

Quality Improvement Health Equity Committee Meeting

November 14, 2025

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	11/14/2025	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	Microsoft Teams	Meeting Materials:	Standing Committees – Alameda Alliance for Health

**IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING
PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS**

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE QIHEC COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT aasejo@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE LINK PROVIDED ABOVE. 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.

PLEASE NOTE: 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 Objective	
To improve quality of care and close health equity gaps for Alliance members by facilitating clinical oversight and direction.	
Members	
Name	Title
☐ Donna Carey, MD	Chief Medical Officer, Alameda Alliance for Health
☐ Stephanie Brown, MD	Medical Director, Quality Improvement
☐ Parag Sharma, MD	Medical Director, Utilization Management
☐ Lao Paul Vang	Chief Health Equity Officer, Alameda Alliance for Health
☐ James Florey, MD	Chief Medical Officer, Children First Medical Group

☐ Lisa Laurent, MD	Chief Medical Officer, Alameda Health System
☐ Raj Davda, MD	Chief Medical Officer, Community Health Center Network
☐ Sirina Keesara, MD	Medical Director, Community Health Center Network
☐ Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
☐ Michelle Stott	Senior Director, Quality, Alameda Alliance for Health
☐ Anchita Venkatesh, DMD MA	Program Director, General Practice Residency, Highland Hospital
☐ Chaunise "Chaun" Powell, MD	Sr. Chief of Student Services, Alameda County Office of Education
☐ La Toshia Palmer, MD	Executive Director, Alameda County Office of Education
☐ Anthony Cesspooch Guzman, MSW	Chief Cultural Officer, Native American Health Center
☐ Dekka Dike	CEO, Omotochi

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
1. Call to Order/Roll Call:	1min	Verbal	D. Carey	Informational
2. Alameda Alliance Updates - New Committee Members - Committee updates - NCQA Accreditation - Quality Sanctions - QIHEC - committee structure updates (UMC)	10min	Verbal	D. Carey	Informational
3. Chief of Health Equity Updates	5min	Verbal	L. Vang	Informational
4. Policies and Procedures All Policies listed below	10min	Document	D. Carey	Vote
5. Approval of Committee Meeting Minutes - QIHEC: 8/8/25 - IQIC: 10/15/25	1min	Document	D. Carey	Vote

Meeting Agenda				
Topic	Time	Document	Responsible Party	Vote to approve or Informational
- CLSS: 7/23/25 - CAC: 12/5/24, 12/16/24, 3/20/25, 6/12/25 - A&A: 9/10/25 - UMC: 8/29/25, 9/26/25, 10/31/25				
6. QI Trilogy Documents 2025 Workplan 2026 Program Description	5min	Document	M. Stott	Vote
7. D-SNP Overview	10min	Document	T. Meyers	Informational
8. Committee Member Presentation: CHCN	10min	Document	K. Grewal	Informational
9. Survey Results - CAHPS 5.1 - Timely Access Review - Timely Access Language Assistance Survey	15min	Document	L. Tran M. Moua	Informational
10. Workplan Update: - Utilization Management - Case Management - Long-term Care	15min	Document	M. Findlater L. Hunter K. Glasby	Informational
11. Public Comment	2min	Verbal	D. Carey	Informational
12. Adjournment	1min	Verbal	D. Carey	Next meeting: 2/13/2026

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 Ashley Asejo aasejo@alamedaalliance.org 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.

Policies & Procedures

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| <ul style="list-style-type: none"> • QI-104 Potential Quality of Care Issues • QI-119 Provider Preventable Conditions (PPC) and Adverse Events • QI-133 Inter-Rater Reliability (IRR) - Testing for Clinical Decision Making • QI-136 Clinical Practice Guidelines • QI-101 Quality improvement and Health Equity Program • QI-D-001 Quality Improvement Project Selection Criteria • QI-D-002 Health Outcomes Survey • QI-D-003 Model of Care (MOC) Annual Evaluation Policy • QI-D-004 Core Measures and Reporting Policy • QI-D-005 DSNP MOC Staff Training • DSNP Behavioral Health Services • Behavioral Health_DSNP_Roles and Responsibilities • Behavioral Health Crisis Intervention • BH-001 Behavioral Health Services • CBAS 001 Initial Member Assessment & Reassessment • CBAS 002 Expedited Initial Member Assessment • CBAS 004 Member Assignment to a CBAS Center • CBAS 005 Provision of unbundled CBAS Services • CBAS 006 Emergency Remote Services (ERS) • CHS-001 CHW Services • CHS-02 Community Health Strategy – Prescreening Process • CM-010 Enhanced Care Management – Member Identification and Grouping • CM-041 Enhanced Care Management – Outreach/Member Engagement • CM-043 Child Welfare Liaison • CM-D-006 CICM Outreach/Member Engagement • CM-D-008 CICM Continuity of Care • CM-D-101 DSNP Care Coordination Expectations • CM-D-102 Case Management Care Coordination Activities • CM-D-104 Individualized Care Plan Process • CM-D-109 Internal Audit and Monitoring • CM-D-110 Care Coordination - Local Education Agency Services • CM-D-111 Case Management (CM) Staff Roles and Responsibilities • CM-D-112 DSNP Care Transitions Protocols • CM-D-113 DSNP Care Transitions Personnel | <ul style="list-style-type: none"> • CM-D-118 DSNP Face-to-Face Encounters • CM-D-119 Interdisciplinary Care Team (ICT) Overview • CM-D-120 Interdisciplinary Care Team (ICT) Participants • CM-D-121 DSNP Most Vulnerable Population (MVP) • CM-D-122 Disease Management Programs • CS-002 Community Supports-Housing Transition Navigation Services • CS-003 Community Supports-Housing Deposits • CS-004 Community Supports-Housing Tenancy and Sustaining Services • CS-007 Community Supports-Medically Supportive Food_Meals_Medically Tailored Meals • CS-013 Community Supports – Transitional Rent • CS-014 Non-Housing Community Supports Criteria • DSNP Case Rounds& Team Review • DSNP Integrated Organization Determinations • DSNP QIO Fastrack Appeals- for Medicare Covered Services • LTC-001 Long Term Care Program • LTC-001 Long Term Care • LTC-004 LTC Bed Hold and Leave of Absence • LTC-006 One to One Observation (Personal Attendants/Sitter) in Nursing Facilities • UM-008 Coordination of Care- California Children's Services • UM-011 Coordination of Hospice and Terminal Illness • UM-015 Emergency and Post Stabilization Services • UM-024 Care Coordination- Dental Services • UM-025/CM-044 Guidelines for Obstetrical Services • UM-030/CM-045 Referrals to Supplemental Food Program for Women, Infants and Children (WIC) • UM-035 Vision Services • UM-051 Timeliness of UM Decision Making and Notification • UM-051 Timeliness of UM Decision Making and Notification • UM-054 Notice of Action • UM-056 Standing Referrals • UM-057 Authorization Service Request • UM-057 Authorization Request Services • UM-067 Varicose Veins • UM-068 Tertiary Quaternary Review Process • UM-069 Continuous Glucose Monitoring Equipment • UM-070 UM Denial System Controls • UM-071 Major Organ Transplant |
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• CM-D-114 DSNP Individualized Care Plan (ICP) Transfer and Care Transitions Process • CM-D-115 DSNP Planned Care Transitions Process - Member Personal Health Information • CM-D-116 DSN Planned Care Transitions Process - Member Self Management Activities • CM-D-117 DSNP Planned Care Transitions Process - Notification and Point of Contact	
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Voting Member Roll Call

Dr. Donna Carey

Alameda Alliance Updates

Dr. Donna Carey

- New Committee Members
- Committee updates
- NCQA Accreditation
- Quality Sanctions
- QIHEC - committee structure updates (UMC)

Health Equity Update

Lao Paul Vang

Voting Item: Policies and Procedures

The complete Policies & Procedures Packet has been sent in a separate email.

Policy Procedures Summary of Changes

Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
QI	QI-104	Potential Quality of Care Issues	Describes the evaluation, monitoring and appropriate action to address all PQIs	Added DSNP line of business	X		
QI	QI-119	Provider Preventable Conditions (PPC) and Adverse Events	Describes how PPCs are identified, processed, investigated, and reported to DHCS	Added DSNP line of business Added reporting instructions to submit PPCs to the DHCS online portal Revised reporting form to Alliance	X		
QI	QI-133	Inter-Rater Reliability (IRR) - Testing for Clinical Decision Making	Describes monitoring of the consistency and accuracy of review criteria applied by all clinical reviewers - physicians and non-physicians - who are responsible for conducting clinical reviews and to act on improvement opportunities identified through this monitoring.	Added DSNP line of business Minor update to roles/titles	X		
QI	QI-136	Clinical Practice Guidelines	Describes how Alliance adopts, disseminates, and monitors the use of preventive care and other clinical practice guidelines in alignment with DHCS contract and other regulatory bodies	Added DSNP requirements Added APL 23-010 Autism and ASAM for Substance use disorder Added APL 25-015: Assembly Bill 144 and Coverage of Preventive Care Services	x		
QI	QI-101	Quality improvement and Health Equity Program	Describes development and implementation of a Quality Improvement and Health Equity (QIHE) Program, and the appropriate monitoring of the adequacy, accuracy, accountability and activities of the functions conducted as part of the QIHE Program	Aligned verbiage and integrated CMS DSNP requirements into the QIHE program, including addition of Stars, Model of Care, MCAHPS, HOS activities	X		
QI	QI-D-001	Quality Improvement Project Selection Criteria	This policy establishes the criteria and process for selecting Quality Improvement Projects (QIPs) to ensure they address high-impact clinical and non-clinical areas, improve health outcomes, and beneficiary satisfaction, reduce disparities in healthcare, and align with CMS priorities	New policy to establish the criteria and process for selecting Quality Improvement Projects (QIPs)		x	

Policy Procedures Summary of Changes

QI	QI-D-002	Health Outcomes Survey	This policy outlines the requirements and procedures for administering the Health Outcomes Survey (HOS) for Dual Eligible Special Needs Plans (D-SNPs) enrolled in Alameda Alliance Wellness D-SNP, in alignment with federal Centers for Medicare and Medicaid (CMS) guidelines and the California Department of Healthcare Services (DHCS) California-specific mandates under the CalAIM initiative.	New policy outlining Health Outcomes Survey (HOS) for DSNP as required by CMS		x	
QI	QI-D-003	Model of Care (MOC) Annual Evaluation Policy	Policy is to ensure accuracy and compliance with the Model of Care Annual Evaluation Policy for Alameda Alliance Wellness	New policy outlining process for Model of Care annual evaluation as part of the QIHE program		x	
QI	QI-D-004	Core Measures and Reporting Policy	Outlines standardized processes for collecting, analyzing, measuring, and reporting of key metrics.	New policy processes for collecting, analyzing, measuring, and reporting key quality metrics. This includes: 1.CMS Stars Program metrics 2.Annual Quality Improvement Work Plan (QIWP) 3.Health Equity reporting and interventions 4.CMS-required KPIs (e.g., HEDIS, CAHPS, HOS, NCQA reporting)		x	
QI	QI-D-005	DSNP MOC Training	This policy ensures compliance with 42 CFR § 422.101(f) and the CMS-approved Model of Care (MOC) requirements established under Social Security Act § 1859(f)(7), as well as relevant DHCS D-SNP Program Guide provisions for Medicare-Medi-Cal integration.	New policy outlining MOC training		x	
BH	TBD	DSNP Behavioral Health Services	The new D-SNP policy outlines behavioral health services covered for Alliance members.	New		X	
BH	TBD	Behavioreal Health_DSNP_Roles and Responsibilites	This new D-SNP Policy outlines the roles and responsibilities of behavioral health staff involved in the D-SNP Model of Care to ensure coordiantion, high-quality care of the Alliance Members.	New		X	

