



HEALTH AND MENTAL HEALTH CLUSTER AGENDA REVIEW MEETING

DATE: Wednesday, October 25, 2023

TIME: 11:30 A.M.

**THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY AS PERMITTED
UNDER THE BOARD OF SUPERVISORS AUGUST 8, 2023, ORDER SUSPENDING
THE APPLICATION OF BOARD POLICY 3.055 UNTIL MARCH 31, 2024**

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 322130288#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

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

- I. Call to order
- II. **Presentation Item(s):**
 - a. **DHS:** Request Approval of Ordinance Amendment to the County Code, Title 2 – Administration of the Los Angeles County Code Relating to the Department of Health Services: Adding Flexibilities in the Director's Ability to Reduce Patient Account Liabilities and Create and Modify Charity Care Policies, and Delegating Authorities Pursuant to Such Amendments
 - b. **DPH:** Authorization to Accept and Implement Grant Award Number 1 NU58DP007576-01-00 and Future Grant Awards and/or Amendments from the Centers for Disease Control and Prevention for Innovative Solutions for Cardiovascular Health (#07242)
 - c. **DPW/DHS:** Los Angeles General Medical Center Pavers Repair Project

- 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/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

| | | | | | | | | |
|---|---|--|--|---|------------------------|--|--------------|--|
| CLUSTER AGENDA REVIEW DATE | 10/25/2023 | | | | | | | |
| BOARD MEETING DATE | 11/7/2023 | | | | | | | |
| SUPERVISORIAL DISTRICT AFFECTED | <input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | | | | | | | |
| DEPARTMENT(S) | Department of Health Services (DHS) | | | | | | | |
| SUBJECT | Requests for the Board of Supervisors to amend Sections 2.76.046 and 2.76.350 of the Los Angeles County Code to increase the Director of Health Services' ability to reduce patient account liabilities and to create and modify charity care policies. | | | | | | | |
| PROGRAM | Office of Patient Access | | | | | | | |
| AUTHORIZES DELEGATED AUTHORITY TO DEPT | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| SOLE SOURCE CONTRACT | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why: | | | | | | | |
| DEADLINES/ TIME CONSTRAINTS | N/A | | | | | | | |
| COST & FUNDING | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total cost: No additional County funds are requested as part of the recommended actions.</td><td style="width: 50%;">Funding source: There is no funding source due to both charity care and reducing liabilities are associated with populations who are generally unable to pay.</td></tr> <tr> <td colspan="2">TERMS (if applicable):</td></tr> <tr> <td colspan="2">Explanation:</td></tr> </table> | | Total cost: No additional County funds are requested as part of the recommended actions. | Funding source: There is no funding source due to both charity care and reducing liabilities are associated with populations who are generally unable to pay. | TERMS (if applicable): | | Explanation: | |
| Total cost: No additional County funds are requested as part of the recommended actions. | Funding source: There is no funding source due to both charity care and reducing liabilities are associated with populations who are generally unable to pay. | | | | | | | |
| TERMS (if applicable): | | | | | | | | |
| Explanation: | | | | | | | | |
| PURPOSE OF REQUEST | When DHS provides health care services to patients, patients become liable for payment. However, a significant proportion of DHS' patient population either lacks the ability to pay or would be significantly burdened by medical debt were they to pay. Los Angeles County Code sections 2.76.046 and 2.76.350 delegate the Director authority to reduce patient account liabilities and create charity care policies, respectively. DHS is requesting this proposed ordinance revision to increase its ability under these sections to waive and reduce patient account liabilities and create and modify charity care policies. | | | | | | | |
| BACKGROUND (include internal/external issues that may exist including any related motions) | <p>The first change to 2.76.046 eliminates the cap on the Director's authority to waive a patient's account liability. This modification, allows the Director to waive debts above the previous limit of, "the greater of (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less." The Board has no such limit. The change, along with others in 2.76.046, removes the need for compromise settlement board letters and the associated burden on DHS and Board. The Board will continue to be able to track amounts DHS adjusts or waives through reports sent from DHS to Treasurer and Tax Collector (TTC), and then along to the Board.</p> <p>The modifications to 2.76.046 subsection (C), eliminate duplicative reporting to the Board. 2.76.046(C) used to mandate board reports, like those related to compromise settlements. The subsection has been removed because it was redundant.</p> <p>Changes to 2.76.350(B) remove the requirement for amendments to the Ability-To-Pay policy (ATP) "by the board." DHS administers ATP – a charity care policy for Los Angeles County (County) residents. Historically amendments have needed Board approval prior to implementation. The modification allows DHS to make ATP policy changes without coming before the Board, which will accelerate the implementation of policies that increase accessibility to County residents. The modifications in subsection (C), relating to non-ATP charity care policies allows: (i) those policies to last for more than three (3) years; (ii) for the creation of new policies without Board approval, and (iii) the creation of certain charity care policies that apply retroactively. The retroactive nature of the charity care policies will be useful for DHS in relieving burdens on its system and population resulting from catastrophes.</p> | | | | | | | |
| EQUITY INDEX OR LENS WAS UTILIZED | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how: | | | | | | | |
| SUPPORTS ONE OF THE NINE BOARD PRIORITIES | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how: | | | | | | | |
| DEPARTMENTAL CONTACTS | Name, Title, Phone # & Email: Shari Doi, Director, Patient Access and Experience, (213) 422-5530, sdoi@dhs.lacounty.gov Matthew Marlowe, Senior Deputy County Counsel, (510) 529-9832, mmarlowe@counsel.lacounty.gov | | | | | | | |

November 7, 2023

DRAFT

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

Dear Supervisors:

**APPROVAL OF AN ORDINANCE AMENDING TITLE 2 – ADMINISTRATION OF THE
LOS ANGELES COUNTY CODE RELATING TO THE DEPARTMENT OF HEALTH
SERVICES' ABILITY TO REDUCE PATIENT ACCOUNT LIABILITIES AND TO
CREATE AND MODIFY CHARITY CARE POLICIES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Requests for the Board of Supervisors (Board) to amend Sections 2.76.046 and 2.76.350 of the Los Angeles County Code to increase the Director of Health Services' (Director) ability to reduce patient account liabilities and to create and modify charity care policies.

