

Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission



Meeting Agenda

Wednesday, January 24, 2024

3:00 p.m. – 5:00 p.m.

Location:

- In Santa Cruz County:**
Central California Alliance for Health, Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA
- In Monterey County:**
Central California Alliance for Health, Board Room
950 East Blanco Road, Suite 101, Salinas, CA
- In Merced County:**
Central California Alliance for Health, Board Room
530 West 16th Street, Suite B, Merced, CA
- In San Benito County:**
Community Services & Workforce Development (CSWD)
CSWD Conference Room
1161 San Felipe Road, Building B, Hollister, CA
- In Mariposa County**
Mariposa County Health and Human Services Agency
Coulterville Conference Room
5362 Lemee Lane, Mariposa, CA

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
 - a. Computer, tablet or smartphone via Microsoft Teams:
[Click here to join the meeting](#)
 - b. Or by telephone at:
United States: +1 (323) 705-3950
Phone Conference ID: 875 376 397#
2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Tuesday, January 23, 2024 to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. In person, from an Alliance County office, during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.

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1. **Call to Order by Chairperson Jimenez. 3:00 p.m.**
 - A. Roll call; establish quorum.
 - B. Supplements and deletions to the agenda.
 - C. Recognize Board service of Commissioner Leslie Conner.

2. **Oral Communications. 3:05 p.m.**
 - A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
 - B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.

3. **Comments and announcements by Commission members.**
 - A. Board members may provide comments and announcements.

4. **Comments and announcements by Chief Executive Officer.**
 - A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Item: (5. – 7.): 3:25 p.m.

5. **Approve Commission meeting minutes of December 6, 2023.**
 - Reference materials: Minutes as above.

Pages 5-01 to 5-07

6. **Approve updated membership for the Physicians Advisory Group and Whole Child Model Clinical Advisory Committee.**
 - Reference materials: Staff report and recommendation on above topic.

Pages 6-01 to 6-02

7. **Authorize the Board to ratify the proposed Incentive Payments for Provider Performance in Calendar Year 2023.**
 - Reference materials: Staff report and recommendation on above topic.

Pages 7-01 to 7-02

Regular Agenda Items: (8. – 10.): 3:30 p.m.

8. **Discuss Alliance 2022-2026 Strategic Plan Update. (3:30 – 4:00 p.m.)**
 - A. Ms. Van Wong, Chief Operating Officer, will review and Board will discuss 2023 strategic objectives.
 - B. Dr. Dennis Hsieh, JD, Chief Medical Officer, will review and Board will discuss proposed 2024 strategic objectives.
 - Reference materials: Staff report on above topic.

Page 8-01 to 8-06

9. **Discuss Alliance state of Technology, Data and Security Report and consider approving a Data Sharing Incentive Program. (4:00 – 4:30 p.m.)**
 - A. Mr. Cecil Newton, Chief Information Officer & Information Security Officer, will review and Board will discuss Alliance state of Technology, Data and Security and consider approving a Data Sharing Incentive Program.
 - Reference materials: Staff report and recommendation on above topic.

Pages 9-01 to 9-02

10. Presentation on Watsonville Community Hospital and consider adopting Resolution in support of Pajaro Valley Health Care District Bond Improvement: Measure N.

(4:30 – 5:00 p.m.)

- A. Mr. Steve Gray, Chief Executive Officer, Watsonville Community Hospital, will present to the Board on Watsonville Community Hospital.
 - B. Mr. Marcus Pimentel, Board of Director & Treasurer, Watsonville Community Hospital/Pajaro Valley Health Care District, will discuss and Board will consider adopting a resolution in support of Pajaro Valley Health Care District Bond Improvement: Measure N on the March 5, 2024 ballot.
- Reference materials: Staff report and recommendation on above topic; and Resolution.
Pages 10-01 to 10-03

Announcements:

Meetings of Advisory Groups and Committees of the Commission

The next meetings of the Advisory Groups and Committees of the Commission are:

- Finance Committee
Wednesday, March 27, 2024; 1:30 – 2:45 p.m.
- Member Services Advisory Group
Thursday, February 8, 2024; 10:00 – 11:30 a.m.
- Physicians Advisory Group
Thursday, March 7, 2024; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [*Remote teleconference only*]
Thursday, March 21, 2024; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [*Remote teleconference only*]
Monday, March 11, 2024; 1:30 – 3:00 p.m.

The above meetings will be held in person unless otherwise noticed.

The next regular meeting of the Commission, after this January 24, 2024 meeting, unless otherwise noticed:

- Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
Wednesday, February 28, 2024; 3:00 – 5:00 p.m.

Locations for the meeting (linked via videoconference from each location):

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County:
Central California Alliance for Health
950 E. Blanco Road, Suite 101, Salinas, CA

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, CA

In San Benito County:
Community Services & Workforce Development (CSWD)
1161 San Felipe Road, Building B, Hollister, CA

In Mariposa County:
Mariposa County Health and Human Services Agency
5362 Lemee Lane, Mariposa, CA

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings. Audio livestreaming will be available to listen/view the meeting. Note: Livestreaming for the public is listening/viewing only.



The complete agenda packet is available for review on the Alliance website at <https://thealliance.health/about-the-alliance/public-meetings/>. The Commission complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Board at least 72 hours prior to the meeting at (831) 430-5523. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.

**SANTA CRUZ – MONTEREY – MERCED – SAN
BENITO – MARIPOSA MANAGED MEDICAL CARE
COMMISSION**



Meeting Minutes

Wednesday, December 6, 2023

3:00 p.m. – 5:00 p.m.

In Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

In San Benito County:

Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California

In Mariposa County:

Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Commissioners Present:

Dr. Ralph Armstrong
Supervisor Wendy Root Askew
Ms. Dorothy Bizzini
Ms. Leslie Conner
Dr. Maximiliano Cuevas
Ms. Janna Espinoza
Ms. Elsa Jimenez
Mr. Michael Molesky
Ms. Rebecca Nanyonjo
Supervisor Josh Pedrozo
Dr. James Rabago
Dr. Allen Radner
Dr. Eric Sergienko

At Large Health Care Provider Representative
County Board of Supervisors
Public Representative
At Large Health Care Provider Representative
Health Care Provider Representative
Public Representative
County Director of Health Services
Public Representative
County Public Health Director
County Board of Supervisors
Health Care Provider Representative
At Large Health Care Provider Representative
County Public Health Officer

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Commissioners Absent:

Ms. Leslie Abasta-Cummings
 Ms. Tracey Belton
 Supervisor Zach Friend
 Dr. Donald Hernandez
 Ms. Mónica Morales

At Large Health Care Provider Representative
 County Health and Human Services Agency Director
 County Board of Supervisors
 Health Care Provider Representative
 County Health Services Agency Director

Staff Present:

Mr. Michael Schrader
 Ms. Lisa Ba
 Dr. Dennis Hsieh
 Ms. Jenifer Mandella
 Mr. Cecil Newton
 Ms. Van Wong
 Ms. Ronita Margain
 Ms. Kathy Stagnaro

Chief Executive Officer
 Chief Financial Officer
 Chief Medical Officer
 Chief Compliance Officer
 Chief Information Officer
 Chief Operating Officer
 Community Engagement Director
 Clerk of the Board

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 3:03 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda

2. Oral Communications.

Chair Jimenez opened the floor for any members of the public to address the Commission on items not listed on the agenda.

No members of the public addressed the Commission.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

Commissioner Conner stated that Santa Cruz Community Health (SCCH) announced the selection by its board of directors of Ms. Anita Aguirre as its new Chief Executive Officer. Ms. Aguirre starts in the position on January 8, 2024 and comes to SCCH from Salud Para La Gente.

4. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Mr. Michael Schrader, Chief Executive Officer (CEO).

Mr. Schrader provided an update to the Board on the expansion into Mariposa and San Benito County and negotiations with CommonSpirit.

On January 1, 2024 the Alliance begins operations in San Benito and Mariposa County. In the last month there has been positive coverage on the expansion in the local media. Advertisements and inserts were placed in various media outlets and staff conducted meet and greets in the cities of Mariposa and Hollister for Medi-Cal recipients and the community. The Alliance has offices located in the Health and Human Services buildings in the two counties that will be

staffed full-time. Efforts will continue towards provider network development and member and community outreach the remainder of this month with the goal toward a seamless transition for members and providers.

Active negotiations with CommonSpirit continue. The scope includes the renewal of the three-year contracts for Dominical Hospital in Santa Cruz and Mercy Medical Center in Merced. Also included are contracts for the Dignity Health Medical Groups in Santa Cruz and Merced, Mercy Home Care and University Surgical Center. Thus far the two parties have exchanged four proposals (two from CommonSpirit and two from the Alliance). The two parties have also executed amendments to extend the existing contracts to February 15, 2024 to allow sufficient time to negotiate the renewals. Data analysis is required to develop and evaluate the proposal. Constraints for negotiations from the Alliance are to not pay providers more than what the plan gets from the State and to not pay higher base rates than do other surrounding plans. The plan's objectives are to avoid member disruptions by not getting within the 30 days of a contract termination and by not experiencing an actual termination. The Alliance also has a contingency plan in the event that members need to be notified or to take steps to assist impacted members.

[Vice Chair Pedrozo arrived at this time: 3:11 p.m.]

Notable on consent was item 10A, the revised bylaws following Board discussion at the October meeting. One revision was intended to ensure that at least one public representative seat will be dedicated specifically to a past or present Medi-Cal beneficiary or the parent/guardian of a past or present Medi-Cal beneficiary. The other revision proposed by staff was for additional compensation for eligible Board members for meetings that extend longer than three hours in duration.

Also on consent was item 10B, staff's recommendation authorizing the Chair to execute the new 2024 Department of Health Care Services (DHCS) Medi-Cal contract. For the past 18 months plans have been submitting new and revised policies and procedures to DHCS and modifying operations accordingly in order to be in compliance on January 1, 2024.

Lastly of note on consent was item 10D, a report on the 2023 Legislative Session Wrap-up. Included in the report is the final bill list with final disposition on bills that were tracked by staff and those on which the Alliance took an advocacy position. Staff continue to review chaptered bills for any necessary implementation steps and impacts on plan operations.

Consent Agenda Items: (5. – 10F.): 3:17 p.m.

Chair Jimenez opened the floor for approval of the Consent Agenda.

MOTION: Commissioner Molesky moved to approve the Consent Agenda, seconded by Commissioner Espinoza.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Bizzini, Conner, Espinoza, Jimenez, Molesky, Nanyonjo, Pedrozo, Rabago, Radner and Sergienko.

Noes: None.

Absent: Commissioners Abasta-Cummings, Askew, Belton, Cuevas, Friend, Hernandez and Morales.

Abstain: None.

Regular Agenda Item: (11. - 15.): 3:18 p.m.

11. Board Discussion: Conflict of Interest. (3:18 – 3:47 p.m.)

Mr. Schrader, CEO, discussed conflict of interest as follow-up from the October 25, 2023 Board meeting presentation on conflict of interest laws that pertain to commissioners and reviewed the four legal analyses received by the Alliance over the years.

[Commissioner Cuevas arrived at this time: 3:20 p.m.]

The majority of public plans use the Board member driven approach whereby Board members complete annual training on conflict of interest laws and during meetings, Board members make their own decisions whether to abstain from discussion and voting for certain agenda items that may pose potential conflict.

