Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
May 20, 2021

Meeting Location:
Teleconference Meeting due
to COVID-19 Executive Order
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

	Commission Members		
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓•	**David Luchini**, Interim Director, Fresno County Dept. of Public Health
✓•	**David Cardona**, M.D., Fresno County At-large Appointee	✓•	**Aftab Naz**, Madera County At-large Appointee
✓•	**Aldo De La Torre**, Community Medical Center Representative	✓•	**Joe Neves**, Vice Chair, Kings County Board of Supervisors
✓•	**Joyce Fields-Keene,** Fresno County At-large Appointee	✓•	**Harold Nikoghosian**, Kings County At-large Appointee
✓•	**John Frye**, Commission At-large Appointee, Fresno	✓•	**Sal Quintero**, Fresno County Board of Supervisor
✓•	**Soyla Griffin**, Fresno County At-large Appointee		**David Rogers**, Madera County Board of Supervisors
	Ed Hill, Director, Kings County Dept. of Public Health	✓•	**Brian Smullin**, Valley Children's Hospital Appointee
✓	**David Hodge**, M.D., Chair, Fresno County At-large Appointee		**Paulo Soares**, Commission At-large Appointee, Madera County
✓•	**Kerry Hydash**, Commission At-large Appointee, Kings County		
	Commission Staff		
✓	**Gregory Hund**, Chief Executive Officer (CEO)	✓	**Amy Schneider**, R.N., Director of Medical Management
✓	**Daniel Maychen**, Chief Financial Officer (CFO)	✓	**Mary Lourdes Leone**, Director of Compliance
✓	**Patrick Marabella, M.D.,** Chief Medical Officer (CMO)	✓	**Cheryl Hurley**, Commission Clerk
✓	**Mary Beth Corrado**, Chief Compliance Officer (CCO)		
✓	**Jeff Nkansah**, Chief Operations Officer (COO)		
	General Counsel and Consultants		
✓	**Jason Epperson**, General Counsel		
✓= Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
• = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:32 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed by the Governor of	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	*A roll call was taken*
#3 Chair and Co-Chair Nominations for FY 2022 Action David Hodge, MD, Chairman	The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2021.	***Motion:*** *Nominate and Approve Chair:* *13 – 0 – 0 – 4* *(Nikoghosian / Naz)* *Nominate and Approve Co-Chair:* *13 – 0 – 0 – 4* *(Nikoghosian / Cardona)* *A roll call was taken*
#4 Fresno County Department of Public Health Commissioner	David Luchini was introduced as the Interim Director for the Fresno County Department of Public Health and Commissioner on the FKM RHA Commission.	
#5 Fresno County At-Large BOS Reappointment Information David Hodge, MD, Chairman	Ms. Soyla Reyna-Griffin was re-appointed by the Fresno County BOS for a three-year term.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#6 CRMC Reappointment Action David Hodge, MD, Chairman	The Commission ratified the reappointment of Aldo De La Torre for an additional three-year term.	**Motion**: Ratify the reappointment of CRMC Representative. *A roll call was taken*
#7 Consent Agenda a) Commission Minutes 3/18/2021 b) Finance Committee Minutes 2/18/2021 c) QIUM Committee Minutes dated 2/18/2021 Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.	***Motion**: Approve Consent Agenda* *13 – 0 – 0 – 4* *(Neves / Nikoghosian)* *A roll call was taken*
#8 Committee Appointments for FY 2022 Information David Hodge, MD, Chairman	No changes in Commission members were made for FY 2022 to the following committees, as described in BL 21-005: ➢ Finance Committee ➢ Quality Improvement/Utilization Management Committee ➢ Credentialing Sub-Committee ➢ Peer Review Sub-Committee ➢ Public Policy Committee	
#9 Community Support Funding	The Community Support Grant Recommendations were presented to the Commission with funding at $3,625,000 for 2021-2022 fiscal year.	***Motion #1**: Approve Community Support Grant Recommendations*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action D. Hodge, MD, Chair	An additional program, Demonstration Kitchens, was presented to the Commission under the Community Support Grant Recommendations. The ad-hoc committee recommended the funds for this be taken from the current 2020-2021 fiscal year under the Community Support Green Space line item which was not spent due to the Corona Virus pandemic.	*13 – 0 – 0 – 4* *(Nikoghosian / Frye*)* **Frye abstained specifically from CBO Poverello House funding* ***Motion #2**: Approve Demonstration Kitchens funds from 2020-2021 grant funds* *13 – 0 – 0 – 4* *(Quintero / Smullin)*
#10 2021 Cultural & Linguistics • 2020 Annual Evaluation • 2021 Program Description • 2021 Work Plan Action David Hodge, MD, Chairman	Dr. Marabella presented the Cultural and Linguistic 2020 Executive Summary and Annual Evaluation; 2021 Change Summary and Program Description; and 2021 Executive Summary and Work Plan. All Work Plan activities for 2020 were completed in the following areas: • Language Assistance Services: 116 translation reviews completed; and bilingual certification/re-certification completed for 81 staff. • Compliance Monitoring: Investigated and completed follow up on 60 grievances in 2020; and updated all C & L Policies. • Communication, Training and Education: Nine Call Center new hire classes completed; and conducted two trainings on coding & resolution of C & L related cases for A & G Coordinators. • Health Literacy, Cultural Competency & Health Equity: Coordinated Heritage/CLAS Month activities; twelve staff trainings covering a variety of topics including Social Determinants of Health, gender neutral language, and Adverse Childhood Experiences.	