



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, January 20, 2021
TIME: 10:00 a.m.

**DUE TO CLOSURE OF ALL COUNTY BUILDINGS,
MEETING WILL BE HELD BY PHONE.
TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:
DIAL-IN NUMBER: 1 (323) 776-6996
CONFERENCE ID: 479494149#**

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

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Three (3) minutes are allowed for each item.

- I. Call to order
- II. **Presentation Item(s):**
 - a. **DPW/DHS:** Olive View-UCLA Medical Center Emergency Power Upgrade Project – Approve the project and project budget and authorize the Director of Public Works to deliver the project using Board-approved Job Order Contract
 - b. **DMH:** Approval to Waive Specialty Mental Health Services Countywide Maximum Allowances in the Determination of Reimbursable Costs for Legal Entity Cost Reports and Settlements due to COVID–19
 - c. **DPH:** Authorization to Accept and Implement a Forthcoming Award and Future Awards and/or Amendments from the California Department of Public Health to Support California Home Visiting Program’s Innovative Home Visiting Projects (#05569)
- III. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

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

BOARD LETTER FACT SHEET

Agenda Review Date:

Board Meeting Date:

Sup. Dist. / SPA No.:

DEPARTMENT:

SUBJECT:

I. PUBLIC BENEFIT (precise description, mandated or non-mandated)

II. RECOMMENDED ACTIONS (summarized)

III. COST AND FUNDING SOURCES

Cost:

Funding:

IV. BACKGROUND (critical and/or insightful)

V. POTENTIAL ISSUE(S)

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

January 26, 2021

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

Dear Supervisors:

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
OLIVE VIEW-UCLA MEDICAL CENTER
EMERGENCY POWER UPGRADE PROJECT
APPROVE PROJECT AND BUDGET AND
AUTHORIZE USE OF JOB ORDER CONTRACTS
CAPITAL PROJECT NO. 87564
SUPERVISORIAL DISTRICTS 3 AND 5
(3 VOTES)**

SUBJECT

Public Works is seeking Board approval of the Olive View-UCLA Medical Center Emergency Power Upgrade Project with a project budget of \$5,875,000 and authorize the Director of Public Works to deliver the project using Board-approved Job Order Contracts.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the recommended actions related to the proposed Olive View-UCLA Medical Center Emergency Power Upgrade Project are within the scope of the previous finding of exemption for the project under the California Environmental Quality Act for the reasons stated in the Board letter and in the record of the project.
2. Approve the Olive View-UCLA Medical Center Emergency Power Upgrade Project, Capital Project No. 87564, with a total project budget of \$5,875,000.
3. Authorize the Director of Public Works or his designee to use Board-approved Job Order Contracts to deliver the Olive View-UCLA Medical Center Emergency Power Upgrade Project.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find the Olive View-UCLA Medical Center (OV-UCLA MC) Emergency Power Upgrade Project within the scope of the previous

finding of exemption under California Environmental Quality Act (CEQA); approve the project and budget; and authorize the Director of Public Works or his designee to deliver the project using a Job Order Contract (JOC).

Background

On June 18, 2019, the Board established the OV-UCLA MC Emergency Power Upgrade Project, Capital Project No. 87564, and authorized Public Works to use a Board-approved, on-call architectural/engineering consultant to prepare electrical meter readings, field verification of the existing emergency power system, develop plans and specifications for the project, and obtain jurisdictional agency approvals for the design of the project. This work is now complete and Public Works is now seeking Board approval of the project budget and schedule to carry out the work through a JOC.

OV-UCLA MC requires the additional emergency power capacity in order to accommodate power interruptions caused by utility outages, equipment failures, testing maintenance, and natural disasters. The added emergency power capacity will ensure safety of patients, staff, and the public as mandated by State and local governing authorities, such as the Joint Commission and Office of Statewide Health Planning and Development, as well as for fire and life safety standards.

Currently, there are two 2-megawatt (MW) generators on the campus. Of the two generators, one is a back-up generator to be used when the first generator goes down or requires maintenance. There is a need within the hospital to increase emergency power demand beyond 2-MW and with the addition of a third 2-MW emergency generator, the emergency that will provide the hospital with a total of 4-MW of emergency power less the 2-MW back-up. With 4-MWs of emergency power available, the entire medical center can be fully powered in the event of an emergency. Other options were reviewed prior to developing this solution, but the proposed solution to add the third generator would forego an extensive and more costly solution that require recabling throughout the hospital to limit emergency power to only code required devices and outlets.

