



MEMBER ADVISORY COMMITTEE (MAC)
Thursday, December 14, 2023, 10:00 AM – 12:00 PM

Committee Member Name	Role	Present
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Administrative Specialist, Alameda County Child Health & Disability Prevention	
Tandra DeBose	Alliance Member, Vice Chair	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	
Melinda Mello	Alliance Member, Chair	X
Jody Moore	Parent of Alliance Member	X
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member	X
Cecelia Wynn	Alliance Member	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X
Melodie Shubat	CHME	X
Christina Endolfi	CHME	X
Zia li	UC Berkeley	X

Alliance Staff Member	Title	Present
Matt Woodruff	Chief Executive Officer	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Alejandro Alvarez	Community Outreach Supervisor	X
Thomas Dinh	Outreach Coordinator	X
Linda Ayala	Director, Population Health and Equity	X
Peter Currie	Senior Director, Behavioral Health	X
Rachel Marchetti	Supervisor, Case Management	X
Mao Moua	Cultural and Linguistic Services Manager	X

Jessica Jew	Population Health and Equity Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Isaac Liang	Outreach Coordinator	X
Rosa Carrodus	Disease Management Health Educator	X
Loc Tran	Manager, Access to Care	X
Lao Paul Vang	Chief Health Equity Officer	X
Monique Rubalcava	Health Education Specialist	X
Katrina Vo	Communications & Outreach	X
Yemaya Teague	Senior Analyst of Health Equity	X
Allison Lam	Senior Director, Health Care Services	X
Abby Guthrie	Applied Behavioral Analysis Analyst	X
Laura Grossmann-Hicks	Senior Director of Behavioral Health Services & LTC Ops	X
Andrea DeRochi	Behavioral Health Manager	X
Hermine Voskanyan	Lead Applied Behavioral Analysis Analyst	X
Diana Fajardo	Applied Behavioral Analysis Analyst	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Linda Ayala	<ul style="list-style-type: none"> • Member Roll Call • Alliance Staff • Visitors <ol style="list-style-type: none"> a. Ed Ettleman from CHME is retiring sometime after January 1, 2024. b. L. Ayala thanked E. Ettleman for his dedication in attending the MAC meetings. 		
Approval of Agenda and Minutes	Melinda Mello	<p>Made a motion to approve minutes from:</p> <ul style="list-style-type: none"> • September 14, 2023 • C. Wynn: Minutes from the previous meetings had a minor correction to a quote made by her. C. Wynn clarified that she did not want to switch to Kaiser. She was just happy to know that the benefit exists. <p>Made a motion to approve minutes with the correction made by C. Wynn.</p>	Correction was approved by consensus.	Alliance staff will make corrections to the 09.14.2023

				meeting minutes.
Approval of Agenda	Melinda Mello	Reviewed agenda for today. <ul style="list-style-type: none"> ○ Made a motion to approve agenda. 	Agenda approved by consensus.	
	Linda Ayala	Asked for permission to record the meeting. No concerns with recording.		
CEO Update	Matt Woodruff	<p>M. Woodruff presented an update on Alliance revenue:</p> <ul style="list-style-type: none"> ● The Alliance had a \$20 million net income (through October 2023). ● The draft rates for 2024 were lowered by the state by .5% ● The Alliance requested that the state revisit the rates due to large contracts that are coming in 2024 (e.g., Alameda Health Systems [AHS], Highland, and other hospitals.) ● The state has agreed and will notify the Alliance of the final rates. <ul style="list-style-type: none"> ○ T. DeBose: What was the reasoning for the rate cut? M. Woodruff listed a few factors including: <ul style="list-style-type: none"> ▪ Moving to a single plan model in January. (The state reduced the administrative rate from 7%-5%.) ▪ The state reduced the rate for undocumented members. ▪ Lawsuits ○ V. Gonzalez asked for further clarification about the rate cuts. M. Woodruff explained that the state has been claiming undocumented Medi-Cal members to the federal government. The government found out, and they are making the state pay that money back. This caused a lower rate for 		