Policy Procedures Summary of Changes

BH	TBD	Behavioral Health Crisis Intervention	This new D-SNP policy outlines the standardized procedures for crisis recognition, immediate safety response, coordination with providers and county services, and ongoing follow-up.	New		X	
BH	BH-001	Behavioral Health Services	This policy outlines the behavioral health program for the Medi-Cal and GroupCare Line of Business.	The policy update is update language for DHCS minor consent language, NSMHS outreach and education and clinician override procedure for DHCS screening tools.	X		X
CBAS	CBAS 001	Initatal Member Assessment & Reassessment	Describes policy for initial assessments and annual reassessments for CBAS members	Added DSNP Language & references, annual policy update. Reformatted some of the Procedure section to reduce duplication.	X		X
CBAS	CBAS 002	<u>Expedited Initial Member Assessment</u>	How to priotitize CBAS referral for members Discharging Acute Hospital or SNF.	Added DSNP Language & references, annual policy update.	X		X
CBAS	CBAS 004	Member Assignment to a CBAS Center	How to Link members to CBAS centers	Added DSNP Language & references, annual policy update. Updated quality issues related to why we would not approve a CBAS Center	X		X
CBAS	CBAS 005	Provision of unbundled CBAS Services	How to provider services when there is no center available	Added DSNP Language & references, annual policy update. Updated language per guidance from DHCS	X		X
CBAS	CBAS 006	Emergency Remote Services (ERS	How to utilize CBAS ERS Services	Added DSNP Language & references, annual policy update. Reformatted some of the Procedure section to reduce duplication.	X		
CHS	CHS-001	CHS-001 CHW Services	CHW policy outlines CHW services	Updated to reflect Medi-Cal/Medicare language and department/title changes	x		
CHS	CHS-02	Community Health Strategy – Prescreening Process	Describes prescreening and onboarding process for entities interested in delivering Community Health Worker services	New policy		X	
ECM	CM-010	Enhanced Care Management – Member Identification and Grouping	Describes the identification and grouping of AAH members into Enhanced Care Management (ECM)	Transitional Rent, reimbursement model	X		
ECM	CM-041	Enhanced Care Management – Outreach/Member Engagement	Describes engagement for Enhanced Care Management (ECM) eligible members, using state determined, Centers for Medicare & Medicaid Services (CMS) approved criteria.	Transitional Rent	X		
CMDM	CM-043	Child Welfare Liaison	Addressing APL 24-013 that describes the role of the Child Welfare Liaison(s) and responsibilities	Updated policy to addressing missing language around ensuring appropriate participants are present during care coordination meetings	X		
CMDM	CM-D-006	CICM Outreach/Member Engagement	Outreach and engagement of members for CICM			X	
CMDM	CM-D-008	CICM Continuity of Care	Continuity of care for members who are enrolled in ECM and enroll in DSNP			X	

Policy Procedures Summary of Changes

CMDM	CM-D-101	DSNP Care Coordination Expectations	Expectations regarding PCP role, coordination of services and process for coordination	new policy		X	
CMDM	CM-D-102	Case Management Care Coordination Activities	Care coordination identification and actions to take (ccordination care, communication, documentation,etc) to support DSNP members			X	
CMDM	CM-D-104	Individualized Care Plan Process	Individualized care plan development for DSNP members			X	
CMDM	CM-D-109	Internal Audit and Monitoring	Oversight and monitoring of team members productivity for DSNP members			X	
CMDM	CM-D-110	Care Coordination - Local Education Agency Services	Care coordination with LEAs for DSNP Members			X	
CMDM	CM-D-111	Case Management (CM) Staff Roles and Responsibilities	Roles and responsibilities of staff, including oversight			X	
CMDM	CM-D-112	DSNP Care Transitions Protocols	Protocols for planned and unplanned transitions, care coordination team, timely response, member and provider communication, monitoring and evaluation for Care Transitions	new policy		X	
CMDM	CM-D-113	DSNP Care Transitions Personnel	Roles and responsibilities of care transition personnel	new policy		X	
CMDM	CM-D-114	DSNP Individualized Care Plan (ICP) Transfer and Care Transitions Process	roles and responsibilities to build the individualized care plan	new policy		X	
CMDM	CM-D-115	DSNP Planned Care Transitions Process - Member Personal Health Information	The process of communication of member transitions and expectations pre- and post-discharge	new policy		X	
CMDM	CM-D-116	DSN Planned Care Transitions Process - Member Self Management Activities	A structured approach that provides education and support to members and their caregivers, helping them manage and understand their condition while empahsizing self-care.	new policy		X	
CMDM	CM-D-117	DSNP Planned Care Transitions Process - Notification and Point of Contact	Assignment and notification of the Point of Contact	new policy		X	
CMDM	CM-D-118	DSNP Face-to-Face Encounters	Defining who can provide a face-to-face encounter, the required timing of face-to-face encounters, monitoring and scheduling face-to face encounters to assist with compliance of the regulatory requirements	new policy		X	
CMDM	CM-D-119	Interdisciplinary Care Team (ICT) Overview	Membership for ICT and requirements for Palliative Care and Dementia Care ICT	new policy		X	

Policy Procedures Summary of Changes

CMDM	CM-D-120	Interdisciplinary Care Team (ICT) Participants	The roles and responsibilities of the members of the ICT and how each contributes to the development and implementation of the an effective interdisciplinary process to support the member's clinical and social needs	new policy		X	
CMDM	CM-D-121	DSNP Most Vulnerable Population (MVP)	Definition, identification and stratification of the DSNP MVP	new policy		X	
CMDM	CM-D-122	Disease Management Programs	Identification and screening, enrollment, assessment, care plan development and management and disease management evaluation and program closure for the disease management programs	new policy		X	
CS	CS-002	Community Supports-Housing Transition Navigation	Alameda Alliance for Health processes the Housing Transition	Updated Referral language and member consent language	X		
CS	CS-003	Community Supports-Housing Deposits	Alameda Alliance for Health processes the Housing Deposits	Updated member consent language	X		
CS	CS-004	Community Supports-Housing Tenancy and Sustainability	Alameda Alliance for Health processes the Housing Tenancy	Updated member consent language	X		
CS	CS-007	Community Supports-Medically Supportive Food_Meals_Medication	Alameda Alliance for Health processes the Medically Tailored	Updated member consent language and urgency TAT language	X		
CS	CS-013	Community Supports – Transitional Rent	This policy outlines the process in which Alameda Alliance for Health processes the Transitional Rent Community Support. Transitional Rent assists individuals who are homeless or at risk of homelessness with 6 months of rental assistance in interim and permanent settings.	New		X	
CS	CS-014	Non-Housing Community Supports Criteria	This policy outlines the criteria that Alameda Alliance has established for Community Supports along with the DHCS Medi-Cal Community Supports (CS) or In Lieu of Services (ILOS), Policy Guide (April 2025).	Updated criteria to felect new policy guide , Added D-SNP	X		
UM	DSNP	Case Rounds& Team Review	New policy to describe UM Rounds	NEW D-SNP Policy		X	
UM	DSNP	Integrated Orginization Deteminations	New policy describing D-SNP Letters	NEW D-SNP Policy		X	
UM	DSNP	QIO Fastrack Appeals- for Medicare Covered Services	New process describing the QIO Process	NEW D-SNP Policy		X	

Policy Procedures Summary of Changes

LTC	LTC-001	Long Term Care Program	This policy outlines the process for providing Long Term Care (LTC) services in the following settings: •LTC Nursing Facilities (NF)-Freestanding and Hospital Based •Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD) •Subacute (SA) care facilities •Pediatric Subacute (PSA) care facilities. This policy outlines the process for providing Long Term Care (LTC) services in the following settings: •LTC Nursing Facilities (NF)-Freestanding and Hospital Based •Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD) •Subacute (SA) care facilities •Pediatric Subacute (PSA) care facilities.	Updated APLs, Added D-SNP	X		
LTC	LTC-001	Long Term Care	This policy outlines the process for providing Long Term Care (LTC) services in the following settings: •LTC Nursing Facilities (NF)-Freestanding and Hospital Based •Intermediate Care Facilities for persons with Developmental Disabilities (ICF/DD) •Subacute (SA) care facilities •Pediatric Subacute (PSA) care facilities.	Updated to add Hospice Language per DHCS request for APL 25-008	X		
LTC	LTC-004	LTC Bed Hold and Leave of Absence	The Alameda Alliance for Health (The Alliance/AAH) maintains current processes and guidelines for approving Bed Holds and Leave of Absence (LOA) for members residing in Long Term Care facilities.	Updated APLs, Added D-SNP, Updated TCS wording	X		
LTC	LTC-006	Observation (Personal Attendants/Sitter) in N	This policy is to outline the requirements for Alameda Alliance to consider coverage of One to One Observation (Personal Attendants/Sitter) at a nursing facility.	New		X	X
UM	UM-008	Coordination of Care- California Children's Services	Describes the roles and responsibilities of Alliance in the UM of members with access to CCS services	Updated language to align with DHCS APL 23-014 related to the CCS Liaison. Also conducted Annual review with minor formatting updates	X		X

Policy Procedures Summary of Changes

UM	UM-011	Coordination of Hospice and Terminal Illness	Policy for Authorization of Hospice Services	Updated to Align for new APL 25-008 with updates related to LTC Hospice	X		X
UM	UM-015	Emergency and Post Stabilization Services	Process for approving post Stabilization Services	Updated for D-SNP references and processes	X		X
UM	UM-024	Care Coordination- Dental Services	UM Process for coordinating Dental services	Change name to Dental Services to better align with CM-D-101 which talks about the care coordination pieces.	X		
CMDM	UM-025/CM-044	Guidelines for Obstetrical Services	Providing services include care coordination, assessment and individualized care plan development for pregnancy members	Updated policy to include new changes to regulatory requirements and DSNP Moving from UM to CM.	X		
CMDM	UM-030/CM-045	Referrals to Supplemental Food Program for Women, Infants and Children (WIC)	Identification of members, and referral process to WIC	Moving from UM to CM and therefore monitoring will be completed by Compliance and CM annually. One policy for all lines of business	X		X
UM	UM-035	Vision Services	UM process for coordinating Vision Services	Updated for D-SNP references and processes	X		
UM	UM-051	Timeliness of UM Decision Making and Notification	Alameda Alliance maintains current regulatory required timeliness standards for Utilization Review decision making and subsequent notification timeframes of the decision to both the Member and Provider.	Updated with D-SNP verbiage including new attachment of the D-SNP/ MCAL/ GC TAT grid. Reformatted for readability of the policy	X		X
UM	UM-051	Timeliness of UM Decision Making and Notification	Timeliness of UM Decision Making	Need to update the TAT grid- 5 business days to 7 calendar days	X		X
UM	UM-054	Notice of Action	Process for completing decision notifications for MCAL and IHSS	Annual review- no major changes	X		
UM	UM-056	Standing Referrals	This policy establishes guidelines for issuing standing referrals to specialists for DSNP enrollees with chronic or disabling conditions that require ongoing specialty care to ensure continuity of treatment, reduce administrative burden and improve health outcomes.	D-SNP references added. Minor grammar revisions	X		
UM	UM-057	Authorization Service Request	Alameda Alliance for Health (Alliance) maintains current processes and guidelines for reviewing requests for authorization and making utilization management (UM) determinations for health care services (encompassing medical/surgical or behavioral health,) requiring authorization.	DSNP Revisions completed. Reformatting completed to remove some duplication and increase readability	X		X
UM	UM-057	Authorization Request Services	Describes the UM functions of the Alliance team in approving authorizations	Added CS language r/t expedited auths post discharge, updated 5 business days to 7 calendar days, added language r/t CHME approval of certain DME items. Minor formatting updates	X		

Policy Procedures Summary of Changes

UM	UM-067	Varicose Veins	Policy for coverage of medically Necessary treatment for members with Varicose veins	This policy was originally created and sent through UMC/ QIHEC in 2020. It was never completed and presented at AOC- so bringing heree to re-request implementation of this policy		X	
UM	UM-068	Tertiary Quaternary Review Process	The purpose of this policy is to establish and implement the Tertiary and Quaternary Review Process. This policy is implemented to outline the standard process utilized in reviewing appropriateness of referrals and transitions to a tertiary and quaternary level of care. This will ensure consistency of all reviews both internally and externally. This will result in the timely transition of members to the right level of care at the right time and high-quality outcomes	Notes for UMC: Added DSNP Reference, clarified COC process for member request, Added examples of TQ appropriate requests vs requests that should be redirected back to the community provider level	X		
UM	UM-069	Continuous Glucose Monitoring Equipment	This policy establishes guidance for clinical decision making related to Continuous Glucose Monitoring equipment (CGM).	Notes for UMC: Reformatted Policy section into policy statement only and moves specific processes into the procedure section. Removed footnotes and replaced them with the references only. Added DSNP Process to use MediCal RX for the DSNP CGM.	X		X
UM	UM-070	UM Denial System Controls	Process of oversight and monitoring of Changes/ Modifications to receipt dates for UM auth requests	Updated language related on how we audit and approve date changes	X		X
UM	UM-071	Major Organ Transplant	Policy related to all components of major organ transplants	Updated language to be inclusive of D-SNP regulations and processes for MOT/	X		

Voting Item: Approval of Committee Meeting Minutes

- QIHEC : 8/8/2025
- IQIC: 10/15/25
- CLSS: 7/23/25
- CAC: 12/5/24, 12/16/24, 3/20/25, 6/12/25
- A&A: 9/10/25
- UMC: 8/29/25, 9/26/25, 10/31/25

The complete Minutes packet
has been sent to the committee
via email.