The project scope includes purchasing the new generator, anchoring, and cabling to the electrical transformer and central plant. Construction would not impact the areas within the hospital.

The new generator equipment has been procured by Internal Services Department and is anticipated to be delivered in spring 2021.

Upon Board approval of the recommended actions, Public Works will deliver the remodeling component of the project using JOCs. The construction is anticipated to take seven months to complete upon the delivery of the new generator.

Green Building/Sustainable Design Program

The project will support the Board's Green Building/Sustainable Design Program by incorporating into the design and construction, recyclable materials, features to optimize energy and water use, and by maximizing the use of sustainable and local resources during construction.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy II.1, Drive Economic and Workforce Development in the County; Strategy II.2, Support the Wellness of our Communities; and Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability; and Objective III.3.2, Manage and Maximize County Assets. The emergency power system upgrade will enhance operational efficiency and support the wellness of our communities through improved delivery of comprehensive and seamless healthcare services to the residents of the County seeking healthcare assistance.

FISCAL IMPACT/FINANCING

The total project cost for the OV-UCLA MC Emergency Power Upgrade Project is estimated at \$5,875,000 (Enclosure A), which includes acquisition of a new generator, construction, plans and specifications, permit fees, consultant services, inspection services, and County services.

Sufficient appropriation to fund the projected Fiscal Year 2020-21 expenditures for OV-UCLA MC Emergency Power Upgrade Project, Capital Project, No. 87564 is available in the project's Fiscal Year 2020-21 budget. Department of Health Services will provide funding the future budget phases, as needed, to fully fund the remaining project budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the Board's Civic Art Policy amended on August 4, 2020, the OV-UCLA MC Emergency Power Upgrade project is exempt from the Civic Art fund as the project provides for repair or replacement of existing facilities or mechanical equipment.

In accordance with Board Policy 5.270 - Countywide Local and Targeted Worker Hiring, the project will require that at least 30 percent of the California construction labor hours to be performed by qualified Local Residents and at least 10 percent be performed by Targeted Workers facing employment barriers.

ENVIRONMENTAL DOCUMENTATION

On June 18, 2019, the Board approved the OV-UCLA MC Emergency Power Upgrade project and found that it was categorically exempt from CEQA within certain classes of the project that have been determined not to have significant effect on the environment in that it meets criteria set forth in Sections 15301 (d) and (f) and 15302 (c) of the State CEQA Guidelines; and Classes 1(c), (g), (i), (l), and 5(i) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G.

A Notice of Exemption was filed with the County Clerk reflecting the Board's finding. The recommended actions continue to be within the scope of the findings of exemption.

CONTRACTING PROCESS

Public Works intends to continue to use an on-call architect/engineer consultant to provide construction administration services for the project.

This project scope includes refurbishment of the existing generator yard, as well as alteration work to tie in the generator with the existing facility switchgear and, as such, Public Works has determined that the use of JOC is the most appropriate contracting method to deliver the project.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Public Works will work with Department of Health Services to minimize construction impacts and disruptions at the facilities. The medical center will remain fully operational during construction.

The Honorable Board of Supervisors
January 26, 2021
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CONCLUSION

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA
Director of Public Works

MP:AM:cg

Enclosures

c: Department of Arts and Culture
Auditor-Controller
Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office
Department of Health Services (Capital Project Division)

**CONSTRUCTION-RELATED CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
OLIVE VIEW-UCLA MEDICAL CENTER
EMERGENCY POWER UPGRADE PROJECT
APPROVE PROJECT AND BUDGET, AND
AUTHORIZE USE OF JOB ORDER CONTRACT
CAPITAL PROJECT NO. 87564
SUPERVISORIAL DISTRICTS 3 AND 5
(3 VOTES)**

I. PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Design	11/18/20*
Jurisdictional Approval	12/30/20
Construction Start	02/01/21
Substantial Completion	09/01/21
Project Acceptance	12/31/21

* Actual Completion Date

II. PROJECT BUDGET SUMMARY

Project Activity	Budget
Construction (JOC)	\$2,915,000
Equipment	\$1,260,000
Plans and Specifications	\$ 545,000
Consultant Services	\$ 275,000
Miscellaneous Expenditures	\$ 25,000
Jurisdictional Review	\$ 83,000
County Services	\$ 772,000
TOTAL	\$5,875,000

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DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

Lisa H. Wong, Psy.D.
Senior Deputy Director

February 2, 2021

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

Dear Supervisors:

**APPROVAL TO WAIVE SPECIALTY MENTAL HEALTH SERVICES COUNTYWIDE
MAXIMUM ALLOWANCES IN THE DETERMINATION OF REIMBURSABLE COSTS
FOR LEGAL ENTITY COST REPORTS AND SETTLEMENTS DUE TO COVID-19**

(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

The California Department of Health Care Services (DHCS) submitted a request to amend the State Plan and update the Certified Public Expenditure (CPE) Protocol as a result of the COVID-19 pandemic. The Centers for Medicare and Medicaid Services (CMS) approved the amended State Plan and updated CPE Protocol on May 13, 2020 and June 10, 2020, respectively.