IT IS RECOMMENDED THAT THE BOARD:

Approve the accompanying ordinance amending Section 2.76.046 (Director—Reducing patient account liabilities) and Section 2.76.350 (Medical care, hospital care and public assistance—Costs to be collected by county—Reduced-cost plan/no-cost plan pilot projects) in Title 2 – Administration – of the Los Angeles County Code.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

When DHS provides health care services to patients, patients become liable for payment. However, a significant proportion of DHS' patient population either lacks the ability to pay or would be significantly burdened by medical debt were they to pay. Los Angeles County Code sections 2.76.046 and 2.76.350 delegate the Director authority to reduce patient account liabilities and create charity care policies, respectively. DHS is requesting this proposed ordinance revision to increase its ability under these sections to waive and reduce patient account liabilities and create and modify charity care policies.

The first change to 2.76.046 eliminates the cap on the Director's authority to waive a patient's account liability. This modification, allows the Director to waive debts above the previous limit of, "the greater of (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less." The Board has no such limit. The change, along with others in 2.76.046, removes the need for compromise settlement board letters and the associated burden on DHS and Board. The Board will continue to be able to track amounts DHS adjusts or waives through reports sent from DHS to Treasurer and Tax Collector (TTC), and then along to the Board.

In addition to the foregoing, the second amendment replaces the existing requirement that DHS assess the relative costs of administering collections, as compared to the expected amount of revenue, with the broader statutory set of rationales available to the Director to reduce patient account liabilities. The circumstances in which charge adjustments are possible now include situations where, "the cost of administering a collection procedure would exceed the amount of revenue which might reasonably be anticipated would be recovered;" or "the patient...is unable to pay the charges" among others permitted by applicable law. In other words, while the proposed ordinance increases the Director's discretion, it also acknowledges the authority may be limited by other laws and regulations.

The modifications to 2.76.046 subsection (C), eliminate duplicative reporting to the Board. 2.76.046(C) used to mandate board reports, like those related to compromise settlements. The subsection has been removed because it was redundant. As noted, DHS already reports reductions in patient account liabilities to TTC, who then reports to the Board.

Finally, section 2.76.350(A) states, "[i]n accordance with the authority set for [sic] in Section 2.76.045, the director shall cause collection of the amounts advanced by the county...for the support of any person as to medical and hospital care and public assistance to be made from the persons or property legally liable therefor." Section 2.76.045 provides that the Board supervise and "direct" the Director regarding the Director's authority over collection services. Approval of the new 2.76.046 would constitute a Board direction that DHS' collection responsibilities under 2.76.350(A) are subject to the Director's authority and discretion to reduce patient liabilities pursuant to the new section 2.76.046.

The proposed ordinance also makes several changes to the charity care provisions in section 2.76.350. For example, one modification, in subsection (B), removes the requirement for amendments to the Ability-To-Pay policy (ATP) "by the board." DHS administers ATP – a charity care policy for Los Angeles County (LA County) residents. Historically amendments have needed Board approval prior to implementation. The modification allows DHS to make ATP policy changes without coming before the Board, which will accelerate the implementation of policies that increase accessibility to LA County residents. The modifications in subsection (C), relating to non-ATP charity care policies allows: (i) those policies to last for more than three (3) years; (ii) for the creation of new policies without Board approval, and (iii) the creation of certain charity care policies that apply retroactively. The retroactive nature of the charity care policies will be useful for DHS in relieving burdens on its system and population resulting from catastrophes. An example of its application is that DHS intends to create such a policy for self-pay patient accounts related to care provided during the COVID-19 pandemic. Subsection (C) is the authority where policies like that for sensitive services and non-LA County residents reside.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, "Realize Tomorrow's Government Today," and Strategy III.3, "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability," of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

No additional LA County funds are requested as part of the recommended actions. There is no net County cost impact associated with the recommendations.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Health and Safety Code Section 1473 authorizes the Board to set fees for hospital and hospital-related clinician services and delegate the ability to adjust hospital charges. Health and Safety Code Section 127400 et seq. set forth laws regarding the obligation of hospitals to establish charity care programs. The latter set of statutes also address debt collection for patient accounts.

Sections 2.76.046 and 2.76.350 have not changed since 2005. In the meantime, the laws associated with debt collection and charity care have changed dramatically and so too has the insurance landscape. More patients are insured through managed care, but many of those insured patients remain unable to pay their medical bills (e.g., co-insurance, copays, and other types of cost-sharing). Those patients may experience distress when being subjected to the debt collection process, while the end result is the same: patients who ultimately are unable to pay their bills will not pay.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

There should be no impact on current services. Patients may have increased access to health services through the creation of additional charity care policies because most of DHS' patients have limited financial resources. Furthermore, this effort will allow the Director more flexibility for certain patient liability accounts. The intent is that fewer patients who are unable to pay their medical bills will have their accounts sent to debt collection.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CG:anw

Enclosures

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



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

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(213) 680-2165
TDD
(213) 633-0901

DAWYN R. HARRISON
County Counsel

October 10, 2023

Christina R. Ghaly, M.D., Director
Department of Health Services
313 North Figueroa Street, Suite 912
Los Angeles, California 90012

**Re: Ordinance Amending Title 2 – Administration of the
Los Angeles County Code Relating to the Department of
Health Services' Ability to Reduce Patient Account Liabilities
and to Create and Modify Reduced-Cost/No-Cost Plans**

Dear Dr. Ghaly:

Enclosed please find the analysis and ordinance amending Title 2 – Administration of the Los Angeles County Code. The proposed ordinance increases your ability to reduce patient account liabilities and create and modify reduced-cost/no-cost plans (i.e., charity care policies), as requested by your Department.

The analysis and ordinance may be presented to the Board of Supervisors for consideration.

Very truly yours,

DAWYN R. HARRISON
County Counsel

By
MATTHEW C. MARLOWE
Senior Deputy County Counsel
Health Services Division

APPROVED AND RELEASED:

for
JUDY W. WHITEHURST
Chief Deputy

MCM:er

Enclosure

HOA.104413795.5

ANALYSIS

This ordinance amends Title 2 – Administration of the Los Angeles County Code, relating to the Department of Health Services, to remove dollar limitations on the Director's ability, consistent with law, to reduce patient account liabilities, and to create and modify reduced-cost/no-cost plans (charity care policies).