Voting Item: QIHE Program Description

Michelle Stott

The QIHE Program
Description has been sent
to the committee via email.

2026 Quality Improvement Health Equity (QIHE) Program Description

▶ **Background:**

- ▶ The QIHE Program Description is a comprehensive document with a set of interconnected documents that describes the Alliance quality program governance, structure and responsibilities, operations, scope, goals, and measurable objectives

Updates:

- ▶ Incorporated DSNP requirements as an Exclusively Aligned Enrollment (EAE) plan:
 1. Added staff committee participation as required by CMS and included Medicare Operations as appropriate.
 2. UM requirements such as face-to-face encounters, transitions of care, and palliative care case management
 3. Added Model of Care framework and workplan
- ▶ Other:
 1. Added Maternal Mental Health Program
 2. Updated org charts and reporting structure

DSNP Overview

Tome Meyers

Committee Member Presentation: CHCN

Dr. Khush Grewal

Survey Results

Loc Tran

Mao Moua

MY 2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.1H Survey Summary



QIHEC 11.14.25

Survey Methodology

- ▶ Survey fielded using a Mail and Phone survey methodology, per NCQA protocol. AAH uses Press Ganey (PG), a National Committee for Quality Assurance (NCQA) certified vendor. Valid surveys are collected from each eligible member population from February – May 2025
- Medicaid Child-parent of those 17 years and younger (as of Dec. 31st of the measurement year).
 - Medicaid Adult-18 years and older (as of Dec. 31st of the measurement year).
 - Continuously enrolled in the plan for at least five of the last six months of the measurement year.
 - Commercial Adult-Continuously enrolled in the plan, allowing for one gap of up to 45 days during the measurement year.

	Medicaid Adult		Commercial Adult		Medicaid Child	
	MY 2023	MY 2024	MY 2023	MY 2024	MY 2023	MY 2024
Number of Valid Survey Collected	181	178	185	199	323	263
Response Rate	13.6%	13.4	17.6%	19.2%	15.8%	12.9%
PG Response Rate	11.1%	11.7%	10.3%	9.3%	9.4%	10.0%

Key:

Increase from 2023

Decrease from 2023

Medi-Cal Child Trended Survey Results

Getting Care Quickly: 3rd QC Percentile Rank

- **Urgent Appointment (n=52): 82.7%**
- **Routine Appointment (n=148): 69.6%**
 - ▶ Above Plan Score:
 - 5 – 13 years old
 - White and Hispanic
 - ▶ Below Plan Score:
 - 0 – 4 years old and 14+ years old
 - Asian and Black/African American
 - ▶ Males to rates us above the plan score compared to Females

Getting Needed Care: 13th QC Percentile Rank

- **Getting Care, Test, or Treatment (n=146): 78.8%**
- **Getting Specialist Appointment (n=57): 77.2%**
 - ▶ Above Plan Score:
 - 5+ years old
 - Hispanic
 - ▶ Below Plan Score:
 - 0 – 4 years old
 - Asian

Summary Rate Scores: Medi-Cal Child					
	2024 QC%	MY2024	Previous Yr Comparison	MY2023	MY2022
Getting Needed Care (% Always or Usually)	83.3%	78.0%	↑	76.3%	79.2%
Getting Care Quickly (% Always or Usually)	86.3%	76.1%	↓	78.3%	73.0%

Medi-Cal Adult Trended Survey Results

Getting Care Quickly: 1st QC Percentile Rank

- **Urgent Appointment (n=49): 69.4%**
- **Routine Appointment (n=96): 66.7%**
 - ▶ Above Plan Score:
 - 45+ years old
 - Hispanic
 - ▶ Below Plan Score:
 - 18 – 44 years old
 - ▶ Males rates us above the plan score compared to Females

Getting Needed Care: 2nd QC Percentile Rank

- **Getting Care, Test, or Treatment (n=103): 71.8%**
- **Getting Specialist Appointment (n=73): 75.3%**
 - ▶ Above Plan Score:
 - 55+ years old
 - Hispanic
 - ▶ Below Plan Score:
 - 18 – 54 years old
 - Black/African American and White
 - ▶ Males rate above the plan score compared to Females

Summary Rate Scores: Medi-Cal Adult					
	2024 QC%	MY2024	Previous Yr Comparison	MY2023	MY2022
Getting Needed Care (% Always or Usually)	81.5%	73.6%	↔	73.6%	75.2%
Getting Care Quickly (% Always or Usually)	80.4%	68.0%	↓	74.9%	72.9%

Commercial Adult Trended Survey Results

Getting Care Quickly: 6th QC Percentile Rank

- **Urgent Appointment (n=68): 72.1%**
- **Routine Appointment (n=139): 61.2%**
 - ▶ Above Plan Score:
 - 45+ years old
 - Black/African American
 - ▶ Below Plan Score:
 - 18 – 44 years old
 - Asian
 - ▶ Females rate us above the plan score compared to Males

Getting Needed Care: 5th QC Percentile Rank

- **Getting Care, Test, or Treatment (n=130): 76.9%**
- **Getting Specialist Appointment (n=89): 66.3%**
 - ▶ Above Plan Score:
 - Black/African American and White
 - 45 – 54 years old
 - ▶ Below Plan Score:
 - 18 – 44 years old
 - Asian

Summary Rate Scores: Commercial Adult					
	2024 QC%	MY2024	Previous Yr Comparison	MY2023	MY2022
Getting Needed Care (% Always or Usually)	81.7%	71.6%	↑	71.1%	72.0%
Getting Care Quickly (% Always or Usually)	81.2%	66.6%	↑	65.0%	56.0%

Summary

➤ Results

- Improvement on rating for Getting Care Quickly, especially for the commercial LOB.
- Male members tend to rate us above the plan average score compared to female members.
- Asian population continue to rate us below the plan average score for 'Getting Care Quickly' and 'Getting Needed Care'.
- Hispanic population rate us above the plan average score for 'Getting Care Quickly' and 'Getting Needed Care'.

➤ Next steps

- Ongoing provider education and onsite office visits to provider not meeting Timely Access year over year.
- Encourage/Support provider in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow up care.
- Access related measure included on P4P.
- Provider incentives to extend office hours, provider recruitment/retention grant, focusing on improving access to care.
- Member facing document regarding alternative access (e.g., urgent care, telehealth, after hour/weekend clinics).

Questions ?

Timely Access Requirement (TAR) Survey

11/14/25

BACKGROUND/ PURPOSE

▷ Background:

- ▶ Meets DMHC requirement, California Timely Access to Non -Emergency Health Care Services and Annual Timely Access and Network Reporting Requirements and performing related quality improvement
- ▶ Completed Annually

▷ Purpose:

Assess members' experiences with timely appointments and interpreter services.

Inform members of their right to timely care and language support.

Evaluate satisfaction of LEP (Limited English Proficient) members with interpreter coordination, availability, and quality.



▷ Questionnaire

- ▶ Administered by vendor, Press Ganey
- ▶ Survey Languages: English and 15 foreign languages
- ▶ Data collection: Mail and online

▷ Sample Size

- ▶ 5,200 eligible members
- ▶ Responses: 259 (5% response rate)

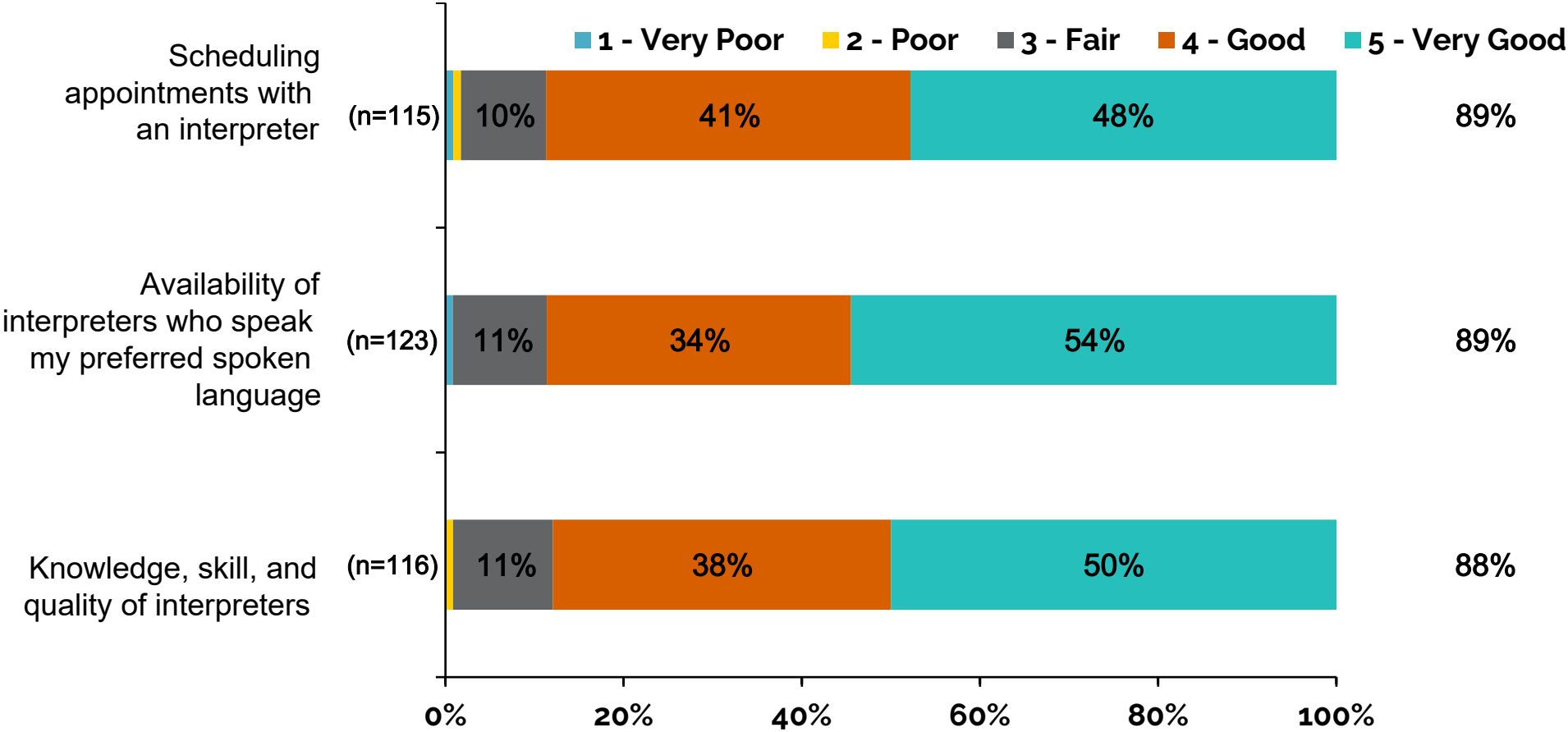
SURVEY RESPONSE BY LANGUAGE

Language	Combined (n/%)	
Arabic	9	3.5%
Armenian	1	0.4%
Chinese	47	18.1%
English	30	11.6%
Hindi	3	1.2%
Japanese	0	0.0%
Korean	25	9.7%
Khmer	7	2.7%
Persian (Farsi)	23	8.9%
Russian	23	8.9%
Spanish	25	9.7%
Tagalog	28	10.8%
Vietnamese	38	14.7%
Total	259	

- ▶ Top Languages Responded:
 - ▶ Chinese
 - ▶ Vietnamese
 - ▶ Tagalog
 - ▶ Spanish
 - ▶ Korean
 - ▶ English
- ▶ Responses were received in all Alliance threshold languages.

Needed an interpreter to speak with your doctor or other health care providers in the past 12 months	
Yes	47%
No	45%
Unsure	5%
No Response	3%

Ratings of Interpreter Services



▶ Year-Over-Year Comparison

- ▶ Increase of 149 completed surveys from MY2023 to MY2024
- ▶ Slight decrease by 7.2% in members reporting interpreter need
- ▶ Satisfaction scores remained stable
- ▶ Small decrease in interpreter quality satisfaction: from 90% (MY2023) to 88% (MY2024)

▶ Notable Observations

- ▶ Spanish-speaking response rate was lower despite high demand for Spanish interpreters.
- ▶ Indicates an opportunity to strengthen outreach to Spanish -speaking members

▶ Possible Barriers

- ▶ Increased membership from the 2024 expansion equals higher demand for interpreter services.
- ▶ No definitive cause has been identified and will need further investigation to determine root causes of decreased satisfaction.