The Board member driven approach includes that conflicts are specific to individual Board members and staff may not have full knowledge of a Board member's (and partner's) situation. The Staff driven approach includes that Board members may want staff support and may not have time to perform conflict analysis for all meetings and agenda items or feel qualified to do so.

Commissioners expressed support for the blended approach where staff provide Board members with individual memos that are attorney-client protected and Board members make their own decisions whether to abstain from discussion and voting on agenda items. Commissioners were also in support of Board approval at the strategic/programmatic level and delegate to staff the detailed design, implementation and administration.

Information and discussion item only; no action was taken by the Board.

12. Consider approving: 1) Medical Budget and 2) Administrative Budget for Alliance Calendar Year (CY) 2024. (3:47 – 4:18 p.m.)

Ms. Lisa Ba, Chief Financial Officer (CFO), reviewed the overall budget results and the Medical and Administrative budgets.

The priorities for budget development include ensuring sustainable financial performance by maintaining access to and quality of care for members; aligning provider costs with revenue rate, utilization trends and industry benchmarks; improve provider reimbursement through value-based payment; and sustain operational efficiency while adequately funding administrative resources to execute regulatory requirements.

Administrative budget considerations include adequately funding administrative resources to meet increased regulatory requirements and State-mandated programs while delivering on core health plan responsibilities; maintaining organizational efficiency through department assessment, technology and process improvement; and continued focus on long-term financial sustainability and stewardship.

The 2024 budget spends \$1.5B on medical costs and \$105.4M on administration. The budget will generate an operating income of \$22.3M or 1.3%. Medical cost is expected to increase by approximately 6.6%; 3.7% from the anticipated utilization increase for Inpatient, Outpatient

Facility, Behavioral Health and Transportation, coupled with a 2.9% increase in unit cost. Administrative expense remains low at 6.3%. Staff seek to maintain administrative efficiency while balancing adequate staffing to meet expanding program requirements, such as fulfilling the 2024 Medi-Cal contract requirements preparing for Dual Eligible Special Needs Plan implementation and insourcing Behavioral Health.

MOTION: Commissioner Cuevas moved to approve the calendar year 2024 Medical Budget at \$1,532,465,637 and the calendar year 2024 Administrative budget at \$105,375,704, seconded by Commissioner Conner.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Bizzini, Conner, Cuevas, Espinoza, Jimenez, Molesky, Nanyonjo, Pedrozo, Radner and Sergienko.

Noes: Commissioner Rabago.

Absent: Commissioners Abasta-Cummings, Askew, Belton, Friend, Hernandez and Morales.

Abstain: None.

13. Consider approving proposed 2024 Provider Payment Policy on Enhanced Care Management (ECM). (4:18 – 4:28 p.m.)

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

The following Board members abstained from discussion and voting on this item due to potential conflict of interest: Commissioners Conner, Cuevas, Jimenez, Nanyonjo, Rabago and Radner.

Ms. Ba, CFO, indicated that as of September 2023, ECM enrollment was at 58% of the target. Currently, the Alliance provider network can service 91% of the anticipated DHCS targets. Despite reported capacity from providers, there continues to be lower than expected actual capacity due to staffing challenges and the intensity of services needed for successful member outcomes. There was a notable decrease in outreaches in Q3 due to many providers reporting being at capacity and unable to take on additional members.

[Commissioner Rabago departed at this time: 4:20 p.m.]

ECM 2024 enrollment by county, the payment methodology change, rates by county and outreach per target by county were reviewed. Staff's recommendation aims to minimize payments to Alliance providers from the revenue made available by DHCS and expand provider capacity. Staff assume an enrollment of 70% of the eligible members in the ECM programs in 2024, including the unpublished justice-involved members. Staff also assume a break-even performance on ECM and there is a risk corridor to mitigate any potential loss.

[Commissioner Radner departed at this time: 4:26 p.m.]

Discussion and action on this item continued at 4:46 p.m.

14. Consider approving proposed Incentive Program Funding for Calendar Year 2023. (4:28 – 4:39 p.m.)

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

Ms. Ba, CFO, indicated that the Board reviews and approves the incentive programs annually and the estimated costs are included in the medical budget for the following calendar year. Each December, the Board approves the actual payment amounts to be awarded for performances in that program year. Historically, the Alliance has considered financial performance when approving the funding for incentive programs.

Care-Based Incentive (CBI) is designed to encourage the promotion and implementation of the Patient-Centered Medical Home model, improve access to care and promote the delivery of high-quality care. Primary care providers (PCPs) earn CBI payments by improving care coordination and achieving quality measures. PCPs are provided quarterly updates as to their performance to guide continuous improvement.

The Specialist Incentive Program offers contracted referral providers financial incentives for providing Alliance members access to specialty services. The program launched in 2014 due to the Affordable Care Act expansion and ended in 2020 when the reimbursement rate was brought to 100% of the current Medicare fee schedule. In 2023, the program was re-launched to improve Alliance member access to specialty care in the post-pandemic era. The Alliance would like to re-engage specialty providers toward value based payment in future years.

This item will be placed on the January 24, 2024 consent agenda for ratification due to insufficient non-conflicted commissioners in attendance and eligible to vote. No action was taken by the Board on this recommendation.

15. Consider approving Care-Based Incentive (CBI) Program for 2024. (4:39 – 4:46 p.m.)

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

The following Board members abstained from discussion and voting on this item due to potential conflict of interest: Commissioners Conner, Cuevas and Jimenez.

Dr. Dianna Diallo, Medical Director, explained that the proposed programmatic changes support simplifying an increasingly complex program, promote improvement through achievable goals and provide equal opportunity to earn incentives through award based on member months. The proposed calculation of Quality of Care measures allow practices to earn full points by meeting the plan benchmark or by a 2.5 percentage/percent point improvement.

