <p>Dr. Amin stated that these changes matter because they directly link community input to the teams responsible for executing programs and delivering care. With this restructuring, RCAC and ECAC input, Community Resource Center operations, community support programs, and clinical initiatives are all housed together, allowing L.A. Care to respond more consistently and efficiently. He described this as creating “one journey” for members, where concerns raised in the community are directly tied to the operational functions that resolve them. Following this explanation, Dr. Amin announced that leadership of this expanded Community Health department—including health equity, Community Resource Centers, CO&E, behavioral health, social services, housing supports, and community programs—now falls under Mr. Robinson, who reports directly to him.</p> <p>Mr. Robinson said he was pleased to greet familiar faces and meet new participants. He expressed gratitude on behalf of himself and Dr. Amin for the valuable feedback provided by members during RCAC and ECAC meetings, emphasizing how essential these insights are in helping the organization improve. Mr. Robinson noted that one of his primary goals in this new leadership role is to take what members share and translate it into concrete, actionable solutions across the health plan’s programs. He explained that the Community Health department now includes Community Resource Centers, Community Supports, care and housing programs, and other essential services, all of which will be aligned with member input. Mr. Robinson stated that he will also serve as a conduit between community voices and other divisions within L.A. Care to ensure that member concerns are addressed systemwide. He thanked members for their patience as he transitions into the position and expressed his eagerness to continue engaging with them.</p> <p>Returning to his report, Dr. Amin stated that he had been asked to provide an update on the LASSO initiative and directed members to the presentation included in their packets. He explained that LASSO began as a cross-divisional, organization-wide initiative designed to improve the member experience, strengthen service delivery, and streamline access to care. Dr. Amin emphasized that the initiative arose directly from member feedback at RCAC and</p>	

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	<p>ECAC meetings, where members highlighted numerous challenges in navigating care through L.A. Care. These concerns included long distances to doctors, limited appointment availability, difficulty with out-of-network referrals, urgent care access issues, delays in receiving durable medical equipment and medications, transportation problems, long wait times on the phone, unresolved customer service concerns, confusion about benefits, and a need for more self-service options. Dr. Amin acknowledged that while the health care system remains imperfect and not all issues are fully resolved, L.A. Care has made significant progress across these areas.</p> <p>Dr. Amin went on to detail several accomplishments under LASSO. First, health services staff conducted numerous member listening sessions, attending RCAC meetings more frequently and gathering direct feedback from members. This helped leadership better understand local concerns across regions. Second, L.A. Care’s Chief of Staff, Mr. Paley, developed a Rapid Response Protocol pilot, enabling members to escalate provider-specific access issues outside of the formal grievance process for faster resolution. Third, the organization partnered with its pharmacy department to deliver enhanced provider and member education about Medi-Cal Rx (the State of California’s pharmacy program), helping reduce confusion around prescriptions and ensuring medications are written correctly based on the Medi-Cal formulary.</p> <p>Dr. Amin also described improvements to non-emergency medical transportation (NEMT), led by Mr. Paley, including strengthened reliability, enhanced scheduling processes, greater staff training, expanded ride options, and improved feedback systems. He noted that metrics show reduced transportation grievances and higher satisfaction among members, though work remains ongoing. In addition, L.A. Care invested in upgrading its VOICE customer service platform, which now gives staff better access to information needed to resolve issues during the first call. The provider portal was modernized to allow physicians to better track member needs, and the member portal was updated to expand self-service tools.</p> <p>Dr. Amin continued by explaining that L.A. Care established a Member Experience Transformation team within the Customer Solution Center to handle complex, urgent issues more efficiently. L.A. Care also expanded the presence of trained Navigators at Board of Governors, ECAC, and RCAC meetings to close member issues quickly and reliably. Member Resource Guides were updated into plain-language, user-friendly formats to help members understand benefits and how to navigate primary and specialty care visits.</p> <p>Finally, Dr. Amin explained that the future of LASSO is long-term and deeply embedded in L.A. Care’s strategic direction. He described how new CEO Martha Santana-Chin has directed the plan to develop a 5- to 10-year strategic plan. Within this plan, a series of “Wings” initiatives—such as Wings of Service, Wings of Excellence, Wings of Care, and</p>	