In order to apply the changes that are applicable to the County, the Department of Mental Health (DMH) is requesting approval to exclude the Countywide Maximum Allowances (CMA) from consideration when calculating the net allowable cost of services provided by Legal Entity (LE) contractors during the period beginning March 1, 2020 and continuing through termination of the public health emergency created by the COVID-19 pandemic.

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Mental Health, or his designee, to suspend the CMA only when calculating the net allowable cost of services rendered by LE contractors during the COVID-19 pandemic.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

DHCS recognized that the COVID-19 pandemic and resulting safer-at-home orders created challenges for the delivery of Specialty Mental Health Services (SMHS). More specifically, many California counties and their network of LE contractors were experiencing reimbursement and cash flow challenges due to lower utilization and without commensurate decreases in cost.

In response, DHCS suspended the usual and customary charge limitation¹ to allow Mental Health Plans (MHPs) to claim federal reimbursement on amounts paid to its contractors at the contractors' net allowable cost. However, since DMH also considers the CMA in the determination of net allowable costs, it is necessary for us to suspend CMA in addition to applying DHCS' suspension of usual and customary charges (for cost reporting and settlement purposes only) in order for LE contractors to fully benefit from any additional federal reimbursement available through the cost settlement process. Generally, cost settlement occurs within 20 months of the fiscal year end.

Approval of this recommendation will enable DMH to settle with LE contractors based on their net allowable costs, subject to their Maximum Contract Amount (MCA) and funded program allocations, for services rendered during the period beginning March 1, 2020 and continuing through termination of the public health emergency created by the COVID-19 pandemic. In turn, this will enable LE contractors to preserve operating infrastructures and staff resources that are critically needed to continue service delivery.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended action is consistent with the County's Strategic Plan Goal III, Realize Tomorrow's Government Today, specifically Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

FISCAL IMPACT/FINANCING

There is no additional fiscal impact for the recommended action. DMH sets interim reimbursement rates (IRRs) with LE contractors in order to pay for services rendered during the fiscal year. DMH will continue to utilize the CMA when determining the maximum IRR per unit of service (UOS). Therefore, the LE contractors' IRRs will not increase beyond the CMA as a result of the recommended action. Further, DMH will not be increasing the LE contractors' MCA for their LE contracts in relation to this request to exclude the CMA from consideration when calculating the net allowable cost of services.

¹ CMS did not approve a waiver of usual or customary charge limitation for psychiatric inpatient hospital services. Hence, Hospital Administrative Day rates will continue to be settled at the lower of actual cost, usual or customary charge, or the Schedule of Maximum Allowances (SMA).

As such, DMH will not pay beyond the MCA for LE contracts. There is no change in net County cost associated with the recommended action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by CMS, to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency (PHE), including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the PHE, CMS modified the requirement at 42 C.F.R. 430.20 that the State submit State Plan Amendments (SPA) related to the COVID-19 pandemic by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the PHE.

The State also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS waived public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) the Act, CMS approved DHCS' request to waive these notice requirements otherwise applicable to SPA submissions.

These waivers or modifications of the requirements related to SPA submission timelines and public notice apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or

services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 PHE (or any extension thereof).

CMS conducted its review of DHCS' SPA according to the statutory requirements at section 1902(a) of the Act and implementing regulations and approved the SPA on May 13, 2020 with an effective date of March 1, 2020.

CMS also approved the updated Certified Public Expenditure (CPE) Protocol on June 10, 2020.

Effective July 1, 2012, Assembly Bill (AB) 1297 (Statutes of 2011) directed DHCS to reimburse County MHPs based upon their CPEs that do not exceed the non-risk contract upper payment limit (UPL) applied to each MHP without regard to the SMA (except for Hospital Administrative Day psychiatric inpatient services). The intent of AB 1297 was for DHCS to claim federal reimbursement for each MHP based upon an approximation of its actual cost of providing the services without exceeding its UPL.