[Commissioner Askew arrived at this time: 4:45 p.m.]

Staff recommended the Board approve the following proposed revisions to CBI for 2024.

- Remove programmatic payment based on comparison group pools.
- Assign a maximum practice programmatic payment based on member months.

- Remove the Quality of Care Performance payment adjustment.
- Remove the risk stratification score.
- Update point calculation for Quality of Care and Care Coordination measures.

MOTION: Commissioner Molesky moved to approve the proposed changes to Care-Based Incentive program 2024, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Askew, Bizzini, Espinoza, Molesky, Nanyonjo, Pedrozo and Sergienko.

Noes: None.

Absent: Commissioners Abasta-Cummings, Belton, Friend, Hernandez, Morales, Rabago and Radner

Abstain: Commissioners Conner, Cuevas and Jimenez.

13. Consider approving proposed 2024 Provider Payment Policy on Enhanced Care Management (ECM). (4:46 – 4:50 p.m.)

Staff recommended the Board approve the payment policy on ECM outlined below across all five counties:

- ECM Rate: \$625 per enrolled member per month
- Outreach per target: Up to \$264 per member, with methodology to be determined
- Outreach per each successful enrollment: \$200

MOTION: Commissioner Molesky moved to approve proposed 2024 provider payment policy on Enhanced Case Management, seconded by Commissioner Askew.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Askew, Bizzini, Espinoza, Molesky, Pedrozo and Sergienko.

Noes: None.

Absent: Commissioners Abasta-Cummings, Belton, Friend, Hernandez, Morales, Rabago and Radner.

Abstain: Commissioners Conner, Cuevas, Jimenez and Nanyonjo.

The Commission adjourned its regular meeting of December 6, 2023 at 4:50 p.m. to the regular meeting of January 24, 2024 at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister and Mariposa unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board



DATE: January 24, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Dr. Dennis Hsieh, Chief Medical Officer
SUBJECT: Physicians Advisory Group and Whole Child Model Clinical Advisory Committee Membership Update

Recommendation. Staff recommend the Board approve the updated membership for the Physicians Advisory Group and Whole Child Model Clinical Advisory Committee.

Summary. The membership of both committees have been updated given the expansion into San Benito and Mariposa Counties.

Background. Article VI. Advisory Groups of the Bylaws of the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission allow for establishing standing advisory groups of the Board composed of at least one Commissioner and beneficiaries, representatives of beneficiaries, and/or providers. The Advisory Group provides review and recommendations on policies and procedures considered by the Commission, and to the extent deemed appropriate by the Commission, shall participate in the Commissions' consideration of policies and procedures prior to their adoption. All Advisory Groups are advisory only.

SB 586 (Statutes 2015) established the Whole Child Model (WCM) program under which County Organized Health System (COHS) Medi-Cal managed care plans in designated counties would provide California Children's Services (CCS) program services to Medi-Cal eligible CCS children and youth. In addition, SB 586 required COHS plans operating a WCM program to maintain a clinical advisory committee and a family advisory group to provide input to the plan. *Note: Pursuant to W&I Code §14094.5(b) the WCM may be implemented in San Benito and Mariposa counties no sooner than January 1, 2025.*

Discussion.

The roster for the Physician Advisory Group is being updated as follows:

NAME	AFFILIATION	COUNTY
Amy McEntee, MD	Provider Representative	Santa Cruz
Casey KrikHart, DO	Provider Representative	Santa Cruz
Jennifer Hastings, MD	Provider Representative	Santa Cruz
Devon Francis, MD	Provider Representative	Santa Cruz
Mai-Khanh Bui-Duy, MD	Provider Representative	Santa Cruz
Donaldo Hernandez, MD	Provider Representative	Santa Cruz
Scott Prysi, MD	Provider Representative	Monterey
Caroline Kennedy, MD	Provider Representative	Monterey
Shirley Dickinson, MD	Provider Representative	Monterey
Misty Navarro, MD	Provider Representative	Monterey

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Charles Harris, MD	Provider Representative	Monterey
Cristina Mercado, MD	Provider Representative	Monterey
James Rabago, MD	Provider Representative	Merced
Salvador Sandoval, MD	Provider Representative	Merced
Cheryl Scott, MD	Provider Representative	San Benito
Ralph Armstrong, MD	Provider Representative	San Benito
Eric Sergienko, MD	Provider Representative	Mariposa
Mimi Carter, MD	Provider Representative	Mariposa

Note that Alliance staff continue to recruit representation from San Benito and Mariposa counties for PAG and will return to the Board for appointment of interested individuals.

The roster for the Whole Child Model Clinical Advisory Committee is being updated as follows:

NAME	AFFILIATION	COUNTY
Jennifer Yu, MD	Physician	Santa Cruz
Camille Guzel, MD	Physician	Santa Cruz
John Mark, MD	Physician	Santa Cruz
Cal Gordon, MD	Physician	Santa Cruz
Devon Francis, MD	Physician	Santa Cruz
Allyson Garcia, MD	Physician	Monterey
Sarah Smith, MD	Physician	Monterey
Lena Malik, MD	Physician	Monterey
Salvador Sandoval, MD	Physician	Merced
James Rabago, MD	Physician	Merced
Ibraheem Al Shareef, MD	Physician	Merced

Note that Alliance staff is in process of recruiting representation from San Benito and Mariposa counties and none have yet been recruited at this time. Alliance staff will return to the Board for appointment of interested individuals.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A



DATE: January 24, 2024
TO: Santa Cruz – Monterey - Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Proposed Incentive Program Funding for Calendar Year (CY) 2023

Recommendation. Staff recommend the Board ratify the proposed \$40M incentive payments for provider performance in year 2023 as follows:

- Care-Based Incentive (CBI) - \$15M
- Specialist Care Incentive (SCI) - \$10M
- Hospital Quality Incentive Program (HQIP) - \$15M

Summary. This item returns to your Board for ratification after having been on the agenda for presentation and discussion at the December 6, 2023 meeting. However, it was moved to the January meeting of your Board due to insufficient non-conflicted commissioners in attendance and eligible to vote.

