



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
MARK RIDLEY-THOMAS
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

Correspondence Received

The following individuals submitted comments on agenda item:			
Agenda #	Position	Name	Comments
	Favor	Genevieve M Clavreul	I support this motion and look forward to the action plan delineated in the motion are fully implemented
		Peter S Alamillo	The Reopening of the County is being delayed for the beginning of the fiscal year not Science data or to save lives. It's about money and the people of Los Angeles County are being lied to in their faces.
			<p>Item: 1-D. Fiscal Year 2020-21 Action Plan for the Allocation of Federal Fund</p> <p>On behalf of AltaMed, I would like to thank Chairwoman Barger and the Supervisors for their leadership At the onset of this pandemic, AltaMed Health Services launched nine outdoor evaluation and testing sites for the community at large in Los Angeles and Orange County. This was done in partnership with Los Angeles City and Los Angeles County; and collaborating with Orange County Healthcare Agency. As of 5/18, we have served 34,509 patients at our evaluation centers. These sites provide full assessments for those with upper respiratory symptoms to determine if testing for COVID-19 is needed and are available to everyone regardless of their ability to pay or their status. Though we continue to be fully committed to this work and making these services available as long as they are needed, the cost to run each site is \$125,000 per week.</p> <p>In order to sustain these efforts we need to access CDBG funding which will help cover medical salary costs and allow us to ensure we are appropriately staffed. I am asking today to request your support in working with The Department of Housing and Urban Development (HUD) to relax the Community Development Block Grants (CDBG) COVID-19 Recovery Program reporting requirements during the current pandemic. The CDBG requirements are very comprehensive and do not align with the operational processes for COVID-19 testing and evaluation. A typical outdoor evaluation and testing encounter consists of a screening for COVID-19 symptoms from a patient's vehicle, followed by testing for those who are experiencing symptoms. During this course of care, it is not feasible to ask people coming in for an evaluation to present proof of income (3 months of pay stubs or a tax return). Further, limitations such as using these funds to test only those that live in a specific zip code contradicts our efforts as a federally qualified health center (FQHC) to ensure COVID-19 testing is available to all who need it. Without a change in the CDBG reporting requirements, the only individuals eligible to be served, without income eligibility, will be elderly and homeless patients because they fall within a protected class.</p> <p>As the legislature continues to respond to and plan for the next phase of our response, it is foundational for Community Health Centers (CHCs) to be prioritized as part of the statewide testing strategy. Plans for statewide tracing and quarantine/ isolation should support and include CHCs, as the local, neighborhood health organizations that knows the community they serve. CHCs are positioned to provide contract tracing and outreach to those who are identified to be mandatory shelter-at-home.</p> <p>CHCs also need more FDA authorized tests and need to be prioritized in PPE distribution. The California Department of Public Health (CDPH) issued waivers to licensing</p>

As of: 5/27/2020 8:38:43 AM



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1-D.

Other

Shauna Day

requirements which enables CHCs the ability to establish additional patient care and triage areas without obtaining prior approval from CDPH. These waivers are only in place until June 30, thus we ask the state to extend indefinitely so that we can continue to provide COVID-19 evaluation and testing without administrative burdens.

In order to feasibly maintain this important work as long as it is needed, it is vital to reimburse CHCs to conduct this work, which includes screening, consent, education, testing, documentation, reporting and monitoring. Currently, the only way for a CHC can be paid for a test is done contingent to the parameters of a traditional billable CHC visit. Here, payment for a CHC visit is not adequate for the related functions that are being provided.

o AltaMed also had to close our dental services which has resulted in a loss of \$2M per month.

o We are too large to qualify and benefit from the SBA loans and paycheck protection programs included in the CARES Act.

o We have had to modify our Program for All Inclusive Care for the Elderly—which cares for some of the most vulnerable seniors in our state and are projected to lose \$3.4 million if this pandemic continues to the end of year.

CHCs are on the frontline and have been hard-hit by the financial realities of this pandemic; still we have continued to serve as our state's safety net, caring for the most vulnerable populations. We will be even more vital as California looks to us to care for the expected 2 million new Medi-Cal beneficiaries expected due to this pandemic. We appreciate your support as we request that CHC funding be prioritized in future legislative packages.

- In order for us to provide COVID-19 testing to as many people as possible without the burden of documentation, HUD would have to classify our clinic areas as Low to Moderate Areas (LMA)

- We respectfully urge you to reach out to HUD and request that they release guidance to their representatives to relax the CDBG funding and reporting requirements during the COVID-19 pandemic. This action will allow FQHCs to serve all of our most vulnerable community members.

- In addition, because evaluation and testing centers for COVID-19 are new services created in response to the pandemic, there is currently no other funding source being dedicated to cover the staffing and operational costs associated with these centers and we need CDBG funding to support our efforts.

- Low to Moderate Areas (LMA) are where 51% of residents are low income. We are an FQHC and by definition serve only low-income communities and are located in medically underserved areas.

We appreciate your support as we request that CHCs receive CBDG funding and CHCs be prioritized in other funding opportunities.

Thank you,

Shauna Day | Director, Government Affairs

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	Item Total	3	
Grand Total		3	