*See #11 for Action Taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Breast Cancer Screening Disparity Performance Improvement Project has been restarted. The 2021 Program Description changes include the following: • Added Video Remote Interpreting services to the list of interpreter services available. • Updated "protected classes" to the expanded standard comprehensive list. • Other minor edits including department and individual title/name changes. The 2021 Work Plan is consistent with 2020, while incorporating and enhancing the following: • Complete the Action Plan activities that were identified by the 2020 Population Needs Assessment to expand language assistance program awareness and utilization. • Develop behavioral health/Adverse Childhood Experiences resources and tools for providers. • Implement two (2-part) Provider "Implicit Bias" Training Series offering up to four CME/CE credits. • Develop a series of Cultural Tip Sheets for providers on various health topics providing culturally competent patient care guidance. The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are: • Spanish and Hmong continue to be CalViva *Threshold Languages*. Spanish is highest volume. • Most interpretation is done via telephonic interpreters (83%) with Video Remote Interpreting (VRI) a low volume service at 1%.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• C & L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions. • Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care.	
#11 Health Education • 2020 Annual Evaluation • 2021 Program Description • 2021 Work Plan Action David Hodge, MD, Chairman	Dr. Marabella presented the Health Education Executive Summary, the 2020 Annual Evaluation, the 2021 Change Summary and Program Description, and the 2021 Work Plan. Overall, 11 of the 19 key Program Initiatives met or exceeded the year-end goal. Eight initiatives partially met the year-end goals. The pandemic prevented many in-person educational sessions/events and DHCS delays in approving materials also impacted initiatives. The 11 initiatives that were fully met are: 1) Chronic Disease-Asthma 2) Community Health 3) Health Equity Projects 4) Immunization Initiative 5) Member Newsletter 6) Behavioral Health 7) Pediatric Education 8) Perinatal Education 9) Compliance 10) Department Promotion & Materials 11) Operations The eight initiatives partially met were:	**Motion:** Approve Cultural & Linguistics 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan; and the Health Education 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan *13 – 0 – 0 – 4* *(Naz / Neves)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	1) Chronic Disease Education: Diabetes 2) Digital Health 3) Fluvention 4) Know Your Numbers 5) Obesity Prevention 6) Promotores Health Network 7) Tobacco Cessation Program 8) Women's Health The barriers identified are related to: • Regulatory approval delays • Pandemic preventing in-person sessions Action plans have been developed for each and are included in the 2021 Work Plan. Changes to the 2021 Program Description include: 1) Updated Goals & added Vision Statement 2) Removed FFFL Community Classes, Know Your Numbers, myStrength, and updated Disease Management. Added myStrength as its own program. 3) Deleted Community Health Fairs, Updated Health Ed Class Description, and Added Information on Krames online – 4,000 topics. 4) Changed "disease management program" to Diabetes Prevention Program. 5) Added "Population Needs Assessment" to QI description. 6) Other minor edits completed throughout including correction of department names, individual titles, and a description of "Community Engagement". The 2020 Work Plan initiatives will continue into 2021 with the following enhancements: 1) Implement Asthma In-Home visitation program with CCAC (Central California Asthma Collaborative)	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	2) Launch Diabetes Prevention Program 3) Launch Fluvention & COVID 19 Communication Campaign	
#12 Standing Reports • **Finance Report** Daniel Maychen, CFO	**<u>Finance</u>** **Financials as of March 31, 2021:** Total current assets were approximately $257.6M; total current liabilities were approximately $155.4M. Current ratio is 1.66. TNE as of March 31, 2021 was approximately $112.3M, which is approximately 699% above the minimum DMHC required TNE amount. For the first nine months of current fiscal year 2021, investment income was under what was budgeted by approximately $209K, primarily due to declining yields on money market accounts. Premium capitation income recorded was approximately $989M which is approximately $71.2M above budgeted amounts, primarily due to FY 2021 budget including Pharmacy Carve-out which reduced capitation rates noting that the Pharmacy Carve-out was budgeted to be effective January 2021 as proposed by DHCS; that date has been delayed to a yet to be determined date and most likely will not be effective this fiscal year. Actual revenues are projected to continue to grow larger than budgeted revenues. Pharmacy Carve-out in conjunction with enrollment being higher than projected, is the cause of revenues being higher than projected. Total cost of medical care expense actual recorded is approximately $828.4M which is approximately $71.2M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense recorded was $36.9M, which is approximately $879K more than budgeted due to actual enrollment being higher than projected. Taxes are approximately $93K more than budgeted due to DHCS paying the Plan retroactive