		<p>undocumented members. Members will still be in our care for a lower rate.</p> <ul style="list-style-type: none"> • Questions/comments from MAC members: <ul style="list-style-type: none"> ○ T.DeBose: I understand the federal government, but at the same time they are human, and they need that support. M. Woodruff: For undocumented members, we don't get the federal share of money. We only get the state share and the state reduced that. ○ E. Garner: The state got in trouble for helping people coming in from other countries to get health insurance? M Woodruff: Yes. ○ CAC discussed how this should not have been put on the Alliance. M. Woodruff shared that the Alliance had the same concerns about the rates. <p>M. Woodruff presented on the following topics: Key Performance Indicators:</p> <ul style="list-style-type: none"> • The Alliance hit regulatory and non-regulatory metrics for the month of November. • Non-regulatory metrics (internal) are held to a higher standard and have not been met in the past few months. <p>Program Implementation:</p> <ul style="list-style-type: none"> • Final budget net income is projected at around \$9 million. <ul style="list-style-type: none"> ○ N. Williams: Will this be for the whole year or just the fiscal year? M. Woodruff: Current fiscal year July 2023-June 2024. • Medical costs are still being calculated for long-term care. • Staffing will increase to support new members that will be joining the Alliance on January 1, 2024. 		
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		<ul style="list-style-type: none">• The Alliance implemented the Pay Equity Salary Survey. The survey is to ensure that men and women are paid the same based on job and job description.<ul style="list-style-type: none">○ There are 3 stages involved and the Alliance is currently in stage 2.○ The survey started in June of 2023 and 29 employees have had their salaries adjusted so far.• Board Retreat: scheduled for January 26, 2024.• Working on offering incentives to recruit more providers into the Alliance network.• The Board community investment program, that will start in 2024, will be reviewed this month.• Questions/Comments from MAC members:<ul style="list-style-type: none">○ M. Mello: Is long term care like nursing homes, cancer patients, etc.? M. Woodruff: Yes, and costs are up due to retroactivity (members are enrolled retroactively or we must repay costs retroactively.) L. Ayala clarified that this is like back pay after services were delivered.○ N. Williams: What about the other vaccine testing (besides COVID)? Is that included in the budget as well? M. Woodruff: Providers should be billing the Alliance directly for most vaccines.○ V. Gonzalez: Why would administrative costs be lower due to the single plan model? M. Woodruff: That was also our question to the state.○ T. Debose: Regarding preventive medicine, what is our plan and marketing strategy to ensure people are coming in for preventive care? M. Woodruff: We do this through		
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		<p>outreach and post cards. Outreach will be strengthened in 2024 through quality and population health management programs.</p> <p>T. DeBose: Is this quarterly. How often?</p> <p>M. Woodruff: Currently, we send monthly gap in care reports to providers.</p> <ul style="list-style-type: none"> ○ V. Gonzalez: Voiced that she would like to participate in the community investment program. <p>M. Woodruff: MAC members will have a say. There will be a vetting process established by Q1 of 2024.</p> <ul style="list-style-type: none"> ○ L. Vang added that the Health Equity Department has looked into a non-utilizer (members that don't use their benefits) report to identify health disparities and address preventive care. ○ A. Alvarez added that outreach calls are being made to encourage new members, and non-utilizers, to use their benefits. 		<p>Alliance staff will document as an action item for follow-up on community investment program.</p>
Follow up Items 9/14/23 Meeting	Mao Moua	<p>M. Moua provided a summary of the follow-up items from the last MAC meeting.</p> <ul style="list-style-type: none"> ○ All follow-up items were completed. ○ Page 27-28 of MAC Packet 		
New Business				
1. Applied Behavior Analysis (ABA) Services	<p>Behavioral Health Presenters</p> <ul style="list-style-type: none"> • Laura Grossmann-Hicks 	<p>The Behavioral Health team presented on BHT/ABA Network Update.</p> <ul style="list-style-type: none"> • The first few slides were skipped due to time constraints. 		