NEXT ACTION STEPS

- ▷ Continue annual survey with improved outreach to Spanish -speaking members.
- ▷ Support providers with targeted education and engagement strategies.
- ▷ Investigate interpreter -related grievances and PQIs.
- ▷ Review vendor training curriculum and interpreter linguistic assessments.
- ▷ Present survey results at Access & Availability and CLS Subcommittees.
- ▷ Questions and Discussion
 - ▶ Are there any suggestions on how to improve outreach to Spanish -speaking members?

Questions?

Thank You!

Workplan Updates

- Utilization Management
 - Case Management
 - Long-Term Care
-

Michelle Findlater

Lily Hunter

Kimberly Glasby



UM Workplan Update

QIHEC

Michelle Findlater, Director of Utilization Management

November 14, 2025

Agenda

The purpose is to track and trend:

- UM Metrics Summary
- Readmissions
- Inpatient Denial Rates
- Outpatient Denial Rates
- Emergency Department Volume
 - By Network
 - By Facility

2024 Program Recommendations

Focus areas

- **Data:** Refine UM data integrity and analysis
- **Delegates:** Enhance oversight for all regulatory processes
- **UM processes:** Enhancements on throughputs
- **ED / Hospital Over Utilization:** High frequency ED visits & OON & Readmissions
- **OON:** Enhance analysis and collaboration with PR on network

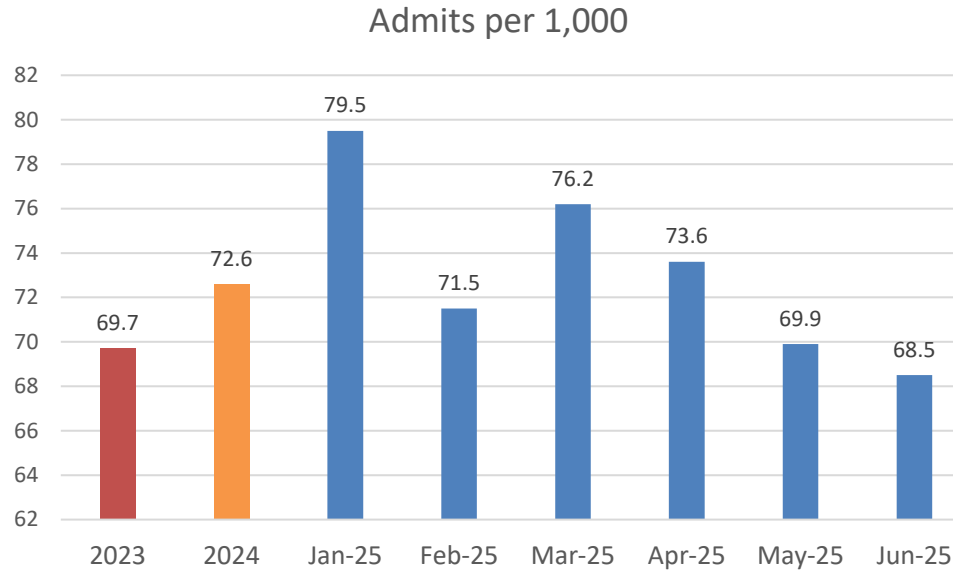
UM Metrics Summary

PowerBI: #12005 IP Claims Utilization

Date: 2023 Average – June 2025

Excluded: LTACs and Sutter Herrick Psych Unit facilities

Admits/1000 (1/1/25- 6/30/25)

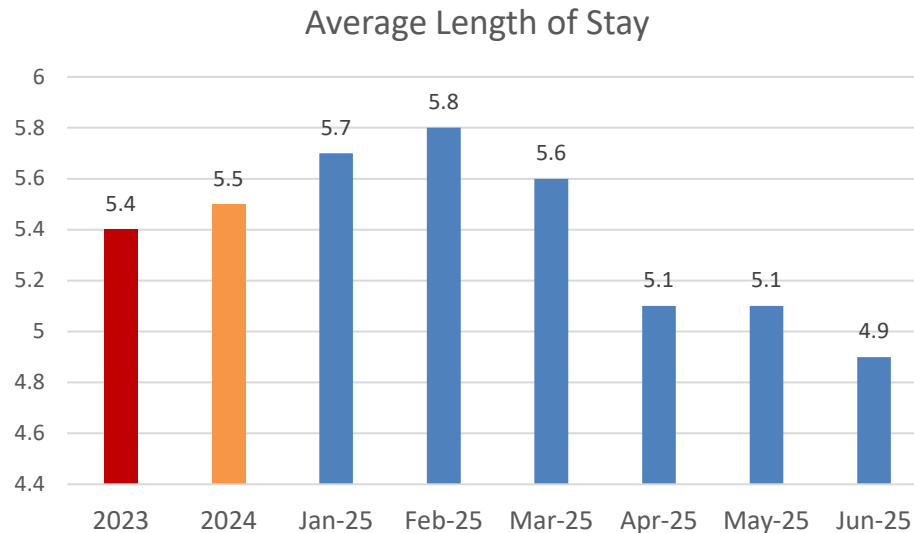


➤ 2025 Admits/1000 increased to an average of 73.2 which is a (+0.6) change from the 2024 average based on claims data available for January through June 2025

- Admits/1000 by delegate- Alliance has the highest Admits/1000 at 139.5 and CFMG the lowest at 8.7
- Admits/ 1000 by Facility: Summit has the highest at 11.9 and Lucille Packard is the lowest at 0.1
- Admits/1000 by aid category: SPD LTC/ Full Duals is the highest at 252.9 and Adults are the lowest at 35.8

Average Length of Stay (ALOS)

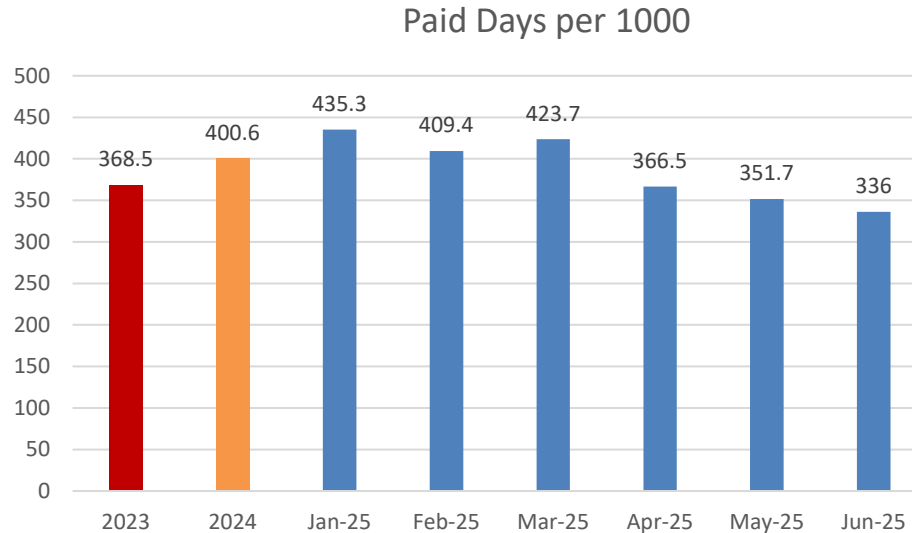
1/1/25 - 6/30/25



- 2025 ALOS decreased to an average of 5.3 which is a (-0.2) change from the 2024 average based on claims data available for January through June 2025
 - ALOS by delegate- Alliance has the highest ALOS at 5.9 and CFMG the lowest at 2.4
 - ALOS by Facility: UCSF has the highest at 7.6 and CHO is the lowest at 2.1
 - ALOS by aid category: SPD LTC is the highest at 5.9 and Children are the lowest at 2.3

Paid Days/1000

1/1/25 - 6/30/25



➤ 2025 Paid Days/ 1000 decreased to an average of 387.2 which is a (-13.4) change from the 2024 average based on claims data available for January through June 2025

- Paid Days/ 1000 by delegate- Alliance has the highest Paid Days/K at 826.1 and CFMG the lowest at 20.5
- Paid Days/ 1000 by Facility: HGH has the highest at 62.7 and AHS San Leandro has the lowest at 17.8
- Paid Days/ 1000 by aid category: SPD/ LTC Duals is the highest at 1,407.4 and Children are the lowest at 20.9

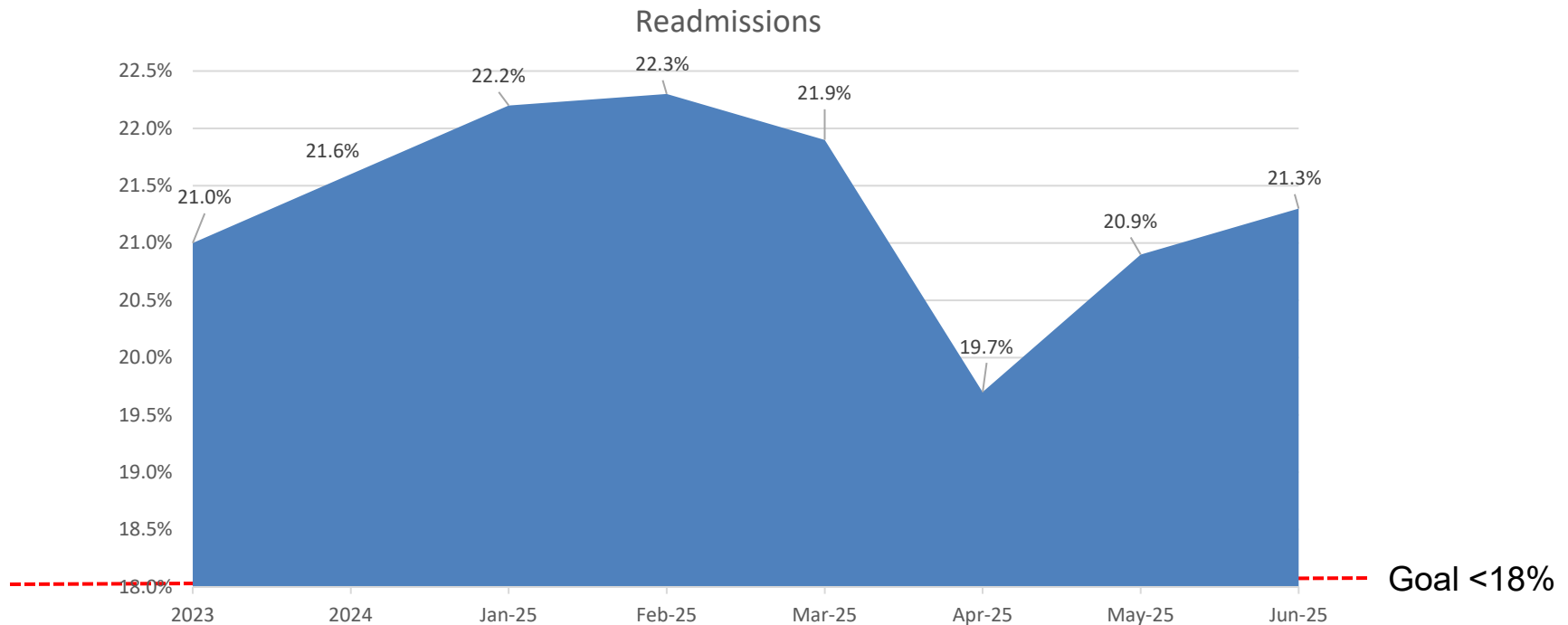
Readmissions

PowerBI: #12005 IP Claims Utilization
Date: 2023 Average – June 2024

Excluded: LTC AID Categories, LTACs and Sutter Herrick Psych Unit facilities

Monthly Readmissions Trend

1/1/25 - 6/30/25

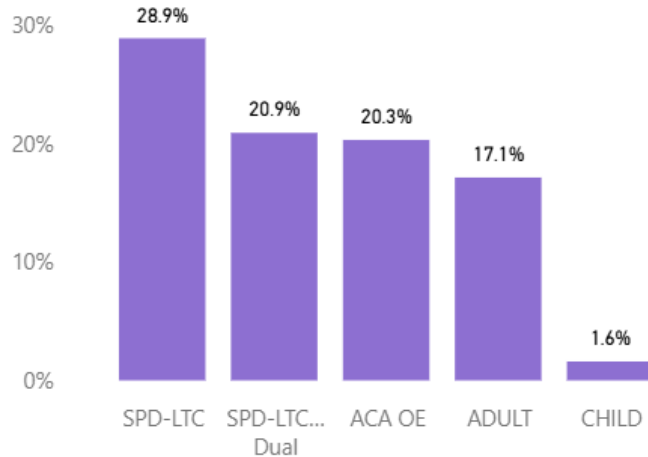


- Readmission Rates in 2025 have remained consistently above our goal of 18%. The average thus far in 2025 is 21.4% which is trending (-0.2 as compared to 2024) however this was brought down by the dip noted in April 2025 to 19.7%. Our goal remains unchanged at 18%.