DAWYN R. HARRISON
County Counsel



MATTHEW C. MARLOWE
Senior Deputy County Counsel
Health Services Division

MCM:er

Requested: 7/7/2023

Revised: 10/3/2023

ORDINANCE NO. _____

This ordinance amends Title 2 – Administration of the Los Angeles County Code, relating to the Department of Health Services, to remove dollar limitations on the Director's ability, consistent with law, to reduce patient account liabilities, and to create and modify reduced-cost/no-cost plans (charity care policies).

The Board of Supervisors of the County of Los Angeles ordains as follows:

SECTION 1. Section 2.76.046 is hereby amended to read as follows:

2.76.046 Director—Reducing pPatient aAccount lLiabilitys.

A. Notwithstanding the provisions of Section 2.52.040 relating to the duties of the treasurer, and subject to the limitations and exceptions set forth in ~~subparagraphs B and E~~ below, the ~~d~~Director of the ~~d~~Department of ~~h~~Health ~~s~~Services shall have the authority to reduce, waive, adjust, or compromise the amount of liability for the following accounts, ~~where the anticipated cost of administering a collection procedure would exceed the amount of revenue which might reasonably be anticipated would be recovered:~~

- (i) Any account which results from the provision of medical care in eCounty medical and health facilities; or,
- (ii) Any account which results from medical care provided by a third party for which the eCounty is contractually obligated to pay and for which the eCounty has reimbursement or subrogation rights.

The authority set forth in this provision shall be exercised only when consistent with applicable law including, without limitation, California Health & Safety Code Section

~~1473 (and its successors) on the condition that the director undertakes appropriate collection efforts as to the accounts specified above and on the further condition that those collection efforts are undertaken in accordance with written policies and procedures;~~

~~B. The director may reduce the amount of liability for any account by the greater of:~~

~~(i) \$15,000; or~~

~~(ii) \$75,000 or 50% of the account balance, whichever is less;~~

~~C. The director shall report to the board of supervisors, in writing and on a quarterly basis, the amount of liability reduced for each account for that quarter and the reason(s) for such reduction for each account;~~

~~B.~~ In his or her discretion, the ~~d~~Director shall have the authority to permit the treasurer to exercise all or any part of the authority set forth in this Section 2.76.046 when the ~~d~~Director believes such action to be in the best interests of the ~~d~~Department of ~~h~~HHealth ~~s~~Services;

~~E~~C. The authority granted in this provision shall not extend to any account which is the subject of litigation in which the ~~e~~County is a party or for which a claim has been filed with the ~~e~~County pursuant to the California Tort Claims Act, nor shall it apply where the ~~d~~Director or ~~his~~ the Director's designee has negotiated patient-specific payment rates for inpatient and/or outpatient services and entered into single-instance, per-admission and/or per course of outpatient care agreements with private payors for the provision of medical care in ~~e~~County medical and health facilities.

SECTION 2. Section 2.76.350 is hereby amended to read as follows:

**2.76.350 Medical eCare, ~~h~~Hospital eCare and ~~p~~Public aAssistance—
Costs ~~t~~To ~~b~~Be eCollected ~~b~~By eCounty—Reduced-eCost plan/~~n~~No-eCost ~~p~~Plan
~~pilot projects.~~**

A. General Provisions.

1. In accordance with the authority set for in Section 2.76.045, the ~~d~~Director shall cause collection of the amounts advanced by the eCounty, or in the case of patients covered by the provisions of Section 2.76.330, that portion of the amounts advanced as agreed upon, for the support of any person as to medical and hospital care and public assistance to be made from the persons or property legally liable therefor.

2. This section shall be inapplicable to the ~~d~~Department of eChildren and ~~f~~Family sServices and all persons who are provided material assistance through said ~~d~~Department, or medical or hospital care pursuant to the program of said ~~d~~Department. This section shall also be inapplicable to California Children's Services, and except as otherwise provided for persons seeking care or treatment for post-poliomyelitis, tuberculosis inpatient services, psychiatric services, or renal dialysis services.

B. Ability-to-Pay Plan. Notwithstanding any other provision of this eChapter, and in accordance with the authority set forth in Section 2.76.045 the ~~d~~Director shall cause collection of the amounts advanced by the eCounty as to medical and hospital care in accordance with the Ability-to-Pay Plan adopted by the ~~b~~Board of sSupervisors, as such Plan now exists or may hereafter be amended ~~by the board~~D, which shall be

implemented in all the dDepartment's health care facilities, or in the case of patients covered by the provisions of Section 2.76.330, that portion of the amounts advanced as agreed upon, for the support of any person as to medical and hospital care and public assistance to be made from the persons or property legally liable therefor.

C. Reduced-Cost Plan/No-Cost Plan ~~Pilot Projects~~. Notwithstanding any other provision of this chapter, ~~in addition to or as an option under the Ability-to-Pay Plan referenced in subsection B of this section, upon prior approval by the board of supervisors,~~ the dDirector may also implement Reduced-Cost Plan/No-Cost Plans ~~Pilot Projects~~ for those patients seeking, or who have received, medical care in the dDepartment's facilities. The Reduced-Cost Plan/No-Cost Plans ~~Pilot Projects~~ shall be offered ~~for a period not to exceed three years,~~ in any or all of the dDepartment's facilities as selected by the dDirector in his or her sole discretion and in accordance with applicable laws and regulations ~~the prior approval of the board of supervisors.~~

[276046MMCC]