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	<p>Wings of Access—will incorporate and sustain the gains made through LASSO. Dr. Amin emphasized that LASSO will not disappear; instead, it will have a permanent home within the strategic plan and remain a guiding framework for improving service and access across L.A. Care. He concluded by reaffirming his commitment to returning with updates and answering questions from members.</p>	
BOARD MEMBERS REPORT	<p>Audie Rhodes, <i>Member Representative, Board of Governors</i>, and Mirella Diaz-Santos, <i>PhD, Member Advocate</i>, presented the Board Member Report (<i>a copy of the full report can be obtained from CO&E.</i>)</p>	
ECAC CHAIR REPORT	<p>Chairperson Lebron presented: Motion to approve the election of Silvia Poz as RCAC 4 Chair</p> <p>Members discussed the process for onboarding new community-based organizations (CBOs) into the RCAC structure, with staff explaining that new CBOs are reviewed by the selection committee and that the Chair and Vice Chair typically meet with them before their first meeting. Members asked who the organizations were and what they do, and staff confirmed that this information can and should be shared publicly going forward. Members discussed the selection process further, noting that some organizations are community partners rather than RCAC applicants and therefore do not go through the formal selection committee. Staff clarified that these partners receive applications, participate in the Community Partner Collaborative, and serve RCAC regions by presenting on their services and exploring ways to collaborate with RCAC members. A member confirmed they were part of a past selection committee and emphasized that members are represented during the selection process. Ms. De La Torre acknowledged this and agreed to improve the process. Members discussed the importance of requiring organizations seeking RCAC participation to come forward and describe the work they do so members can verify their community involvement before voting. One member emphasized that although this may take additional meeting time, it is essential for transparency and accountability.</p> <p>Motion to recommend approval of the following candidate (s) for RCAC membership. <i>(After further review the motion passed.)</i></p>	<p>Approved Unanimously. 10 AYES</p> <p>Approved. 5 AYES (Delgado, Rodriguez, Perez, Poz, and Poleshek) 4 ABSTENTIONS (Alvarez, Byrd, Lebron, and McClain) <i>Member One member did not vote, as she was away from her seat at the time and did not count towards the quorum.</i></p>
COMMUNICATIONS AND COMMUNITY RELATIONS UPDATE	<p>Auleria Eakins, <i>EdD, Manager, Community Outreach and Engagement</i>, gave a Communications and Community Relations Update.</p>	

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	<p>As part of the Communications and Community Relations update, Dr. Eakins gave updates on:</p> <p>Ms. Fontes Rainer confirmed that Community Reinvestment Listening Sessions are planned for April (3rd or 4th week), with volunteer outreach to follow. She clarified that Session #1 occurred in December and Session #2 will build on those results.</p> <p>Members asked clarifying questions about the second leadership tools training session, and CO&E confirmed that Session #2 will take place in person on February 17, 2026 at 10:00 AM, with notes made available for members unable to attend.</p> <p>CO&E confirmed that the educational session on Medi Cal and Covered California changes is scheduled for February 25, 2026 from 10:00–11:00 a.m. via Zoom, and meeting invites have already been sent to ECAC members.</p> <p>During member comments, participants asked about the Covered Champions program and how to join. Dr. Eakins acknowledged these inquiries and noted they would follow up with additional information on program qualifications and participation.</p> <p>The ECAC Vice-Chair position is currently vacant. Normally, elections for the ECAC Chair and Vice-Chair take place in May 2026, as each term is one year with the option to run for a second term.</p> <p>After discussion with the ECAC Chair, it is recommended that we wait until May 2026 to hold elections, so both the Chair and Vice-Chair positions can be opened to all members at the same time.</p> <p>In the meantime, the Chair is asking for volunteers to temporarily support the Vice-Chair role for the following months:</p> <ul style="list-style-type: none"> • March 2026 • April 2026 • May 2026 <p>If more than one member volunteers, names will be placed in a drawing, and one name will be selected for each month.</p> <p>This approach allows interested members to gain experience supporting the ECAC Chair and stepping into the Vice-Chair role until the formal elections occur in May 2026.</p> <p>If you have any questions, please feel free to speak with me during the break.</p> <p>Member comments highlighted outstanding service by ECAC/RCAC participants, including recognition of individuals such as Estela Lara. Dr. Eakins acknowledged these contributions as part of ongoing community engagement and support.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Ms. McFerson said that she previously spoke about creating printed resource guides for seniors and people with disabilities, emphasizing that these guides</i></p>	