Readmission Rates

1/1/25 - 6/30/25

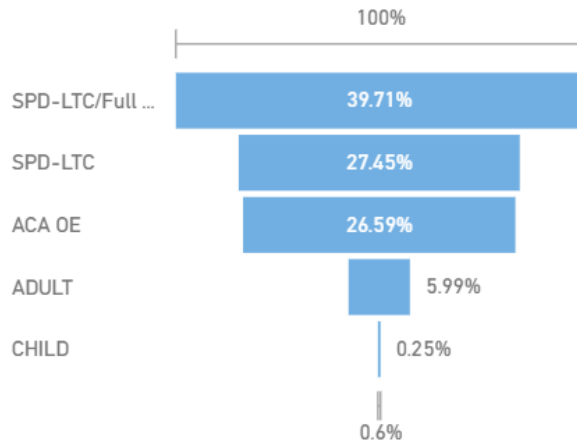
By Aid Category



SPD/LTC continues to carry the highest readmission rate 28.9%, followed by DUALS 20.9%
ACA OE 20.3%
Adult 17.1%
Child 1.6%

Child is the only Aid Category which has decrease so far in 2025

Distribution By Aid Category



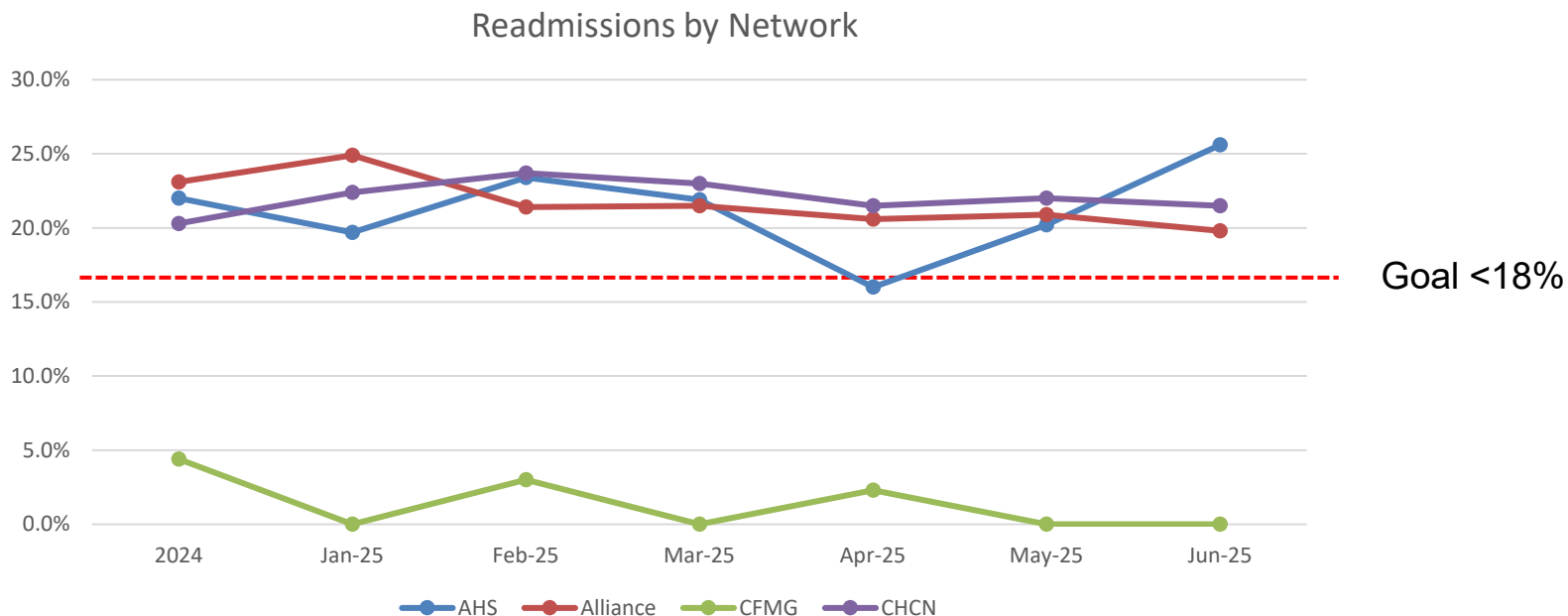
Duals readmits comprise ~39.71% of total readmits followed by SPD ~27.46%,
ACA OE 26.59%

Duals is the only category with an increase so far in 2025.

Readmission Rate by Network

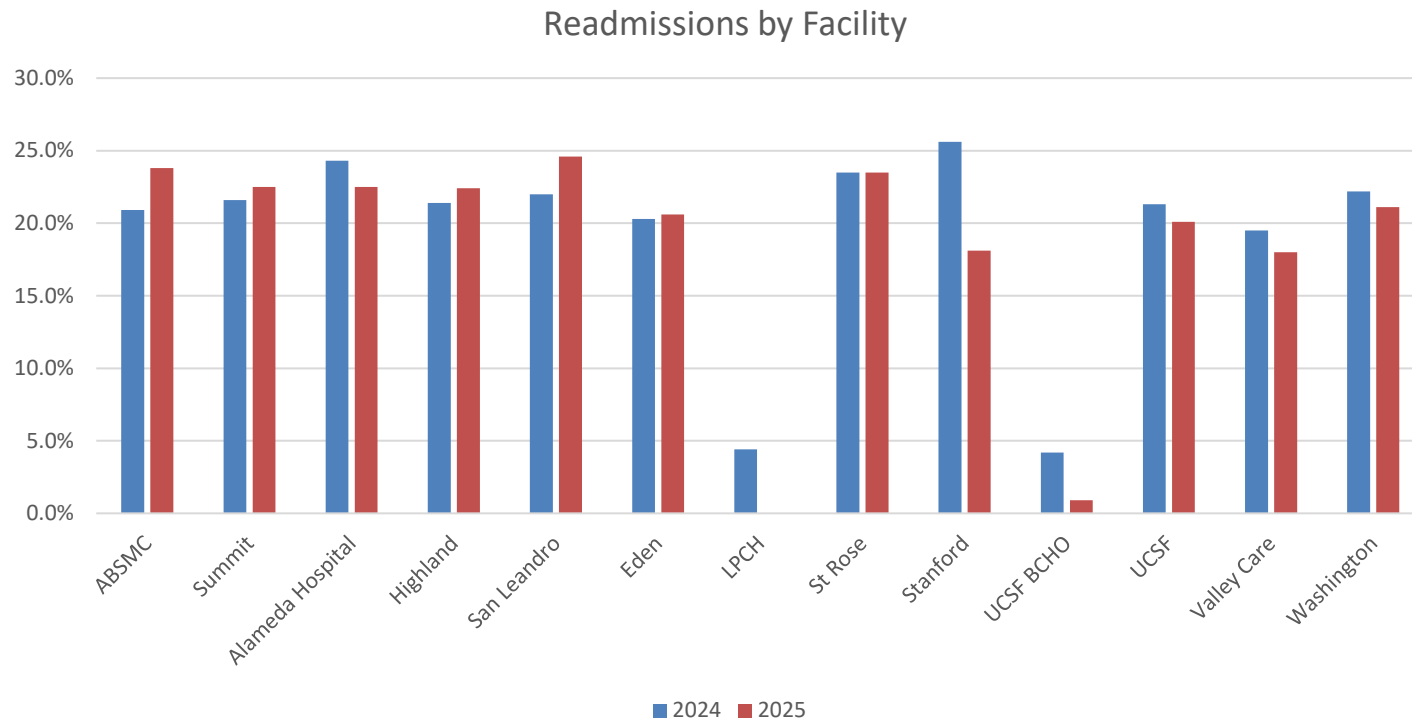
1/1/25-6/30/25

ALAMEDA
Alliance
FOR HEALTH



Overall, all 3 networks (with the exception of CFMG) appear to be having readmission trends above the Alliance goal of 18%.

Readmission Rates by Facility



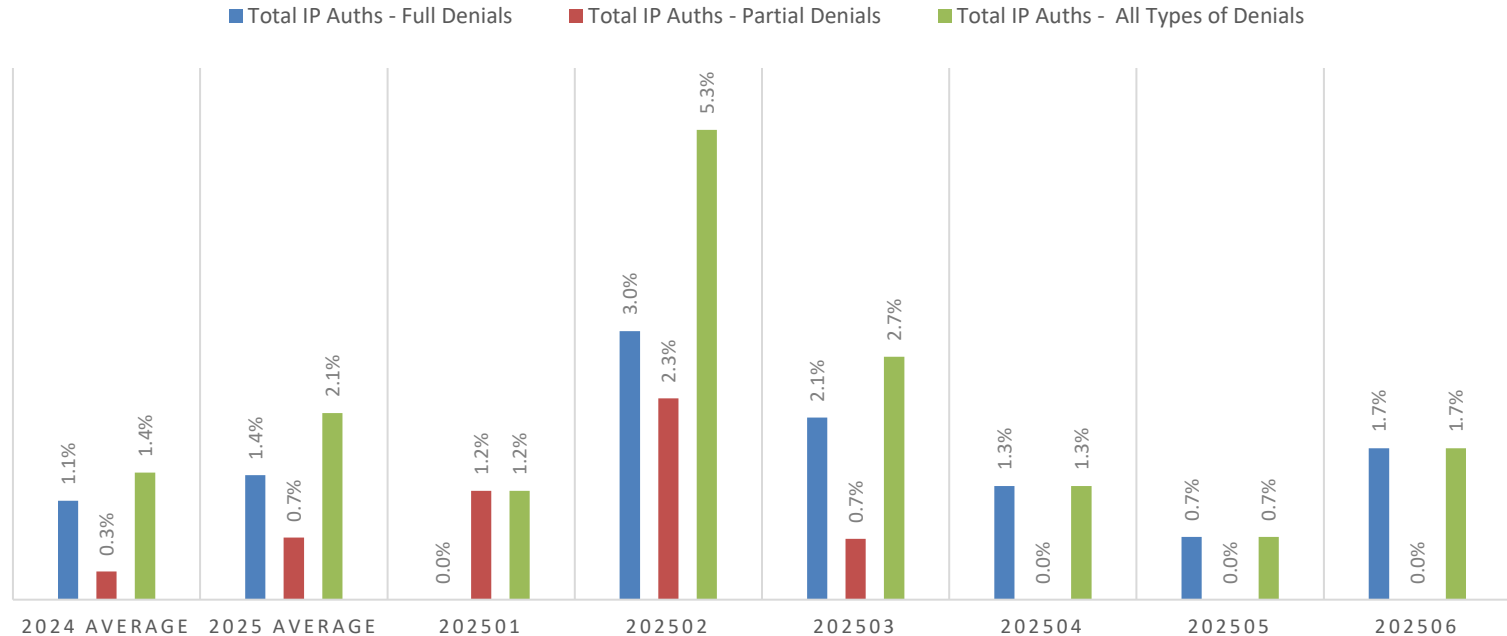
- Comparing average readmission rates to 1/1/24-6/30/25 readmission rates ABSMC, Summit, Highland, San Leandro and Eden have seen increases in their readmissions. Meanwhile Alameda Hospital, Stanford, UCSF BCHO, UCSF, Valley Care and Washington have seen decreases. St. Rose has remained consistent.

Inpatient Denial Rates

Excel: #01292 All Auth Denial Rates
Date: 2024 Average – June 2025

Inpatient Denial Rates

IP AUTH DENIALS



Total IP denials have increased by 0.7% as compared to the 2024 averages and we have seen more Full Denials than Partial Denials.

Total Denials driven by "Members not Eligible" or "CCS responsibility."