	<ul style="list-style-type: none"> • Andrea Derochi • Dr. Peter Currie • Hermoine Voskanyan 	<ul style="list-style-type: none"> • A. Derochi, new Behavioral Health Manager, gave an overview of autism in California : <ul style="list-style-type: none"> ○ Applied Behavioral Analysis (ABA) is the main treatment for children diagnosed with autism. ○ There has been an uptick in diagnosis (over 100,000 in the last 10 years). ○ California is one of the states with the highest rates of diagnosis for autism. ○ This caused an increase in the need for services but not enough staff to meet the demand. • P. Currie presented on the impact of the COVID-19 pandemic on child development. <ul style="list-style-type: none"> ○ Children may have spent an extended amount of time in isolation due to the pandemic. ○ Delay in identification and diagnosis of autism may be due to missed medical appointments and/or not going to school. ○ Loss of services has caused substantial learning loss. • H. Voskanyan reviewed the DHCS All Plan Letter 23-010. <ul style="list-style-type: none"> ○ Behavioral Health Treatment (BHT) helps to prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction. Some examples include: <ul style="list-style-type: none"> ▪ Behavioral Interventions ▪ Cognitive Behavioral Training ▪ Language Training, etc. • H. Voskanyan reviewed what ABA is. <ul style="list-style-type: none"> ○ Treatment approach that focuses on improving social skills, communication, and adaptive learning skills like hygiene, and domestic capabilities. ○ ABA was first implemented with individuals with autism and intellectual disabilities. 		
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		<ul style="list-style-type: none"> ○ Treatment plans are individualized. ○ The goal of ABA is to increase behaviors that are helpful and decrease behaviors that may be harmful. ● P. Currie presented eligibility criteria for BHT/ABA (APL 23-010). <ul style="list-style-type: none"> ○ Reviewed requirements from the state. ○ Only for members under the age of 21. ○ J. Moore: We need to increase communication to address behavioral goals collaboratively. Not offering services beyond 21 years old is a fallacy in our system. Many fail to get early intervention. <p>P. Currie: Agreed that early intervention is critical and that there is a deficiency in the benefits. He reiterated that they try to do the best they can to provide mental health services to fix that gap.</p> ● P. Currie asked the audience to refer to the slides for details on what Medi-Cal does not cover regarding BHT services (APL 23-010). ● P. Currie presented on how the Behavioral Health team supports members through care coordination and utilization management: <ul style="list-style-type: none"> ○ Starts with a referral from the primary care provider (PCP). ○ The team gathers all the details about the needs of the child from their doctor. ○ The children are then referred to Behavioral Health Analysts and an assessment is completed. ○ The assessment authorizes treatment. ○ The child's progress is reviewed at least every 6 months. ● H. Voskanyan presented an overview of the ABA recommendation/referral process. 		
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		<ul style="list-style-type: none"> ○ Primary referral sources are from PCP, or a diagnostic evaluation completed by a licensed psychologist. ○ The behavioral health team reaches out to the parent/caregiver to ask for availability and to explain the purpose of treatment. ○ Then, they reach out to the ABA providers to ensure there is enough staff to fulfill treatment. ○ Once a provider is confirmed, an assessment is completed. Typically, it is a 2-month date range from the time of referral>assessment>treatment plan. ○ The behavioral team receives a copy of the goals and treatment plan. Once they are approved, treatment may begin. ● H. Voskanyan presented an overview of when a Comprehensive Diagnostic Evaluation (CDE) referral is received. <ul style="list-style-type: none"> ○ The Behavioral Health team will receive this from the pediatrician. May include clinical notes and screening results. ○ An evaluation will be completed and if ABA is recommended as treatment, the team will follow regular referral process. (Mentioned above.) ○ If other services are needed, the referral will be extended to other departments for care coordination (e.g., speech therapy). ● P. Currie presented on use of BHT (utilization) through October 2022. <ul style="list-style-type: none"> ○ Numbers decreased or plateaued (stayed steady) over the past few years. ● P. Currie presented on the Beacon waitlist as of April 1,2023. <ul style="list-style-type: none"> ○ Around 500 children were waiting for services. ○ The Alliance hired more staff to assist with outreach calls to these members. 		
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		<ul style="list-style-type: none"> • P. Currie presented on use of BHT (utilization) from April-October 2023. <ul style="list-style-type: none"> ○ BHT utilization (children in services) has now increased. ○ 384 children remain on the waitlist. • P. Currie presented clinical grievances with the Alliance team. <ul style="list-style-type: none"> ○ There were grievances filed at the beginning due to the influx of calls, but they have continued to decrease. • L. Hicks presented on operations grievances. <ul style="list-style-type: none"> ○ Credentialed over 600 providers to help serve members. ○ Working to expand the BHT/ABA provider network. <ul style="list-style-type: none"> ○ (e.g., Collaborating with AHS outpatient behavioral health services to implement a center for assessments.) ○ Exploring potential training for providers on how to do a CDE. ○ Investigating how to help providers with capacity to serve members. ○ P. Currie mentioned that there are more slides in the presentation for everyone’s reference. • Questions/comments from MAC members: <ul style="list-style-type: none"> ○ V. Gonzalez: Having a child assigned to a provider does not mean they are receiving the hours. Sometimes it is inconsistent due to staffing changes. There is urgency in treatment due to the critical window of time for a child’s development. ASK: Graph/data of hours approved versus hours received. Also requested a review of providers to see their success rates, etc. ○ J. Moore: What are the criteria for those hired to do hands-on behavioral work? It’s a hard 		<p>Alliance Staff will document the ask as an action item for follow-up by our behavioral health team.</p>
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		<p>job to do. How are we monitoring and assessing our new hires as far as criteria?</p> <p>P. Currie: The Alliance has contracted over 600 board certified behavior analysts (BCBA). The Alliance monitors quality by continuously meeting with the BCBAs to discuss a member’s goals, progress, and to produce the treatment plan. Authorized services are not always delivered due to staffing challenges. The Alliance is tracking hours authorized versus delivered by each BCBA.</p> <ul style="list-style-type: none"> ○ N. Williams: Question regarding what Medi-Cal does not cover for BHT services: What can we do if the benefit does not meet the child’s needs because it’s an excluded service? <p>P. Currie: We are limited by the state’s benefit. We must stay within the guidelines – but we can offer other mental health benefits to help the child. Depending on the child’s need, the Alliance may also connect with the child’s school.</p> <ul style="list-style-type: none"> ○ V. Gonzalez: I am interested in strategies to strengthen relationships with the providers. Are there learnings coming these interactions? If treatment is not covered through the Alliance, can members go to the Regional Center and ask for assistance with coverage? <p>P. Currie: We are working to build the provider network, offer provider training, and improve provider treatment plans.</p> <p>J. Moore: (Responding to the question about the Regional Center based on her experience.) The Regional Center has changed their system of coverage. Before, they would send you to an outside agency to obtain the services needed. But now they send you to your</p>		