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

| | | |
|---|---|--|
| CLUSTER AGENDA REVIEW DATE | 10/25/2023 | |
| BOARD MEETING DATE | 11/7/2023 | |
| SUPERVISORIAL DISTRICT AFFECTED | <input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | |
| DEPARTMENT(S) | Public Health | |
| SUBJECT | AUTHORIZATION TO ACCEPT AND IMPLEMENT GRANT AWARD NUMBER 1NU58DP007576-01-00 AND FUTURE GRANT AWARDS AND/OR AMENDMENTS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR INNOVATIVE SOLUTIONS FOR CARDIOVASCULAR HEALTH | |
| PROGRAM | CHRONIC DISEASE AND INJURY PREVENTION SERVICES (CDIP) | |
| AUTHORIZES DELEGATED AUTHORITY TO DEPT | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| SOLE SOURCE CONTRACT | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | If Yes, please explain why: | |
| DEADLINES/ TIME CONSTRAINTS | Year 1 of the award is effective September 30, 2023. | |
| COST & FUNDING | Total cost: \$1,215,459 | Funding source: Centers for Disease Control and Prevention (CDC) with a maximum reimbursement amount of \$1,129,396 from CDC and includes an additional optional cost sharing in the amount of \$86,063 as in-kind contribution from Public Health. |
| | TERMS (if applicable): Project period: September 30, 2023, through September 29, 2028 | |
| | Explanation: This funding is for Year 1 of the five-year period of September 30, 2023, through September 29, 2028, | |
| PURPOSE OF REQUEST | Authorize the Director of Public Health, or designee, to accept and implement Grant Award Number 1NU58DP007576-01-00, from CDC for Innovative Solutions for Cardiovascular Health (ISCH), for the budget period of September 30, 2023, through September 29, 2024. | |
| BACKGROUND (include internal/external issues that may exist including any related motions) | <p>Since 2018, Public Health has implemented Chronic Disease Prevention and Management Strategy (CDPMS) helping to strengthen and expand transformative clinical systems and care practices, community-clinical linkage programming, and community-based lifestyle and disease management support for priority groups experiencing a disproportionate burden of hypertension, diabetes, and other related chronic conditions in the region.</p> <p>On May 13, 2023, Public Health's CDIP submitted a grant proposal in response to the CDC's Notice of Funding Opportunity, (CDC-RFA-DP-23-0005) for The Innovative Cardiovascular Health Program. Public Health proposed to utilize ISCH to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in LAC by building upon the CDPMS project.</p> | |

| | |
|--|--|
| EQUITY INDEX OR LENS WAS UTILIZED | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how: |
| SUPPORTS ONE OF THE NINE BOARD PRIORITIES | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how: |
| DEPARTMENTAL CONTACTS | Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 jbobrowsky@ph.lacounty.gov Luis A. Urgiles, Division of Chronic Disease & Injury Prevention, (213) 351-7848 lurgiles@ph.lacounty.gov Emily Issa, Senior Deputy County Counsel, (213) 974-1827 Elssa@counsel.lacounty.gov |



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

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

Anish P. Mahajan, M.D., M.S., M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
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www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Solis
First District

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Fifth District

DRAFT

November 7, 2023

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 GRANT AWARD NUMBER
1 NU58DP007576-01-00 AND FUTURE GRANT AWARDS AND/OR AMENDMENTS
FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR
INNOVATIVE SOLUTIONS FOR CARDIOVASCULAR HEALTH
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement Grant Award Number 1 NU58DP007576-01-00 and future grants and/or amendments from the Centers for Disease Control and Prevention for the Innovative Solutions for Cardiovascular Health for the period of September 30, 2023, through September 29, 2028.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and implement Grant Award Number 1NU58DP007576-01-00 (Exhibit I), from the Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.426, for Innovative Solutions for Cardiovascular Health (ISCH), for the project period of September 30, 2023, through September 29, 2028, with the Year 1 budget period of September 30, 2023, through September 29, 2024, in the amount of \$1,129,396, with an optional cost sharing of \$86,063 from Public Health in net County cost.
2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the CDC

Grant referenced above that extend the term at amounts to be determined by the CDC, and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

3. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the CDC Grant referenced above that reflect non-material and/or ministerial revisions to the award's terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of Recommendation 1 will allow Public Health to accept Grant Number 1 NU58DP007576-01-00 from the CDC to support and implement ISCH with a maximum reimbursable amount of \$1,129,396 from the CDC with an additional optional cost sharing of \$86,063 as in-kind contribution from Public Health. Through ISCH, Public Health will partner with community clinics and other key stakeholders to develop a comprehensive, multi-pronged program that will facilitate system-level changes that reduce health and health care disparities by bridging gaps in equity that impact local communities most at risk for developing cardiovascular disease in Los Angeles County (LAC). Public Health will utilize ISCH to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in LAC by building upon Public Health's Chronic Disease Prevention and Management Strategy (CDPMS) project.

Since 2018, Public Health has implemented CDPMS which is a multi-pronged approach to identify and manage hypertension and prevent diabetes among underserved populations in LAC. CDPMS has helped strengthen and expand transformative clinical systems and care practices, community-clinical linkage programming, and community-based lifestyle and disease management support for priority groups experiencing a disproportionate burden of hypertension, diabetes, and other related chronic conditions in the region.

Using CDPMS as a base, Public Health will implement ISCH to maximize reach and impact among populations experiencing disproportionately high burden of chronic disease. ISCH will implement a variety of activities such as utilization of community resource referral platforms, Geographic Information System mapping, self-measured blood pressure monitoring, and the use of pharmacists and community health workers to better understand and support the needs of target communities. Through organizational practices, health information technology, training and technical assistance, and leveraging of key interventions, ISCH intends to scale programs and disseminate best practices for integrating social support, health education, and clinical care delivery designed to prevent or control hypertension and high cholesterol within populations of focus.

Approval of Recommendation 2 will allow Public Health to accept future ISCH awards and/or amendments that are consistent with the requirements of the CDC Grant to extend the term and/or provide an 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.

Approval of Recommendation 3 will allow Public Health to accept future amendments that are consistent with the requirements of the CDC Grant to reflect non-material and/or ministerial revisions to the Award's terms and conditions, and rollover unspent funds and/or redirect funds.

Implementation of Strategic Plan Goals

The recommended actions support Strategy II.2, Support the Wellness of Our Communities, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Public Health will accept Grant Award Number 1 NU58DP007576-01-00 from the CDC for the budget period of September 30, 2023 through September 29, 2024, in the amount of \$1,129,396 with an optional cost sharing of \$86,063 as in-kind contribution from existing Departmental net County cost, for the implementation of ISCH. Funds will be used to support Public Health personnel costs (salaries and employee benefits), operating costs, contractual costs, and indirect costs.