Although DHCS eliminated the SMA for MHPs, DHCS gave MHPs the option to establish a CMA to limit interim claims for reimbursement of SMHS provided by contract providers. Los Angeles County opted to implement the CMA upon DHCS' elimination of the SMA beginning July 1, 2012.

IMPACT ON CURRENT SERVICES

The modifications to existing LE reimbursable cost calculations will be implemented with an effective date of March 1, 2020 and have no impact on current services.

Respectfully submitted,

JONATHAN E. SHERIN, M.D., Ph.D.
Director

JES:GCP:ES
KN:SD:atm

c: Executive Officer, Board of Supervisors
Chief Executive Office
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

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BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

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BOARD OF SUPERVISORS

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Fifth District

DRAFT

February 2, 2021

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

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A FORTHCOMING AWARD
AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO SUPPORT
CALIFORNIA HOME VISITING PROGRAM'S INNOVATIVE HOME VISITING PROJECTS
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement a forthcoming award and future awards and/or amendments from the California Department of Public Health to support California Home Visiting Program's innovative home visiting projects.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming award from the California Department of Public Health (CDPH) to support California Home Visiting Program's (CHVP) innovative home visiting projects at the estimated amounts of \$544,168 for fiscal year (FY) 2020-21, \$1,000,000 for FY 2021-22, and \$1,000,000 for FY 2022-23, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
2. Delegate authority to the Director of Public Health, or designee, to accept future awards that are consistent with the requirements of the forthcoming awards and/or amendments that extend the funding periods at amounts to be determined by CDPH; reflect revisions to the award's terms and conditions to include but not limited to the rollover of unspent funds, redirection of funds, and/or increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Since 2011, Public Health has received funding from CDPH to support home visiting program services provided to at-risk communities in Los Angeles County (LAC) using evidence-based home visiting models. Public Health manages three evidence-based home visiting programs: 1) Nurse Family Partnership; 2) Healthy Families America; and, 3) Parents and Teachers. Most recently, Public Health implemented the African American Infant and Maternal Mortality (AAIMM) Doula Pilot Project.

The Governor's Budget for FY 2019-20 included newly authorized funding in State General Funds for the implementation of innovative home visiting projects.

Approval of Recommendation 1 will allow Public Health to accept a forthcoming award from CDPH to support the doula program as the evidence-informed home visiting model. Funds will be used to sustain the current doula pilot project for pregnant African American women that is part of the broad AAIMM Prevention Initiative and housed in the Public Health's Division of Maternal, Child and Adolescent Health. Doulas are trained professionals who provide physical, emotional and informational support to a laboring person before, continuously during, and after childbirth to help them achieve the healthiest, most satisfying experience. The AAIMM doula project is innovative in its culturally congruent service provision exclusive to African American pregnant persons, both those at particular risk for adverse birth outcomes and those at risk due only to lifelong exposure to systemic racism. The funding will include an evaluation component to demonstrate the utility and effectiveness of the innovation.

Approval of Recommendation 2 will allow Public Health to accept future awards from CDPH and/or amendments that extend the funding periods at amounts to be determined by CDPH and reflect revisions to the award's terms and conditions to include but not limited to the rollover of unspent funds, redirect of funds, and/or increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Implementation of Strategic Plan Goals

The recommended actions support Strategy I.1 – Increase Our Focus on Prevention Initiative; and Objective I.1.6, Increase Home Visitation Capacity, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Approval of the recommendations will enable Public Health to accept a forthcoming award from CDPH for the anticipated period of July 1, 2020 through June 30, 2023, in the estimated total amount of \$2,544,168. Final funding amounts are subject to CDPH approval. Funds will support expenditures associated with personnel costs and contractual costs.

Funding is included in Public Health's Final Adopted Budget for FY 2020-21 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On August 5, 2020, CDPH released a Request for Supplemental Information (RSI) to solicit applications from counties to implement innovative home visiting services as a primary intervention strategy for families from pregnancy through kindergarten entry, with an innovation

or innovative practice to meet a local need and an evaluation of the innovation. The aim of the funding is to provide home visiting services to populations that may benefit from an innovation to maximize service utilization and promote positive outcomes and family success.

Public Health responded to the RSI and submitted an application which proposed to implement a doula program as an evidence-informed home visiting model.

On November 10, 2020, CDPH notified of its intent to award Public Health funding in FYs 2020-23 to support the implementation of a doula program as the evidence-informed home visiting model.

IMPACT ON CURRENT SERVICES

Approval of the recommended actions will allow Public Health to accept funds from CDPH to implement home visiting services that promote positive health outcomes among African American families throughout LAC.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF:nb
#05569

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