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<p>2. Social Determinants of Health (SDOH) App</p>	<p>Zia Li</p>	<p>insurance provider first. If denied, you can go through appeals.</p> <ul style="list-style-type: none"> ○ M. Mello: Called time on the conversation and asked the audience to write down questions they have for the end. <p>Z. Li, UC Berkeley graduate student, presented on an App called MediPal.</p> <ul style="list-style-type: none"> ● Thanked the group for allowing her to be present. ● The platform was developed due to: <ul style="list-style-type: none"> ○ Tricky healthcare system navigation. ○ Not enough healthy resources that are easy to navigate and current. ○ N. Williams: Did you put the App up? Z. Li: It's live on both Apple store (iPhone) and Google Play (android). ● MediPal acts as a database for healthcare and social service providers. <ul style="list-style-type: none"> ○ Healthcare <ul style="list-style-type: none"> ▪ General medical care ▪ Mental health ▪ Dental/vision ○ Social Services <ul style="list-style-type: none"> ▪ Food assistance ▪ Housing ▪ Transportation, etc. ● Database is updated daily. There are over 2,000 services currently available on the app. ● The App includes 4 main screens: <ul style="list-style-type: none"> ○ 1. Home Screen (All service categories listed here.) ○ 2. Provider Detail ○ 3. Add Your Favorite Provider (Can save this for future reference.) ○ 4. Record Important Info (Where you can write a note to yourself about an upcoming appointment.) 		
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		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ The app does not do direct appointments with providers currently. However, you can call, email, or go to their website. • Once you download and open the App, you will need to sign up. <ul style="list-style-type: none"> ○ You can sign up through Google, Facebook, Apple ID, etc. ○ Minimal information is required to sign up. • Asked for audience members to download the App and provide feedback on its features. Ways to download the App: <ul style="list-style-type: none"> ○ Revlyx.com ○ Search in Apple Store and Google Play: MediPal: by Revlyx Health ○ Contact hello@revlyx.com • Questions from MAC Members: <ul style="list-style-type: none"> ○ N. Williams: Does the app offer services close to you? Does it come up automatically or do you have to search for it? Z. Li: The App asks for your zip code to show available services near you. ○ N. Williams: Do you have a phone number where we can contact you? Z. Li: There is an email address where you can contact us. N. Williams: Is it the Hello one? Z. Li: Yes. L. Ayala: We can also add that email to the follow-up for you to just click. ○ M. Le: I have been looking for an App like this to download to my phone. Sometimes it's hard to use the phone but I will try. Z. Li: Please provide any feedback you have about the App. Especially if you feel it is too complicated. We want to know. ○ C. Wynn: You all have broken down 2-1-1. Good job. 		<p>Add Z. Li's work email address to follow-up email for members to contact her if needed.</p>
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<p>Grievances and Appeals Report</p>	<p>Jennifer Karmelich</p>	<p>J. Karmelich presented on the Medi-Cal line of business report: Resolved cases Q3 2023 (July, August, September).</p> <ul style="list-style-type: none"> • 8,580 Total Cases • 3,130 Standard Grievances • 3 expedited grievances (meet a certain criterion to be resolved within 72 hours). • 5381 Exempt Grievances (exempt from a written response) <ul style="list-style-type: none"> ○ 99% are resolved by the Alliance Member Services Department. • 65 Appeals • 1 expedited appeal • 98.2% Overall compliance rate • 66.6% Compliance rate for expedited grievance since 1/3 was not met. • Q4 – within all compliance rates so far. <p>Appeal Data/ Analysis</p> <ul style="list-style-type: none"> • Table shows delegates that also process prior authorization. <ul style="list-style-type: none"> ○ No longer contracted with Beacon. • CHCN = 26.3% overturned appeals • Plan = 26% overturned appeals • Overall overturn rate = 26.1% • Overturn rate goal = <25% <p>Grievance Data/Analysis</p> <ul style="list-style-type: none"> • 5 main buckets for grievance type: <ul style="list-style-type: none"> ○ Access to care ○ Coverage dispute (billing, reimbursement, etc.) ○ Other (enrollment issues, HIPPA concerns, etc.) ○ Quality of care (providers and/or plan) ○ Quality of service (providers and/or plan) • Highest grievance rates = (1) Access to Care (2) quality of service • There was an increase of grievances filed against the providers in Q3 2023. 		
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		<ul style="list-style-type: none"> ○ May be due to timely access standards re: appointments for members. ● There was an increase of grievances filed against the plans in Q3 2023. <ul style="list-style-type: none"> ○ May be due to behavioral health insourcing and the implementation of the single plan model for Anthem members. ○ These changes usually lead to an increase in grievances due to potential enrollment and eligibility issues. ● Grievances filed against members and delegates: <ul style="list-style-type: none"> ○ Kaiser has the highest amount. ○ There is a review process to be assigned to Kaiser for members. If members are not assigned, they may call in to voice their concerns. The Alliance works with Kaiser to resolve those issues. ○ ModivCare (transportation vendor) has the second most grievances. ● Grievance Decision Chart <ul style="list-style-type: none"> ○ 75% In favor of member ○ 6% In favor of the plan ○ 19% Partially in favor of enrollee (neutral decision) ○ N. Williams: Question regarding partially in favor enrollees. Why are there undecided grievances? J. Karmelich: They are decided because it is a neutral decision. There could be multiple grievances attached to it. Depending on the situation, the Alliance may choose the neutral decision when there is a no response needed. <p>J. Karmelich presented on the IHSS line of business report: Resolved cases Q3 2023 (July, August, September).</p> <ul style="list-style-type: none"> ● Due to time constraints, L. Ayala asked Jennifer to share only the highlights from the IHSS report. ● IHSS Highlights 		
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		<ul style="list-style-type: none"> ○ Increase of grievances against the plan <ul style="list-style-type: none"> ▪ May be due to enrollment/eligibility concerns from new members. 		
<p>Outreach Report</p>	<p>Alejandro Alvarez</p>	<p>Alex Alvarez presented on the 1st Quarter (Q1) Outreach Report.</p> <ul style="list-style-type: none"> • Highlighted the coordination team and mentioned the different languages they speak. • From March 2020 – September 2023, the team has completed almost 30,000 outreach calls. • Made announcement for all MAC members to pick up (no more than 10) care bags at the end of the meeting. <ul style="list-style-type: none"> ○ Content of care bags = non-perishable food items, Alliance materials, water bottles, toothbrush, etc. ○ M. Mello: When were the bags put together? A. Alvarez: KP vendor put them together – not sure of date. The coordination team finalized assembly on 12/13/23. M. Mello: Before COVID, this was something that the MAC members did together. Is this something we can start doing moving forward? M. Lewis: We can look into that for the future. ○ T. Debose: I see you listed the languages your team speaks. Is there an African American person on your staff? A. Alvarez: No. T. Debose: It would be good to add someone for that diversity factor and for members to feel comfortable speaking with them. M. Lewis: Shared they also have African-American representation on their team and the comment will be taken back to the team. T. Debose: Thank you. I was mostly referring to the people who were calling. 		