The Alliance offers three incentives in 2023, CBI, SCI, and HQIP. The Board approved the program design throughout 2022 and the budget for these programs in the 2023 budget. The actual payout funding will be decided in December 2023.

Background. The Alliance payment strategy is to align payment rate with revenue rate, utilization trends, and industry benchmarks and increase provider revenue through value-based payment (VBP). As a result, staff resumed SCI and introduced HQIP in 2023.

CBI is designed to encourage contracted primary care providers (PCPs) to promote and implement the Patient-Centered Medical Home model, improve access to care, and promote the delivery of high-quality care. CBI offers contracted PCPs financial incentives for improved care coordination, quality of care, preventive care, and practice management. CBI is calculated based on outcomes of performance measures.

The SCI program was launched in 2014 and retired in 2020 when specialty care providers were transitioned to a reimbursement methodology based on the current Medicare Fee Schedule, which is among the highest payment levels for specialists through Medi-Cal managed care plans. The Medicare Fee Schedule is typically 60% above Medi-Cal payments on average. Staff re-launched this program for 2023 to incentivize specialists to prioritize appointment availability to members as the care resumes in a post-pandemic era. Staff would like to engage specialists toward VBP in future years.

HQIP, introduced in 2023, offers financial incentives for hospitals that meet performance targets for quality and operational efficiencies, reduce unnecessary healthcare costs, and improve service delivery. The measures include 30-day All-Cause Readmission, Avoidable Emergency Room (ER) visit, Post Discharge follow-up within 14 days, and Cesarean Delivery Rate.

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Historically, the Alliance has considered financial performance when approving the incentive programs' funding at the year's end.

Discussion. In 2020, the Department of Health Care Services (DHCS) raised the minimum performance level (MPL) from the 25th percentile to the 50th percentile for all measures. It implemented financial sanctions on plans for non-performance. DHCS removed the sanctions and corrective action plans (CAPs) in 2020 due to the COVID-19 public health emergency but enforced the sanction for 2021 performance. For the performance year 2022 reporting year 2023, the Alliance improved in many areas of the Managed Care Accountability Set. For example, the follow-up after an Emergency Department (ED) visit for mental illness improved by 34% in the Santa Cruz/Monterey reporting region and 41% in Merced. As a result, the Alliance needs to continue partnering with our PCPs to achieve new performance levels.

The Alliance appreciates and encourages specialists to provide care to the Medi-Cal population. The SCI program is intended to improve members' access to specialty care. Due to the pause of redetermination, Alliance enrollment has increased from 350,000 in March 2020 to the peak of 430,000 in June 2023. The specialty care visits have increased 14% in 2021, 9% in 2022, and 6% in YTD through June 2023. The average visits per member also increased by 5% in 2021, 2% in 2022, and 1% in 2023.

The HQIP has made progress in our inpatient and outpatient metrics. The overall 30-day all-cause readmission rate was reduced by 9.3% through September 30, 2023, avoidable ED was decreased by 3.8% for the same period, and the discharge follow-up within 14 days increased by 2.4% through June 30, 2023.

The Alliance appreciates the efforts of PCPs, specialists, and hospitals to improve access and quality care for our members. Staff recommends increasing the incentive funding by \$15M to a total of \$40M.

Fiscal Impact. The Alliance has an operating income of \$90M YTD through September. This is \$25M favorable compared to the budget. Staff recommend increasing the payout by \$15M to \$40M. With this recommendation, the Alliance will achieve a better-than-budget performance in 2023.

Performance Year	Payout	CBI	SCI	HQIP	Total
2023	Recommendation	\$15M	\$10M	\$15M	\$40M
2023	Budget	\$10M	\$5M	\$10M	\$25M

Attachments. N/A



DATE: January 24, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Van Wong, Chief Operating Officer and Dr. Dennis Hsieh, JD, Chief Medical Officer
SUBJECT: Alliance 2022-2026 Strategic Plan Update

Recommendation. This report is informational only.

Summary. The Alliance is in the midst of our five-year strategic plan spanning 2022-2026. This report highlights the Alliance's current performance as well as the 2024 strategic objectives to enable the plan to achieve incremental progress towards goals set forth for 2026.

Background. In 2021, the Board approved an ambitious five-year plan focusing on two strategic priorities: Health Equity (HE) and Person-Centered Delivery System Transformation (PCST), each with two goals. In September 2022, staff shared outcome measures to assess organizational performance against the four strategic goals set forth in the Alliance 2022-2026 Strategic Plan. Here the plan is sharing updated performance on the strategic goals as well as updated performance measures (strategic objectives) in service of the strategic goals.

Discussion. 2023 has been a monumental year for the Alliance with the culmination of service expansion into San Benito and Mariposa, along with expanding coverage for individuals 26-49 years old regardless of citizenship status. Parallel to these efforts, staff also looked to improve on our two strategic focuses of health equity and person-centered system transformation for our current membership. During this past year, staff had the opportunity to evaluate those performance measures as we established interventions to achieve the bold goals set forth in our strategic plan. Refinements to the strategic plan outcome measures (strategic objectives) in service to these goals are addressed in our 2024 targets based on these learnings as well as the Alliance's 2024 contract with a focus on closing quality gaps, championing health equity, and implementing population health.