capitation payments that had MCO tax associated with those rates. Net income recorded through March was approximately $3.55M which is approximately $566K less than projected due to the	***Motion**: Standing Reports Approved* *13 – 0 – 0 – 4* *(Naz / Frye)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	MCO tax loss the Plan incurred during the first six months of the current fiscal year, which the Plan expects to be positive by current fiscal year end. **FY 2022 Proposed Budget** Due to the uncertainty of the pharmacy carve out effective date noting that the initial effective date was January 1, 2021 which was delayed to April 1, 2021 and was delayed a second time to a yet to be determined date, there were two different budgets presented to the Finance Committee in the March 2021 Finance Committee meeting. One with the assumption the pharmacy carve-out would begin July 1, 2021, and the second with the assumption the pharmacy carve-out would begin January 2022, with the understanding that the budget presented to the Commission in May is the budget we believe is more likely to occur. As the July 2021 date nears and no official date has been confirmed from DHCS and given the fact that DHCS would have to give Plans months in advance notice of the new pharmacy carve-out date, it appears less likely that the pharmacy carve-out date would be July 2021. As such, the budget presented to the Commission is with the presumption that the pharmacy carve-out would be effective January 2022. This is also the date that trade associations representing Medi-Cal Managed Care plans and the California Medical Association have recommended for the implementation date citing reasons such as allowing DHCS to address concerns Plans have regarding the transition, in addition to allowing DHCS to primarily focus on the COVID 19 vaccinations. Furthermore, the California State May Revised budget for State fiscal year 2021 – 2022, presumed the pharmacy carve-out would begin January 2022 although no official notice has been announced from DHCS. Enrollment is projected to increase slightly from current figure through December 2021 as the Public Health Emergency (PHE) is projected to continue through the end	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	of the calendar year 2021. This assumption is consistent with the California State Budget assumption. Beginning January 2022, enrollment is projected to steadily decline due to members moving out of Medi-Cal managed care and into employer sponsored coverage. In addition, membership is projected to decline beginning January 2022 due to the fact that when the PHE was declared, Governor Newson signed an executive order that put a freeze on Medi-Cal disenrollment. When the PHE ends, Medi-Cal disenrollment will resume. Per DHCS, this will be a 12-month disenrollment process as opposed to it occurring all in one month. Revenues are projected to increase in comparison to FY 2021 primarily due to MCO tax revenues increasing, and new programs moving into Medi-Cal managed care. Enrollment is also projected to be higher than FY 2021 which will cause revenues to be higher as well. The Plan is projecting FY 2022 staffing at 18 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Consulting expense is projected to increase due to DHCS' California Advancing and Innovating Medi-Cal (Cal-AIM) initiative which is projected to require all Medi-Cal managed care plans to be accredited by the National Committee for Quality Assurance (NCQA) by 2026. An increase in MCO tax is projected for FY 2022 by approximately $16.6M based on CMS approved tax structure which includes escalating MCO taxes. An MCO tax loss is projected beginning July 2021-December 2021 as enrollment projections from DHCS appear to be higher than what CVH is projecting during that same time period. Beginning January 2022, MCO tax revenue and expenses will be kept neutral or at a breakeven due to the uncertainty of DHCS increasing MCO tax	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	revenue rates to account for underpayment during the first six months of the fiscal year 2022. Medical revenue is projected to be approximately $1.25B, which is approximately $64M more than budgeted in FY 2021 primarily due to an increase in MCO taxes and an increase in enrollment. Investment income is projected to decline due to declining yields from money market accounts. Administrative Services Fee expense projected to be approximately $50M which is approximately $2M more than budgeted in FY 2021 due to higher enrollment. Consulting is projected to increase by approximately $300K in preparation for the NCQA accreditation process. Grants expense is declining by approximately $575K primarily due to the large one-time grants made at the beginning of the COVID-19 pandemic to provide financial assistance to community-based organizations. Capital Expenditure Budget was increased by approximately $200K to account for any tenant improvements needed for the vacant office space. Overall, projected net income is approximately $3.6M for FY 2022 which is approximately $1.7M less than budgeted for FY 2021 primarily due to the MCO tax loss the Plan is projected to incur, net of increase in enrollment. **Compliance** No new fraud cases to report to date for 2021. The Access & Availability, and UM & Case Management audits have been completed. Both resulted in a corrective action plan (CAP) currently in progress. The 2020 Annual Network Certification with DHCS has been closed and they approved the Alternative Access Standards submission.	