<p>MAC Business</p>				
<p>2024 Medi-Cal Contract – New MAC Requirements Update</p>	<p>Matt Woodruff Linda Ayala</p>	<p>M. Woodruff presented on New MAC Requirements.</p> <ul style="list-style-type: none"> • The Alliance 2024 Contract with the Department of Health Care Services (DHCS) expands the role of the Member Advisory Committee. <ul style="list-style-type: none"> ○ Commercial plans now need to have consumer advisory committees by law. • Upcoming changes to MAC include: <ul style="list-style-type: none"> ○ Name change from Member Advisory Committee (MAC) to Community Advisory Committee (CAC). ○ Update charter and seats ○ New process to bring on members (need to be board approved). <ul style="list-style-type: none"> ▪ Nothing is changing for existing members. ○ Expand topics on which the committee provides input and provide an action plan to meaningfully apply the feedback. ○ Expand on committee representation. ○ T. Debose: There is a CAC in the school district. It’s a community advisory committee for children with special needs. It’s another community that you can reach out to with care packages. <p>N. Williams: Originally, the care bags were designed for the homeless. That is why they include socks and water.</p> <p>M. Lewis: The care bags have increased from 500 to 5000 since their inception.</p> <p>T. DeBose: And how do you get them out to people?</p> <p>M. Lewis: Street Medicine Teams and shelters throughout Alameda County.</p>		<p>The Alliance will circle back</p>