The following outlines performance to date with respect to 2026 targets which were established in September 2022, along with focused strategic plan outcome measures (strategic objectives) for 2024. Note that not all performance measures are finalized given that certain measures related to utilization rely on claims, which have a lag. The results shared in this report are based on information available at the time of data collection. Finalized data will be made available throughout 2024 but no later than July 2024.

HE Goal 1: Eliminate health disparities and achieve optimal health outcomes for children and youth

The Strategic Plan Outcome Measures for this goal focus on closing racial/ethnic disparities in well-child visits and immunizations in geographically challenging service areas, specifically Merced. This a key change from prior and involves focusing on areas where the Alliance has been below the 50th percentile.

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The table below shows the trended performance for the four key pediatric measures that are currently below minimum performance level (MPL) for Medi-Cal Managed Care Accountability Set (MCAS) performance measures.

Contributing Measures	Goal	Baseline MY2021	Results MY2022	Results MY2023*
Close racial/ethnic disparities for children's well-child visits in Merced County (WCV)	NCQA 90 th percentile by 2026	41%	45.6%	48%
Close racial/ethnic disparities well-child visits for children in the first 15 months in Santa Cruz, Monterey, and Merced (W30-6+)		Merced: 31% SCMON: 51%	Merced: 36.7% SCMON: 62%	Merced: 51% SCMON: 70%
Close racial/ethnic disparities for well-child visits for age 15-30 month in Merced (W30-2+)		55%	58.1%	60.4%
Close racial/ethnic disparities in childhood immunizations by age 2 in Merced (CIS-10)		17%	16.1%	16.6%

*Based on administrative HEDIS data only, does not include chart reviews & supplemental data. Finalized score not available for MY2023 until Q2-2024.

The pediatric measures are trending in the right direction apart from the combo-10 measure which is a challenge because of children missing the first of several required immunizations due to the pandemic. There are also challenges with influenza vaccine acceptance. Despite the notable improvements in several key measures, rural areas such as Merced, San Benito and Mariposa face greater obstacles to care due to limited physician supplies, transportation and other barriers to access. The Alliance and our provider partners will continue to put greater emphasis in this area to close the disparity gaps. Staff will evaluate performances in San Benito and Mariposa counties and bring forth measures in 2025 for inclusion in our strategic goals. Based on the Department of Health Care's (DHCS's) focus on quality sanctions and health equity as well as historic and ongoing high performance in both Santa Cruz and Monterey counties, staff recommend continuing the focus on areas where the Alliance has been under the 50th percentile in the Strategic Plan Outcome Measures for this goal. Staff will continue to work with Santa Cruz and Monterey counties to maintain or improve upon the high performance in these counties. With this focus, staff recommend an Alliance goal of achieving at least a five percentile year over year improvement in each of these measures.

The table below shows updated the updated Strategic Plan Outcome Measures with 2024 targets.

Contributing Measures	Goal	Baseline MY2022	2023 Target	2024 Target
Close racial/ethnic disparities for children's well-child visits in Merced County (WCV)	Achieve at least a 5-percentile year over year improvement by 2026	45.6% 35 th Percentile	46.7% 40 th Percentile	48% 45 th Percentile
Close racial/ethnic disparities well-child visits for children in the first 15 months in Merced County (W30-6+)		36.7% 6 th Percentile	42.9% 11 th Percentile	45.6% 16 th Percentile
Close racial/ethnic disparities for well-child visits for age 15-30 month in Merced (W30-2+)		58.1% 18 th Percentile	59.4% 23 rd Percentile	60.8% 28 th Percentile
Close racial/ethnic disparities in childhood immunizations by age 2 in Merced (CIS-10)		16.1% 4 th Percentile	22.2% 9 th Percentile	24.5% 14 th Percentile

HE Goal 2: Increase members' access to culturally and linguistically appropriate health care

The Strategic Plan Outcome Measures for this goal will focus on members reporting culturally and linguistically appropriate care by their personal doctor. In 2022, the Alliance introduced three cultural humility questions in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Results were very favorable across all populations with responders indicating that were never treated unfairly due to language or ethnicity at least 96% of the time, indicating strong results as to the cultural care and humility of their providers. Results reaffirm the Alliance's focus on recruiting a network of culturally competent providers. MY 2022 CAHPS survey results were slightly better than the prior year despite baseline results being well over 90%. Given the outstanding performance two years in a row, staff will take the opportunity to propose new goals for this measure in 2025 as we look to incorporate the experiences of our new counties, San Benito and Mariposa.

Contributing Measures	Goal	Baseline MY2021	Results MY2022
Members reporting they were treated unfairly by their personal doctor because they did not speak English well.	Maintain high performance level as baseline	Adult: 3% Child: 3.5% <i>Lower score is better</i>	Adult: 2.6% Child: 3.4% <i>Lower score is better</i>
Members reporting they were treated unfairly by their personal doctor because of race or ethnicity.			
Members reporting that their personal doctor (or office staff) did or said something that made them feel that they did not understand their culture or language.			

Data Source: CAHPS Survey, which is completed by Q4 for prior measurement year.

After review of this Strategic Plan Outcome Measure, staff recommend continuing to administer the CAHPS survey to capture culturally and linguistically appropriate care by their provider. Given the ongoing high performance, the goal for 2024 is to maintain this high performance.

PCST Goal 1: Improve behavioral health services and systems to be person-centered and equitable

The Strategic Plan Outcome Measures for this goal focus on members self-reporting on their mental or emotional health, timely access to behavioral health services, and follow-up rates. Results are generally trending upwards except for timely access to behavioral health services. The Alliance is working closely with Carelon, our behavioral health management subcontractor, to ensure access to timely mental health services and improve those outcomes.