• **Compliance** M.B. Corrado, CCO		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The 18-month DMHC Follow-Up Audit interviews were held on 3/30/21. The Plan is awaiting the DMHC final report findings. The DMHC enforcement matter has been settled and is posted on the DMHC website. DMHC determined a CAP and administrative penalty of $3K were warranted. The Plan executed a letter of agreement accepting the penalty and submitting a CAP. The Plan will submit an attestation from MHN confirming all elements of the CAP have been implemented. The Medi-Cal Rx transition is currently on hold. In reference to the CalAIM program, the Plan continues to participate in calls and meetings regarding the initiatives to be implemented on 1/1/22. CalViva will reopen to the public and walk-in members on June 15th. HN will continue to work remote until at minimum September 2021. The next Public Policy Committee meeting will be held on June 9, 2021, and will be held via teleconference. An Executive Summary with the results of the 2020 Oversight Audits of Health Net was presented and findings consist of: Appeals & Grievances (CAP), Annual Claims & PDRs (CAP), Marketing (CAP), Privacy & Security (no CAP), Provider Network (no CAP), and Provider Disputes (CAP). For the audits requiring CAPs, the Plan has received and approved Health Net's corrective actions.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	**Medical Management** **Appeals and Grievances Dashboard** Dr. Marabella presented the Appeals & Grievances Dashboard through Q1, 2021. The total number of grievances through Q1 2021 represents a slight increase from 2020. Quality of Service (QOS) grievances for Access, Administrative, and Transportation have all had a slight increase. The volume of "Quality of Care" grievances remains consistent. The majority of Exempt Grievances fell under the category of "PCP Assignment/Transfer – Health Plan Assignment – Change Request". The total number of Appeals Received for Q1 2021 has decreased compared to 2020. **Key Indicator Report** Dr. Marabella presented the Key Indicator Report (KIR) through March 31st 2021. Overall membership continues to increase. In-hospital utilization rates increased in March compared to previous months. The readmission rate slightly decreased in March. The number of ER Visits for Q1 2021 represents a slight decrease from previous year. The average "Length of Stay" decreased in March, compared to previous months.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Turn-around-time compliance dropped slightly to 98% in 3 metrics due to technical and training issues. Technical and training issues have been addressed. Case Management results for Q1 2021 demonstrate positive results in all areas consistent with previous months. **QIUM Quarterly Summary Report** Dr. Marabella provided the QI/UM Qtr. 1, 2021 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March. The following guiding documents were approved at these meetings: • QI/UM Committee Charter 2021 • 2020 Quality Improvement End of Year Evaluation • 2021 Quality Improvement Program Description • 2021 Quality Improvement Work Plan • 2020 Utilization Management/Case Management End of Year Evaluation • 2021 Utilization Management Program Description • 2021 Case Management Program Description • 2021 Utilization Management/Case Management Work Plan In addition, the following general documents were approved: • Pharmacy Formulary & Provider Updates. • Medical Policies. The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) Report, MHN Performance	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Indicator Report for Behavioral Health, and SPD HRA Outreach Report. Additional QI reports include Provider Preventable Conditions, Provider Office Wait Time, and County Relations, and others scheduled for presentation at the QIUM Committee during Q1. The Utilization Management & Case Management reports reviewed were the Key Indicator Report, Inter-rater Reliability Results for Physicians and Non-physicians, and PA Member Letter Monitoring Report. Additional UMCM Reports include Case Management and CCM Report and the UM Concurrent Review Report, TurningPoint, NIA, MedZed and others scheduled for presentation at the QIUM Committee during Q1. Pharmacy reports reviewed included Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes. All Q4 2020 pharmacy prior authorization metrics were within 5% of standard. HEDIS® Activity: In Q1, HEDIS® related activities focused on data capture for MY20. Managed Care