<p>MAC Attendance Yearly Review</p>	<p>Mao Moua</p>	<ul style="list-style-type: none"> L. Ayala added that the survey is voluntary. The Alliance will not share this information with anyone but the state. No personal information will be shared – The Alliance will create a summary of the information. L. Ayala shared that we forgot to add a section for an emergency contact on the survey. This can be added to the survey, or you can reach out to Lena. <p>M. Moua reviewed MAC Attendance Policy.</p>		<p>emergency contact information for our records and to complete the Demographic Survey.</p>
<p>Open Forum</p>	<p>Melinda Mello, Linda Ayala</p>	<ul style="list-style-type: none"> N. Williams: There used to be an annual meeting for certifications and appreciation. When will that be? M. Mello: That will take place at our next meeting in March 2024. E. Garner: For the ABA therapy, it can be a barrier for the therapist to go to the schools and work with the kids. Why is that a barrier? Is there a way around it? P. Currie: There will be a change in the benefits starting 1/1/2024 in which the Alliance will work closely with schools. T.DeBose: Let’s not forget about children who are not diagnosed that may be non-verbal. Some of the clinics/hospitals don’t know how to communicate or address behavioral issues. J. Moore: suggested a future agenda to include non-diagnosed members above the age of 21. E. Garner: For the outreach, are we giving bags to churches? L. Ayala: If you need more bags, you can reach out to Michelle or Alex. Or you can reach out to Lena, and she will connect you. 		<p>Future CAC agenda item to include non-diagnosed members.</p>
<p>Adjournment</p>	<p>Melinda Mello</p>	<p>Next meeting: March 14, 2024</p>	<p>Melinda adjourned the meeting.</p>	

