

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT lee@alamedaalliance.org. YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: **1.510.210.0967**, CODE: **525 391 946#**. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Name:	Community Advisory Committee (CAC)		
Date of Meeting:	March 14, 2024	Time:	10:00 AM – 12:00 PM
Meeting Chair and Vice Chair:	Melinda Mello, Chair Tandra DeBose, Vice Chair	Location:	Video Conference Call and in-person. Oakland/Hayward Rooms 1240 South Loop Road Alameda, CA 94502
Call In Number:	Telephone Number: 1.510.210.0967 Code: 503 033 589#	Webinar:	Click here to join the meeting in Microsoft Teams. Link is also in your email.

I. Meeting Objective
Advise Alameda Alliance for Health on the development and implementation of its cultural and linguistic accessibility standards and procedures.

II. Members			
Name	Title	Name	Title
Natalie Williams	Alliance Member	Melinda Mello	Alliance Member
Valeria Brabata Gonzalez	Alliance Member	Jody Moore	Parent of Alliance Member
Cecelia Wynn	Alliance Member	Sonya Richardson	Alliance Member
Tandra DeBose	Alliance Member	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Mayra Matias Pablo	Parent of Alliance Member
Erika Garner	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start

III. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions <ul style="list-style-type: none"> Member Roll Call Alliance Staff Visitors 	Tandra DeBose , Vice Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from <ul style="list-style-type: none"> December 14, 2023 December 28, 2023 	Tandra DeBose , Vice Chair	3	Vote
2. Approval of Agenda	Tandra DeBose , Vice Chair	2	Vote
CEO Update			
1. Alliance Updates	Matt Woodruff Chief Executive Officer	20	Information
Follow up Items			
1. Follow-up Items from <ul style="list-style-type: none"> December 14, 2023 	Mao Moua Manager, Cultural and Linguistic Services	5	Information
New Business			
1. Health Education	Gil Duran Manager, Population Health and Equity Monique Rubalcava Health Education Specialist	20	Information/Discussion

III. Meeting Agenda			
Topic	Responsible Party	Time	Vote to approve or Information
Alliance Reports			
1. Grievances and Appeals <ul style="list-style-type: none"> October 2023 - December 2023 	Jennifer Karmelich Director, Quality Assurance	10	Information
2. Outreach Report <ul style="list-style-type: none"> October 2023 - December 2023 	Alejandro Alvarez Community Outreach Supervisor	5	Information
CAC Business			
1. 2024 Medi-Cal Contract – New CAC Requirements Update <ul style="list-style-type: none"> CAC Selection Subcommittee Strategy 	Linda Ayala Director, Population Health & Equity	10	Information
2. Confidentiality Statement Updates	Lena Lee Health Education Coordinator	3	Information
3. CAC Recognitions	Matt Woodruff Chief Executive Officer	15	Information
Open Forum <ol style="list-style-type: none"> Public Comments Next meeting topics 	Tandra DeBose , Vice Chair	8	Information
Adjournment	Tandra DeBose , Vice Chair	4	Next meeting: June 13, 2024

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Lena Lee** at **510.747.6104** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.



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	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:</p> <p>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. M. Woodruff: MAC members will have a say. There will be a vetting process established by Q1 of 2024. ○ 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 Medical 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. 		
Outreach Report	Alejandro Alvarez	<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. 		

MAC Business				
2024 Medi-Cal Contract – New MAC Requirements Update	Matt Woodruff Linda Ayala	<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>		The Alliance will circle back

<p>MAC Stipend Payment Update</p>	<p>Mao Moua</p>	<ul style="list-style-type: none"> ○ Discussion was had on the importance of eradicating homelessness and taking small steps for change. ○ L. Ayala reiterated that the charter will be updated but it was not ready to be presented today. There may be an additional meeting in which MAC members will review the charter and provide feedback. <p>M. Moua presented the MAC stipend payment updates.</p> <ul style="list-style-type: none"> ● No changes with stipend itself. ● The Alliance is changing how they will provide the payments. Changes include: <ul style="list-style-type: none"> ○ In-person: payment will be made at each meeting by Finance. ○ Virtual: payment will be mailed after each meeting. ● L. Ayala cited a note from Shu-Lin: We previously had the option of a virtual credit card. The card will be retired, and money will be converted into a check and mailed within the week. <p>M. Moua presented on the MAC Demographic Survey.</p> <ul style="list-style-type: none"> ● New 2024 DHCS Medi-Cal Contract requirement ● AAH must provide a MAC Demographic Report to the DHCS each year. <ul style="list-style-type: none"> ○ Survey must include race, ethnicity, disability status, language, county region, sex, sexual orientations, and gender identity. ● To meet this requirement for 2024, the Alliance has included the survey in this month's MAC packet. ● Completed surveys can be sent back via email, mail, or in-person (today). ● The survey also includes space for members to update their contact information. 	<p>with members to discuss charter updates.</p> <p>L.Lee may reach out to MAC members to update their</p>
<p>MAC Demographic Survey</p>	<p>Mao Moua</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

Approved By: _____ Date: _____

DRAFT



COMMUNITY ADVISORY COMMITTEE (CAC)
Thursday, December 28, 2023, 10:00AM-11:00AM

DRAFT

Committee Member Name	Role	Present
Valeria Brabata Gonzalez	Alliance Member	X
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	Alliance Member	X
Melinda Mello	Alliance Member, Chair	X
Jody Moore	Alliance Member	X
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator	
Natalie Williams	Alliance Member	X
Cecelia Wynn	Alliance Member	X

Staff Member Name	Title	Present
Alex Alvarez	Community Outreach Supervisor	X
Linda Ayala	Director, Population Health and Equity	X
Thomas Dinh	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Mao Moua	Manager, Cultural & Linguistics Services	X
Steve O'Brien, MD	Chief Medical Officer	X
Danube Serri	Senior Legal Analyst	X
Michelle Stott	Senior Director of Quality	X
Brenda Martinez	Clerk of the Board	X
Maryam Maleki	Supervising Associate Counsel	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome	Melinda Mello and Linda Ayala	<ul style="list-style-type: none"> Member Roll Call Alliance Staff 		

	Linda Ayala	Asked for permission to record the meeting. No concerns with recording.	All in favor.	
Approval of Agenda	Melinda Mello	Made a motion to approve the agenda.	Agenda approved by consensus.	
CAC Business				
1. CAC Charter Updates	Linda Ayala	<p>L. Ayala thanked the committee for taking the time to be here for the meeting during the holidays and presented the CAC charter updates:</p> <ul style="list-style-type: none"> • Background: The changes to the charter were due to Alameda Alliance for Health's new contract with the Department of Health Care Services. The Department of Health Care Services informs the Alliance on how to conduct business to make sure the Alliance is giving the best services to its members. <p>Summary of changes:</p> <ul style="list-style-type: none"> • Membership: The Alliance must keep track of who is on the CAC and look at committee member demographics, such as men, women, race, ethnicity, and sexual orientation. This helps the Alliance understand the membership and have the right people in the CAC. The Alliance will submit a summary of this information to the state each year. • Regular/Ad-hoc Guests: The Alliance sometimes has ad-hoc guests. Ad-hoc means someone who comes and joins the meeting, like the UC Berkeley guest who presented on the app she was creating. These guests cannot vote, as only official members can vote. • Chair and Vice Chair: Added details on the duties and roles. • Committee Duties and Areas of Focus: All the areas that the state would like committee members to have input on have expanded and made clearer. There are two (2) categories: 1) 		

		<p>programs, what are the services the Alliance offer members? 2) policies, how does the Alliance do business? Focus areas include:</p> <ul style="list-style-type: none"> ○ Cultural and Linguistic Services Program/language services ○ Priorities for Alliance health education and outreach programs ○ Member satisfaction survey results ○ Marketing materials and campaigns ○ Provider network ○ Community resources and information ○ Population Health Management ○ How the Alliance improves quality of services and access to services ○ Carved out services, such as dental and California Children’s Services ○ Health equity ○ Accessibility services ○ Provider manual ○ L. Ayala asked the audience to refer to the slide for a full list. <ul style="list-style-type: none"> ● Meeting Minutes: Must be posted after 45 days of meeting. CAC meeting minutes will also be presented at other internal Alliance meetings, such as the Alliance Quality Improvement Health Equity Committee (QIHEC), that includes both Alliance staff and community doctors. ● Non-agenda Items: Added information on how to include non-agenda items. ● Voting and Quorum: Added information on how voting will be done. Alliance staff will walk the CAC on how to do this. ● Public Comment: Added information that public comment is allowed at the end of the CAC meeting. It is also listed at the end of the agenda. ● Terms of Service and Attendance: Updated the terms of service from 1 year to 2 years to 		
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		<p>keep it consistent with renewal if a CAC member is still wanting to continue.</p> <ul style="list-style-type: none"> ○ L. Ayala shared that M. Mello has been a CAC member for 10 years now. ○ There is also a slight change made to the reason for dismissal. If members are not able to attend or no longer able to attend regularly, the Alliance wants to be able to give CAC members the flexibility to return once their life circumstances change and/or are feeling better. ○ Updated reason for dismissal if members fail to attend two (2) meetings within one (1) year, then the CAC may decide to ask for that person to step down. CAC members may now ask for a leave of absence of up to one year for health or personal reasons for a year. ○ C. Wynn: This is similar to other government committees and when it comes to two (2) years, they probably cannot commit to keep going or run another term, like the election office. L. Ayala: Yes. Some of the same rules govern these types of meetings. ○ E. Garner: After two (2) years of being a CAC member, is there a change? Do we go through the board now? L. Ayala: That is an important question. How does the transition work? I will get to that in a minute as it is another change that will come up. <ul style="list-style-type: none"> ● Alliance Support: The Alliance offers stipends, support for transportation and childcare. 		
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		<ul style="list-style-type: none"> • Committee Name: The Alliance shared this at the last CAC meeting that the name has changed to Community Advisory Committee. • Selection Subcommittee: This comes directly from the contract, where the Alliance must form a Selection Subcommittee, who will be the ones to decide who serves on the Community Advisory Committee. <ul style="list-style-type: none"> ○ T. Debose: Do we decide that? ○ L. Ayala: No. There will be a Selection Committee that Alliance staff will recruit for, and it will include representatives from our board of governors, some individuals from this committee, other organizations, and providers. This is to make sure we have both provider and community organizations representatives. This may include Alameda County Public Health, Lifelong, Regional Centers, who offer support for children and individuals with disabilities. Hopefully, these individuals can help with recruitment as they have their connections and individuals that might support us. The Selection Subcommittee will meet in a separate meeting and will decide who are the members of the Community Advisory Committee. We will be presenting all of you to them. The Selection Subcommittee will be the ones after a member's two (2) years of service to formally decide renewal. ○ T. DeBose: When will we do that? ○ L. Ayala: We will be recruiting for the Selection Committee within the first few months of the year. The state has required that we have all our 		
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		<p>members selected by the end of June. We have six (6) months to go through that process. But they will be an ongoing subcommittee that will meet whenever needed, such as whenever we need to replace a member.</p> <ul style="list-style-type: none"> • L. Ayala shared that there is a clean copy and redlined copy of the charter in the meeting packet. • M. Mello made a motion to approve the charter. 	Motion approved by consensus.	
2. Resolution for CAC Selection Committee	Danube Serri	<p>D. Serri thanked the committee for being here during the holiday week and presented on the Resolution for a CAC Selection Committee:</p> <ul style="list-style-type: none"> • The purpose of the resolution is to carry out contract requirements that the Alliance has signed with the Department of Health Care Services. • This requirement is referenced in Section 5.2.11E of the contract. • The purpose of the Selection Subcommittee is to ensure that the members of the CAC Selection Subcommittee are recruited or selected with a strong presence from those within Alameda County. <ul style="list-style-type: none"> ○ They will include representation of the Alliance Board of Governors, safety net providers, federally qualified health centers, behavioral health providers, regional centers, local education agencies, dental providers, Indian health care providers, home and community-based service program providers. • The Selection Subcommittee will be a very comprehensive subcommittee and will meet on an as-needed basis. 		

		<ul style="list-style-type: none"> ○ They will be tasked with recruitment. ○ If there is a vacancy, they will be responsible to suggest individuals to fill any vacancy. • The contract will be complied with in accordance with the Alliance bylaws. <ul style="list-style-type: none"> ○ The Alliance Legal Services Department has made updates to the bylaws. ○ If there are any changes, the Alliance Legal Services Department will be sure to communicate with the Alliance Board of Governors and standing committees. • The Alliance’s CAC Selection Subcommittee will be selecting and recruiting individuals to the CAC, but it will need to undergo the Board of Governors review and approval. <ul style="list-style-type: none"> ○ This process will remain the same for vacancies. ○ The CAC Selection Subcommittee will bring forth individuals to the Board of Governors and they will do the final appointment. • Reappointment Process: if a member’s term comes to an end and they are interested in serving again, it will be communicated to the Selection Subcommittee, who will then make that recommendation to the Board of Governors. • All the vacancies, recruitment, and selection of CAC members will all come from the Selection Subcommittee. • The Alliance wanted to make a resolution due to the changes in the CAC member recruitment and appointments and to comply with the 2024 Medi-Cal contract. • On December 8, 2023, the Board of Governors voted on a name change and it also referenced the creation of the Selection Subcommittee. 		
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		<p>This was also reviewed and approved by the Board of Governors.</p> <ul style="list-style-type: none"> • M. Mello made a motion to approve the resolution to establish a Selection Subcommittee. <p>Overall questions and comments from CAC members:</p> <ul style="list-style-type: none"> • M. Mello asked CAC members for permission to put their names down on a thank you card for the Alliance Finance team to show appreciation for providing the stipend checks in-person. • M. Mello also reminded the CAC members about the Brown Act Requirements and to come in-person for meetings unless approved by Alliance staff. For exceptions, members can talk to Lena prior to a meeting. The meetings must have a quorum to be able to vote. • L. Ayala shared appreciation for members who attended the meeting in-person and mentioned that there were members who spoke with Lena prior to the meeting and had reasons that allowed them to vote online. The Alliance encourages members to attend in-person and communicate their attendance to ensure quorum. • L Ayala shared and recognized that if members need to make a change at the last minute about their meeting attendance from virtual to in-person or from in-person to virtual, Finance may not be able to cut a check in time to be able to provide in-person. The Alliance asks CAC members for flexibility around the checks and to communicate with Lena as soon as there is a change. • E. Garner: Will IHSS providers be joining? Or someone from the IHSS Department? L. Ayala: For In-Home Supportive Services, they are a part of GroupCare, which is a part 	<p>Motion approved by consensus.</p> <p>Permission granted by consensus.</p>	
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		<p>of our membership. We would want to have participation from someone who is affiliated with In-Home Supportive Services to be on the committee. We can also have them as part of the Selection Subcommittee.</p> <p>J. Moore: Or even someone who has IHSS.</p> <p>L. Ayala: We cover the homecare workers. They are the ones who do the care and are covered under Alameda Alliance for Health if they qualify for it.</p> <p>J. Moore: I have a question outside the context of the meeting. I wanted to apply for Alameda Alliance for Health in January, but I have private insurance that I pay for right now that is \$700 a month. I do take care of my son and we have IHSS and would qualify. Do I just apply?</p> <p>L. Ayala: Go to the Public Authority for In-Home Supportive Services and we can connect you with a phone number to call.</p> <p>J. Moore: I will and thank you.</p> <ul style="list-style-type: none"> • E. Garner: Will it be the providers that the Alliance will try to link with, or will it be supervisors/managers of the providers? <p>L. Ayala: In this committee, most of you have insurance with us, this means it would be the providers for In-Home Supportive Services. We also have some individuals that are community representatives, who are representing an organization, and that would also be a possibility. The Selection Subcommittee will mostly be the organization itself, this means supervisors, staff from In-Home Supportive Services, a social worker, a manager, or someone from the Public Authority that might represent.</p> <p>T. DeBose: I'd like to add to that. The reason why they say community is that you want someone who does not have a vested interest. If they are a provider, it's for their</p>		<p>Alliance staff will document as an action item to provide J. Moore with the Public Authority phone number.</p>
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		<p>own purpose, but the community person is looking from the outside in. It is a good thing to have outsiders be a part of it.</p> <p>S. O'Brien gave special thanks and appreciation to the committee for coming in on very short notice. It shows their commitment to the members and the Alliance.</p> <p>S. O'Brien also thanked L. Ayala and the team for organizing.</p>		
Adjournment	Melinda Mello	<p>Next meeting: March 14, 2024</p> <p>M. Mellow made a motion to adjourn the meeting.</p>	Motion approved by consensus.	

Meeting Minutes Submitted by: Mao Moua, Manager, Cultural and Linguistic Services Date: 01/03/2024

Approved By: _____ Date: _____
 Melinda Mello, Chair, Community Advisory Committee

To: Alameda Alliance for Health Community Advisory Committee
From: Matthew Woodruff, Chief Executive Officer
Date: March 14th, 2024
Subject: CEO Report

- **Financials:**

- **February 2024:** Net Operating Performance by Line of Business for the month of January 2023 and Year-To-Date (YTD):

	<u>February</u>	<u>YTD</u>
Medi-Cal	(\$7.4M)	\$26.6M
Group Care	(\$648K)	\$751K
Total	(\$8.0M)	\$27.4M

- **Revenue was \$166.7 million in January 2024 and \$989.8 million Year-to-Date (YTD).**
 - Medical expenses were \$168.6 million in January and \$928.1 million for the fiscal year-to-date; the medical loss ratio is 101.2% for the month and 93.8% for the fiscal year-to-date.
 - Administrative expenses were \$8.3 million in January and \$53.8 million year-to-date; the administrative loss ratio is 5.0% of net revenue for the month and 5.4% of net revenue year-to-date.
 - **Tangible Net Equity (TNE):** Financial reserves are 612% of the required DMHC minimum, representing \$293.9 million in excess TNE.
 - **Total enrollment in January 2024 was 400,518**, an increase of 48,538 Medi-Cal members compared to December.
- **Key Performance Indicators:**
 - **Regulatory Metrics:**
 - All Regulatory Metrics were met.
 - **Non-Regulatory Metrics:**
 - The member services team did not meet internal metrics for service. The team's speed to answer was at 79%, and the abandonment rate was at 9%, compared to internal metrics of 80% and 5%, respectively.

- **Program Implementations:**

- **Single Plan Model**

- Good news. The Alliance enrollment as of January 25th, 2024, is 400,518.
- Member Services had their second largest call volume in its history, almost surpassing 24,000 calls, compared to nearly 30,000 calls in January.
- Member Services had their second largest Walk-In volume in its history, with 64 members coming onsite for help. That equates to over 3 members onsite per day. For comparison, we averaged just 1 per day for the first six months of the Fiscal year.
- The Health Care Services Department had its second largest volume of authorizations ever in February 2024. The team received over 7,637 authorization requests in February, compared to 8,519 in January 2024. These numbers encompass authorizations for all categories, not just outpatient.

- **Pay Equity Salary Survey**

- We will continue to include updates as the Alliance works through the entire process.

- **Recruiting Incentives for our Network**

- Process and application currently under development.

- **Proposed Board of Governors Community Investment Program**

- Process and application currently under development.

- **Medicare Overview**

- **D-SNP Readiness**

Alameda Alliance for Health (AAH) Medicare Advantage Duals Special Needs Plan (DNSP) will begin serving members on January 1st, 2026.

Key milestones and dates the Alliance is working toward for January 1st, 2026, include the following:

- D-SNP Feasibility Study (ProForma) – January 2024 - completed
- Core System (Claims, Medical Management, Grievance & Appeals) Review – January 2024 – completed
- DHCS & DMHC Material Modification Submission 1 – March 1st, 2024 - completed
- DHCS & DMHC Material Modification Submission 2 (Financials) – April 15th, 2024
- Provider Network Development and Recruitment – February 2024 thru February 2025

- CMS Notice of Intent to Apply – November 2024
- CMS Application (Model of Care (MOC), Provider Network, & DMHC Approval) – February 2025
- CMS Formulary and Bid Submission (Benefit Determination) – June 2025
- Operational Readiness Assessment, Training, and Audit – June through December 2025
- Annual Enrollment Period – October thru December 2025

○ **Accomplishments in Greater Detail**

2023 Q2 (May)

- In May 2023, AAH entered into a Consultant Services Agreement with Rebellis Group to provide the Subject Matter Expertise (SME) to support the development of the D-SNP program.

2023 Q3 (July thru September)

- In July 2023, AAH and Rebellis completed the project kickoff, introducing D-SNP to AAH project stakeholders and the Executive Team, and began the review and development of the project plan, defining the work and timeline required to meet the project milestones and the successful launch of D-SNP on January 1st, 2026.
- Rebellis, with the support of AAH stakeholders, began the development of the Proforma.
- Rebellis met with AAH IT and Business stakeholders to evaluate the viability of our Claims (HEALTHsuite), Medical Management (TruCare), and Grievance & Appeals (QualitySuite) systems to support D-SNP.

2023 Q4 (October thru December)

- AAH received the initial draft Proforma for review and feedback.
- AAH received the Final DRAFT System Evaluation for review, feedback, and AAH's decision on the platforms to support Claims, Medical Management, and Grievance and Appeals.

2024 Q1 (January thru March)

- Tome Meyers, Executive Director of Medicare, started March 4th, 2024, and serves as the Project Driver supporting Ruth Watson as the project's Executive Sponsor.
- Executive Leadership confirmed the decision to use the existing Claims (HEALTHsuite), Medical Management (TruCare), and Grievance & Appeals (QualitySuite) platforms for D-SNP and for IT to initiate discussions with each system vendor (Ram and Zyter) to evaluate and confirm the enhancements available to support D-SNP.
- Completed user training and provided user access to Rebellis Academy, the online, self-directed training content for Medicare Advantage and Part D organizations (including DSNP) offered by Rebellis Group.
- Completed the DHCS & DMHC Material Modification Submission 1 as required by March 1st, 2024.

- **Next Steps**

2024 Q2 (April thru June)

AAH and Rebellis will complete the kickoff and initial review and development for the following:

- Review of current Policy & Procedures (all business areas).
- Model of Care. The Model of Care includes four parts, MOC 1 Description of the SNP Population, MOC 2 Care Coordination, MOC 3 Provider Network, MOC 4 Quality Measurement & Performance Measurement. The initial focus is on MOC part 1.
- Clinical services for Utilization Management, Quality, Stars, and HEDIS.
- Sales and Marketing Planning.
- Product Management with a focus on Benefit Pre-Planning.
- Member Experience with a focus on Member Call Center Planning.
- Oversight of Rebellis Academy user training.
- DHCS & DMHC Material Modification Submission 2 (Financials) for submission by April 15th, 2024.
- Receipt and review of the Quest GeoAccess report for network adequacy required to support the development of the Provider Network Recruitment / Engagement Strategy.

Follow-up Items

Mao Moua

FOLLOW-UP ITEMS FROM 12-14-2023

Follow-up Item	Outcome(s)	Status
Make corrections to the 09.14.2023 meeting minutes	<ul style="list-style-type: none">• Corrections/updates made.	Completed
Community Investment Program and CAC Role	<ul style="list-style-type: none">• Presenting information 3/14/2024.	Completed
ABA Services: Request for detailed information on provider's success in providing services	<ul style="list-style-type: none">• BH to present an update at the June or December CAC meeting.	Resolved
Create a list of emergency contacts for CAC members	<ul style="list-style-type: none">• All emergency contact information for CAC members was collected in December 2023.	Completed
Share presenter, Zia Li's(Medi-Pal), contact information	<ul style="list-style-type: none">• Email sent to CAC members on 12/21/2023.	Completed

FOLLOW-UP ITEMS FROM 12-14-2023

Follow-up Item	Outcome(s)	Status
Add non-diagnosed members as a future CAC agenda item	<ul style="list-style-type: none">Alliance staff added topic to list of future agenda items to present at CAC meetings.	Resolved



Health Education 2023 Workplan Update

Member Advisory Committee
3/14/2024



To improve members' health and wellbeing through the lifespan through promotion of appropriate use of health care services, prevention, healthy lifestyles and disease self-care and management.

Welcome new staff!

- ▶ Monique Rubalcava – Health Education Specialist
 - ▶ Maintains, reviews, and develops health education materials.
 - ▶ Conducts health education program evaluations.
- ▶ Emily Erhardt – Population Health and Equity Specialist
 - ▶ Assists with program development, implementation, and evaluation of initiatives.
 - ▶ Supports the Alliance’s overall population health strategy.




Member requested Health Education Materials and Class/Program referrals - 2023

▶ Wellness form distribution

- ▶ Newsletter
- ▶ Health Ed mailings
- ▶ Sent with Care Plans
- ▶ Provider requests
- ▶ Disease Management Mailings

Alameda Alliance for Health
Wellness Programs & Materials

Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.

<p> CLASSES & PROGRAM REFERRALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Breastfeeding Support <input type="checkbox"/> CPR/First Aid <input type="checkbox"/> Diabetes <input type="checkbox"/> Diabetes Prevention Program (<i>prediabetes</i>) <input type="checkbox"/> Healthy Eating, Exercise, and Weight <input type="checkbox"/> Heart Health <input type="checkbox"/> Parenting <input type="checkbox"/> Pregnancy and Childbirth <input type="checkbox"/> Quit Smoking <i>(please have Kick It California call me)</i> <p> MEDICAL ID</p> <p>Choose one: <input type="checkbox"/> Bracelet <input type="checkbox"/> Necklace</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Diabetes <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Adult 	<p> WRITTEN MATERIALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advance Directive (<i>medical power of attorney</i>) <input type="checkbox"/> Alcohol and Other Substance Use <input type="checkbox"/> Asthma <input type="checkbox"/> Back Pain <input type="checkbox"/> Birth Control <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Diabetes <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Healthy Eating, Exercise, and Weight <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Heart Health <input type="checkbox"/> Parenting <input type="checkbox"/> Pregnancy <input type="checkbox"/> Preventive Care <input type="checkbox"/> Quit Smoking <input type="checkbox"/> Safety <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Sexual Health <input type="checkbox"/> Stress and Depression <ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Adult
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Name (self): _____ Written Language: _____
 Alliance Member ID Number: _____ Spoken Language: _____
 Child's Name (if applies): _____
 Child's Member ID Number: _____
 Age of Child: _____
 Address: _____
 City: _____ Zip Code: _____

The requested materials will be mailed to you. How may the Alliance contact you?
 Please check all that apply:
 Phone: _____
 Email: _____
 Text: _____

ALAMEDA
Alliance
FOR HEALTH

To order, please complete this form on the member portal at www.alamedaalliance.org or mail this form to:
Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502
 Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**
 People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Alliance Website

- ▶ Members and providers can also access health ed materials and program information on our website:
 - ▶ [Live Healthy Library – Alameda Alliance for Health](#)
- ▶ Providers can refer members directly or fax us the Provider Wellness Request Form to make a request on behalf of their patient.
 - ▶ [Provider Health Education Resource Directory](#)

Member Newsletter

- ▶ Fall/Winter 2023
 - ▶ Blood Pressure Matters
 - ▶ Is Hookah Smoking Safe?
 - ▶ Babies Need Time to Grow (preterm births)
- ▶ What other topics might be important for the member newsletter?

BLOOD PRESSURE MATTERS

Blood pressure is the force put on the walls of the blood vessels with each heartbeat. These vessels carry blood from your heart to other parts of your body. When your blood pressure stays high, your risk increases for problems like heart disease and stroke. The good news is that you can work to manage your blood pressure.

To help keep your blood pressure in a healthy range, follow these healthy habits:



Know your numbers. Ask your doctor what your blood pressure numbers are and what that means for you. If your blood pressure is too high, follow your doctor's treatment plan.



Get moving. Try walking, dancing, or your favorite activity. All you need is 30 minutes a day, five (5) days a week. Remember, you do not have to do it all at once.



Eat healthy. Add more fruits and vegetables to your meals. Limit foods with salt, fat, and sugar.



Limit alcohol. For men, no more than two (2) drinks per day are recommended. For women, no more than one (1) drink per day is recommended.



Don't smoke. If you smoke, work with your doctor to make a quit plan or call the Kick It California Helpline toll-free at **1.800.300.8086**.



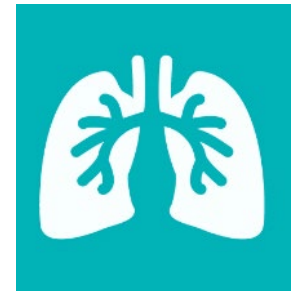
Manage stress. Find healthy ways to help you relax. You can try deep breathing, stretching, or meditation.



Health Education 2023 Work Plan

Areas of focus

- ▶ Diabetes Prevention Program (DPP)
- ▶ Disease Management (DM)
- ▶ Doula Services
- ▶ Maternal Mental Health



Diabetes Prevention Program (DPP)

▷ What is DPP?

- ▶ A year-long lifestyle change program.

▷ Who is DPP for?

- ▶ People *at risk* for type 2 diabetes.

▷ Goal of DPP?

- ▶ Prevent or reduce the risk of type 2 diabetes by focusing on sustainable, healthy lifestyle choices and weight loss.



Who is eligible?

TO JOIN CDC'S NATIONAL DPP* LIFESTYLE CHANGE PROGRAM:

Meet ALL of these



18 YEARS
OR OLDER

AND



OVERWEIGHT

AND



NOT DIAGNOSED
WITH T1 OR T2
DIABETES

AND



NOT
CURRENTLY
PREGNANT

AND Meet ONE of these



DIAGNOSED
WITH
PREDIABETES

OR



PREVIOUSLY
DIAGNOSED WITH
GESTATIONAL
DIABETES

OR



HIGH-RISK RESULT
ON PREDIABETES
RISK TEST

WWW.CDC.GOV/PREDIABETES/RISKTEST



CS322715A

* NATIONAL DIABETES PREVENTION PROGRAM

DPP Services at the Alliance

▶ Members that qualify can get:

- Lessons to help you make healthy changes
- A lifestyle coach
- A small group for support
- Incentives (gift cards)



Programs offered online only

Member Referrals

▷ HabitNu

▶ Self-referral

→ [Diabetes Prevention Program \(DPP\) – Alameda Alliance for Health](#)

▶ Alliance Staff

▷ Yumlish

▶ Provider or clinic referral only

YumLive! / YumVivo!



- ▶ Live classes
 - ▶ Do not need to qualify for DPP
- ▶ Different health/nutrition topics every week
- ▶ English classes start April/May



FEBRERO 22 Comidas Saludables Simplificadas 5PM-6PM PT 

FEBRERO 29 Coma Saludable sin Salirse del Presupuesto 5PM-6PM PT 

MARZO 7 Introducción al Ejercicio 5PM-6PM PT 

The complex block features a light beige background. At the top left is the "YumVivo!" logo, which consists of a red play button icon with a white speaker symbol inside, followed by the text "yumVivo!" in a red, lowercase, sans-serif font. Below the logo are three horizontal rows, each representing a live class. Each row has a red square on the left containing the month and date in white, uppercase letters. To the right of the square is the class title in a black, sans-serif font, followed by the time "5PM-6PM PT" in a white, sans-serif font inside a rounded rectangular box. On the far right of each row is a circular image with a teal border. The first row shows a plate of various fruits and vegetables. The second row shows a shopping basket filled with produce and a dollar sign on a card. The third row shows two women, one in a pink top and one in a blue top, smiling and talking.

Disease Management Program (DM)

- ▶ A system of coordinated care to help members receive the support they need to better manage their chronic condition(s).



Coordinated Care:

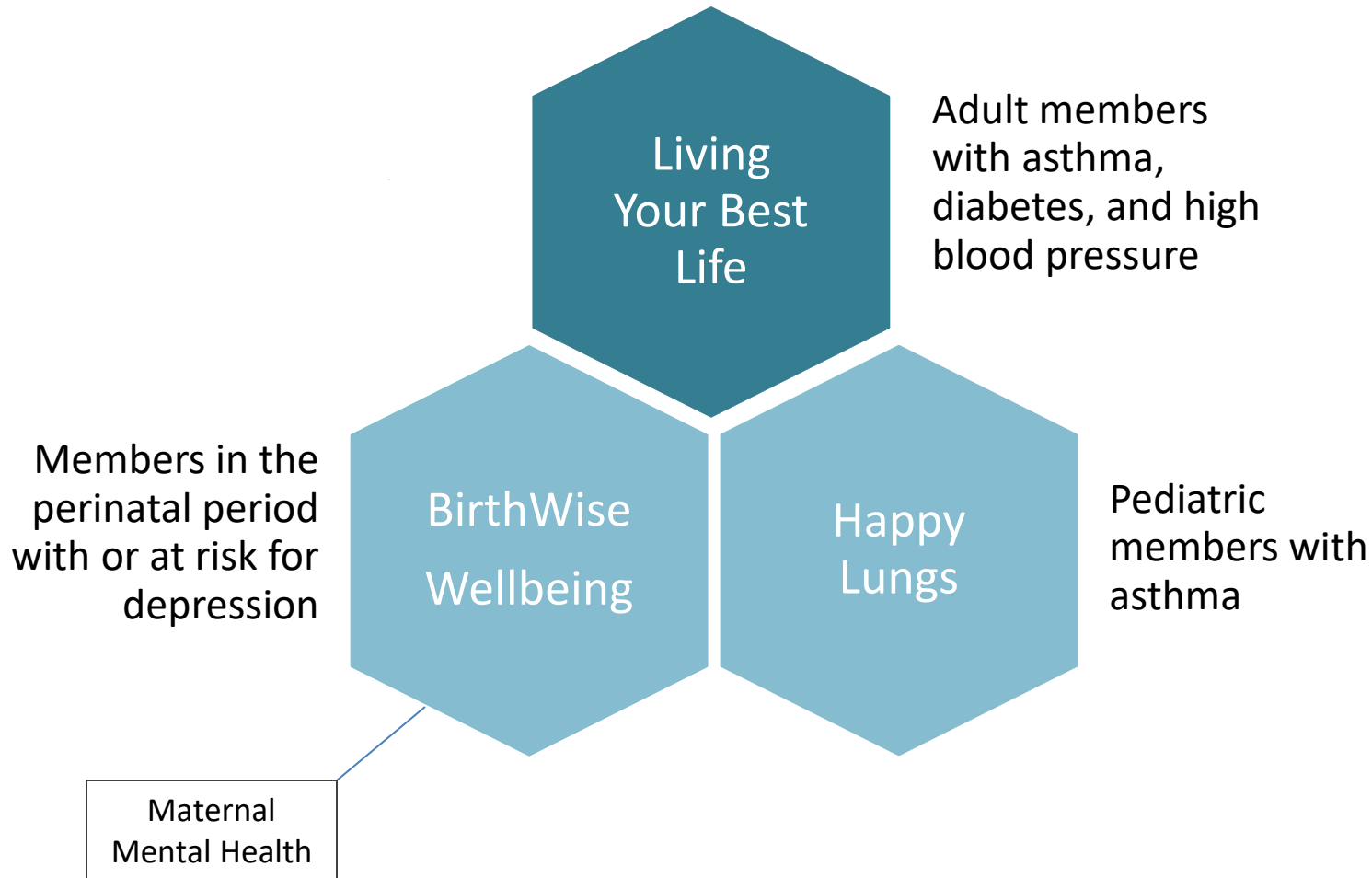
Nurse case managers
Social workers
Health navigators
Health education/coaching
Other supports



Chronic Conditions:

Asthma
Diabetes
Cardiovascular (Heart Health)
Depression

DM Services at the Alliance



Member Referrals

- ▷ Self-referral through CMDM line
- ▷ Provider or community partner
- ▷ Alliance staff



CMDM = Case Management and Disease Management

DM Letters



Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502
Case & Disease Management Department
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments
(CRS/TTY): **711/1.800.735.2929**
www.alamedaalliance.org

[Date]

[Member First Name] [Member Last Name]
[Address 1]
[Address 2]
[City], [State] [Zip]

Member ID Number: [Member ID Number]

Dear [Member First Name] [Member Last Name],

Alameda Alliance for Health (Alliance) and your doctor are your partners in your health. Our records show that you may have been treated for **high blood pressure**. The Alliance is here to support you.

High Blood Pressure Care

We have enrolled you in the Alliance program, **Living Your Best Life** with a healthy heart. This program is available to you at no cost.

This program may help you:

- Better understand your high blood pressure
- Check and track your blood pressure
- Get lifestyle tips on exercise and nutrition
- Learn how your medicines work and when to take them
- Partner with your doctor

You can give us a call to learn how **Living Your Best Life** with a healthy heart can help you. To help keep your blood pressure in a healthy range, the Alliance encourages you to follow the healthy habits listed in the Change of Heart handout enclosed with this letter. You can also fill out the enclosed Alliance Wellness Programs & Materials Request Form for handouts and tools to help you care for your high blood pressure at no cost.

Alliance Case and Disease Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

1/2



Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Case & Disease Management Department
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments
(CRS/TTY): **711/1.800.735.2929**

www.alamedaalliance.org

[Date]

Parent or Guardian of: [Member First Name] [Member Last Name]
[Address 1]
[Address 2]
[City], [State] [Zip Code]

Member ID Number: [Member ID Number]

Dear Parent or Guardian of [Member First Name] [Member Last Name],

Alameda Alliance for Health (Alliance) and your child's doctor are your partners in health. Our records show that your child may have been treated for asthma. It is important to stay healthy. We are here to support you and your child in living well with asthma.

We have referred your child to the Asthma Start program! This is an Alameda County Public Health Department program that is available to you at no cost.

The program is designed to help you:

- Connect with community and health plan resources
- Get support talking to your child's doctors about asthma
- Learn new ways to gain control of your child's asthma
- Receive items such as a mattress cover, non-toxic cleaners, and more
- Reduce or remove asthma triggers in your home
- Review how to use asthma medicines at home or at school

You can expect a call soon from Asthma Start to invite you to enroll. Or you can call Asthma Start at **1.510.383.5181** to enroll. Once enrolled, you will meet with an asthma coordinator to discuss your child's health. Your doctor will receive a letter to let them know that you are part of the program.

Please Note: You do not have to be in Asthma Start if you do not want. Your child's health care benefits will remain the same. You can leave Asthma Start at any time by calling the number below.

1/2

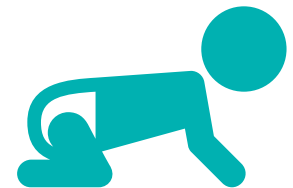
Doula Benefit

- ▶ Doulas are birth workers who provide physical, emotional, and non-medical support for members during the perinatal period.



Doula Services at the Alliance

- ▶ Doula services include:
 - ▶ Emotional, physical, and non-medical support
 - ▶ Health education for prenatal, postpartum, childbirth, and newborn/infant care
 - ▶ Development of and participation in the birth plan
 - ▶ Health Navigation
 - ▶ Linkage to community-based resources
 - ▶ Lactation support



Member Referrals

- ▶ Members can connect with a doula by:
 - ▶ Calling the Alliance Member Services Department at 1.510.747.4567, or
 - ▶ Searching the Alliance Provider Directory <https://alamedaalliance.org/help/find-a-doctor/> and contact a doula directly.

Maternal Mental Health Program

- ▶ Mental health program designed to promote quality outcomes among pregnant and postpartum members by working to improve rates of depression screening, diagnosis, treatment, and referral.



Maternal Mental Health at the Alliance

- ▶ The Maternal Mental Health program helps members in the perinatal period by offering:
 - ▶ Outpatient behavioral health care services
 - ▶ Substance use disorder (SUD) services
 - ▶ Doulas
 - ▶ Care coordination (ECM)
 - ▶ Health education resource materials
 - ▶ Breastfeeding support

Health Education 2024

- Improve Diabetes Prevention Program (DPP) engagement
- Address maternal mental health needs
- Promote doula benefits for members
- Enhance disease management programs (Diabetes, Asthma, Heart disease and Depression)
- Support equitable birth outcomes
- And . . .

Thanks!

Questions?

You can contact us at:

 mrubalcava@alamedaalliance.org

 gduran@alamedaalliance.org

Appendix

Health Education Materials & Referrals-2023

- ▶ Health education materials and referrals mailed to **210 members**
- ▶ Top 6 requested:
 1. Nutrition (107)
 2. Weight Control (96)
 3. Physical Activity (88)
 4. Diabetes (81)
 5. Heart Health (64)
 6. Safety (63)

Health Programs Enrollment

▶ Top 6 programs (as of 1/8/24):

1. Asthma Start pediatric case management - now offering asthma remediation services (128)
2. La Clinica nutrition counseling (54)
3. Family Paths parenting classes (26)
4. Alta Bates lactation consults (24)
5. Weight Watchers (14) **(discontinued)**
6. Diabetes Prevention Program/DPP (1)

Wellness Campaigns

<p>Post ER Childhood Asthma Home visiting program for children with asthma</p>	<p>354</p>
<p>Prenatal Packet Resources for pregnant women</p>	<p>3,896</p>
<p>Postpartum Packet Resources for women after birth</p>	<p>2,099</p>
<p>Black Infant Health Perinatal group support for Black women</p>	<p>627</p>
<p>Health Advancement for Pacific Islanders Perinatal support for Pacific Islanders</p>	<p>47</p>

Grievance and Appeals Report - Medi-Cal

To:	Community Advisory Committee Meeting
Date:	March 14, 2024
From:	Alma Pena – Sr. Manager, Grievance and Appeals
Reporting Period:	Resolved Q4 2023

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2845	30 Calendar Days	95% compliance within standard	2843	99.9%	
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	
Exempt Grievance	4467	Next Business Day	95% compliance within standard	4460	99.8%	
Standard Appeal	71	30 Calendar Days	95% compliance within standard	71	100.0%	
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	
Q4 2023 Total Cases:	7384		95% compliance within standard	7375	99.8%	

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:			Grand Total
	CFMG	CHCN	Plan	
Coverage Disputes	0	3	4	7
Disputes Involving Medical Necessity	0	9	27	36
Out of Network	0	10	19	29
Grand Total:	0	22	50	72
Overtured %:	0.0%	9.1%	22.0%	18.1%

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	75	260	10	9	45	399
Clinic	795	122	17	63	296	1293
Delegate	40	43	108	11	56	258
Hospital	35	110	3	13	24	185
Long-term Care	1	0	0	0	1	2
Mental Health Facility	40	11	2	9	18	80
Mental Health Professional	36	8	0	5	17	66
Other	5	10	2	0	15	32
Out-of-Network	59	161	6	10	15	251
PCP	424	5	6	43	188	666
PCP Non-Physician Medical Practitioner	8	0	0	2	0	10
Plan	1006	116	1065	0	1055	3242
Skilled Nursing Facility	2	3	0	3	8	16
Specialist	177	19	6	35	87	324
Specialist Non-Physician Medical Practitioner	1	0	0	0	1	2
Vendor	90	13	17	2	364	486
Grand Total	2794	881	1242	205	2190	7312

Grievances filed against the Plan:

- Access to Care: Telephone/Technology: Members had difficulty accessing/navigating through member portal, not receiving their member ID cards timely, unable to reach AAH staff by telephone.
- Coverage Disputes: Disputes related to benefit and reimbursement requests.
- Other
 - Enrollment: 893
 - Eligibility: 160
 - F/W/A: 4
 - PHI: 8

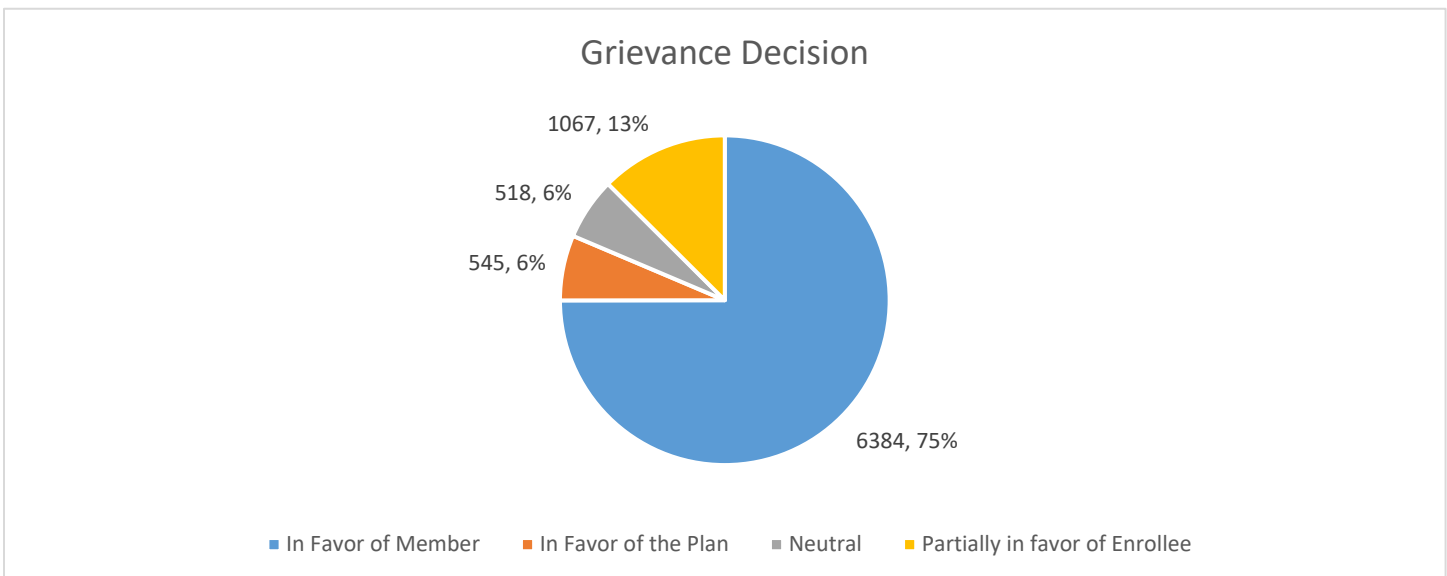
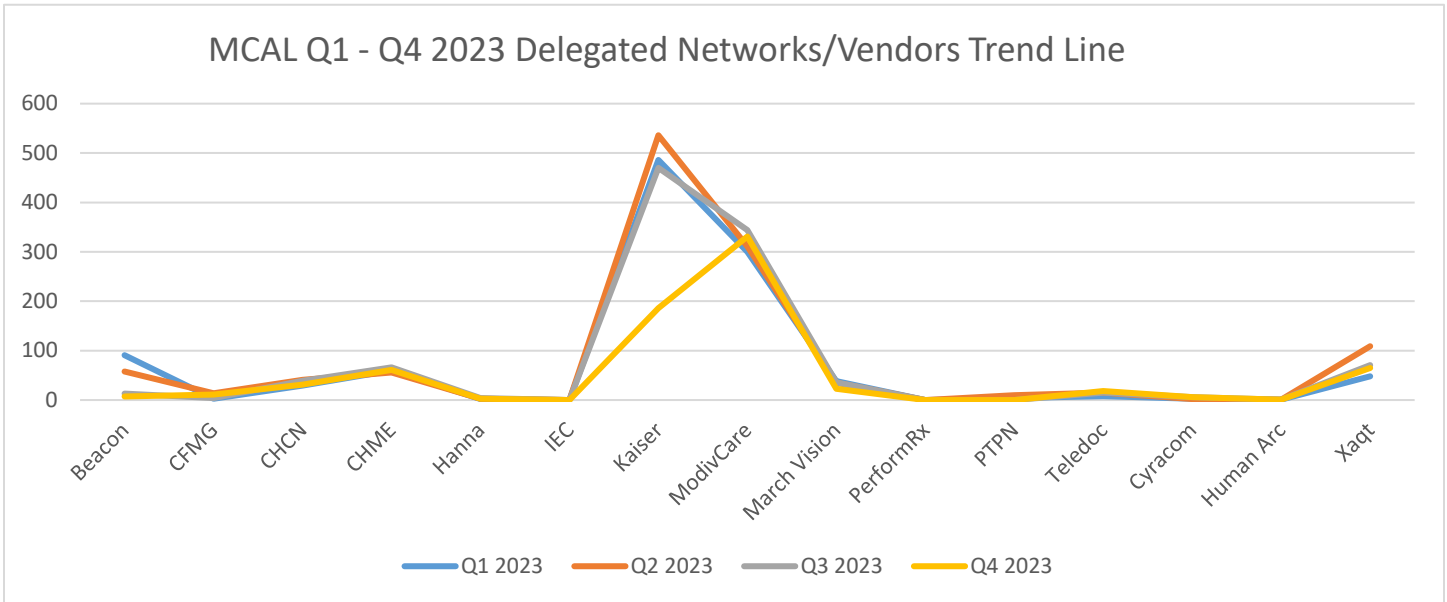
- Quality of Service: Complaints against our internal departments, G&A, Member Services, Behavioral Health, and Case Management regarding customer service.

Grievances filed against our Delegated Networks/Vendors:

Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- Beacon Health Strategies – Behavioral Health Benefit Provider (through Q1 2023)
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	40	43	108	11	56	258
Beacon	4	0	0	0	3	7
CFMG	4	1	0	0	6	11
CHCN	16	0	2	0	13	31
Kaiser	12	34	102	9	29	186
March Vision	4	8	4	2	5	23
PTPN	0	0	0	0	0	0
Solera	0	0	0	0	0	0
Vendor	90	13	17	2	364	486
CHME	20	7	0	1	33	61
CyraCom	1	0	0	0	5	6
Hanna	1	0	0	0	2	3
Human Arc	1	0	0	0	0	1
ModivCare	65	6	8	1	251	331
Optum	0	0	0	0	1	1
Teladoc	3	0	9	0	6	18
Xaqt	0	0	0	0	65	65
Grand Total	130	56	125	13	420	744



*Neutral decisions are those where the grievance cannot be substantiated.

Tracking and Trending:

- There were 6,431 unique grievance cases resolved during the reporting period, with a total of 7,312 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

2023 | ANNUAL OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

2023 | ANNUAL OUTREACH REPORT

Between **January 2023** and **December 2023**, the Alliance initiated and/or was invited to participate in **59** events throughout Alameda County. The Alliance completed **14** community events, **9** member educations, **2** in-person member orientations, and more than **8,592**-member orientation outreach calls among net new members and non-utilizers and completed **1,386** member orientations by phone. The Alliance reached a total of **4,520** people and spent **\$6,522.50*** in donations, fees, and/or sponsorships during 2023. In addition, during 2023, the Outreach team completed **657** Alliance website inquiries and **60** service requests.

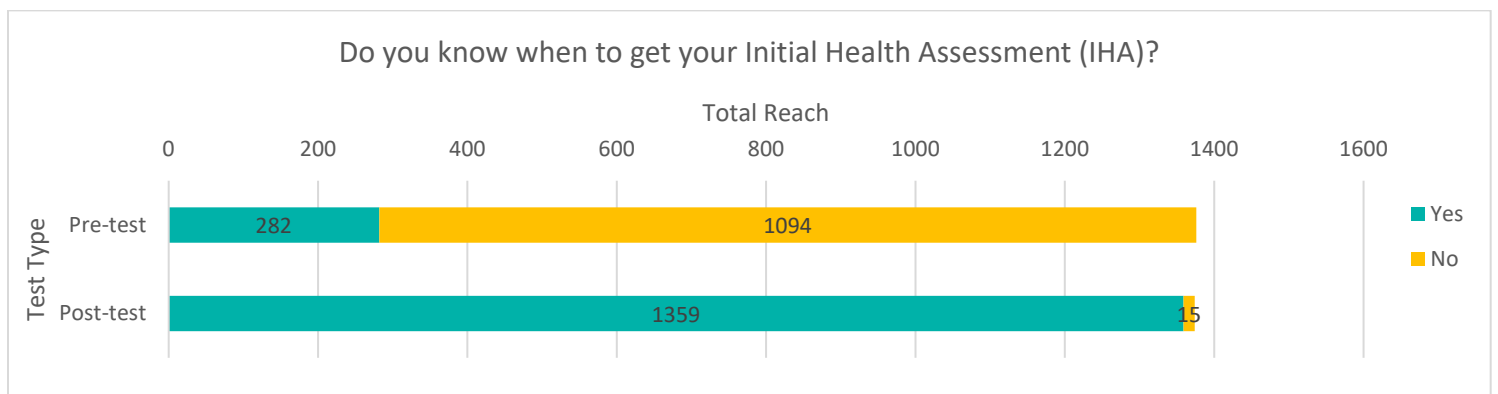
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached during community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **29, 497** self-identified Alliance members were reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19).

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of December 31, 2023, the Outreach Team completed **32,264**-member orientation outreach calls and non-utilizer calls and conducted **7,797** member orientations (**24%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment (IHA), by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through December 31, 2023 – **7,797** members completed our MO program by phone.

After completing a MO **98.9%** of members who completed the post-test survey in 2023 reported knowing when to get their IHA, compared to only **20.5%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q2\3. December 2023**

ALLIANCE IN THE COMMUNITY
2023 | ANNUAL OUTREACH REPORT

2023 TOTALS



14 COMMUNITY EVENTS	2978 TOTAL REACHED AT COMMUNITY EVENTS
9 MEMBER EDUCATION EVENTS	1534 TOTAL REACHED AT MEMBER EDUCATION EVENTS
1388 MEMBER ORIENTATIONS (By phone and in-person)	1391 TOTAL REACHED AT MEMBER ORIENTATIONS
1 MEETINGS/PRESENTATIONS	0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
59 TOTAL INITIATED / INVITED EVENTS	3239 TOTAL MEMBERS REACHED AT EVENTS
1412 TOTAL EVENTS	5906 TOTAL REACHED AT ALL EVENTS



- | | | | | |
|----------|--------|-----------|------------|-------------|
| ALAMEDA | CASTRO | FREMONT | NEWARK | SAN LEANDRO |
| ALBANY | VALLEY | HAYWARD | OAKLAND | SAN LORENZO |
| BERKELEY | DUBLIN | LIVERMORE | PLEASANTON | UNION CITY |

TOTAL REACH 27 CITIES

**Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*



\$6,522.50

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*



2024 Medi-Cal Contract-New CAC Requirements Update: CAC Selection Subcommittee Strategy

Linda Ayala
Director, Population Health & Equity

CAC Selection Subcommittee (SSC) Strategy

CAC SELECTION SUBCOMMITTEE

- ▷ Background:
 - New to the 2024 DHCS Medi-Cal Contract: AAH must create a CAC Selection Subcommittee who will select members of the CAC.
- ▷ The Alliance must make a “good faith” effort to recruit a CAC Selection Subcommittee made up of:
 - Persons who sit on the Alliance’s Board of Governors (BOG), which should include these:
 - Safety Net Providers including FQHCs
 - Behavioral Health Providers
 - Regional Centers (RC)
 - Local Education Agencies (LEAs)
 - Dental Providers
 - Indian Health Care Providers
 - Home and Community-Based Service (HCBS) program Providers
 - Persons and community-based organizations who reflect the Alliance membership’s diversity.

CAC SELECTION SUBCOMMITTEE

▷ CAC SSC Meetings:

- How often? As needed to select or replace CAC members.
- When? After the quarterly Quality Improvement Health Equity (QHEC) meeting (a committee of our BOG).
- How? No need to follow Brown Act requirements.

CAC SELECTION SUBCOMMITTEE

▷ Next Steps/Timeline:

**March -
April 2024**
Recruit CAC
SSC
participants

4/16/2024
Introduce
CAC SSC to
QIHEC and
invite
QIHEC
members to
join.

5/17/2024
Hold first
CAC SSC to
select CAC
members.

6/14/2024
Approval of
selected CAC
members by
Alliance Board
of Governors
(BOG).

6/20/2024
Hold first CAC
meeting with
CAC SSC
selected and
BOG
approved
members.

Thank you!

Please contact us if you have ideas to help improve our Cultural and Linguistic Services.

Linda Ayala, Director, Population Health and Equity

layala@alamedaalliance.org

Mao Moua, Manager, Cultural and Linguistic Services

mmoua@alamedaalliance.org

Confidentiality Statement Updates