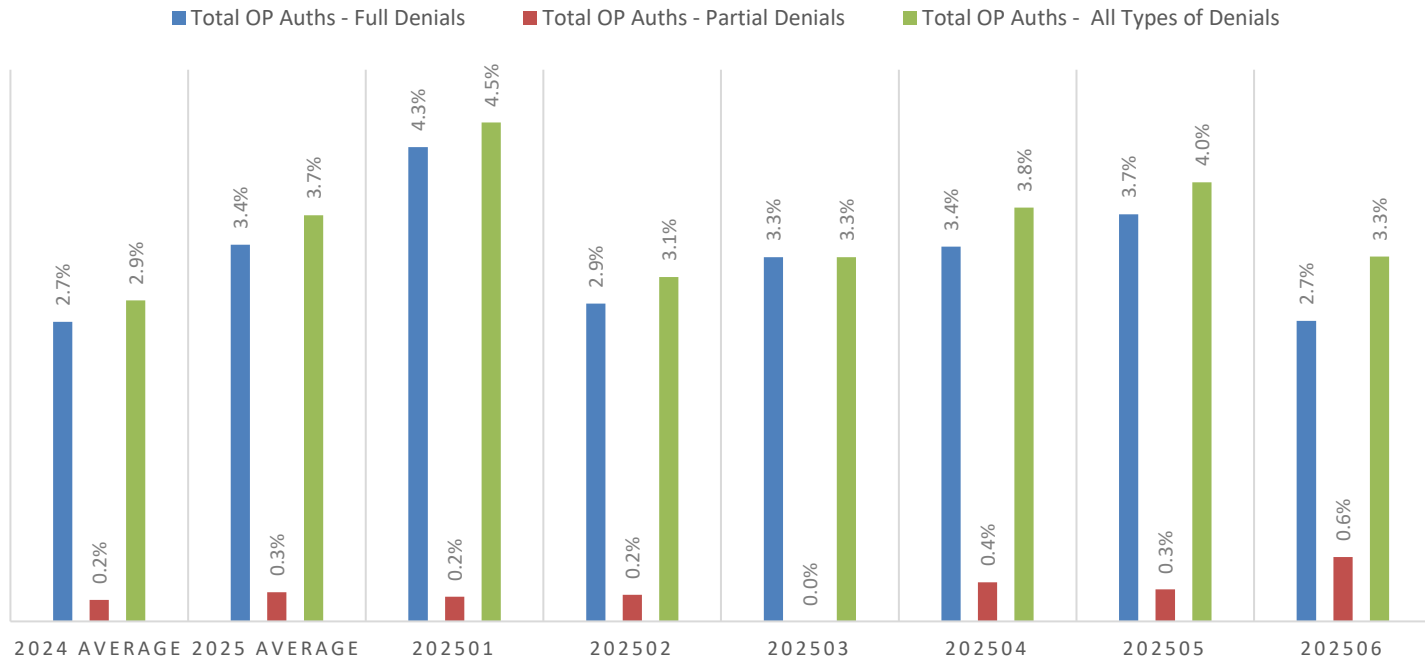
Outpatient Denial Rates

#01292 All Auth Denial Rates (Claims based)

Date: 2024 Average – June 2025

Outpatient Denial Rates

OP AUTH DENIALS



Total OP Denials has increased in 2025 by 0.8% as of June 2025. We continue to see more Total Denials than Partial Denials in OP.

The top 5 reasons for OP denials are Not Medically Necessary, OON, Other, Member does not meet criteria and not a covered benefit.

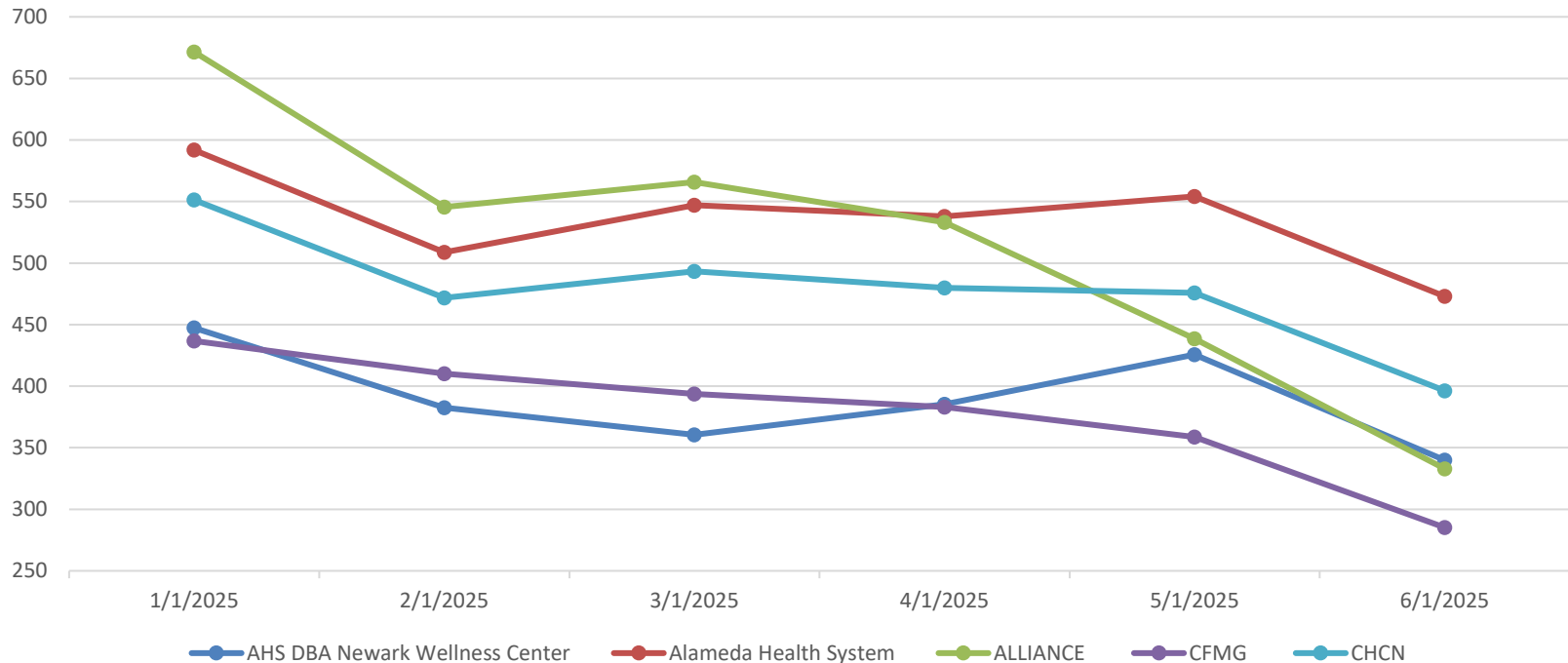
Emergency Department Volume

Excel: #03046 ER Visits by Network

Date: January 2025 – June 2025

ER Visits by Network

ER Visits by Network



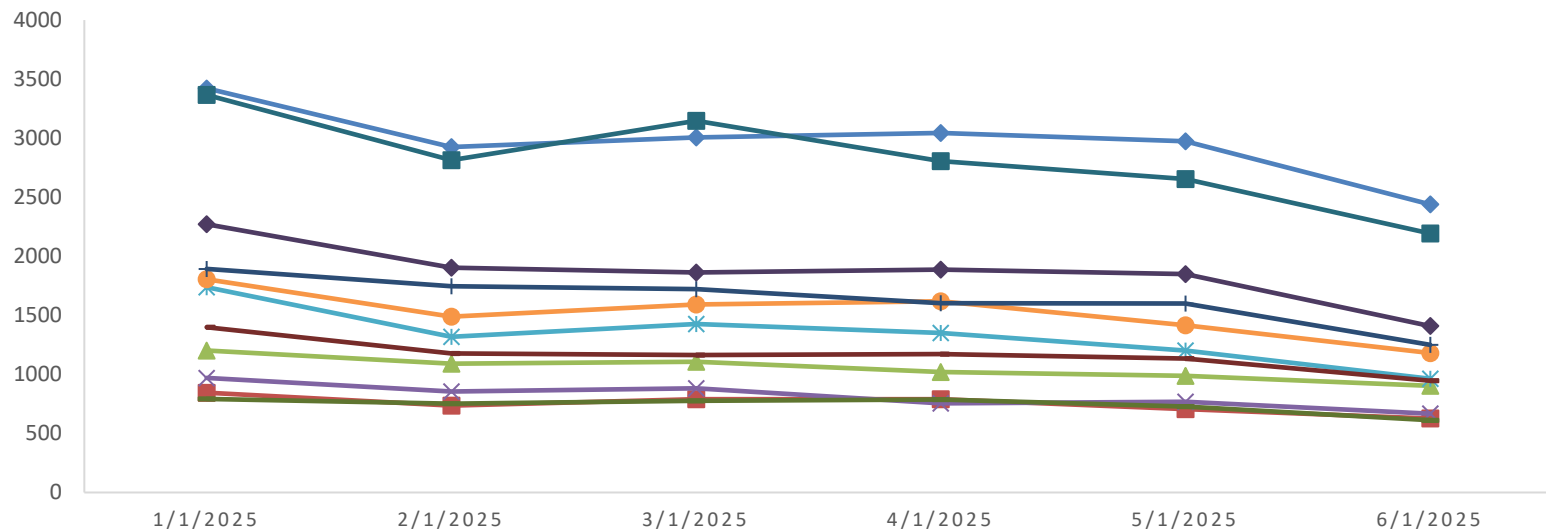
Total ED rates are decreasing, overall since 1/1/2025, but part of this may be attributed to a claims lag.

Highest Average ER Visits by Network:

AHS (918)-Alliance (882)-CHCN (819)-Newark Wellness (669) –CFMG (648)

ER Visits by Facility

ER UTILIZATION BY FACILITY



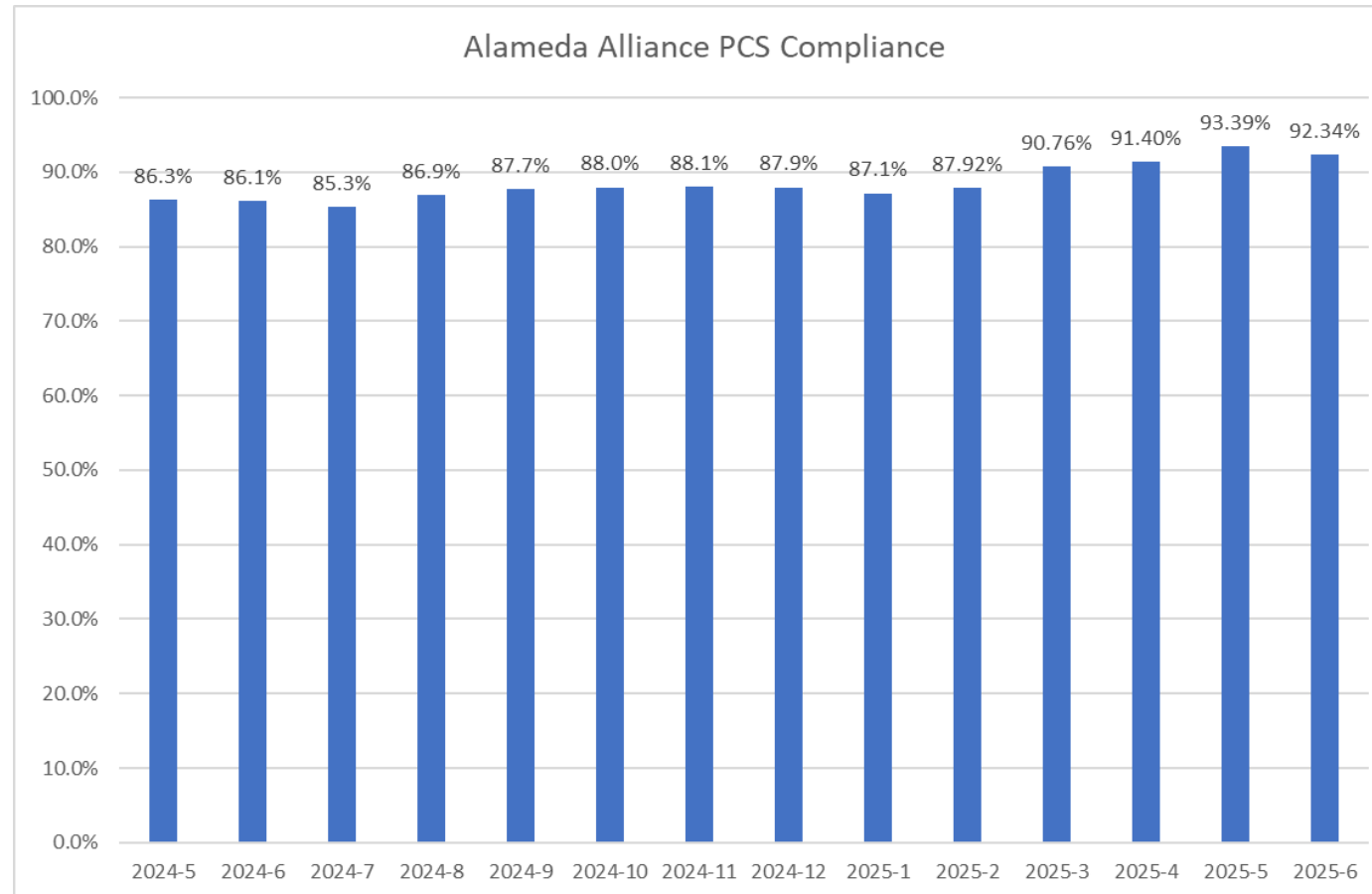
Thanks!
Questions?