Meeting Minutes Submitted by: Monique Rubalcava – Health Education Specialist Date: 12/14/23

Melinda Mello
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03/26/2024 | 12:42 PM PDT

Approved By: _____ Date: _____

Certificate Of Completion

Envelope Id: 935B4B57149C4D05B6E3E2A789529141	Status: Completed
Subject: Please Sign Approved CAC Minutes with DocuSign: 12.14.23 CAC Minutes_Final.pdf	
Source Envelope:	
Document Pages: 20	Signatures: 1
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Lena Lee
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1240 S Loop Rd
	Alameda, CA 94502
	llee@alamedaalliance.org
	IP Address: 209.232.58.250

Record Tracking

Status: Original	Holder: Lena Lee	Location: DocuSign
3/26/2024 9:31:37 AM	llee@alamedaalliance.org	

Signer Events

Melinda Mello
 Melindamello25@gmail.com
 Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Pre-selected Style
 Using IP Address: 76.132.154.88
 Signed using mobile

Timestamp

Sent: 3/26/2024 9:34:42 AM
 Viewed: 3/26/2024 12:42:30 PM
 Signed: 3/26/2024 12:42:59 PM

Electronic Record and Signature Disclosure:
 Accepted: 3/26/2024 12:42:30 PM
 ID: 98a60b2a-6f6b-4421-8ca3-e97a9b7b1c8c

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/26/2024 9:34:42 AM
Certified Delivered	Security Checked	3/26/2024 12:42:30 PM
Signing Complete	Security Checked	3/26/2024 12:42:59 PM
Completed	Security Checked	3/26/2024 12:42:59 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Alameda Alliance For Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Alameda Alliance For Health:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: deptlegal@alamedaalliance.org

To advise Alameda Alliance For Health of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at deptlegal@alamedaalliance.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Alameda Alliance For Health

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to legal@alamedaalliance.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Alameda Alliance For Health

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to deptlegal@alamedaalliance.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Alameda Alliance For Health as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Alameda Alliance For Health during the course of your relationship with Alameda Alliance For Health.