Funding from this Grant is included in Public Health's fiscal year (FY) 2023-24 Final Adopted Budget and future funding from this Grant will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On May 13, 2023, Public Health's Division of Chronic Disease and Injury Prevention submitted a grant proposal in response to the CDC's Notice of Funding Opportunity, (CDC-RFA-DP-23-0005) for the Innovative Cardiovascular Health Program. Public Health proposed to utilize ISCH to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in LAC by building upon the CDPMS project.

Exhibit I is the CDC's Grant Award Number 1 NU58DP007576-01-00. County Counsel has reviewed and approved Exhibit I as to form.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The Honorable Board of Supervisors

November 7, 2023

Page 4

Approval of the recommended actions will allow Public Health to accept funds from the CDC to implement initiatives to prevent and manage, diabetes, heart disease, and stroke among adults in LAC.

Respectfully submitted,

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

Director

BF:mel

#07242

Enclosure

c: Chief Executive Officer

County Counsel

Executive Officer, Board of Supervisors



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007576-01-00

FAIN# NU58DP007576

Federal Award Date: 08/23/2023

Recipient Information

1. Recipient Name

COUNTY OF LOS ANGELES
313 N Figueroa St RM 806
Chronic Disease & Injury Prev
Los Angeles, CA 90012-2602

2. Congressional District of Recipient

34

3. Payment System Identifier (ID)

1956000927A1

4. Employer Identification Number (EIN)

956000927

5. Data Universal Numbering System (DUNS)

624882309

6. Recipient's Unique Entity Identifier (UEI)

DN3NGS58SMT9

7. Project Director or Principal Investigator

Mr. Noel Barragan
nbarragan@ph.lacounty.gov
(213) 427-4403

8. Authorized Official

Dr. Tony Kuo
tkuo@ph.lacounty.gov
(213) 351-7341

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Keisha Thompson
GMS
dwt6@cdc.gov
770-488-2681

10. Program Official Contact Information

Andrea Washington
aqw7@cdc.gov
770-488-5428

Federal Award Information

11. Award Number

1 NU58DP007576-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007576

13. Statutory Authority

Section 301(a) of the Public Health Service Act [42] U.S.C. Section 241(a) 93.426

14. Federal Award Project Title

Innovative Solutions for Cardiovascular Health

15. Assistance Listing Number

93.426

16. Assistance Listing Program Title

Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke-Financed in part by 2018 Prevention and Public Heal

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2023 - End Date 09/29/2024

20. Total Amount of Federal Funds Obligated by this Action \$1,129,396.00

20a. Direct Cost Amount \$1,058,792.00

20b. Indirect Cost Amount \$70,604.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$86,063.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,215,459.00

26. Period of Performance Start Date 09/30/2023 - End Date 09/29/2028

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,215,459.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tajsha LaShore

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007576-01-00

FAIN# NU58DP007576

Federal Award Date: 08/23/2023

Recipient Information

Recipient Name

COUNTY OF LOS ANGELES

313 N Figueroa St RM 806

Chronic Disease & Injury Prev

Los Angeles, CA 90012-2602

Congressional District of Recipient

34

Payment Account Number and Type

1956000927A1

Employer Identification Number (EIN) Data

956000927

Universal Numbering System (DUNS)

624882309

Recipient's Unique Entity Identifier (UEI)

DN3NGS58SMT9

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

| | |
|--------------------------|----------------|
| a. Salaries and Wages | \$303,023.00 |
| b. Fringe Benefits | \$171,511.00 |
| c. Total Personnel Costs | \$474,534.00 |
| d. Equipment | \$0.00 |
| e. Supplies | \$0.00 |
| f. Travel | \$7,562.00 |
| g. Construction | \$0.00 |
| h. Other | \$39,800.00 |
| i. Contractual | \$536,896.00 |
| j. TOTAL DIRECT COSTS | \$1,058,792.00 |
| k. INDIRECT COSTS | \$70,604.00 |
| l. TOTAL APPROVED BUDGET | \$1,129,396.00 |
| m. Federal Share | \$1,129,396.00 |
| n. Non-Federal Share | \$86,063.00 |

34. Accounting Classification Codes

| FY-ACCOUNT NO. | DOCUMENT NO. | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|----------------|---------------------|--------------|----------|---------------------------------|---------------|
| 3-921Z5SG | 23NU58DP007576 | DP | 410Q | 93.426 | \$1,129,396.00 | 75-23-0948 |



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU58DP007576-01-00

FAIN# NU58DP007576

Federal Award Date: 08/23/2023

Direct Assistance

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel | \$0.00 | \$0.00 | \$0.00 |
| Fringe Benefits | \$0.00 | \$0.00 | \$0.00 |
| Travel | \$0.00 | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$0.00 | \$0.00 | \$0.00 |
| Contractual | \$0.00 | \$0.00 | \$0.00 |
| Construction | \$0.00 | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 |

AWARD ATTACHMENTS

COUNTY OF LOS ANGELES

1 NU58DP007576-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP23-0005, entitled The Innovative Cardiovascular Health Program, and application dated May 23, 2023, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,129,396 is approved for the Year 01 budget period, which is September 30, 2023 through September 29, 2024. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes.
- Assisting recipients in advancing program activities to achieve project outcomes.
- Providing scientific subject matter expertise and resources in support of the required strategies.
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities.
- Providing technical assistance on recipients' evaluation and performance measurement plans.
- Providing technical assistance to define and operationalize performance measures and reports.
- Engaging in and facilitating varied means of communication and peer sharing opportunities among recipients and with CDC to communicate and share tools and resources.
- Establishing learning opportunities to facilitate the sharing of information among

recipients.

- Providing professional development and training opportunities – either in person or through virtual, web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models.
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes.
- Coordinating communication and program links with other CDC programs and federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH), as appropriate.
- Providing surveillance technical assistance and state-specific data collected by CDC.
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients.
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.

Budget Revision Requirement: By October 30, 2023 the recipient must submit a revised budget with a narrative justification based on the approved funding amount of \$1,129,396. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The budget guidance is provided on CDC's internet at: [CDC Budget Preparation Guidelines](#).

Other

- Evaluation/Assessment & Planning- Need to show how the organization derived at the requested amount \$28,750.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 24, 2023, which calculates indirect costs as follows, a Provisional is approved at a rate of 23% of the base, which includes, Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits. The effective dates of this indirect cost rate are from July 1, 2021 to June 30, 2024.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Keisha Thompson, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2960 Brandywine Road
Atlanta, Georgia 30341
Email: dwt6@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for

failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.