Case and Disease Management Update

Lily Hunter
Director, Social Determinants of Health

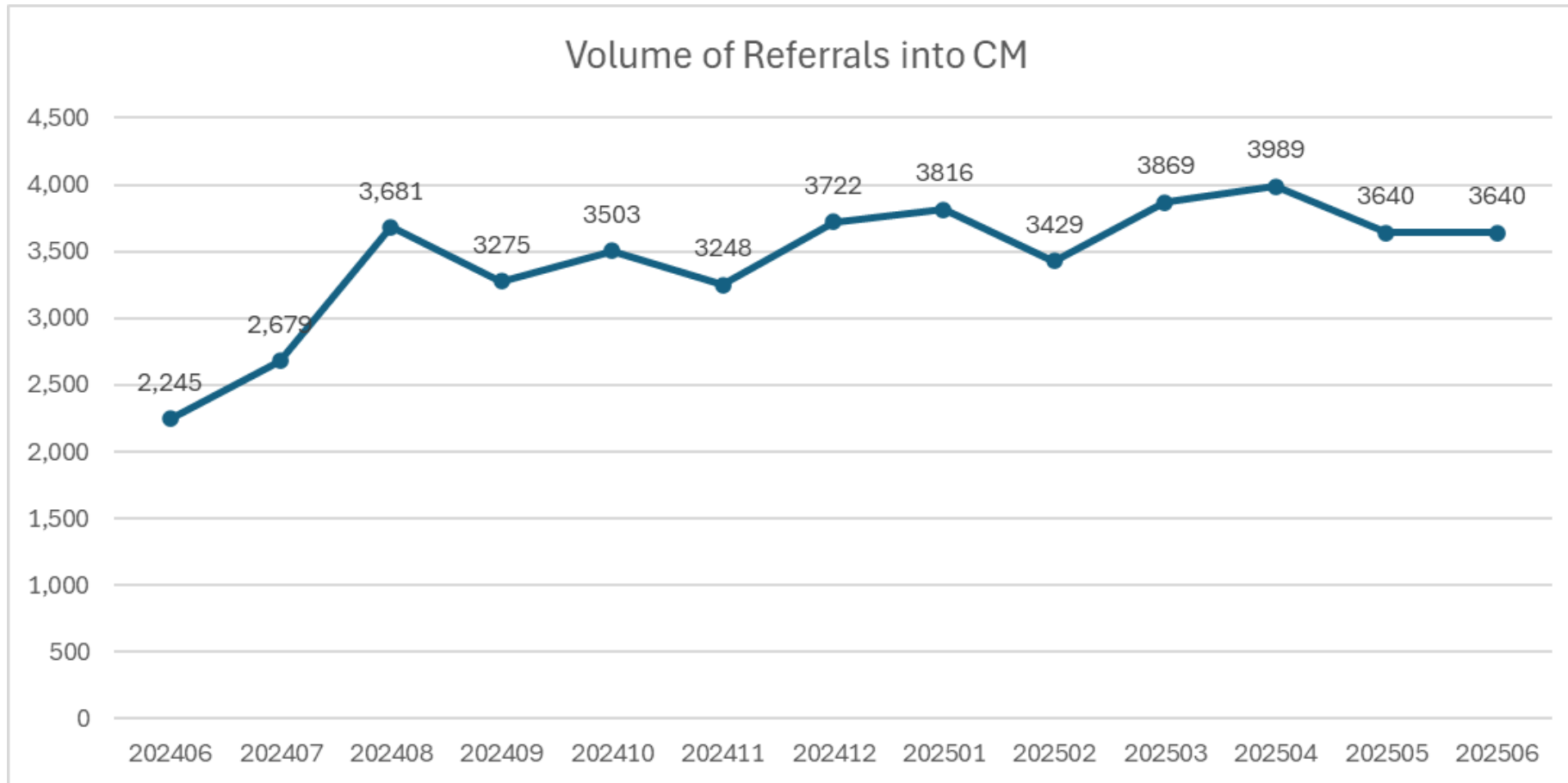
November 14, 2025

Transportation Physician Certification Statement (PCS) Update

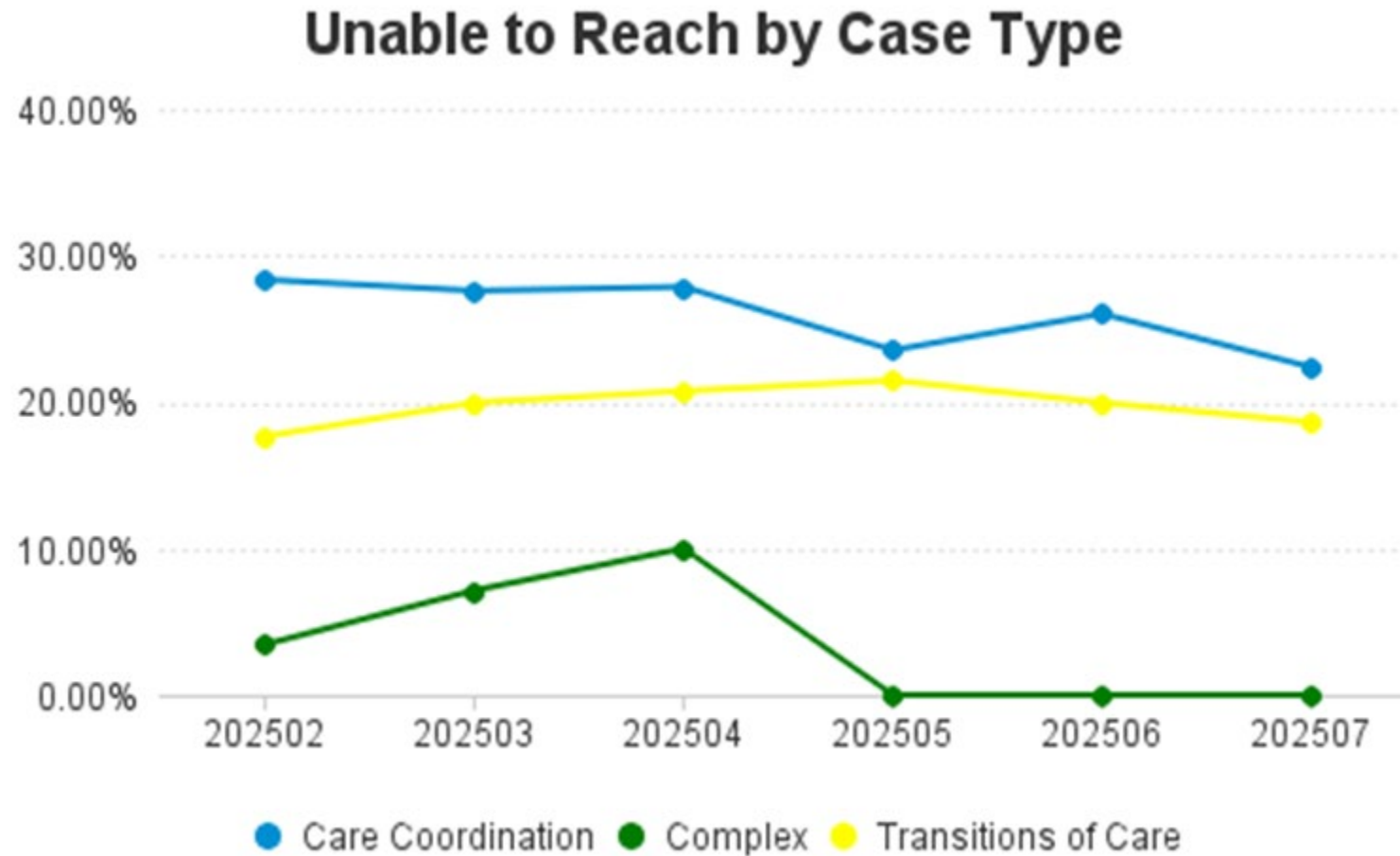


Source: Report 15118_PCS Compliance

CM Referral Volume



CM Connection Rates



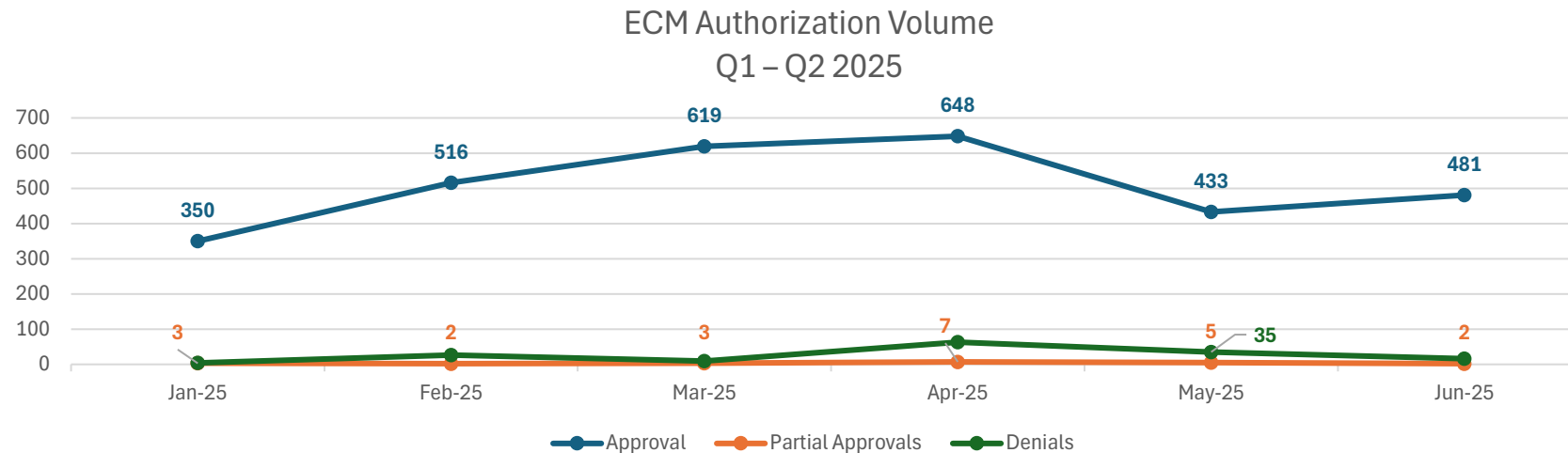


Enhanced Care Management (ECM)

ECM Authorization Volume

	January 2025	February 2025	March 2025	Q1 2025 (Average)
Approvals	350	516	619	495
Partial Approvals	3	2	3	3
Denials	4	26	9	13

	April 2025	May 2025	June 2025	Q2 2025 (Average)
Approvals	648	433	481	521
Partial Approvals	7	5	2	5
Denials	63	35	16	38

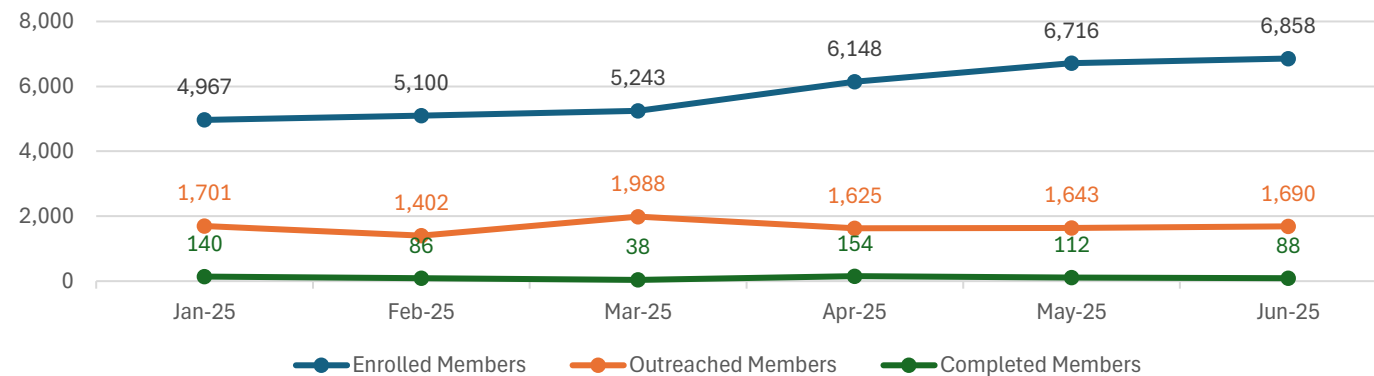


ECM Member Volume

	January 2025	February 2025	March 2025	Q1 2025 (Average)
Enrolled	4,967	5,100	5,243	5,103
Outreached	1,701	1,402	1,988	1,697
Completed	140	86	38	88

	April 2025	May 2025	June 2025	Q2 2025 (Average)
Enrolled	6,148	6,716	6,858	6,574
Outreached	1,625	1,643	1,690	1,653
Completed	154	112	88	118

ECM Membership: Enrolled, Outreached, Completed
Q1 –Q2 2025



Thanks!