Medi-Cal health plans will have 18 quality measures that they will be evaluated on for RY21 and the Minimum Performance Level (MPL) is the 50th percentile. Activities include: • Finalized and submitted the 2021 HEDIS® Roadmap. • MY2020 HEDIS® data gathering from clinics and providers throughout the three-county area. • Initial reports in review for compliance with MCAS measures. Current improvement projects include:	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Operations** J. Nkansah, COO	• Breast Cancer Screening (BCS) PIP (Performance Improvement Project) • Chlamydia (CHL) Screening • Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years Each Plan is required to report on the "COVID-19 Quality Improvement Plan (QIP)". This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health. The second CalViva COVID-19 QIP report was submitted on March 19th, 2021 and accepted by DHCS. The 3 improvement strategies include: • Antidepressant Medication Management (AMM) Member Outreach in Kings and Madera counties. • Adolescent Well-Care Visits in Fresno County. • Pharmacy Outreach in Fresno County. **<u>Operations Report</u>** For IT Communications and Systems, the Microsoft update to address the exchange server vulnerability was deployed and confirmed the Plan's systems has the latest patch. To date, the Plan has received no notice that internal systems are compromised in any way. Backups and restoration of backups have been tested and confirmed working as expected. For Privacy and Security, the membership impact as a result of the Accellion breach affected in excess of 500 members requiring notifications to be sent to all impacted members, as well as the media, California Attorney General, and Secretary of Health and Human Services. A courtesy notice was also sent to DMHC. In response to the	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	courtesy notice, DMHC requested an informational filing. There was one high risk case reported in March which impacted one member. For the Member Call Center and Behavioral Health Call Center, all metrics met goal. The Transportation Call Center service level remains below goal. Management is working with the Transportation Call Center on an Improvement Plan. The CVH website saw an increase in users during Q1 2021. It's possible the increase could be a positive reaction to the newly redesigned website launched in Q1 2021. The Provider Network Activities remain stable. Provider Relations activity has increased in terms of visits and trainings. No new updates for Claims Processing and Provider Disputes. **Executive Report** **Dashboard** Market share continues to trend down; however, root causes have been identified. The clinical measures for determining the default rate were reduced in the last two years. The Plan out-performed the competition using the old HEDIS® scores. When those measures were reduced there was a large emphasis on the safety net percentage. The Local Health Plans of California (LHPC) has agreed to lobby DHCS to make changes for the local plans. **Staffing Announcement**	
• **Executive Report** G. Hund, CEO		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Retirement was announced for Greg Hund, CEO, and Mary Beth Corrado, CCO effective July 31, 2021. Jeff Nkansah will take on the role of CEO, and Mary Lourdes Leone will take on the role of CCO, both effective 8/1/2021. Maria Sanchez was hired as the new Compliance Manager.	
#13 Closed Session **A.** Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program or facility.	Jason Epperson, General Counsel, reported out of Closed Session. Regarding the Closed Session Special Meeting item, no action was taken or reportable; direction was given to staff. Regarding Government Code section 54954.5 – conference report involving trade secret – discussion of service, program or facility, this was discussed and a motion was made unanimously to adopt Section 218 for Plan members to participate in Social Security and the defined retirement plan. Closed Session concluded at 2:58 pm.	***Motion #1:*** *10 – 0 – 0 – 7* *(Nikoghosian/Griffin)* *A roll call was taken*
#14 Final Comments from Commission Members and Staff	None.	
#15 Announcements	The 10th Anniversary dinner for Commission members is scheduled for June 9, 2021.	
#16 Public Comment	None.	
#17 Adjourn	The meeting was adjourned at 3:02 pm The next Commission meeting is scheduled for July 15, 2021 in Fresno County.	

Submitted this Day: July 15, 2021

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission