YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE MEMBER ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **llee@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: **551 130 296#.** 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:	**Member Advisory Committee (MAC)**		
Date of Meeting:	December 14, 2023	Time:	10:00 AM – 12:00PM
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: **333 601 46#**	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	Mayra Matias Pablo	Parent of Alliance Member
Valeria Brabata Gonzalez	Alliance Member	Melinda Mello	Alliance Member
Cecelia Wynn	Alliance Member	Jody Moore	Parent of Alliance Member
Tandra DeBose	Alliance Member	Sonya Richardson	Alliance Member
Roxanne Furr	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Irene Garcia	Alliance Member		
Erika Garner	Alliance Member		
Mimi Le	Alliance Member		

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions • Member Roll Call • Alliance Staff • Visitors	**Melinda Mello**, Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from • September 14, 2023	**Melinda Mello**, Chair	3	Vote
2. Approval of Agenda	**Melinda Mello**, Chair	2	Vote
CEO Update			
1. Alliance Updates	**Matt Woodruff** Chief Executive Officer	20	Information
Follow up Items			
1. Follow-up Items from • September 14, 2023	**Mao Moua**	5	Information

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
	Manager, Cultural and Linguistic Services		
New Business			
1. Applied Behavior Analysis (ABA) Services	**Laura Grossman-Hicks** Senior Director, Behavioral Health Services & Long-Term Care Operations **Dr. Peter Currie** Senior Director, Behavioral Health	20	Information
2. Social Determinants of Health (SDOH) App	**Zia Li** UC Berkeley Graduate Student	10	Information
Alliance Reports			
1. Grievances and Appeals • July 2023 - September 2023	**Jennifer Karmelich** Director, Quality Assurance	10	Information
Outreach Report 2. July 2023 - September 2023	**Alejandro Alvarez** Community Outreach Supervisor	5	Information
MAC Business			
1. 2024 Medi-Cal Contract – New MAC Requirements Update	**Linda Ayala** Director, Population Health & Equity	5	Information
2. MAC Stipend Payment Update/MAC Demographic Survey	**Mao Moua** Manager, Cultural and Linguistic Services	5	Information
3. MAC Attendance Yearly Review	**Mao Moua** Manager, Cultural and Linguistic Services	5	Information
Open Forum 1. Public Comments 2. Next meeting topics	**Melinda Mello**, Chair	10	Information
Adjournment	**Melinda Mello**, Chair	5	Next meeting: **March 14, 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, September 16, 2023, 10:00 AM – 12:00 PM

Committee Member Name	Role	Present
Valeria Brabata Gonzalez	Alliance Member	X (Remote)
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 (Remote)
Erika Garner	Alliance Member	X
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Chair	X
Cecelia Wynn	Candidate	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X (Remote)
Anna Gruver	Alameda County Family Health Services Division	X (Remote)
Bernie Zimmer	CHME	X (Remote)
Angie (Friend of the family, Mrs. Archuleta)		X (Remote)
Isaiah Archuleta (Mrs. Archuleta's son)		X (Remote)

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 (Remote)
Cindy Brazil	Interpreter Services Coordinator	X
Berenice Sanchez	Lead Interpreter Services Coordinator	X
Rachel Marchetti	Supervisor, Case Management	X (Remote)

Mao Moua	Cultural and Linguistic Services Manager	X
Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Anne Margaret Villareal	Outreach Coordinator - Bilingual Tagalog	X
Jennifer Karmelich	Director, Quality Assurance	X (Remote)
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Isaac Liang	Outreach Coordinator	X
Rachel Marchetti	Supervisor, Case Management	X
Steve O'Brien, MD	Chief Medical Officer	X (Remote)
Rosa Reyes	Disease Management Health Educator	X (Remote)
Grace St. Clair	Director, Compliance & Special Investigations	X (Remote)
Michelle Stott	Senior Director of Quality	X (Remote)
Loc Tran	Manager, Access to Care	X (Remote)
Lao Paul Vang	Chief Health Equity Officer	X (Remote)
Juan Sandoval	IT Service Desk Support Technician	X (Remote)
James Burke	Lead Quality Improvement Project Specialist	X (Remote)
Gilbert Rojas	Chief Financial Officer	X (Remote)
Amy Stevenson	Clinical Manager of Enhanced Care Management	X
Shatae Jones	Director Housing & Community Services Program	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Natalie Williams	- Member Roll Call - Alliance Staff - Visitors		
Approval of Agenda and Minutes	Natalie Williams	Made a motion to approve minutes from: - March 16, 2023 - June 15, 2023	Minutes from the previous meetings approved by consensus.	
Approval of Agenda	Natalie Williams	Reviewed agenda for today.	Agenda approved by consensus.	
	Linda Ayala	Asked for permission to record the meeting.	All in favor.	
CEO Update				

Alliance Updates	Matt Woodruff	Informed that:		
		• In June the Alliance reported a 9 million dollars in net income. A big part of that is based on the redetermination process. The Alliance received more members for enrollment than expected. We enrolled approximately 4,000 new members vs 3,300 disenrolled members in July.		
		• The Alliance met all regulatory metrics for the month of July, except for Average Answer Rate that fell short by 1 % (from 5% to 6%) which is defined as how fast Member Services staff can answer phone calls from our members.		
		• On September 1st, the Alliance received final approval from the State to become a single plan model in Alameda County. This has been a major effort across the organization for the past 18 months.		
		• On August 24th, CMS (Centers for Medicare and Medicaid Services) and DHCS (Department of Health Care Services) staff came on site to learn about Alameda County success in addressing housing. The Alliance started a housing program in 2017. Therefore, has had more time to work at addressing social determinants of health.		
		• The Alliance is working on implementing a Medicare program by January 2026 and should be ready for open enrollment in October 2025.		
		• In June of this year, the Alliance started a Race-Gender-Ethnicity Salary survey led by Anastasia Swift, Chief Human Resource Officer, to determine if our staff is being paid equally and will present the results in the next October Board Meeting.		
		• Question from MAC member:		

Redetermination Process	Michelle Lewis	○ T. DeBose: What is the difference between the go-live of 2026 and the current renewal process? ○ M. Woodruff: At this moment, the Alliance has two lines of business: Medi-Cal and Group Care. In January 2026, the Alliance will have two lines of business: Medi-Cal and Medicare. Presented the redetermination process for Medi-Cal program: • Because of Covid-19, no re-enrollment was required for the past three years. Now that the Public Health Emergency is over, everyone will have to be redetermined for eligibility for the Medi-Cal program starting in June 2023. • The Alameda County Social Services Agency will issue a renewal letter that will arrive by mail in a yellow envelope. It is very important to keep your contact information updated in order to receive this notification. However, not everyone may receive a renewal letter. If Medi-Cal has enough information on your income and eligibility, you may not need to submit any paperwork. Although, those who receive a renewal letter must submit their application otherwise they will be disenrolled from the Medi-Cal program. • Question from MAC member: ○ A. Sholinbeck: If someone is on Medi-Cal through Social Security, are they still subject to the redetermination process? ○ M. Lewis: Yes, they are. If they are not auto renewed, they need to be redetermined for Medi-Cal program and that's why is so important to have their information up to date.		

		• The Alliance works closely with county partners to support not only Alliance members but our entire community through the redetermination process since it was paused for three years. There is a new website named: www.mybenefitscalwin.org, where everyone can get information about their benefits and eligibility status.
		
		• Starting on January 1, 2024, the Alliance will transition into a single plan model as well as Kaiser will be accepting Medi-Cal members directly from the State of California.
		
		• DHCS (through the Ambassadors Program where MAC members have joined) has created a Medi-Cal Continues Coverage Unwinding Dashboard. The dashboard includes the following measures: 1) Total Enrollment, 2) Applications in Progress, 3) Redeterminations, and 4) Disenrollments.
		
		• This dashboard will be updated monthly. In June, there were approximately 40,000 renewals due for all Alameda County. The Alliance will be working with our county partners to identify Alliance members that are due for redetermination each month to support them during this process.
		
		• Questions from MAC members:
		    o T. DeBose: How is the Alliance reaching out to Blue Cross/Blue Shield members that will have to transition into the Alliance Medi-Cal plan next year?
		    o M. Woodruff: By September 30th, Anthem will send out letters to all members that will be part of the Alliance next year. It's approximately 85,000 people, so we have moved up our hiring timeline to increase staff in Member Services, Care Management,		

		and other departments as needed. After October 1st, the Alliance will know who those members are because that's when the Anthem's enrollment process gets frozen. As of January 1st, Kaiser will no longer be contracted with the Alliance. Medi-Cal members can still have Kaiser but not through the Alliance. o T. DeBose: If a person has services with Kaiser through the Medi-Cal program (like my daughter). Is she still an Alliance member? o M. Woodruff: No, that's because Kaiser will have their own contract from the State for the Medi-Cal program. Kaiser will likely keep current members, but for those members that are due, they will have to go through the redetermination process. o N. Williams: What was the website to look for benefits? o M. Lewis: It's www.mybenefitscalwin.org, o A. Rodriguez: I will bring over a few flyers with this information. o A. Sholinbeck: Is this site different from Cal SOS? o M. Lewis: Cal SOS is the name of the system. It's very confusing. o L. Ayala: Requesting a follow-up email with a copy of the flyer after the meeting. • Preliminary Renewal Data (as of September 5th): o Redeterminations due in June: 37,556. o Complete: 24,469 (65.1%).		

		- Continued in Coverage: 14,449 (59%). - Ex Parte Renewals: 8,555 (22.8%). - Discontinued: 10,020 (26.7%). - Discontinued/Procedural: 9,089 (90.7%). - Renewals in Process: 13,097 (34.9%). - Question from MAC member: C. Wynn (candidate): Thank you so much for this information. I've always wanted to have Kaiser and now I know I can. M. Woodruff: Only for the next 3 months with the Alliance. Presented impact of the redetermination process: - Most of our disenrollments were in the Medi-Cal ACA Optional Expansion (adults) as well as in Medi-Cal Child. We didn't expect the child disenrollment to be that high, so we are looking into that. As long as the renewal process is started, members won't get disenrolled even if they have pending paperwork to submit. - During the first two months of disenrollment, July and August, the Alliance began with 361,726 members and ended with 354,671 members. In July, there were a total of 6,829 additions and 10,249 terminations. As for August, there were 6,071 additions and 10,208 terminations. 93% of members terminated have less than $5,000 in costs or no utilization, which means that most of the disenrolled people were not using our services. Our Chief Equity Office, Paul Vang, is analyzing this data to look for possible root causes. - Question from MAC member:		A follow-up email with a copy of the flyer will be shared with MAC members.
	Matt Woodruff			

		o T. DeBose: Do they have two plans or something? o M. Woodruff: Yes, that is possible. o L. Ayala: Or they have moved.		

Follow up Items 6/15/23 Meeting	Mao Moua	Presented follow-up items from the June meeting:
		 • ABA Services: Plan to present at the December MAC meeting.
		 • Questions from MAC members:
		     o L. Ayala: Tandra, do you know someone familiar with these services?
		     o T. DeBose: I've heard from people with children with autism that is very hard to get an initial evaluation. Is that getting better?
		     o M. Woodruff: When the Alliance transitioned over from Beacon (behavioral health services) there was a waiting list that we didn't know about. All members on that waiting list has been contacted, although it doesn't mean that they got into services. The main issue is that there are only three behavioral health providers who offer needed assessments in the entire Bay Area.
		     o A. Sholinbeck: What about the people that were previously approved with Beacon? Do they need to be reassessed with the Alliance?
		     o M. Woodruff: No, we received all care plans from Beacon for those that were already receiving services. This is just for the people that were waiting to be assessed.
		     o S. O'Brien: There are a couple of things happening with the autism grouping. First, the Alliance is providing more services. We used to		

		have about 7,000 people under Beacon and now there are over 10,000 members receiving autism authorizations. So, the demand has gone up and we have a bit of narrowness in our network, but our team is currently working on expanding it and has already added another provider and is looking forward to adding more. There is a little bit of a waiting list for those people. Once people have received an authorization for autism services, it has been challenging to find providers who can accommodate appointments in the timeframe that works for families, which is usually in the afternoon (after school).		
		○ V. Brabata Gonzalez (via Teams Chat): Could we develop a plan with dates and metrics to close the gap on ABA services? As a parent, the wait is heartbreaking as you know the window for the intervention to have the most impact on your child's life gets smaller and smaller as time passes. I understand the administrative challenge, but I want you to think of this as an emergency. All these children are growing up without a life-changing intervention. So, please, a plan with dates and goals.		Alliance Staff will document as an action item for follow-up by our behavioral health team.
		• Provide data on members needing to re-enroll by race/ethnicity: This information was already covered by M. Woodruff and M. Lewis at the beginning of the meeting.		
		• Alliance staff to consider ways to give feedback when using interpreter line: Call Member Services and provide details of the encounter. Participate in a survey after a		

		phone a call, when it is not related to interpreter services, but every member can also give any feedback about their Member Services call experience.
		• Question from MAC member:
		    o N. Williams: Do they go to Grievances and Appeals?
		    o M. Moua: Yes, they do.
		• Alliance to share 2023 Cultural Sensitivity Training with MAC members: On pause until 2024 to ensure alignment with the new 2024 Medi-Cal and Diversity, Equity, Inclusion All Plan Letter (APL) requirements.
		• G&A: J. Karmelich will send revised grievance decision charts with the next meeting packet.
		• The Alliance is working on an action plan to compare county data on race and ethnicities with our own membership and will share that in the future.
		• Every member can find further information regarding Medi-Cal Eligibility at the DHCS Medi-Cal website.
		• Alliance Key Contact Sheets are available after the meeting.		

New Business				
Timely Access Report	Loc Tran	Presented on Q1 2021 - Q4 2022 CG-CAHPS (PCP post-visit survey) results for in-office wait time, call return time, and time to answer call. • In-office wait time based on ethnicity: The top three responses under 60 minutes are for Chinese, Hispanic, and Other; over 60 minutes standard, Black, Hispanic, and Other. • In-office wait time based on language: Under 60 minutes, Chinese, English, and Spanish. Same languages were reported for over 60 minutes response time. • Call Return (Ethnicity): Higher percentage within one business day for Chinese, Hispanic,		

		and Other. As for over one business day, we have Black, Hispanic, and Other. For those who did not hear back from their provider, the top three were Black, Hispanic, and Other. • Call Return (Language): We continue to see Chinese, English, and Spanish as the top three responses within one business day. English, Mandarin, and Spanish as top responses for over one business day. As for those who did not hear back from providers, it's English, Spanish, and Undetermined. • Time to answer a call (Ethnicity): The standard is within 10 minutes. Top three are Black, Hispanic, and Other. As for the percentage of greater than 10 minutes, we have Chinese, Hispanic, and Other. • Time to answer a call (Language): The standard is within 10 minutes. Top three within 10 minutes are Chinese, English, and Spanish. As for the percentage of greater than 10 minutes, we have Chinese, English, and Spanish.		
Enhanced Care Management (ECM) Update	Amy Stevenson	Presented Enhanced Care Management (ECM) program: • The Alliance started an ECM program in 2017 with CHCN (Community Health Care Network) to support members experiencing homelessness. • In 2019, the Alliance expanded our partnership and continues to do so by training all new providers who come on board. • In 2022, we launched another expansion to include Street Health partners as ECM providers as well. • Th ECM program gives qualified members extra services from a dedicated ECM provider, which is an entity that contracts with a Medi-Cal managed care health plan. A lead care		

		manager works for the ECM provider to coordinate the member's health care services and links them to community and social services.		
		• Members get these extra services at no cost as part of their Medi-Cal benefits.		
		• Some of the services that the ECM program offers are:		
		o Contact and engage members in their care.		
		o Complete a comprehensive assessment with members and work with them to develop a care plan to manage their goals.		
		o Coordinate care and information across all the member's providers to implement their care plan.		
		o Provide tools and support that will help members better monitor their health.		
		o Help members safely and easily transition in and out of the hospital or other treatment facilities.		
		o Educate members and their personal support system about their health issues and options to improve treatment adherence.		
		o Connect members to community and social services.		
		• ECM populations of focus:		
		o Medi-Cal members that meet criteria such as experiencing homelessness can be eligible.		
		o In July, we had our largest expansion adding Children and Youth in Child Welfare so now everyone from birth to end-of-life could be eligible for these services.		

		o In January 2024, the Alliance will expand ECM to individuals transitioning from incarceration as well as the Birth Equity. • So far, the Alliance has identified only 8,597 homeless members out of 27,282 eligible members and has reached out to 1,354 (30.6%) members. We are looking to increase this percentage by collaborating with our Street Health partners. We have enrolled 2,011 members (almost 40%) and 312 members graduated from ECM program.		
OMB Site Visit Highlights	Shatae Jones	Introduced herself as Director of Housing & Community Services Program and presented highlights from the OMB (Office of Management and Budget) visit in August: • The Alliance Housing program is a wraparound approach to support our community by data sharing, cross collaboration, and investment. Alameda Couty was recognized for stellar data collection systems such as SHIE (Social Health Information Exchange) and Community Health Record. This data repository allows for the health plans and other service providers to engage in a collective system of care and easily navigate coordination of services with one another. • Alameda Alliance for Health was recognized for deep and intentional cross collaboration with our country partners, community-based organizations, and community stakeholders. • Permanent Supportive Housing (PSH) Site Visit: Housing is foundational to a member's health and wellness. Without a safe and affordable place to reside, member's care becomes secondary, and they become more at risk for poor health outcomes.		

		• Questions from MAC members:
		    ○ T. DeBose: Commented on the homelessness levels in Alameda County. It's upsetting!
		    ○ S. Jones: We understand how you feel, homelessness is a national issue.
		    ○ N. Williams: As sad as it is, we have to recognize that Alameda County has stepped up by providing housing services for people with mental illnesses.		

Grievances and Appeals Report	Jennifer Karmelich	Presented Q2 2023 G&A report: • For our commercial line of business (IHSS), the Alliance received a total of 393 cases. There was a total of 152 standard grievances (resolved within 30 calendar days) and 229 exempt grievances (resolved within the next business day) which are usually resolved by Member Services. There were 12 standard appeals which are related to authorizations that were denied. Our compliance rate was 99.4 %. Most cases (140) were against the Alliance. • For our Medi-Cal line of business, the Alliance received a total of 7,674 cases. There were 2,455 standard grievances, 5,136 exempt grievances, and 79 appeals. There were a couple of expedited grievances which were resolved within 72 hrs. The majority of cases (2,898) were against the Alliance. • There were 677 cases related to enrollment. As we previously discussed, members can apply for Kaiser coverage but not everyone gets approved. When members are denied by Kaiser, they can file an appeal. • There were 276 cases against ModivCare, who is our transportation vendor. Most of the cases are related to the driver being late or		

Outreach Report	Alejandro Alvarez	not showing to pick up member for appointment. Due to time constraints, the Outreach Report was postponed for next meeting.		
MAC Business				

MAC Chair and Vice Chair	Linda Ayala	Informed that:
		• We will be voting today to elect a MAC Chair and Vice Chair. There is information in your packets regarding roles and responsibilities.
		• MAC members can either self-nominate or nominate another MAC member.
		• Some of the responsibilities are:
		   o Meeting with Alliance staff to create an agenda.
		   o Facilitating meetings.
		   o Following up on issues that may arise.
		   o Making sure that all MAC members are involved and have a voice during the meeting.
		• Comments from MAC members:
		   o N. Williams: It's really rewarding, and this collaboration provides a better sense of control over your health care. I think it is wise for MAC members to try and serve as Chair or Vice Chair. I would like to nominate Melinda Mello as Chairperson.
		   o M. Mello: I accept the nomination for either Chair or Vice Chair. I nominate N. Williams for Co-Chair as well.
		   o N. Williams: I accept the nomination as Vice Chair.
		   o T. DeBose: I nominate myself for Vice Chair.
		   o C. Wynn: How long is the commitment for these positions?
			Vote	M. Moua to send out an email for MAC members who attended via video conference to vote for Chair, Vice Chair, and new candidate Cecelia Wynn.

		o L. Ayala: The commitment is for one year, but MAC members can choose to serve for longer. o V. Brabata Gonzalez (via Teams Chat): Nominates herself as Vice Chair. • The vote will be emitted by a secret ballot. Current MAC members have two ballots, one for Chair and one for Vice Chair, and should print the name of their choice. • Comments from MAC members: o M. Mello: I've been Chair before and really enjoyed the meetings and keeping them as best as we can. I would be willing to do it again. o N. Williams: I've been Vice Chair and really enjoyed it. I've learned a lot. It's really enlightening and I'm good at it. o T. DeBose: I nominated myself because I'd like to support a good effort. That's why I stepped forward. o V. Brabata Gonzalez (via Teams Chat): Happy to serve if needed, sound is not working.		
New Candidates **Cecelia Wynn**	Rosa Reyes Linda Ayala	Introduced new candidate Cecelia Wynn to the committee. • C.Wynn: I've been an Alliance member for a while. The Alliance is great and has helped me with my PCPs and Physical Therapy. I want to thank you all for your hospitality. My aunt was a MAC member and has passed away recently. Instructed the committee on how to vote to incorporate Ms. Wynn as MAC member.	Vote	

Tribute to Maria Archuleta	Natalie Williams	Shared a few words about Maria Archuleta, former MAC Chair, and asked the committee to keep a 30-second of silence for the deceased.		L. Lee to share Go-Fund Me page in Maria's honor with the committee.
		• Question from MAC member:		
		○ T. DeBose: How old was she? Do we have any pictures of her?		
		○ M. Lewis: Unfortunately, we don't have any pictures of Mrs. Archuleta, but her family created a Go-Found Me page in her honor.		
		Angie (Friend of the family): Maria was like a second mom to me. Unfortunately, we were not able to make it in-person. I just want to thank you all for recognizing Maria.		
		Isaiah (Mrs. Archuleta's son): I do want to thank all of you for putting this up for my mom. She was truly an awesome person who made an impact on a lot of people's lives. My mom talked highly of her job at the Alliance. Thank you so much for the support.		
		• Questions from MAC members:		
		○ A. Sholinbeck: Can we get the information for the Go-Found me page?		
		○ T. DeBose: How young was she?		
		○ I. Archuleta: My mom was 62 years old.		
		○ M. Le: About renewals for Medicare, do I have to submit a renewal every year? Because some of my relatives don't do it every year.		
		○ M. Lewis: That's because there are Ex Parte renewals, which means that the Federal Government has all information for auto-renew some members. We can help connect you	Alliance Staff to follow-up with M.Le and connect her with Social

		with the Social Security Agency for more information.		Security Agency.
Open Forum	Natalie Williams Linda Ayala Alejandro Alvarez	The meeting is now open for anyone who would like to share. Shared on Community and Outreach Report: • From March 2020 through March 2023, our outreach coordinators completed 27,135 member-orientation outreach calls and our team is very small.		
Adjournment	Natalie Williams	Next meeting: December 14, 2023	N. Williams adjourned the meeting.	

Meeting Minutes Submitted by: Berenice Sanchez, Lead Interpreter Services Coordinator   Date: 9/22/2023

Approved By: _____   Date: _____
           Natalie Williams, Chair, Member Advisory Committee

Alliance CEO Update

Presented by:
Matt Woodruff, Chief Executive Officer

ALAMEDA
Alliance
FOR HEALTH

To: **Alameda Alliance for Member Advisory Committee**

From: **Matthew Woodruff, Chief Executive Officer**

Date: **December 14th, 2023**

Subject: **CEO Report**

- **Financials:**
  - **November 2023:** Net Operating Performance by Line of Business for the month of October 2023 and Year-To-Date (YTD):

	November	YTD
Medi-Cal	$3.6M	$20.4M
Group Care	$201K	$972K
Total	$3.8M	$21.4M

  - **Revenue was $135.7 million in October 2023 and $550.2 million Year-to-Date (YTD)**.
    - Medical expenses were $126.8 million in October and $508.9 million for the fiscal year-to-date; the medical loss ratio is 93.4% for the month and 92.5% for the fiscal year-to-date.
    - Administrative expenses were $8.6 million in October and $29.8 million year-to-date; the administrative loss ratio is 6.4% of net revenue for the month and 5.4% of net revenue year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 695% of the required DMHC minimum, representing $295.7 million in excess TNE.
  - **Total enrollment in October 2023 was 354,067**, an increase of 3,519 Medi-Cal members compared to September.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met for the month of November.
  - **Non-Regulatory Metrics:**
    - All non-regulatory metrics were met for the month of November.

- **Program Implementations:**
  - **Final Budget Discussion**
    - Good news. We have heard from DHCS that they are re-looking at our rates. We will know around December 15th the outcome of any rate changes.
      - Final budget net income is projected around $9 million.

- We had discussed a few months back our TNE will drop due to Kaiser leaving the plan and the Anthem members joining the Alliance. Our projected TNE is 546% of the required minimum.
- Medical costs
  - Long term care is more than projected.
- Staffing will increase from 517 to 643.

- **Pay Equity Salary Survey**
  - In June of 2023, the Alliance started our inadvertent pay equity salary survey. All job descriptions and salary grades were reviewed to determine if the Alliance was paying, equitably by gender in the same by salary grade.
    - On November 17, 2024, the Alliance adjusted 29 employees (out of 508) that fell out of the range they were in based on job classification.
  - Next step the Alliance will rerun the data to finalize the changes made on November 17, 2024.
  - Last step, the Alliance will embark on a 9–12-month process to align job descriptions and a tenure process across the company.

- **Board Retreat**
  - Agenda is set
  - Scheduled for January 26, 2024
  - Location – Garre Winery in Livermore

- **Recruiting Incentives for our Network**
  - Thank you to all the Board members who sent feedback. We will distribute an updated program for review.

- **Proposed Board of Governors Community Investment Program**
  - The Board community investment program will be out for review this month.

Follow-up Items

Mao Moua

Follow-up Item	Outcome(s)	Status
Presentation on ABA Services.	• Presenting information today.	Completed
Send email to virtual MAC member attendees to vote for Chair, Vice Chair and new MAC candidate.	• Email sent on 09/28/2023	Completed
Send a copy of the "Keep Your Coverage Flyer" via email.	• Email sent with flyer to MAC members on 10/18/2023	Completed
Share Maria Archuleta's Go-Fund Me Page with the MAC.	• Email sent to MAC members on 10/18/2023	Completed
Share revised Grievance Charts for Q1-Q2 2023	• Email sent to MAC members on 10/18/2023	Completed

FOLLOW-UP ITEMS CONTINUED

Follow-up Item	Outcome(s)	Status
Member follow up re: Social Security and Behavioral Health.	• Referrals completed to address questions and concerns.	Completed

BHT/ABA Network Update

Member Advisory Committee

December 14, 2023

BHT/ABA Network Development

- Credentialed >300 BHT/ABA providers during in-sourcing

- Contracted the 3 Comprehensive Diagnostic Evaluation (CDE) providers from the Beacon network.

- Contracted a new CDE provider group & finalizing contracts with 2 new providers who performs CDEs.

- Outreached to all CDE and BHT providers in the summer. Met with all CDE providers and many BHT providers.

- Actively surveying BHT providers to update availability to include date, time, and range of services provided.

BHT/ABA Network Expansion

- In early discussions with Alameda Health System's Outpatient Behavioral Health Services on the possibility of establishing a CDE center

- Exploring training providers to do CDEs

  - Beacon did this in 2016 with the support of the Alliance

- Exploring ideas on how to increase BHT provider capacity, especially from 2PM-7PM

Behavioral Health Treatment/Applied Behavior Analysis

Alameda Alliance For Health Member Advisory Committee

Current Autism Cases in CA DDS System

At the start of 2018, the total number of persons — all ages — with a diagnosis of autistic disorder or autism spectrum disorder in the California DDS system, **surpassed 100,000**.

The graph below depicts the accelerating rise in autism cases over nearly 3 decades. By contrast, the rate of California's population growth in the last four years was less than 3%

DDS Autism Caseload 1987 - 2020

By 2020 there were 132,925 total autism cases in DDS
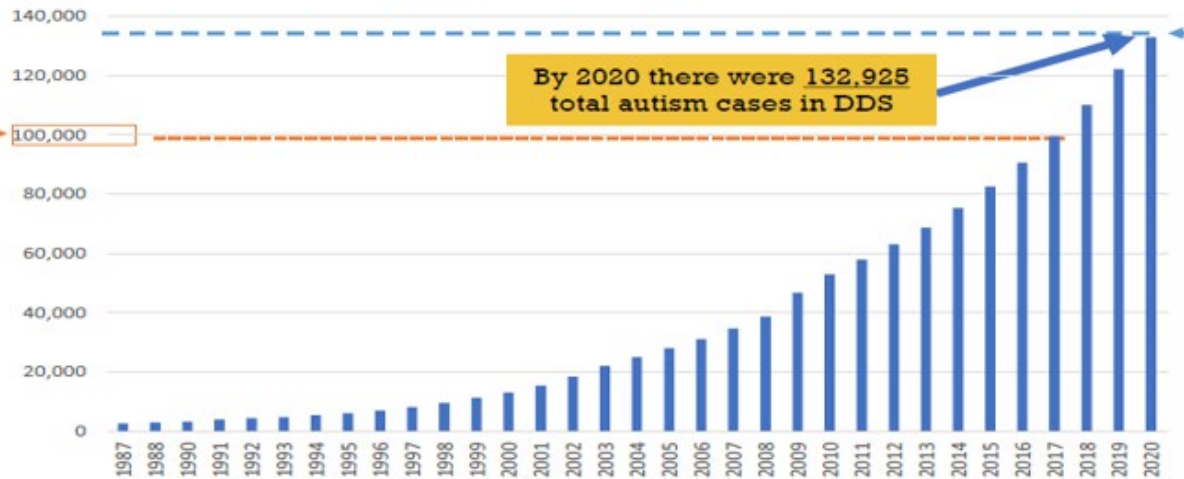
Note: thousands more cases entered the system and left before 2020.   Source: DDS

This is an increase of about 13.6% per year

➤ **In the 7 years from 2013 to 2020 we added as many cases as in the 33 years from 1980 to 2013**

1 in 22

Or 4.5% of 8-year-old children were identified with ASD by the CA-ADDM program in 2020

This percentage is higher than the average percentage identified with ASD (2.8%) in all communities in the United States where CDC tracked ASD among 8-year-olds in 2020.

Impact of the Pandemic on Early Childhood

Restrictions and developmental environment

▶ Less opportunities for Social development
▶ Less opportunity for Early Identification & Treatment
▶ Earlier and Increased exposure to technology
▶ Less opportunity for sensory processing integration
▶ Increased impact of single environment – Positive? Negative (chaos/safety/maltreatment)?

Realizing the Impact of The Pandemic:

Delay in identification & diagnosis
- **Medical Conditions & Neurodevelopmental Disorders**
- More advanced stages of disease and/or exacerbation of conditions

Impact of the Pandemic: Early Childhood

- Neurotypical Children have been negatively impacted by not going to school

- Early childhood development and identification lag…

- For Children with Learning or **Neurodevelopmental Disabilities the "Education GAP"** is even greater. Loss of services has caused substantial learning loss; for so many of these children repetition and routine are required to maintain their gains.

  - Significant regression – loose so much in a short period of time
  - The more that one relied on services/intervention – the larger the GAP

What is Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA)?

DHCS All Plan Letter 23-010 APL 23-010 (ca.gov):

"BHT services include applied behavioral analysis and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction."

"Examples of BHT services include behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions."

- ABA is a treatment approach based on the principles of behavior and are applied systematically to improve socially significant behaviors. Treatment 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 disability; therefore, empirical research has mostly been concentrated on efficacy with these populations.

- Treatment plans are individualized to meet the unique needs of each member, can be provided in multiple locations (home, school, community), and can involve one-to-one teaching and/or group instruction.

- The goal of ABA is to increase behaviors that are helpful and decrease behaviors that may be harmful, creates a barrier for that individual to access positive social reinforcement from those around them, or impedes their learning/functioning in their natural environment.

- Individualized goals are developed, and progress is tracked by collecting data on goals. For AAH members, progress must be reported at least every 6 months.

Eligibility Criteria for BHT/ABA (APL 23-010)

CRITERIA FOR BHT SERVICES FOR MEMBERS UNDER THE AGE OF 21

A member must:

1. Have a recommendation from a licensed physician, surgeon or psychologist that evidence-based BHT services are medically necessary;

2. Be medically stable; and

3. Not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

*AAH will review the recommendations, pertinent clinical information/medical records, and determine if member meets criteria to initiate the Functional Behavior Assessment (FBA)/Initial ABA Assessment.

Medi-Cal does not cover the following as BHT services (APL 23-010):

1) Services rendered when continued clinical benefit is not expected, unless the services are determined to be medically necessary.

2) Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.

3) Treatment where the sole purpose is vocationally- or recreationally-based.

4) Custodial care. For purposes of BHT services, custodial care:

a. Is provided primarily to maintain the member's or anyone else's safety; and,

b. Could be provided by persons without professional skills or training.

5) Services, supplies, or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas, and camps.

6) Services rendered by a parent, legal guardian, or legally responsible person.

7) Services that are not evidence-based behavioral intervention practices.

How will the BH team support members in need of BHT/ABA services For Members?

Care Coordination and Utilization Management:

- Work w/members/parents/caregivers and providers to coordinate referrals for ABA services and Diagnostic assessments for autism.

- Submit referrals for other services when needed to our internal Case Management teams.

- Coordinate care with member's PCP, other internal case management teams, or Regional Center, when appropriate.

- Process prior-authorization requests for ABA treatment.

- BCBAs Conduct clinical/UM reviews for ABA treatment (e.g., review initial and subsequent treatment plans).

- BCBAs may provide clinical consultations to ABA providers, when appropriate.

ABA Recommendation/Referral Received
(for members under 21)

FBA=Functional Behavior Assessment
ABA=Applied Behavior Analysis
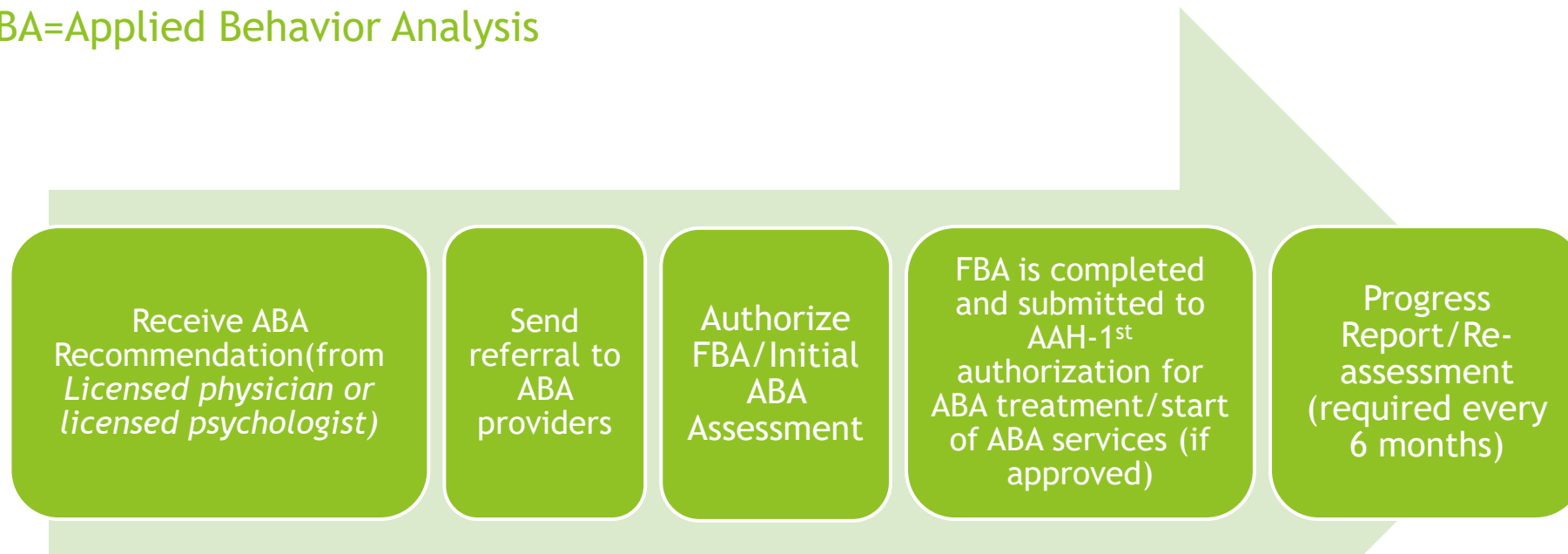
| Receive ABA Recommendation(from *Licensed physician or licensed psychologist*) | Send referral to ABA providers | Authorize FBA/Initial ABA Assessment | FBA is completed and submitted to AAH-1st authorization for ABA treatment/start of ABA services (if approved) | Progress Report/Re-assessment (required every 6 months) |

❖ Once the authorization is processed, the authorization letter/notification of determination will be faxed to PCP, servicing provider, and mailed to member.

Comprehensive Diagnostic Evaluation (CDE) Referral Received

(for members under 21)

CDE/DE=Comprehensive Diagnostic Evaluation/Diagnostic Evaluation to rule out a

| Receive CDE Recommendation(from *Licensed physician)* | CDE authorization/approval to conduct assessment | Receive completed CDE report and review outcomes of assessment/recommendations | If member does not already have a referral for ABA and CDE is recommending ABA, we proceed with referral for FBA/initial ABA assessment (*see process in prior slide*) |

❖ Once the authorization is processed, the authorization letter/notification of determination will be faxed to PCP, servicing provider, and mailed to member.

Utilization: Pre-Insourcing

BHT/ABA Utilization

BHT Utilization
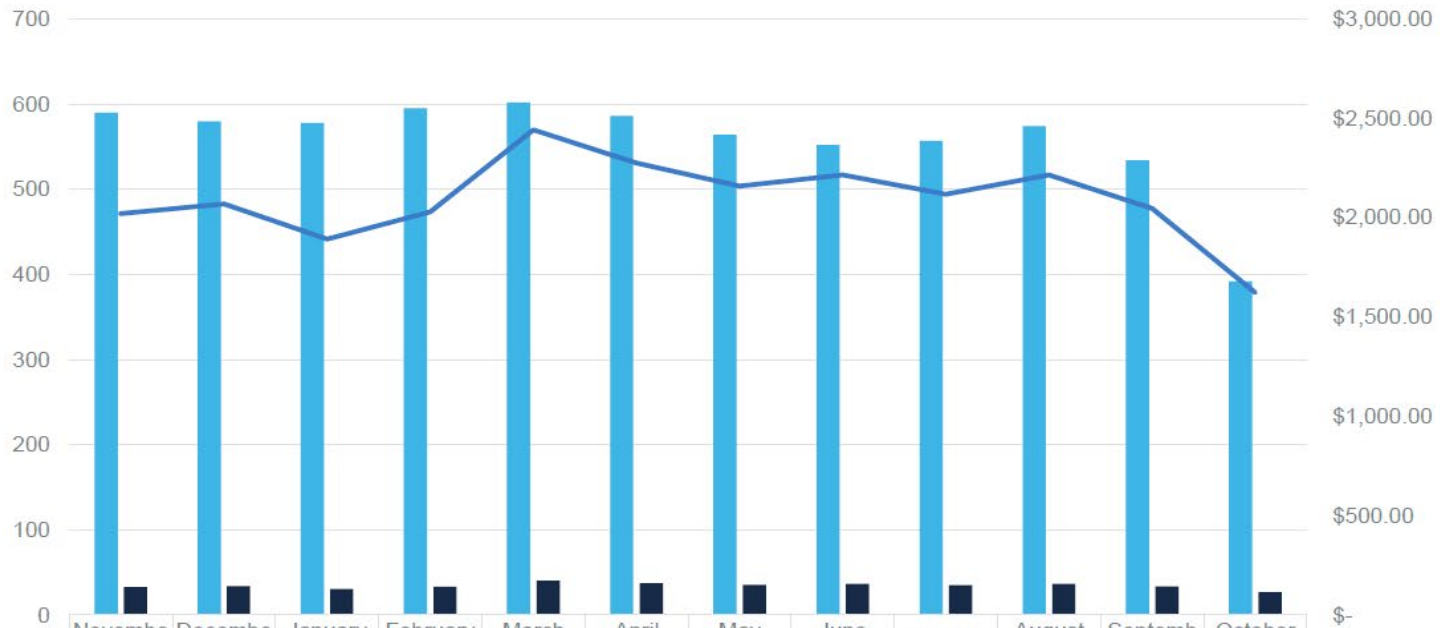
	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022
Unique Utilizers	590	580	578	595	602	586	564	552	557	574	534	392
Average Hours of Utilization per Unique Utilizer	33.03	33.92	30.53	33.22	40.13	37.21	35.65	36.46	34.96	36.57	33.56	26.83
Average Cost per Unique Utilizer	$2,020.78	$2,068.83	$1,892.26	$2,029.07	$2,442.94	$2,275.40	$2,159.56	$2,215.60	$2,117.77	$2,215.32	$2,047.26	$1,622.73

Unique Utilizers   Average Hours of Utilization per Unique Utilizer   Average Cost per Unique Utilizer

beacon

16

Beacon Waitlist as of April 1, 2023

- 498 children/families waiting for services
  - Many not contacted for an extended time
- All have been called & authorized for services
  - Ongoing discussion with parents regarding provider availability
  - Members still awaiting care are at the front of the list

BHT Utilization Data
April-Oct 2023

- Increased BHT auths
  - 673 unique utilizers
  - 1,384 total auths
- Plateaued BHT Claims
  - 384 members waiting for service:
    - 63 waiting for BHT 8 AM-2 PM
    - 62 waiting for BHT 2 PM-7 PM
    - 259 waiting for CDE

AAH BHT Auths
(600 auths pre-loaded from Beacon in March 2023)

BHT Referrals
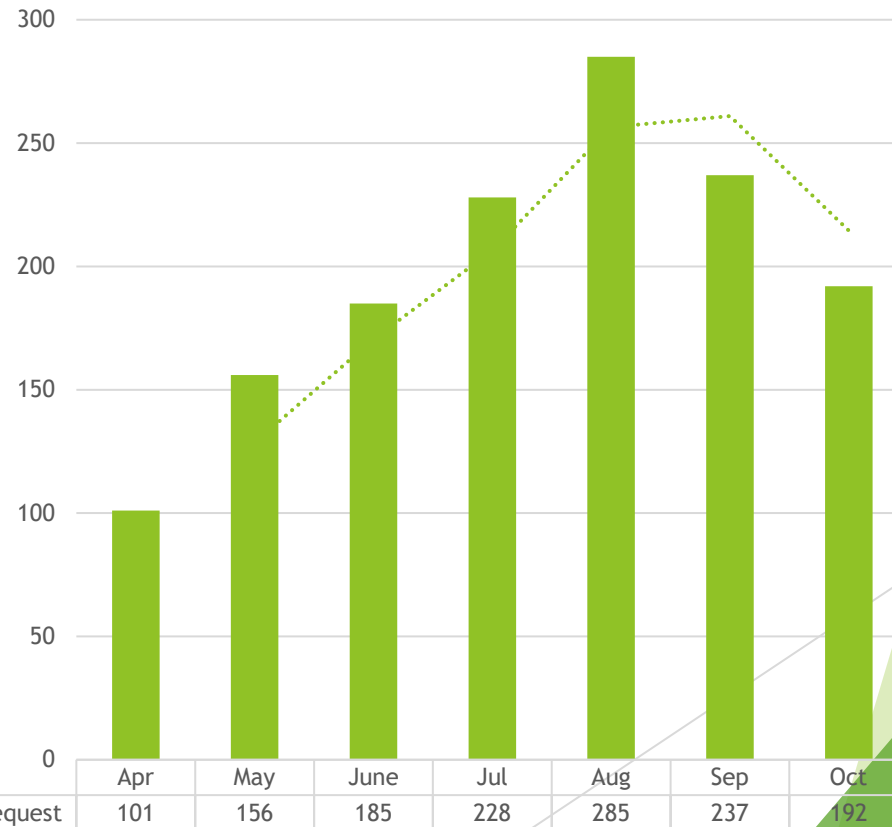
	Apr	May	June	Jul	Aug	Sep	Oct
■ Total # of Authorization Request	101	156	185	228	285	237	192

Current ABA Treatment Utilization-By Age Band

Unique Utilizer by AgeBand

AgeBand
- 0 - 2
- 3 - 7
- 8 - 18
- Over 18

81 (11.2%)
201 (27.8%)
428 (59.3%)
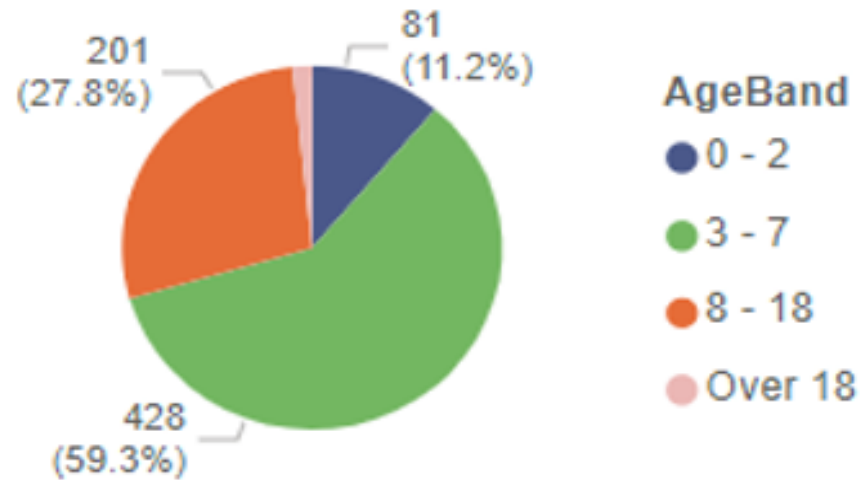
▷ Since insourcing, 673 members have received care

▶ Most children (~60%) are ages 3-7

Clinical Grievances with AAH team

Issue	Action taken
Challenge reaching care manager	• Care Manager assigned to each case • Direct phone numbers provided
Members did not receive return phone calls from ABA/BH teams	
Services authorized but member did not receive notification	• AAH BHT Team is calling member to given parent an update and referred to provider
Transferred around to different department and teams •AAH Operations ←→ Clinical •AAH ←→ ACBH	• MH / BHT schedule that outlines navigator responsible for taking member and internal staff phone calls

Operations Grievances

Issue	Action taken
Given Incorrect Contact information for BH/MH Providers	Provider outreach to obtain correct information and directory updated
Online provider directory listed incorrect information	Provider Relations annually validates the entire Provider Directory and makes 25 calls per week to confirm information in the Provider Directory

Access to Care Grievances

Issue	Action taken
Challenge reaching providers	• Assisting members in linking to a provider • Network strategy and development efforts
Difficulty securing BH/ABA services	
Contacted several ABA and BH providers, but none accepted at this time	
Difficulty securing timely appointments with BH Providers	
ABA waiting list	

Challenges

Challenges During Insourcing

- Beacon had a waitlist of 498 members awaiting services

- All members have been called / authorized for services

  - Ongoing discussion with parents regarding provider availability

  - Members still awaiting care are at the front of the list

Current Challenges

- Network Availability

  - 2PM – 7PM

- In-depth clinical chart review

- 384 Members awaiting services

  - 125 pending ABA provider acceptance/availability

  - 259 Pending CDE completion

- Staffing – has doubled in the MSR and BHT Teams

- Provider Portal Development

Strategies to Address Challenges

▶ Contracted the 3 Comprehensive Diagnostic Evaluation (CDE) providers from the Beacon network. Contracted a new CDE provider group and are finalizing the contract for another group.

▶ Outreached to all CDE and BHT providers in the summer. Met with all CDE providers and many BHT providers.

▶ Exploring ideas on how to increase BHT provider capacity, especially from 2PM-7PM

▶ Actively surveying ABA providers to update availability to include date, time, and range of services provided

▶ Since 10/23, care Manager assigned to each case; direct phone numbers provided; working with IT to ensure recorded line so that parents/members can reach the ABA team directly for follow-ups.

▶ Assisting Beacon backlog members as well as newly referred members in linking to a provider.

Strengths

- Credentialed >600 BHT/ABA providers
- Connected with 498 members/families from the Beacon waiting list
- Good, transparent relationship with Special Needs Committee
- Established and maintaining connection to members/families receiving BHT care

THANK YOU!!!

Questions?

Resources

► Request a comprehensive diagnostic evaluation to obtain appropriate diagnoses and recommendations

► Connect with the student's therapist to identify appropriate strategies to address behaviors in the classroom

  ► Speech Pathologist – school/community

  ► Occupational Therapist – school/community

  ► ABA provider

► School Community Tool Kit – Autism Speaks

► Challenging Behaviors Tool Kit – Autism Speaks

► https://www.autismassessment4ie.0rg

Scenario #1	Scenario #2	Scenario #3
a. You or a member's family suspects member has autism. b. Member has never had a psychological assessment to rule out autism, and there are behavioral health concerns, and you are unsure of what type of BHT member may need (ABA or other types of BHT)	You determine that other behavioral health or mental health services may be medically necessary (you are not recommending ABA either due to lack of supporting documentation or ABA is not clinically indicated).	a. You have conducted your own assessment/screening, are familiar with ABA treatment, and deem that the member can benefit from ABA treatment. b. A licensed psychologist has diagnosed member with autism or another diagnosis, and you deem that a referral for ABA treatment is medically necessary.
↓	↓	↓
Next Steps: Referral for Diagnostic Evaluation A diagnostic evaluation for autism is administered by a licensed psychologist. This Assessment is conducted to rule out Autism (evaluation of child/adolescent with indications from screening of possible autism but no formal diagnosis has been given). It will either yield a diagnosis of autism or not and will provide recommendations as needed.	**Next Steps: Referral for Mental Health** Mental Health services include all evidence-based services for treatment of mental and/or substance use disorders that may include depression, post-traumatic stress, anxiety disorders, phobias, ADHD, mood disorders, attachment disorders and more. Treatments may include individual and group counseling, medication, and other supportive services.	**Next Steps: Referral for ABA** Applied Behavior Analysis (ABA) treatment is a specific type of behavioral health treatment that addresses socially significant behaviors (e.g., maladaptive behaviors, social interactions, communication, and self-help skills) through the application of behavioral strategies. ABA was first implemented with individuals with autism and intellectual disability; therefore, empirical research has mostly been concentrated on efficacy with these populations. Please complete the Behavioral Health Treatment/Applied Behavior Analysis Referral Form, check off the box: "Applied Behavioral Analysis (ABA) Services" and complete the Evaluation/Referral Information section

Scenario #1	Scenario #2	Scenario #3
Please complete the Behavioral Health Treatment/Applied Behavior Analysis Referral Form and check off: "Diagnostic Evaluation/ Psychological Assessment to rule out autism".	The Mental health/BH referral form is available on-line. fax to 855-891-9168.	*If PCP has information regarding member/family availability for services (times of day and days of the week), please add that on Section /Additional information section of the form comments section of the form.*

ABA/BHT Referral form-PCPs or Licensed Clinical Psychologists

Link: Alliance Behavioral Health Care Autism Evaluation BHT/ABA Referral Form

ALAMEDA Alliance FOR HEALTH

Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form

The Alameda Alliance for Health (Alliance) Autism Evaluation, BHT/ABA Referral Form is confidential. This form must be completed by a physician, pediatrician, neurologist, or licensed clinical psychologist (e.g., MD/DO/PhD/PsyD). Filling out this form will help us better serve our members.

INSTRUCTIONS
1. Please print clearly, or type in all of the fields below. All sections in this form are required.
2. Please attach all pertinent screening forms used and relevant medical records to this form, and indicate which screening tool(s) you are attaching/submitting with this referral form.
3. Please fax the completed form along with all pertinent clinical documents to the Alliance Behavioral Health Department at 1.855.891.9163 or send a secure email to deptbhaba@alamedaalliance.org.

For questions, please call the Alliance Provider Services Department at 1.510.747.4510.

PLEASE NOTE: If the member has other case management or care coordination needs aside from ABA/BHT (e.g., referral to a social worker, speech therapy, occupational therapy, complex case management, etc.), please complete the Alliance Case Management (CM) Program Referral Form. To download the form, please visit the Alliance website at www.alamedaalliance.org. For inquiries regarding Alliance CM Program, please call the Alliance Case and Disease Management Department at 1.510.747.4512 or toll-free at 1.877.251.9612.

SECTION 1: SCREENING TOOLS
Select the screening tool that was conducted prior to this referral (at least one (1) is required):
- ☐ Modified Checklist for Autism in Toddlers (M-CHAT)
- ☐ Survey of Well-being of Young Children (SWYC)
- ☐ Other: _____

SECTION 2: MEMBER INFORMATION
Last Name: _____ First Name: _____
Date of Birth (MM/DD/YYYY): _____ Phone Number: _____
Primary Language Spoken by Caregiver(s)/Parent(s): _____
Require Interpreter: ☐ Yes ☐ No   Alliance Member ID #: _____

SECTION 3: REFERRING PROVIDER INFORMATION
Organization Name: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License #: _____ License Type: _____
Phone Number: _____ Fax Number: _____
Email: _____

SECTION 4: EVALUATION/REFERRAL INFORMATION
Behavioral symptoms and concerns (e.g. behavioral excesses/deficits) (please select all that apply):
- ☐ Confirmed cognitive delay
- ☐ Echolalia (repetition of words or sounds made by another person)
- ☐ Elopement
- ☐ Inappropriate physical behaviors toward others
- ☐ Limited or no eye contact during social interactions
- ☐ Limited peer interaction/social response
- ☐ Preoccupation of interests
- ☐ Repetitive behaviors
- ☐ Restricted patterns of behaviors
- ☐ Self-injurious behaviors
- ☐ Speech delay
- ☐ Stereotypic movements
- ☐ Suspected cognitive delay
- ☐ Other: _____

Based on your screening and evaluation, are you recommending/referring the member for any of the following services/assessments (please select all that apply):
- ☐ Applied Behavior Analysis (ABA) Treatment
- ☐ Diagnostic Evaluation/Psychological Assessment to rule out autism
- ☐ Mental Health Assessment and services
- ☐ Other: _____

Please list all *established* diagnoses:
_____

Please list all *suspected* diagnoses:
_____

Please describe any medical condition/diagnosis (e.g., genetic disorders, neurological disorders, etc.) that could be contributing to behavioral excesses or deficits described above:
_____

Does the member have a history of receiving ABA? ☐ Yes ☐ No ☐ Not Sure

SECTION 5: ADDITIONAL INFORMATION
Please provide any additional information you would like to communicate to the behavioral health care provider or Alliance care manager:

SECTION 6: REFERRING PROVIDER SIGNATURE
Full Name (Print): _____
Signature: _____ Date: _____

2/2

Acronyms

- BCBA-Board Certified Behavior Analyst
- PCP-Primary Care Physician/Provider
- APL-All Plan Letter
- DHCS-Department of Health Care Services
- FBA-Functional Behavior Assessment
- MH-Mental Health
- UM-Utilization Management
- BHT-Behavioral Health Treatment
- EPSDT-Early, Periodic, Screening Diagnoses and Treatment

Additional Information

What services will still be provided through the Regional Center? The Regional Center will continue to provide the services they have available such as Early Start for children 0 to 5 years of age. Please contact the Regional Center of the East Bay or visit their website for more information. If you or members need more information regarding RC services, please contact the Regional Center of the East Bay. You can also find more information on their website: Am I Eligible? - Regional Center of the East Bay (rceb.org)

When should a PCP refer to the Regional Center? Regional Center services are subject to change, and it would be best to contact the RC directly regarding their services and eligibility criteria. They don't have an age limit, so you can refer members that are older than 21 to the RC.

https://www.rceb.org/?r3d=getting-started-with-us
https://www.rceb.org/clients/am-i-eligible/

Can member over the age of 21 be referred to AAH for Mental Health Services? Yes, our MH team will review/process that referral. We do offer case management services for MH/BH services.

AAH Contacts

Scenario/Inquiry	Who to Contact
Provider Portal/how to access the portal/issues with portal	Provider Services Team *510-747-4510*
ABA/CDE for autism referral process	ABA Team *DeptBHABA@alamedaalliance.org*
Mental Health/ Behavioral Health referral process	Behavioral Health/Mental Health Team *DeptBHMentalHealth@alamedaalliance.org*
Referrals or inquires about the referral process for other services (Occupational Therapy, Speech Therapy, Physical Therapy)	Case Management Team Please go to this link for more information: Link:*CMDM-Program-Referral-Form_09062023-clean.pdf (alamedaalliance.org)* *877-251-9612*
Parent/Caregiver inquiries	Member Services *855-856-0577*

Social Determinants of Health (SDOH) App

Zia Li, UC Berkeley Graduate Student

ALAMEDA
Alliance
FOR HEALTH

Revlyx

Product Demo

MediPal

By Revlyx Health

Beyond Healthcare: Meeting Everyday Needs

Exploring the Challenges in Accessing Vital Services

Figuring out the healthcare system can be tricky!

Many people don't have enough of the things they need to stay healthy, like food, a place to stay, and ways to get around.

Current resources are often difficult to navigate, often fragmented, and may contain outdated information

Revlyx

Introducing MediPal

MediPal serves as a vital connector, linking users to a diverse array of healthcare and social service providers
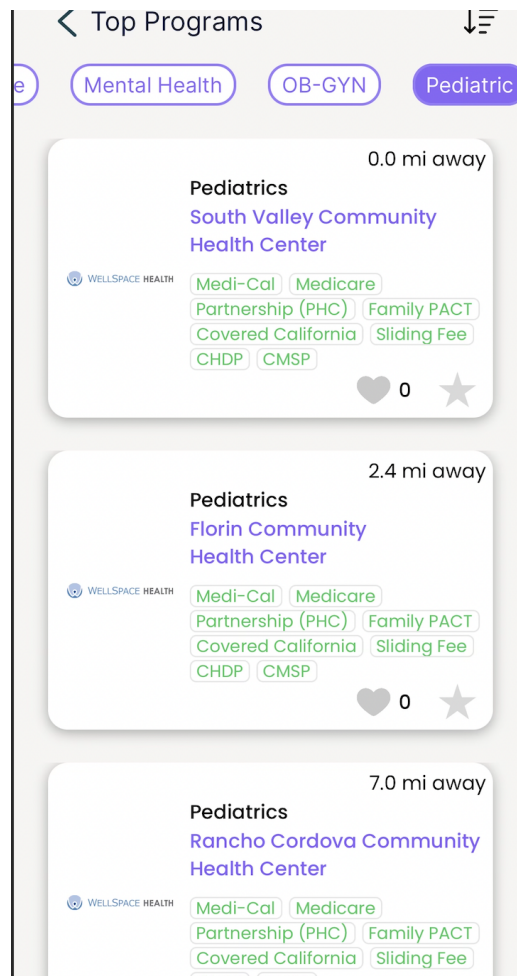

- **Healthcare**
  - General medical care
  - Mental health providers
  - Dental care
  - Vision care

- **Social Services**
  - Food assistance
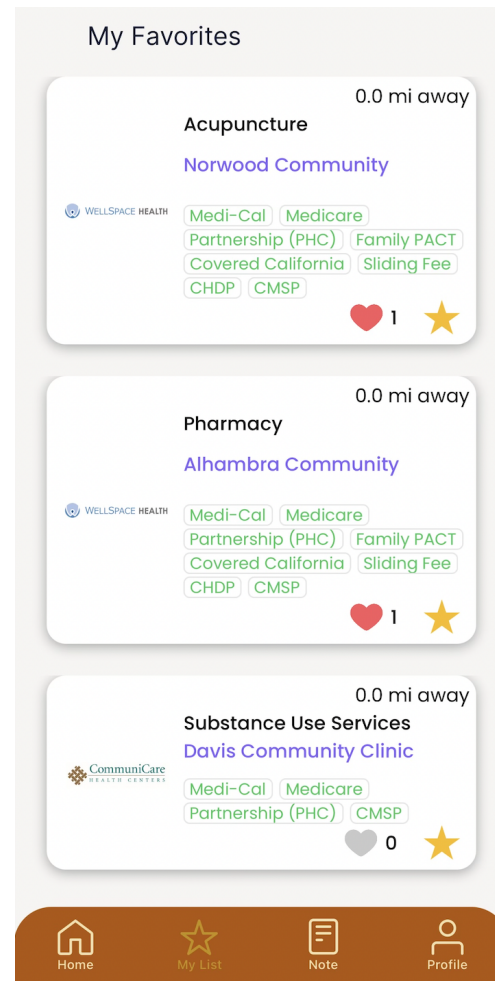 - Housing support
  - Transportation help
  - and more

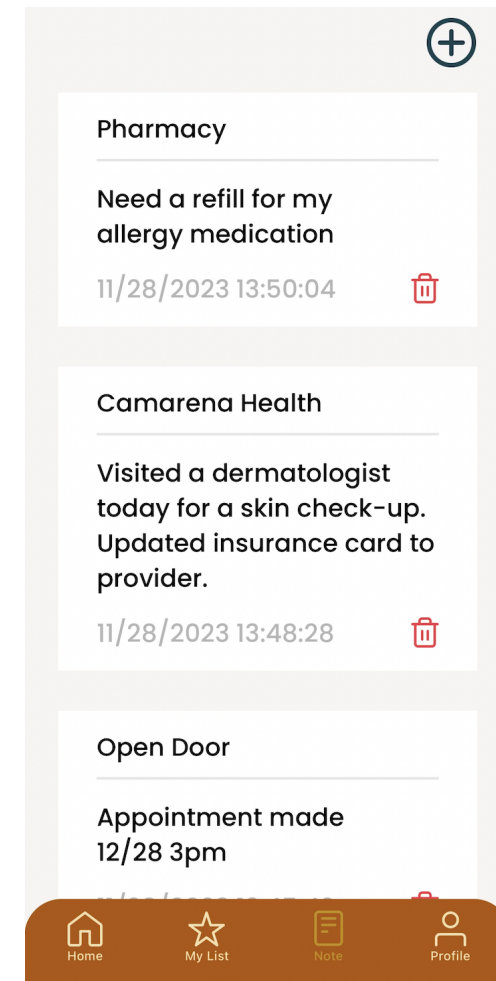Revlyx

MediPal Features
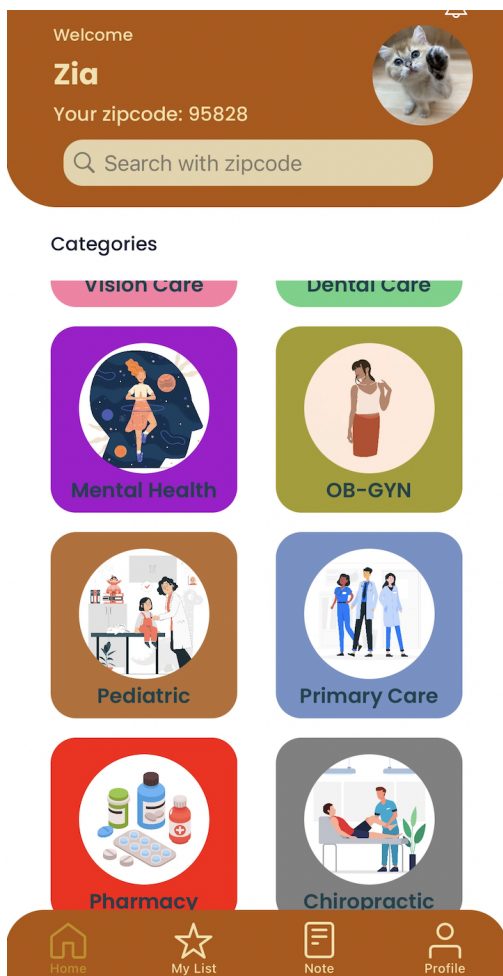
1/Home Screen

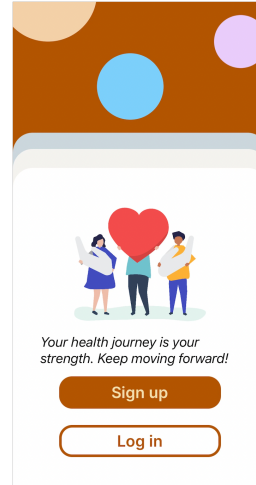**2/ Provider Detail**

3/ Add Your Favorite Provider

4/ Record Important Info

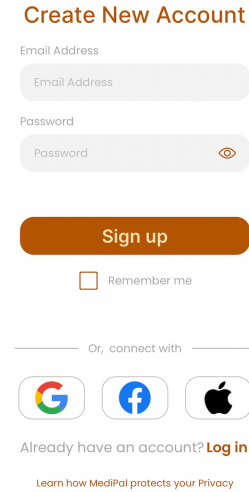# How MediPal Works

Beginning the Process to Connect with a Provider
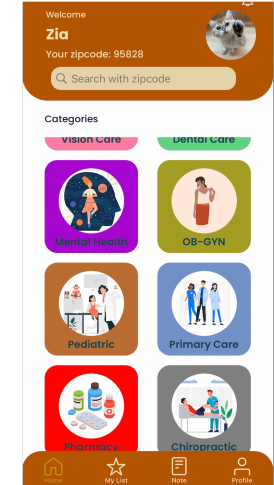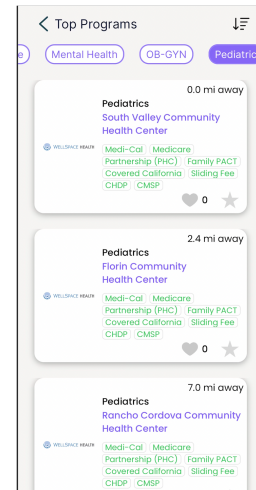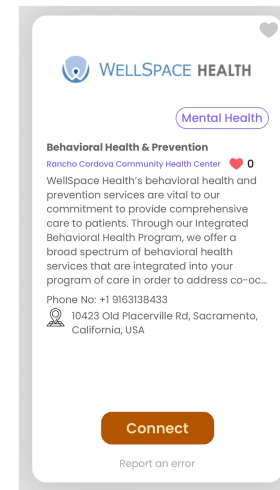
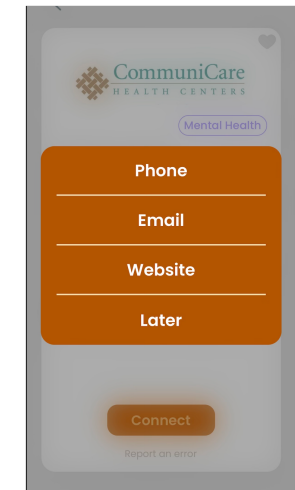# Joining MediPal

Ways to download the app:

1. Visit us: **revlyx.com**

2. Search in Apple Store and Google Play: **MediPal: by Revlyx Health**

3. Contact us at **hello@revlyx.com**

Revlyx **m**

Let's talk!

Q & A

Feedback

Contact: hello@revlyx.com

Revlyx

Grievance and Appeals

Jennifer Karmelich, Director, Quality Assurance

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	November 28, 2023
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved IHSS Q3 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	238	30 Calendar Days	95% compliance within standard	238	100.0%	
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	
Exempt Grievance	235	Next Business Day	95% compliance within standard	233	99.1%	
Standard Appeal	10	30 Calendar Days	95% compliance within standard	10	100.0%	
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	
Q3 2023 Total Cases:	483		95% compliance within standard	481	99.5%	26.28

*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
	CHCN	Plan	
Disputes Involving Medical Necessity	1	3	4
Out of Network	0	6	6
Grand Total:	1	9	10
Overturned %:	10.00%	0.00%	10.00%

25% Benchmark was met for this quarter. There was one overturned appeal for the quarter for dispute involving medical necessity.

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	**Coverage Dispute**	**Other**	**Quality of Care**	**Quality of Service**	
Ancillary	11	16	0	2	7	36
Clinic	32	9	1	5	17	64
Delegate	1	3	10	0	5	19
Hospital	0	7	0	0	1	8
Mental Health Facility	2	0	0	0	0	2
Mental Health Professional	0	0	0	1	0	1
Other	0	1	2	0	19	22
Out-of-Network	3	23	0	1	2	29
PCP	37	1	1	3	10	52
PCP Non-Physician Medical Practitioner	1	0	0	0	0	1
Plan	63	68	18	0	40	189
Skilled Nursing Facility	0	0	0	0	0	0
Specialist	20	5	1	3	8	37
Vendor	0	0	2	0	11	13
Grand Total	**170**	**133**	**35**	**15**	**120**	**473**

- **Grievances filed against the Plan:**
    - Access to Care:
        - 41 out of the 63 complaints were related to AAH system errors, and telephone access Plan, 1 of the 2 cases was closed as an exempt grievance.
    - Coverage Disputes
        - (68) Disputes related to benefits, billing and reimbursement requests.
    - Other
        - Enrollment: PCP Auto assignments (11)
        - Eligibility (7)
    - Quality of Service
        - Complaints against our internal departments: G&A, Member Services, Behavioral Health, and Case Management regarding customer service.

IHSS Q1-Q3 2023 Filed Against Trend Line
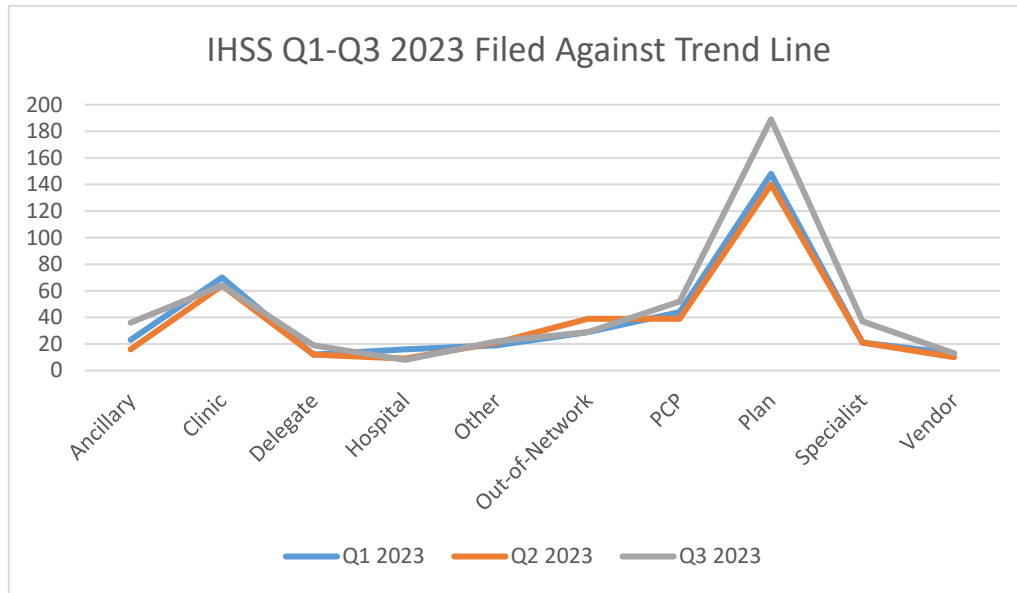
Grievances filed against our Delegated Networks/Vendors:

Filed Against:	Grievance Type					Grand Total
	Access to Care	**Coverage Dispute**	**Other**	**Quality of Care**	**Quality of Service**	
Delegate	**1**	**3**	**10**	**0**	**5**	**19**
Beacon	1	0	0	0	1	2
Kaiser	0	0	10	0	2	12
PerformRx	0	3	0	0	2	5
Vendor	**0**	**0**	**2**	**0**	**11**	**13**
CHME	0	0	0	0	2	2
ModivCare	0	0	0	0	4	4
Teladoc	0	0	1	0	1	2
Xaqt	0	0	1	0	4	5
Grand Total	**1**	**3**	**12**	**0**	**16**	**32**
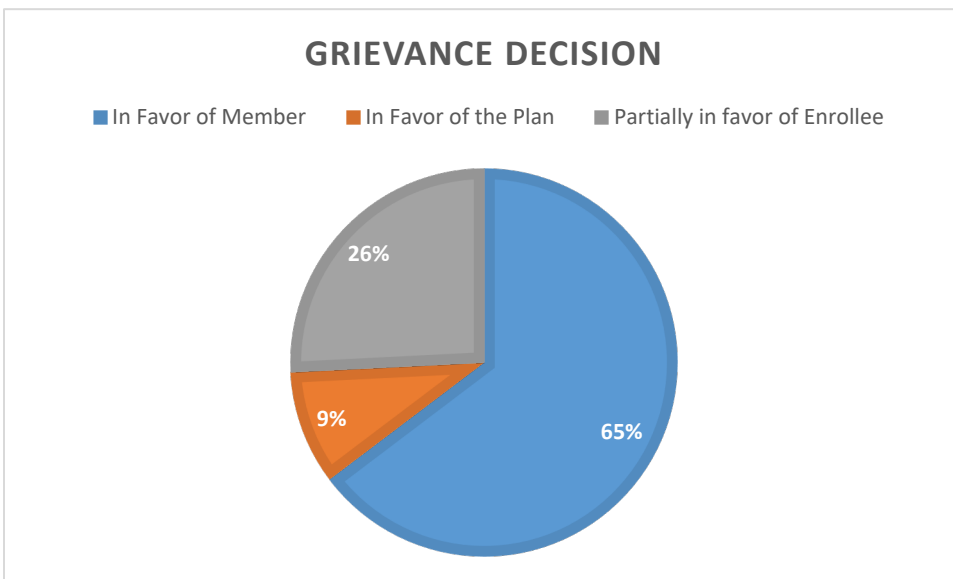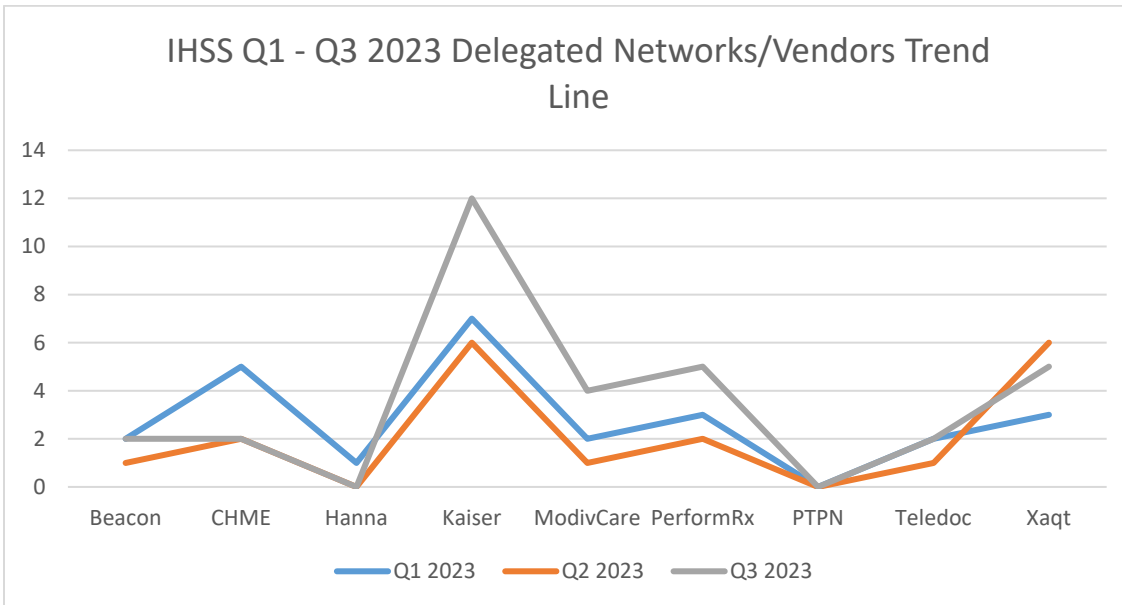
IHSS Q1 - Q3 2023 Delegated Networks/Vendors Trend Line

Legend: Q1 2023, Q2 2023, Q3 2023

Categories: Beacon, CHME, Hanna, Kaiser, ModivCare, PerformRx, PTPN, Teledoc, Xaqt

GRIEVANCE DECISION

Legend: ■ In Favor of Member ■ In Favor of the Plan ■ Partially in favor of Enrollee

65%, 9%, 26%

*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 398 unique grievance cases for IHSS members resolved during the reporting period, with a total of 437 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.

ALAMEDA
Alliance
FOR HEALTH
Health care you can count on.
Service you can trust.

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	November 27, 2023
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved Q3 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	3130	30 Calendar Days	95% compliance within standard	3056	97.6%	
Expedited Grievance	3	72 Hours	95% compliance within standard	2	66.6%	
Exempt Grievance	5381	Next Business Day	95% compliance within standard	5369	99.7%	
Standard Appeal	65	30 Calendar Days	95% compliance within standard	64	98.4%	
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	
Q2 2023 Total Cases:	8580		95% compliance within standard	8432	98.2%	6.95

*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
	Beacon	**CFMG**	**CHCN**	**Plan**	
Coverage Disputes	0	0	0	5	5
Disputes Involving Medical Necessity	0	0	5	26	31
Out of Network	0	0	14	15	29
Grand Total:	**0**	**0**	**19**	**46**	**65**
Overturned %:	**0%**	**0%**	**26.3%**	**26.0%**	**26.1%**

Grievance Data/Analysis:

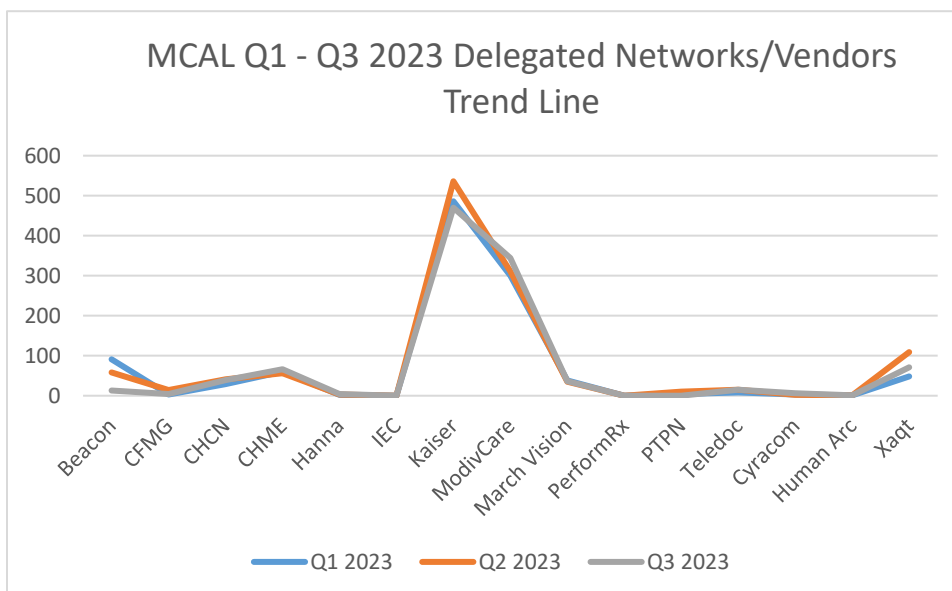| Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	86	240	3	12	66	407
Clinic	1084	137	14	92	400	1727
Delegate	48	53	362	13	86	562
Hospital	39	125	7	39	14	224
Long-term Care	1	0	0	0	0	1
Mental Health Facility	47	5	1	10	27	90
Mental Health Professional	45	12	1	7	28	93
Other	2	15	6	0	17	40
Out-of-Network	53	202	2	7	34	298
PCP	479	6	5	60	181	731
PCP Non-Physician Medical Practitioner	9	0	0	1	2	12
Plan	1118	148	1035	2	1117	3420
Skilled Nursing Facility	5	1	0	14	10	30
Specialist	216	25	2	32	94	369
Vendor	68	13	12	2	415	510
Grand Total	**3300**	**982**	**1450**	**291**	**2491**	**8514**