Note that follow-up rates for mental health services in 2023 does not include supplemental data which typically would boost the results. Staff expect the final results which will be made available June 2024 and will get us much closer to MY 2022 performance.

Contributing Measures	Goal	Baseline MY2021	Results MY2022	Results MY2023
Members (adult and child) reporting very good, or excellent mental or emotional health. Data Source: CAHPS Survey*	SPH Book of Business 90 th percentile by 2026	Adults: 34% Child: 66%	Adults: 37% Child: 60%	Adults: 36% Child: 70%
Timely Access to Behavioral Health Services Data Source: Timely Access Survey	95%	70%	69%	TBD
Follow up rate after emergency room visits for mental health* Data Source: MCAS Results	NCQA 90 th percentile by 2026	Merced: 30% SCMON: 27%	Merced: 71% SCMON: 61%	Merced: 23%* SCMON: 33%*
Follow up rate after emergency room visits for substance use disorder+ Data Source: MCAS Results		Merced: 6% SCMON: 10%	Merced: 22% SCMON: 37%	Merced: 17%* SCMON: 32%*

* CAHPS Survey is completed by Q4 for prior measurement year.

+Based on administrative HEDIS data only, does not include chart reviews & supplemental data. Finalized score not available for MY2023 until Q2-2024.

As instructed by your Board, the Alliance has examined options to improve Behavioral Health. Throughout the planning process, the Alliance identified the need to center on the people it serves rather than just the health care services it delivers. Such a shift requires a transformation to honor the dignity and self-determination of members and to focus on their health as the intended result, rather than the delivery of health care services alone. This idea represents an evolution towards a system that yields member health through shared decision making and action, rather than a system that simply delivers health care services.

Given this focus, staff are now pursuing a dual track of Carelon accountability and behavioral health insourcing in order to ensure the delivery of member-centered behavioral healthcare. Staff thus propose the Strategic Plan Outcome Measures shift towards these key goals of holding Carelon accountable based on contract performance guarantees and ensuring timely access to behavioral health services while achieving key milestones for behavioral health insourcing with a target date of July 1, 2025.

The table below reflects staff's recommendation of the changes to the Strategic Plan Outcome Measures for this goal. These measures will focus on our successful in-sourcing of Behavioral Health services, holding Carelon accountable for delivering high-quality services, and ensuring timely access to behavioral health services. All of the changes reflect the year-over-year goals associated with those efforts.

Contributing Measures	Goal	Results 2022	2023 Target	2024 Target
Timely Access to Behavioral Health Services Data Source: Timely Access Survey	Maintain at least 70%	69%	≥70%	≥70%
Hold Carelon Accountable to Deliver High Quality Behavioral Health Services	100% Contract Compliance	NA	NA	Meet 11 of 11 contract performance guarantees
Dual Track of Insourcing Behavioral Health	Successful Insourcing by July 1, 2025	NA	NA	Achieve 100% of all 2024 insourcing workplan milestones

PCST Goal 2: Improve the system of care for members with complex medical social needs

The Strategic Plan Outcome Measures for this goal focuses on access to and utilization of appropriate services for members with complex medical and social needs defined as our senior and people with disabilities (SPD). Since the inception of this goal, DHCS has defined population health management criteria which stratifies all members into high, medium, or low risk. To align with the new population health management guidelines, the Alliance is focusing on improving the system of care for high-risk members rather than SPD members. Results to date are favorable, with measures trending positively given the interventions by staff and providers to improve the outcomes.

Contributing Measures	Goal	Baseline MY2021	Results MY2022	Results MY2023
Access to Preventive/Ambulatory Care Services for members aged 20-44 Data Source: HEDIS Results	NCQA 90 th percentile by 2026	Merced: 68% SCMON: 68%	Merced: 66.53% SCMON: 65.18%	Merced: 65.48%* SCMON: 64.77%*
30-Day All-Cause Readmissions Data Source: Internal Reporting*	20% reduction in SPD readmissions by 2026	Baseline established in 2022	8.6%	7.7% (as of Jan-24)
Emergency Department visit/1,000 members/year Data Source: Internal Reporting*	20% reduction in SPD utilization by 2026		2,663 high risks members	2,105 high risks members (21% reduction)
Timely follow-up care after discharge Data Source: Internal Reporting*	50% of SPD members have post-discharge visits by 2026		30.8%	36.1% (as of Q3-23)

*Based on administrative HEDIS data only, does not include chart reviews & supplemental data. Finalized score not available for MY2023 until Q2-2024.

For 2024, with population health's focus on transitions of care for high-risk members, the increased focus on Enhanced Care Management in serving these members, and the hospital based incentive program's focus on timely data sharing to facilitate transitions of care from both the emergency department and inpatient setting, staff recommend continuing the focus on high-risk individuals as opposed to SPDs as not all SPDs are high-risk and not all high-risk individuals are SPDs. The proposed outcome measures will continue to focus on utilization of appropriate services for members with complex medical and social needs and their rates of

emergency room utilization and readmissions. For each of these measures, staff is recommending at least a 5% year over year reduction.

The proposed Strategic Plan Outcomes for 2024 are shared in the table below:

Contributing Measures	Goal	Baseline 2022	2023 Target	2024 Target
30-Day All-Cause Readmissions for <i>high-risk members</i> Data Source: Internal Reporting*	At least 5% year over year reduction	14.9%	14.2%	13.4%
Emergency Department visit/1,000 members/year for <i>high-risk members</i> Data Source: Internal Reporting*	At least 5% year over year reduction	2,663	2,530	2,403

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A



DATE: January 24, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Cecil Newton, Chief Information Officer & Information Security Officer
SUBJECT: Alliance State of Technology, Data and Security Report and Data Sharing Incentive Program

Recommendation. Staff recommend the Board approve a Data Sharing Incentive Program to begin on April 1, 2024. Funding for this program was included as a component of the Medical Budget approved by your Board at the December 6, 2023 meeting.