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	<p><i>should include a color-coded map showing each section and region for easier navigation. She stated that discussions also included the idea of medical ID bracelets, which she believes would help members with chronic diseases. She added that a children’s outreach program should be developed and suggested that anonymous surveys be used to evaluate doctors.</i></p> <p>Member discussed the event in April, noting that the exact date for an event had not been provided. Staff responded that April is when L.A. Care expects to hold its Listening Sessions, though the dates are not yet confirmed and depend on volunteer availability, with the third or fourth week of April being the likely timeframe. Members interested in participating will be contacted with final details once volunteer names are collected. A member then asked whether notes from the first session could be provided, explaining they had missed it; staff clarified that the first Listening Session took place in December and that the next one has not yet occurred. When the member asked whether the February 17 leadership training would be virtual, staff clarified that the training will be held in person at 10:00 a.m. and confirmed that notes would be made available for those unable to attend. Staff also stated that announcements about the April Listening Sessions would be repeated at upcoming RCAC meetings to recruit volunteers. A member then asked about new budget processes connected to departmental restructuring, and staff explained that recent state regulations now guide how community investments will be made, and volunteers will help shape recommendations. Before closing, staff confirmed that the March Board of Governors meeting will occur on Tuesday, March 10, and added that the Medi-Cal and Covered California session scheduled for February 25 will be held via Zoom from 10:00–11:00 a.m., with invitations already sent out and available upon request.</p>	
<p>MEMBER ISSUES</p> <p>Seniors and Persons with Disabilities issues</p>	<p><u>PUBLIC COMMENT</u></p> <p><i>Ms. Cooper stated that she was submitting a written plea for advocacy concerning her son and many other individuals with developmental delays who are experiencing extreme barriers to accessing dental care. She explained that patients with developmental disabilities are facing dental wait times of up to two years, even for medically necessary and time-sensitive conditions, which she described as unacceptable. Ms. Cooper noted that these delays place patients at risk for behavioral escalation, nutritional problems, and avoidable emergency room visits, and she emphasized that families receive little effective support despite repeated attempts to secure care. She pointed out that there is limited availability of dentists, poor coordination, no effective escalation pathways, and no interim solutions during prolonged waiting periods, which collectively</i></p>	

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	<p><i>represent a failure of coordinated care and disproportionately harm individuals with disabilities. Ms. Cooper stated that dental care is an essential health service and urged L.A. Care to investigate this issue to protect members with disabilities—especially those who cannot speak for themselves—and to support regional centers that lack adequate resources.</i></p> <p><i>Ms. McFerson stated that she wanted to restate her previous motion to support people experiencing homelessness by improving the process for receiving housing assistance, explaining that she personally brings leftover food to shelters and believes the issue must be addressed because housing stability significantly impacts mental health. She also said she had submitted a motion requesting a printed Resource Guide for all health providers and for use with MyChart, emphasizing that printed materials are necessary for disabled members and seniors who do not have internet access. In addition, she stated that members protected under ADA (Americans with Disabilities Act) should be given sufficient time to speak during meetings, and she concluded by thanking the committee for addressing member issues.</i></p> <p><i>Ms. Lowery stated that she sees multiple specialists at UCLA and Cedars-Sinai for complex medical conditions, including dermatology, infectious disease, and rheumatoid arthritis, but feels she is being sent in circles without receiving needed treatment. She asked whether her primary care doctor is obligated to prescribe necessary medication when specialists have already identified her conditions and indicated the appropriate treatments.</i></p> <p>Dr. Amin stated that he would follow up with Ms. Lowery directly and that a Member Advocate would connect with her to ensure her concerns are addressed. He added, in response to a previous comment from Ms. McFerson, that L.A. Care offers extensive services for people experiencing homelessness through more than 20 providers across the county, including Enhanced Care Management (ECM), and expressed interest in reviewing her motion to align it with existing programs and identify opportunities for improvement.</p> <p>Members discussed returning to Ms. Cooper’s public comment and emphasized the urgency of adding dental-access issues for individuals with disabilities to the agenda for the next meeting. They stressed the need to consider a motion that could be elevated to the Board of Governors and potentially included in the LASSO initiative, noting this is an ongoing and serious barrier for many members. Members also discussed challenges accessing mental-health resources, explaining that callers must specify that their Medi-Cal behavioral</p>	