CDC Innovative Solutions for Cardiovascular Health

Health and Mental Health Cluster Meeting

Wednesday, October 25, 2023

Noel Barragan, MPH, MBA

Project Director, Solutions for Equitable Diabetes Prevention & Management
Division of Chronic Disease and Injury Prevention

Tony Kuo, MD, MSHS

Director, Division of Chronic Disease and Injury Prevention





Innovative Solutions for Cardiovascular Health

- Centers for Disease Control and Prevention -- *The Innovative Cardiovascular Health Program*
- 5-year cooperative agreement
- Aim: Identify and respond to health care disparities in cardiovascular disease and improve related outcomes, specifically for those with hypertension and high cholesterol.
- 3 Key Strategies defined by CDC



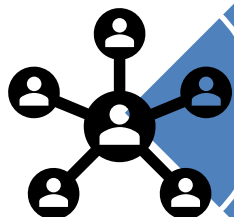
Innovative Solutions for Cardiovascular Health



Track and monitor clinical measures shown to improve health and wellness as well as health care quality and identify patients with hypertension and high blood cholesterol.



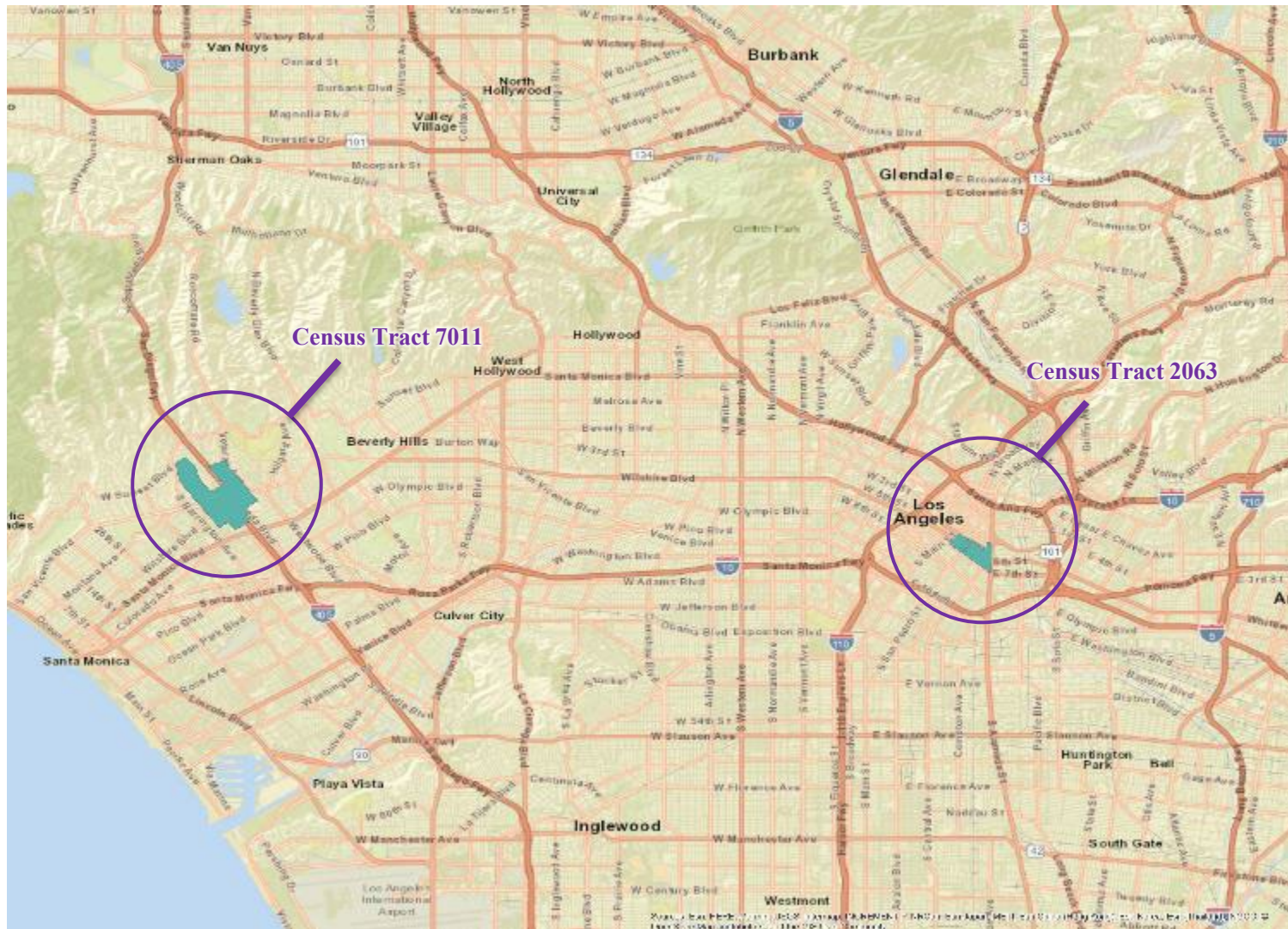
Implement team-based care to prevent, detect, control, and manage hypertension and high blood cholesterol.



Link community resources and clinical services that support comprehensive bidirectional referral and follow-up systems aimed at mitigating social services and support barriers for optimal health outcomes.