Summary. The Alliance State of Technology, Data and Security Report is provided as part of regular Board updates, including key updates about the Alliance's technology, security and data and includes the request for Board approval of a new Data Sharing Incentive Program.

Background. The Alliance relies on cost-effective, uninterrupted, secure, smoothly operating technology systems.

Discussion.

Alliance Data Management Strategy. The Alliance has developed a Data Management Strategy. The Alliance Data Management Strategy outlines how data is to be created, acquired, stored, shared and managed as well as processed by the Alliance. It describes the existing data sharing regulatory environment. The Alliance's Data Management Strategy, specifically as it relates to data sharing, is that of a health information exchange (HIE) centric strategy. The intent is that data sharing to and from the Alliance be facilitated by use of HIE(s).

The Alliance has developed a Data Sharing Incentive Program targeting all providers (except for hospitals, which are part of the Hospital Quality Incentive Program (HQIP)).

The Data Sharing Incentive (DSI) Program will pay providers, on a per EHR basis up to \$40,000 annually in four quarterly payments. Incentives will be paid based on multiple milestones including providers signing the applicable data sharing agreements, connecting to the local HIE, and sending complete longitudinal member data to the Alliance via the HIE on a quarterly basis.

In the case of the Skilled Nursing Facilities (SNFs), they will be required to send discharge data similar to the data required of the hospitals in the HQIP. However, the SNFs are subject to the same \$40,000 annual maximum paid to other providers in the DSI.

Security Improvements. The Alliance continues to improve its overall security posture to reduce the possibility of a successful cyberattack. Significant progress has been made regarding the Alliance's ransomware readiness initiative.

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The Information Technology Services (ITS) team conducted a security assessment led by Moss Adams, LLP in Q3 2023. The findings will be delivered in Q1 2024. Any findings will be remediated by the Alliance ITS team once the final report has been delivered.

The ITS team conducted a penetration test with a leading security firm, Praetorian. Penetration testing is the practice of cyberattack simulation launched on computer systems in order to discover points of exploitation and test IT breach security.

The results of the penetration tests were provided on December 18, 2023. A limited number of high and medium priority findings were identified in the penetration test. All items are currently in the process of being addressed and remediated.

The Alliance continues to improve its security posture and has not experienced any significant security breaches this past year.

Care Management System Replacement. The Alliance is in the process of replacing its end of life care management system, Essette. In December of 2023 the Alliance completed its selection process and selected ZeOmega's JIVA Care Management System. The implementation is underway and currently scheduled to go live March 31, 2024.

Fiscal Impact. The funding budget for the DSI Program was previously approved in the December Board Meeting.

Attachments. N/A



DATE: January 24, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Michael Schrader, Chief Executive Officer
SUBJECT: Pajaro Valley Health Care District Bond Improvement: Measure N

Recommendation. Consider adopting a resolution in support of the Pajaro Valley Health Care District Bond Improvement: Measure N on the March 5, 2024 ballot.

Summary. Mr. Steve Gray, Chief Executive Officer, Watsonville Community Hospital and Mr. Marcus Pimentel, Board of Director & Treasurer, Watsonville Community Hospital/Pajaro Valley Health Care District, will provide a presentation to the Board regarding Watsonville Community Hospital and Pajaro Valley Health Care District Bond Improvement Measure N and will request the Board's consideration of a resolution of support for Measure N which is on the March 5, 2024 ballot.

Fiscal Impact. N/A

Attachments.

1. Resolution

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

BEFORE THE SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA MANAGED
MEDICAL CARE COMMISSION
(CENTRAL CALIFORNIA ALLIANCE FOR HEALTH)

RESOLUTION

On Motion of _____
Duly Seconded by Commissioner _____
The following resolution is adopted.

RESOLUTION OF CENTRAL CALIFORNIA ALLIANCE FOR HEALTH IN
SUPPORT OF THE PAJARO VALLEY HEALTH CARE DISTRICT BOND IMPROVEMENT
MEASURE N TO APPEAR ON THE MARCH 5, 2024 BALLOT

WHEREAS, the Central California Alliance for Health (the “Alliance”) is committed to the health and well-being of the Pajaro Valley and our region’s healthcare systems; and

WHEREAS, safe, affordable, accessible, and quality local healthcare is required for the health and well-being of the Pajaro Valley; and

WHEREAS, our dedicated and trusted local doctors, nurses, and healthcare professionals would benefit from modernized equipment and tools to care for our community; and

WHEREAS, regaining local control of the Watsonville Community Hospital grounds would ensure the Pajaro Valley has a community-owned asset for decades to come; and

WHEREAS, the Alliance supports the following important investments in the future of Watsonville Community Hospital and quality local healthcare:

1. Expanding and renovating its emergency room, nearly doubling its size, to meet the growing needs of our community;
2. Upgrading its imaging systems including X-rays, MRI, and CT scanners;
3. Purchasing the hospital property to save \$3 million per year in rent payments, which could then be used for healthcare services;
4. Repairing or replacing several aged hospital building systems, such as plumbing; heating, ventilation, and air conditioning systems, and replacing the aging roof; and
5. Modernizing the hospital facilities to provide additional services.

NOW, THEREFORE, BE IT RESOLVED that the Board of Central California Alliance for Health hereby supports the Pajaro Valley Health Care District Bond Improvement Measure N on the March 5, 2024 Ballot, and make it publicly known.

* * * * *

PASSED, APPROVED AND ADOPTED this ____th day of _____, 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Chair of the Board

ATTEST:

Clerk of the Board