Questions?

You can contact us at:



LiHunter@alamedaalliance.org



LTSS

Kimberly Glasby

Director, Long Term Services & Support

11/01/2025

Overview

▶ LTC

- ▶ Membership
- ▶ Turnaround Times (TAT)
- ▶ Admissions
 - Average Length of Stay (ALOS)
 - Admits
 - Days
 - Readmissions
- ▶ ED Visits
- ▶ Discharges

▶ CS

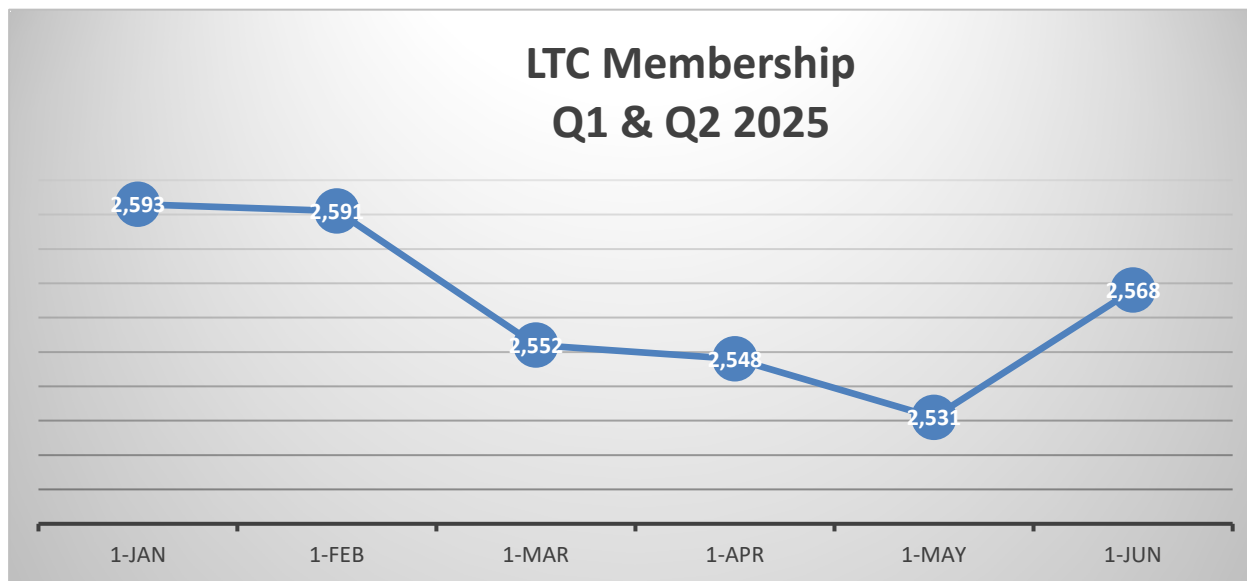
- ▶ CS Utilization

LTC Membership

	January 2025	February 2025	March 2025	Q1 2025 (Average)
Membership	2,593	2,591	2,552	2,578

	April 2025	May 2025	June 2025	Q2 2025 (Average)
Membership	2,548	2,531	2,568	2,549

**point-in-time data only; will be updated at next quarterly report to account for claims lag*



LTC TAT

	January 2025	February 2025	March 2025	Q1 2025 (Average)
Medi-Cal	99%	99%	99%	99%
Goal	95%	95%	95%	95%

	April 2025	May 2025	June 2025	Q2 2025 (Average)
Medi-Cal	99%	98%	99%	98.6%
Goal	95%	95%	95%	95%

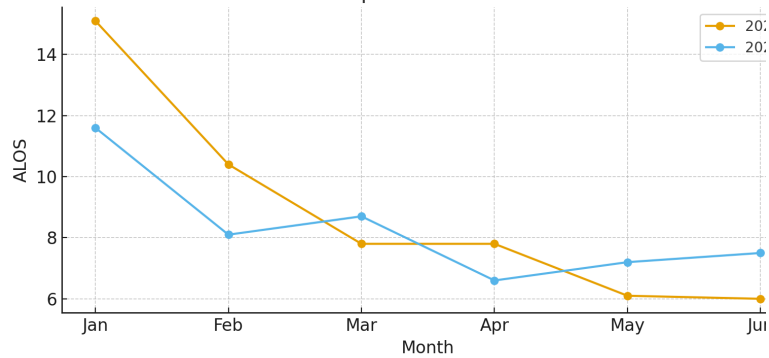
LTC Admissions

	January 2025	February 2025	March 2025	Q1 2024 (Average)
Average Length of Stay (ALOS)	11.6	8.1	8.7	11.1
Admits	174	162	176	162
Days	2,027	1,317	1,538	1,857
Re-admissions	42	29	41	42

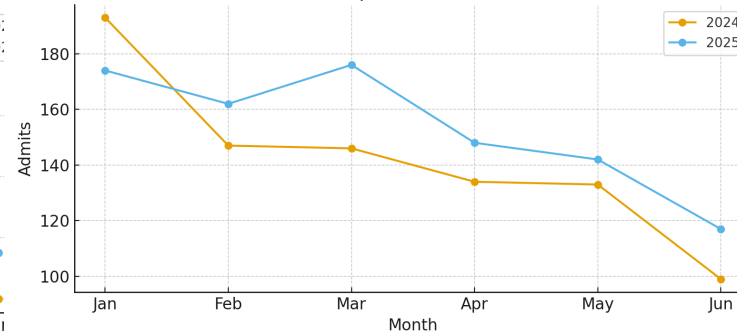
	April 2025	May 2025	June 2025	Q2 2024 (Average)
Average Length of Stay (ALOS)	6.6	7.2	7.5	6.6
Admits	148	142	117	122
Days	982	1,025	872	816
Re-admissions	42	34	31	36

**point-in-time data only; will be updated at next quarterly report to account for claims lag*

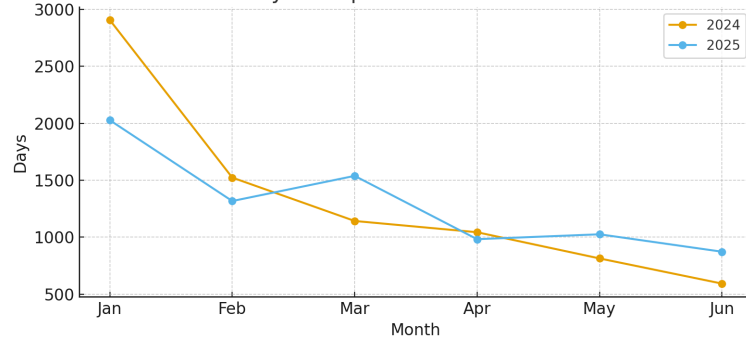
ALOS Comparison: 2024 vs 2025



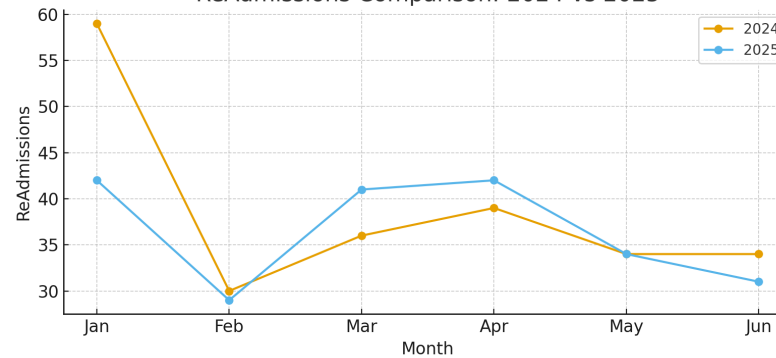
Admits Comparison: 2024 vs 2025



Days Comparison: 2024 vs 2025



ReAdmissions Comparison: 2024 vs 2025



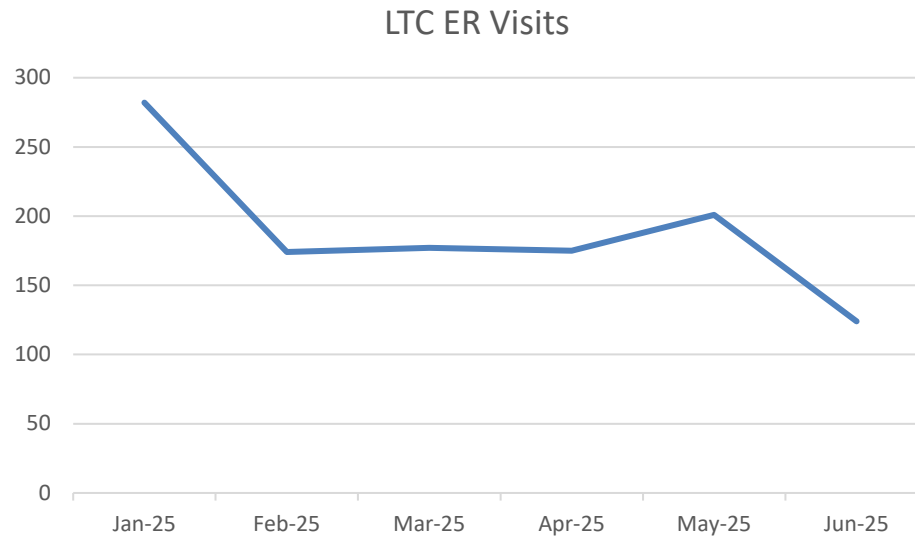
- **ALOS** (Average Length of Stay) – shows improvement in 2025 with lower averages early in the year, though a slight increase in May–June.
- **Admits** – 2025 generally trends higher than 2024, suggesting greater utilization.
- **Days** – 2025 shows fewer total days in January–February but higher in March–June, indicating more stable inpatient volumes.
- **ReAdmissions** – remain relatively consistent between years, with minor fluctuations.

Emergency Room

	January 2025	February 2025	March 2025	Q1 2025 (Average)
ER visits	282	174	177	211

	April 2025	May 2025	June 2025	Q2 2025 (Average)
ER visits	175	201	124	166

**point-in-time data only; will be updated at next quarterly report to account for claims lag*



LTC Discharges to LLC

	January 2025	February 2025	March 2025	Q1 2025 (Average)
Assisted Living	3	5	0	2.6
Board & Care	2	5	7	4.6
Home	6	7	12	8.3
Home w/ Home Health	7	6	7	6.6

	April 2025	May 2025	June 2025	Q2 2025 (Average)
Assisted Living	2	4	5	3.6
Board & Care	3	4	2	3
Home	7	10	10	9
Home w/ Home Health	13	10	11	11.3

Community Supports Utilization

CS	Jan	Feb	Mar	April	May	June
Asthma	116	130	141	154	154	147
Comm Tran	21	21	21	22	18	19
Home Mods	3	3	3	3	3	3
Housing Deposits	245	240	248	289	335	372
Housing TSS	949	798	804	733	790	859
Housing Nav	903	927	969	982	964	965
MTM	1398	1340	1161	909	643	550
ALF	22	20	16	14	11	9
PCHS	52	53	50	41	37	22
MR	93	82	76	79	70	66
Respite	3	2	0	0	0	0

▶ Areas of Growth

- ▶ **Asthma Services** increased by **~27%** from January to June — strong, consistent utilization rise, possibly due to seasonal triggers or outreach efforts.
- ▶ **Housing Deposits** saw the most dramatic rise (**+127 authorizations**, ~52% growth), suggesting more members reaching placement readiness.
- ▶ **Housing Navigation** remained high and stable, hovering around 900–980 — solid sustained demand.

▶ Areas of Decline

- ▶ **MTM** dropped sharply (–848 authorizations, **~60% decrease**).
 - Early 2025, there were a large amount of >90D requests submitted that were allowed by AAH, which makes it look like a huge decrease later in the year
- ▶ **ALF and PCHS** both declined over 50%
 - Many members do not have the funds to pay for an ALF and the waiver process is timely
 - PCHS-working more closely with IHSS and the providers to coordinate the transition for PCHS to IHSS
- ▶ **Respite Services** Many members are receiving IHSS, PDN or other services that make them ineligible for caregiver respite

▶ Mixed / Stabilized Areas

- ▶ **Housing TSS** dipped in early spring but rebounded toward June, showing mild recovery after operational lag.
- ▶ **Home Mods** remained fully stable (no fluctuation, fixed capacity).

*** All data is pulled from authorizations provided to members

Thanks!

Questions?

You can contact me at:

 kglasby@alamedaalliance.org

Public Comment

Thank You for Joining Us

Next Meeting: February 13, 2026