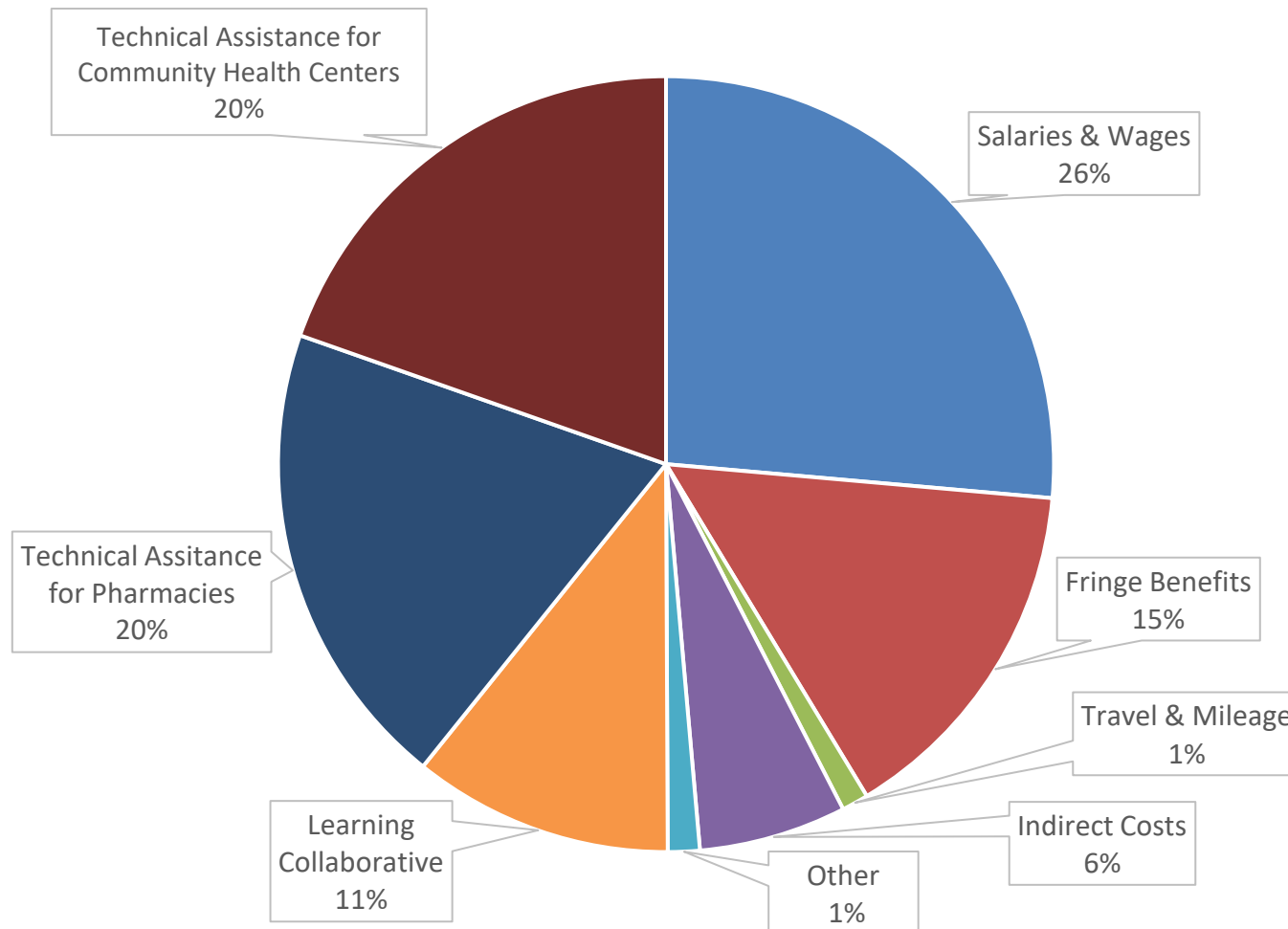


Los Angeles County Census Tracts with a Hypertension Crude Prevalence of 53% or Higher Among Adults Ages 18+ (PLACES)





Planned FFY 2023-2024 Budget Breakdown





Questions



BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

| | | |
|---|---|--|
| CLUSTER AGENDA REVIEW DATE | 10/25/2023 | |
| BOARD MEETING DATE | 11/21/2023 | |
| SUPERVISORIAL DISTRICT AFFECTED | <input type="checkbox"/> All <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th | |
| DEPARTMENT(S) | Public Works | |
| SUBJECT | CP Los Angeles General Medical Center Pavers Repair Project | |
| PROGRAM | N/A | |
| AUTHORIZES DELEGATED AUTHORITY TO DEPT | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| SOLE SOURCE CONTRACT | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why: N/A | |
| DEADLINES/ TIME CONSTRAINTS | N/A | |
| COST & FUNDING | Total cost: \$2,060,000 | Funding source: Capital Project No. 8A001 |
| | TERMS (if applicable): N/A | |
| | Explanation: N/A | |
| PURPOSE OF REQUEST | Public Works is seeking Board establishment and approval of the project, approval of appropriation adjustment, and authorization to deliver the project using a Board-approved Job Order Contract. | |
| BACKGROUND (include internal/external issues that may exist including any related motions) | There have been no prior Board actions related to this project. | |
| EQUITY INDEX OR LENS WAS UTILIZED | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how: N/A | |
| SUPPORTS ONE OF THE NINE BOARD PRIORITIES | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: This project supports Board Priority No. 7, Sustainability, by investing in County buildings to provide improved public services and workforce environments that will lead to increased productivity. | |
| DEPARTMENTAL CONTACTS | Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, vyu@pw.lacounty.gov . | |

November 21, 2023

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
LOS ANGELES GENERAL MEDICAL CENTER
PAVERS REPAIR PROJECT
ESTABLISH AND APPROVE CAPITAL PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTING
CAPITAL PROJECT NO. 8A001
(FISCAL YEAR 2023-24)
(SUPERVISORIAL DISTRICT 1)
(4 VOTES)**

SUBJECT

Public Works is seeking Board approval of the proposed Los Angeles General Medical Center Pavers Repair Project, approval of the project budget and related appropriation adjustment, and authorization to use a Board-approved Job Order Contract for delivery of the project.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the proposed Los Angeles General Medical Center Pavers Repair Project is exempt from the California Environmental Quality Act for the reasons stated in this Board letter and in the record of the proposed project.
2. Establish and approve the Los Angeles General Medical Center Pavers Repair Project, Capital Project No. 8A001, with a total project budget of \$2,060,000.
3. Approve the Fiscal Year 2023-24 appropriation adjustment to allocate \$1,752,000 from the Department of Health Services' Enterprise Fund-Committed for the Department of Health Services to fully fund the proposed Los Angeles General Medical Center Pavers Repair Project, Capital Project No. 8A001.

4. Authorize the Director of Public Works or his designee to deliver the proposed project using a Board-approved Job Order Contract.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will find the proposed Los Angeles General Medical Center (LA General) Pavers Repair Project is exempt from the California Environmental Quality Act (CEQA); establish and approve the project, budget, and related appropriation adjustment; and authorize delivery of the project using a Board-approved Job Order Contract (JOC).