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	<p>health services run through L.A. Care; otherwise, they are incorrectly turned away. They emphasized the need for clearer education so members know how to request care appropriately.</p> <p>Members continued by raising concerns about the lack of African American representation at Black History Month events hosted by L.A. Care, stating that Black community members and staff should be present at public-facing outreach tables. Another member spoke about wait times for dental care, sharing that her daughter with disabilities has faced a four-year wait and suffered complications, including infection and pain. She described poor communication between dentists and pharmacies, financial pressure from providers, and the emotional and physical strain caused by inaccessible dental services.</p> <p>Members then discussed the need to improve preventive health education, dental care services, and support for people experiencing homelessness. They noted that resource centers often hand out flyers and phone numbers but that follow-up support is inconsistent or ends prematurely. Another member commented that the dental system may be recommending unnecessary procedures or charging inappropriate fees, and that major reforms are needed to prevent members from suffering avoidable dental harm.</p>	
OLD BUSINESS		
DISCUSSION AND NEXT STEPS REGARDING APPROVAL OF ECAC – RCAC 5 MOTION	<p>Idalia De La Torre, <i>Supervisor, Community Outreach & Engagement</i>, reviewed feedback from seven RCACs regarding the RCAC 5 motion on the health and well-being impacts of social media, identifying several shared themes around youth education, family digital-wellness support, and increasing youth programming at Community Resource Centers. Most RCACs supported the motion, with six in favor, one wanting additional learning, and one opposing it. The feedback emphasized the need to include youth voices in designing solutions and to provide parents with clearer guidance on digital wellness. Next steps for ECAC include selecting priority focus areas, piloting programs through CRCs, and creating opportunities for youth participation in future planning efforts.</p>	
FUTURE AGENDA ITEM SUGGESTIONS		
	<ul style="list-style-type: none"> • Address Ms. Cooper’s concerns about dental access for members with disabilities and determine whether the motion should advance to the Board of Governors. • Keep dental access on the agenda as an ongoing discussion item. • Identify an alternative evacuation drill location and revisit the topic once a safe space is available. • Add prevention-focused health education (nutrition, mental health, physical exams) to a future agenda. 	

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	<ul style="list-style-type: none"> • Invite the Regional Center to present on special-needs resources and dental referral programs. • Explore the feasibility of external auditing for compliance and member feedback systems; schedule discussion on audit processes and CAP scores. • Invite Tanisia Johnson, <i>Supervisor, Health Promoters Program, Community Outreach and Engagement</i>, to return and present updates about the Health Promoters program. • Develop a plan to include Community Resource Center staff in future ECAC meetings. • Consider forming an ad hoc group to improve agenda creation and member feedback integration. • Invite organizations that were not approved to return and provide presentations before reconsideration in future meetings. 	
PUBLIC COMMENTS		
	<p><i>Ms. Saffore stated that she wanted to share a resource with members, explaining that World Harvest Food Bank offers \$500 worth of groceries for \$50, or for free if someone volunteers for four hours.</i></p> <p><i>Mr. Mahler asked why stipends were taking so long to be issued, noting that he attended a meeting in January and still had not received his payment.</i></p> <p><i>Ms. De La Torre stated that stipend processing takes four to six weeks because the request moves through Accounts Payable, and she advised members who attended January meetings to contact their Field Specialist if payments had not arrived by late February or early March. She clarified that this timeline applies to ECAC, the Board of Governors, and any other qualifying meetings.</i></p> <p><i>Socrates Rodriguez stated that RCAC meetings need more time—at least 30 to 45 minutes—so that all members can speak. He added that many members who cannot advocate for themselves need more support, and he emphasized the need for someone present to assist those unable to speak.</i></p> <p><i>Ms. McFerson stated that meetings should focus on content and that RCAC members must be informed of their rights under the Brown Act. She expressed concerns about ageism and emphasized the importance of honoring ADA (Americans with Disabilities Act) accommodations by allowing adequate speaking time. She also asked about qualifications for “Coverage Champions,” welcomed Dr. Robinson, and requested that future agendas include topics addressing survivors of domestic violence, rape, and child abuse.</i></p>	

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	<p><i>Ms. Ramos stated that adding community-based organizations to RCACs helps fill gaps in underserved areas and improves representation. She encouraged approval of such organizations in future ECAC votes and suggested that providing more information to members may help them resolve issues independently without always needing to call for assistance.</i></p> <p><i>Ms. Aguilar stated that he previously requested a simple summary of a program and had not received a response. He asked Dr. Robinson to provide clarity on whether the program is still active, who is being served, whether new applicants will be accepted, and whether it continues to benefit L.A. Care members.</i></p> <p><i>Ms. Lowery asked Dr. Robinson whether he noted her concern about her primary care provider not following up to prescribe necessary medication. She explained that she has been sent between multiple specialists and hospitals without receiving appropriate treatment and asked whether her primary care provider is responsible for managing her medications.</i></p> <p><i>Ms. Sales stated that members should receive introductions to prospective community-based organizations before voting on their participation in RCACs. She emphasized the importance of advocating for oneself during doctor visits, expressed concern about the lack of Black representation at L.A. Care community events, and requested more information on programs such as Advantage Care and Advantage Plus. She also stated that Community Resource Center staff—not just management—should attend RCAC meetings and requested clearer details about the Coverage Champions program.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:15 P.M.	

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Maritza Lebron, ECAC Chair
Date _____

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RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Deaka McClain
 Maritza Lebron, ECAC Chair / *DEAK McCLAIN, AT-LARGE MEMBER*
 Date 3/11/2024