- Grievances filed against the Plan:
    - Access to Care: Telephone/Technology: Members having 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: 854
        - Eligibility: 172
        - F/W/A: 4
        - PHI: 5
    - Quality of Service: Complaints against our internal departments, G&A, Member Services and Case Management regarding customer service.
    - Behavioral Health Grievances: We had a total of 152 grievances due to the Plan not following up with members who were requesting an ABA evaluation and connection to an ABA provider for services.
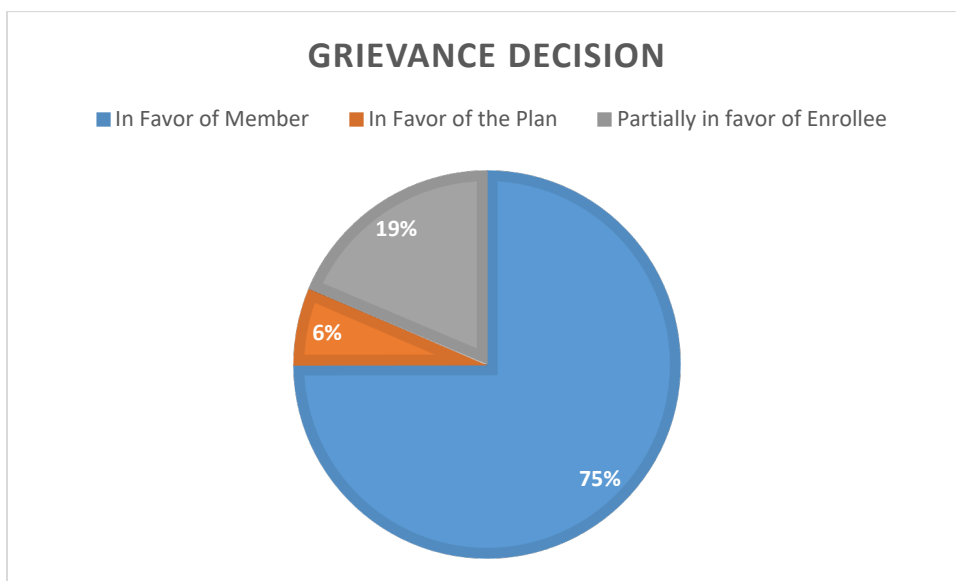
MCAL Q1-Q3 2023 Filed Against Trend Line
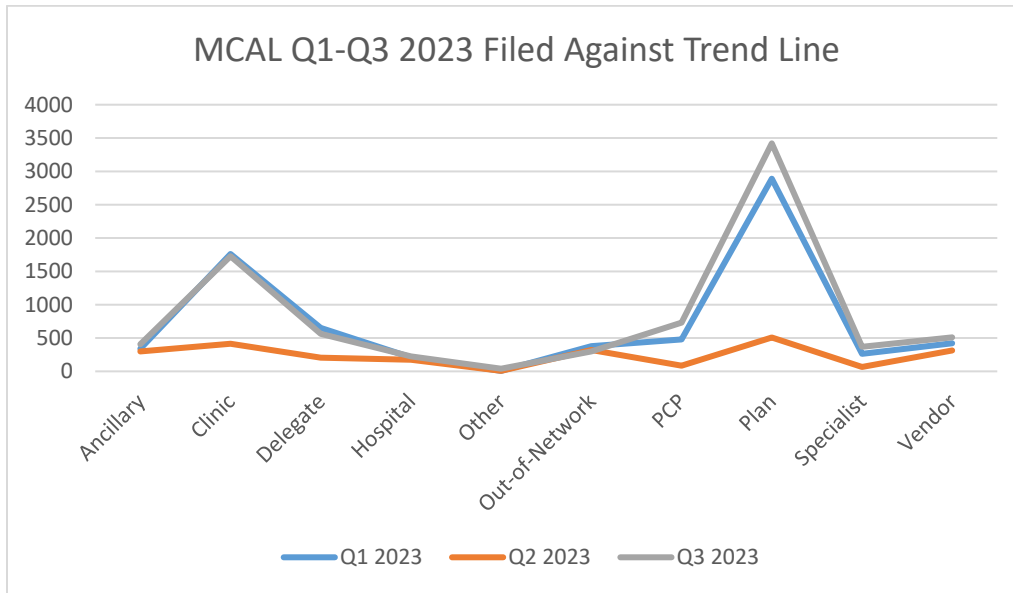
Grievances filed against our Delegated Networks/Vendors:

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

MCAL Q1 - Q3 2023 Delegated Networks/Vendors Trend Line

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	**48**	**53**	**362**	**13**	**86**	**562**
Beacon	4	1	0	0	8	13
CFMG	3	0	0	0	1	4
CHCN	17	2	1	0	19	39
Kaiser	17	35	354	13	51	470
March Vision	7	15	7	0	7	36
PTPN	0	0	0	0	0	0
Solera	0	0	0	0	0	0
Vendor	**68**	**13**	**12**	**2**	**415**	**510**
CHME	23	2	0	0	41	66
Cyracom	1	0	0	0	5	6
Hanna	2	0	0	0	2	4
Human Arc	0	0	0	0	1	1
ModivCare	38	11	7	1	287	344
Optum	0	0	0	0	3	3
Teladoc	2	0	5	1	7	15
Xaqt	2	0	0	0	69	71
Grand Total	**116**	**66**	**374**	**15**	**501**	**1072**

GRIEVANCE DECISION

- In Favor of Member
- In Favor of the Plan
- Partially in favor of Enrollee

19%
6%
75%

*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 7,202 unique grievance cases resolved during the reporting period, with a total of 8,514 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.

Outreach Report

Alejandro Alvarez, Community Outreach Supervisor

ALAMEDA
Alliance
FOR HEALTH

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 1ST QUARTER (Q1) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY
FY 2023 - 2024 | 1ST QUARTER (Q1) OUTREACH REPORT

Between **July 2023** and **September 2023**, the Alliance completed **2,699** member orientation outreach calls among net new members and non-utilizers and conducted **346** member orientations (**13%** member participation rate). The Alliance Outreach team also completed **11** service requests and **147** website inquiries in Q1. The Alliance reached a total of **1,262** people and spent a total of $555 in donations, fees, and/or sponsorships at **5** community events, and **4** member education events.*

The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **28,590** self-identified Alliance members have been 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). Subsequently, the Alliance proactively postponed all face-to-face member orientations until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Saturday, September 30, 2023**, the Outreach Team completed **29,944** member orientation outreach calls and conducted 7,446 member orientations (24.9%-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, 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 September 30, 2023) – **7,446** members completed our MO program by phone.

After completing a MO **98.8%** of members who completed the post-test survey in Q1 FY 23-24 reported knowing when to get their IHA, compared to only **22.6%** of members knowing when to get their IHA in the pre-test survey.
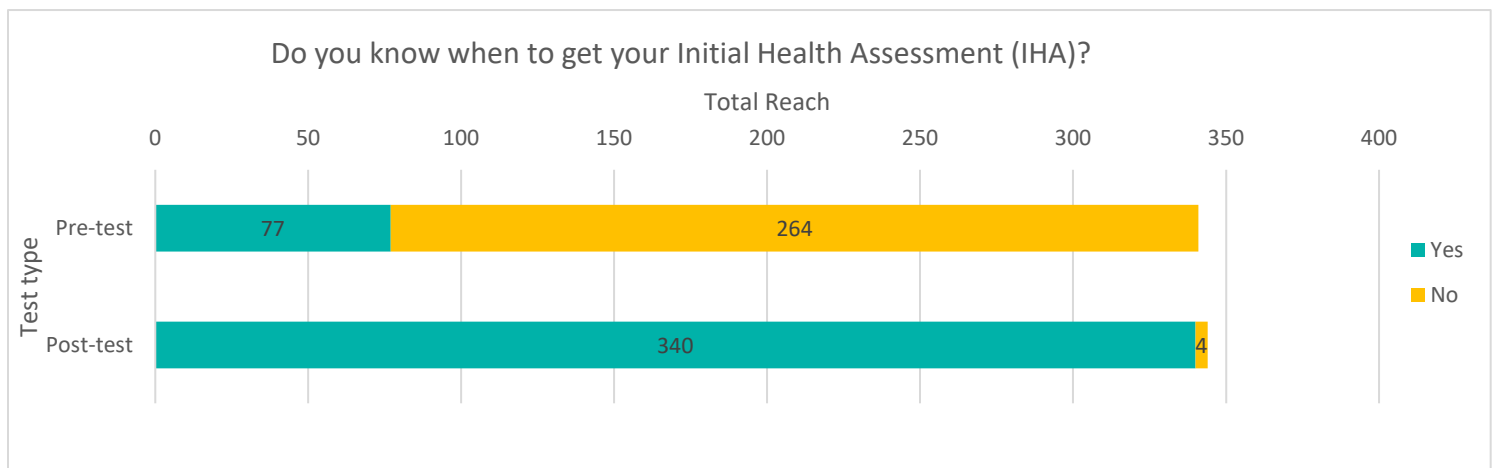
All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q1\3. September 2023**

ALLIANCE IN THE COMMUNITY
FY 2023 - 2024 | 1ST QUARTER (Q1) OUTREACH REPORT

Q1 FY 2023-2024 TOTALS

5 COMMUNITY EVENTS

4 MEMBER EDUCATION EVENTS

346 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

19 TOTAL INITIATED/INVITED EVENTS

355 TOTAL EVENTS

855 TOTAL REACHED AT COMMUNITY EVENTS

407 TOTAL REACHED AT MEMBER EDUCATION EVENTS

346 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

946 TOTAL MEMBERS REACHED AT EVENTS

1,608 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 15 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q1 2023: Emeryville. *The C&O Department started including these cities in the Q3 FY21 Outreach Report.*

$555

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

* Includes refundable deposit.

2024 Medi-Cal Contract: New MAC Requirements Update

Linda Ayala

Director, Population Health & Equity

ALAMEDA **Alliance** FOR HEALTH

NEW MAC REQUIREMENTS UPDATE

▷ The Alliance 2024 Contract with the Department of Health Care Services (DHCS) expands the role of the Member Advisory Committee.

▷ Upcoming changes include:

- Charter update

- New process to bring on members

- Name update to "Community Advisory Committee"

- Expand topics on which the committee provides input

▷ Next steps:

- Present new requirements and charter updates at the March 14, 2024, MAC Meeting for vote

MAC Stipend Payment Update

MAC STIPENDS

Stipend	Update(s)
Attendance	• In-person: payment will be provided at each meeting by Finance. • Virtual: payment will be mailed after each meeting.
Transportation	• Payment included with attendance stipend.
Childcare Reimbursement	• Payment is mailed once childcare invoice is received by AAH.

MAC Demographic Survey

MAC DEMOGRAPHIC SURVEY

▷ Background:

- New 2024 DHCS Medi-Cal Contract requirement

- AAH must provide a MAC Demographic Report to the DHCS each year

- Demographic Report must include the make-up of MAC membership by:

  - race
  - ethnicity
  - disability status
  - language

  - county region
  - sex
  - sexual orientation
  - gender identity

MAC DEMOGRAPHIC SURVEY

▷ Next Steps:

- Please complete Demographic Survey and update contact information

- Return the survey back to AAH

Member Advisory Committee

Member Demographic Survey

Member or Parent/Caregiver Contact Information:

Name: _____ E-mail: _____

Home Phone Number: _____ Cell Phone Number: _____

Mailing Address: _____

Survey Questions (Parent or guardians please answer for your child.):

1. **Which best describes your race?**

   ☐ Hispanic/Latino
   ☐ Not Hispanic/Latino

2. **Which best describes your ethnicity?** *Check all that apply.*

   ☐ American Indian/Alaska Native
   ☐ Asian
   ☐ Black (African American)
   ☐ Hispanic (Latino)
   ☐ Native Hawaiian/Other Pacific Islander
   ☐ White
   ☐ Other race not listed, please specify _____
   ☐ Two (2) or more races
   ☐ Unknown

3. **What is your age?**

   ☐ Birth to 11
   ☐ 12-20
   ☐ 21-64
   ☐ 65 and older

4. **What is your gender?**

   ☐ Male
   ☐ Female

5. **What is your sexual orientation?**

   - ☐ Heterosexual/Straight
   - ☐ Bisexual
   - ☐ Gay or Lesbian
   - ☐ Something else/not listed
   - ☐ I don't know

6. **What is your gender identity?**
   - ☐ Transgender
   - ☐ Female
   - ☐ Male
   - ☐ None of these/gender not listed

7. **What is your preferred spoken language?**

   - ☐ English
   - ☐ Spanish
   - ☐ Chinese
   - ☐ Vietnamese
   - ☐ Tagalog
   - ☐ Other, please specify _____

8. **What is your preferred written language?**

   - ☐ English
   - ☐ Spanish
   - ☐ Chinese
   - ☐ Vietnamese
   - ☐ Tagalog
   - ☐ Other, please specify _____

9. **Which of the following statements do you identify with?**

   - ☐ Person with a disability
   - ☐ Not identified as person(s) with a disability

MAC Attendance Yearly Report

MAC ATTENDANCE POLICY

▷ MAC Charter states the following:

- ▪ "The MAC committee may dismiss a member from the committee if they fail to attend two (2) meetings of the committee within one (1) year for reasons other than illness."

- ▪ "Members shall notify the Alliance of expected absences."

▷ The Alliance will in form members who are at risk of being dismissed:

- ▷ After one (1) missed meeting, call the member to remind the member of the policy.

- ▷ After two (2) missed meetings, send a reminder letter.

- ▷ At the last meeting of the calendar year (December), Alliance staff will present an attendance wrap up report. MAC members will vote on whether they choose to dismiss a member because of their attendance record.

Thank you!

Please contact us if you have ideas to help improve Alliance Programs and Services.

Linda Ayala, Director, Population Health and Equity

layala@alamedaalliance.org

Mao Moua, Manager, Cultural and Linguistic Services

mmoua@alamedaalliance.org