Background

The proposed project is located at the entrance of the Clinic Tower on the Second-Floor walkway, which is shared by the Clinic Tower also known as the Outpatient Clinic Building and the Diagnostic and Treatment Tower Building. This area connects the pedestrian bridge from the existing Parking Structure 9 to the Clinic Tower and is a primary entrance to the campus and heavily traversed.

Due to high pedestrian traffic and inclement weather conditions, the pedestal pavers have become uneven and unstable. To resolve this, the pedestal paving system installed on the walkway will be completely removed and replaced with a concrete slab material. This new walkway will create a safe travel path for the public that utilize the facility.

The project consists of the removal and replacement of the existing pavers, parapet wall, waterproofing, guardrails, and lighting fixtures followed by restoration with poured-in place concrete, waterproofing, drainage system, guardrails, lighting, and pedestrian traffic coating. The work will be implemented in multiple phases to ensure the operations of the two buildings are minimally impacted.

The project will start construction in December 2023 and is anticipated to be completed in March 2024.

Green Building/Sustainable Design Program

The proposed project will support the Board's policy for Green Building/Sustainable Design Program by minimizing the amount of demolition materials disposed of in landfills during construction and by incorporating energy efficient lighting.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy I.2, Enhance our Delivery of Comprehensive Interventions; Strategy II.2, Support the Wellness of our Communities; Strategy II.3, Make Environmental Sustainability our Daily Reality, Objective II.3.2, Foster a Cleaner, More Efficient, and More Resilient Energy System; and Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, and Objective III.3.2, Manage and Maximize County Assets. These recommended actions support the Strategic Plan by investing in public healthcare infrastructure improvements that will enhance the quality and delivery of healthcare services to the residents of Los Angeles County.

FISCAL IMPACT/FINANCING

The total project budget is estimated at \$2,060,000. The project budget includes construction, change order contingency, plans and specifications, permit fees, consultant services, inspection services, and County services. The project budget and schedule are included in Enclosure A. Department of Health Services (DHS) has paid \$308,000 for assessment fees through the DHS operating budget in Fiscal Year 2022-23.

Board approval of the Fiscal Year 2023-24 appropriation adjustment (Enclosure B) will allocate \$1,752,000 from the DHS' Enterprise Fund Committed for DHS to fully fund the LA General Pavers Repair Project, Capital Project No. 8A001. There is no net County cost impact associated with the recommended actions.

Operating Budget Impact

Following completion of the project, DHS will request and fund the associated ongoing annual maintenance costs as needed with departmental resources in future budget phases.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Board's Civic Arts Policy amended on August 4, 2020, requires refurbishment projects to include one percent of the eligible design and construction costs to be allocated to the Civic Art Fund. In accordance with the Board's Civic Art Policy, the proposed project budget includes one percent of the eligible design and construction costs for the Civic Art Allocation in the amount \$13,200.

The JOCs are subject to Board Policy 5.270, Countywide Local and Targeted Worker Hiring.

ENVIRONMENTAL DOCUMENTATION

The proposed project is categorically exempt from CEQA. The project consists of repair work to an existing walkway and is within certain classes of projects that have been determined not to have a significant effect on the environment. The project meets the criteria set forth in Sections 15301 (a), (c), (d), and (l); and 15302 of the State CEQA Guidelines and Classes 1 (c) and (d), (h); and 2 of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The project provides for repair, refurbishment, replacement, and minor alterations of existing facilities involving negligible or no expansion of an existing use and where replacement features will have the same purpose and capacity.

Additionally, the proposed project will comply with all applicable regulations, is not located in a sensitive environment, and there are no cumulative impacts, unusual circumstances, damage to scenic highways, listing on hazardous waste sites pursuant to Government Code Section 65962.5, or indications that the project may cause a substantial adverse change in the significance of a historical resource that would make the exemptions inapplicable based on the record of the proposed project.

Upon the Board's approval of the project, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk in accordance with Section 21152 of the Public Resources Code and will post the notice to its website in accordance with Section 21092.2.

CONTRACTING PROCESS

Public Works completed design for the project using a Board-approved, on-call architectural/engineering agreement. Public Works is now seeking Board approval to complete the construction for the project using a Board-approved JOC.

The project Scope of Work includes substantial remodeling and alteration work and Public Works has made the determination that the use of JOC is the most appropriate contracting method to deliver the projects.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will have no impact on current County services or projects. The LA General will remain operational during construction, and the contractors will be required to phase and coordinate construction activities with the County to minimize disruption to facility operations and functions.

CONCLUSION

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

Respectfully submitted,

MARK PESTRELLA, PE
Director of Public Works

MP:VY:cg

Enclosures

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

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LOS ANGELES GENERAL MEDICAL CENTER
PAVERS REPAIR PROJECT
ESTABLISH AND APPROVE CAPITAL PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTING
CAPITAL PROJECT NO. 8A001
(FISCAL YEAR 2023-24)
(SUPERVISORIAL DISTRICT 1)
(4 VOTES)**

I. SCHEDULE SUMMARY

| Project Activity | Scheduled Completion Date |
|--------------------------|----------------------------------|
| Construction Documents | June 2023* |
| Jurisdictional Approvals | July 2023* |
| Construction Start | December 2023 |
| Substantial Completion | February 2024 |
| Final Acceptance | March 2024 |

*Completed Activity

II. PROJECT BUDGET SUMMARY

| Project Activity | Budget |
|--|--------------------|
| Construction (Job Order Contract) | \$1,144,000 |
| Change Order Contingency | \$ 284,800 |
| Construction Subtotal | \$1,428,800 |
| Civic Art | \$ 13,200 |
| Hard Costs Subtotal | \$1,442,000 |
| Plans and Specifications | \$ 174,000 |
| Consultant Services | \$ 30,000 |
| Miscellaneous Expenditures | \$ 10,000 |
| Jurisdictional Review, Plan Check, and Permits | \$ 32,000 |
| County Services | \$ 372,000 |
| Soft Cost Subtotal | \$ 618,000 |
| TOTAL | \$2,060,000 |