Alameda Alliance for Health
Community Advisory Committee Meeting Agenda

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **mchi@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: **343 367 827#.** IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

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

Meeting Name:	**Community Advisory Committee (CAC)**		
Date of Meeting:	September 11, 2025	**Time:**	10:00 AM – 12:00 PM
Meeting Chair and Vice Chair:	Vacant, 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: 343 367 827#	**Webinar:**	**Join the meeting now** in Microsoft Teams. Link is also in your email.

Alameda Alliance for Health
Community Advisory Committee Meeting Agenda

I. Meeting Objective

Advise the Alliance on cultural, linguistic and policy concerns and offer the Alliance a member's point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

II. Members

Name	Title	Name	Title
Natalie Williams	Alliance Member	Kerri Lowe, LCSW	Alameda County Public Health
Valeria Brabata Gonzalez	Alliance Member	Jennifer Gudiel	Alameda County Asthma Start Program
Cecelia Wynn	Alliance Member	Robert Williams	Alameda County Health and Human Resource Education Center
Tandra DeBose	Community Advocate, Vice Chair	Donna Leonard-Pageau	Alliance Member
Irene Garcia	Alliance Member	Keith Pageau Jr	Alliance member
Erika Garner	Community Advocate	Len Turner	Greater New Beginnings
Jody Moore	Parent of Alliance Member	Kenneth Porter	Greater New Beginnings
Sonya Richardson	Alliance Member	Reginald Jackson	Communities for a Better Environment
Mimi Le	Alliance Member	Dr. Omoniyi Omotoso	Native American Health Center
Mayra Matias Pablo	Parent of Alliance Member		

I. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions • New CAC Members • Member Roll Call • Alliance Staff • Visitors	**Tandra DeBose** Vice Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from • December 5, 2024 • December 16, 2024 • March 20, 2025 • June 12, 2025	**Tandra DeBose** Vice Chair	3	Vote

I. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
2. Approval of Agenda	**Tandra DeBose** Vice Chair	2	Vote
CEO Update			
1. CEO Report	**Matt Woodruff** Chief Executive Officer	20	Information
Follow-up Items			
1. Follow-up Items from • June 12, 2025	**Mao Moua** Manager, Cultural and Linguistic Services	3	Information
New Business			
1. Alliance DSNP	**Tome Meyers** Executive Director, Medicare Programs **Kayla Williams** Manager, Member Experience	20	Information
2. Annual Review of Cultural and Linguistic Services	**Mao Moua** Manager, Cultural and Linguistic Services	12	Information/ Discussion
Alliance Reports			
1. Communications & Outreach	**Alejandro Alvarez** Supervisor, Communications & Outreach	10	Information
CAC Business			
1. CAC Chair Nominations and Voting	**Tandra DeBose** Vice Chair **Linda Ayala** Director, Population Health & Equity	10	Discussion/Vote
2. CAC Charter	**Linda Ayala**	10	Discussion/Vote

I. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
	Director, Population Health & Equity		
Open Forum 1. Public Comments 2. Next meeting topics	**Tandra DeBose** Vice Chair	5	Information
Adjournment	**Tandra DeBose** Vice Chair		Next meeting: **December 4, 2025**

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 **Misha Chi** at **510.708.4071** 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.

COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 12, 2025, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	
Cecelia Wynn	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Jody Moore	Parent of Alliance Member	
Kerrie Lowe	Social Worker, Alameda County Public Health	
Mayra Matias Pablo	Parent of Alliance Member	
MiMi Le	Alliance Member	x
Natalie Williams	Alliance Member	x
Roxanne Furr	Alliance Member	
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	

Other Attendees	Organization	Present
Bernie Zimmer	CHME	x
Donna Leonard-Pagau	Alliance Member	x
Keith Pageau	Alliance Member	x
Marilen Biding	Alameda County Public Health	x
Melodie Shubat	CHME	x
Omoniyi Omotoso	Native American Health Center	x
Sharon Wright	UCSF	x
Alan Oiwa	CHME	x

Alliance Staff Members	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	x
Alma Pena	Senior Manager, Grievance and Appeals	
Anne Margaret Macsiljig	Quality Engagement Coordinator	
Catherine Knezevic	Health Plan Privacy and Privacy Operations Manager	x
Dana Patterson	Business Analyst, Incentives and Reporting	x
Danube Serri	Senior Legal Analyst	x
Donna Carey	Chief Medical Officer	

Emily Erhardt	Population Health and Equity Specialist	x
Farashta Zainal	Quality Improvement Manager	x
Gabriela Perez-Pablo	Outreach coordinator	x
Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jennifer Karmelich	Director of Quality Assurance	
Jessica Jew	Population Health and Equity Specialist	x
Jorge Rosales	Manager, Case Management	
Joyce Wong	Strategic Account Representative	x
Katrina Vo	Senior Communications and Content Specialist	x
Krystaniece Wong	Regulatory Compliance Specialist	x
Lao Paul Vang	Chief Health Equity Officer	x
Linda Ayala	Director, Population Health and Equity	x
Loc Tran	Manager, Access to Care	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Mohammed Abbas	Outreach Coordinator	
Monique Rubalcava	Health Education Specialist	x
Oscar Macias	Housing Program Manager	x
Peter Currie	Senior Director of Behavioral Health	
Ronnie Wong	Program Manager, Grants and Incentives	x
Rosa Carrodus	Disease Management Health Educator	x
Schuyler Hall	Communications Initiative Specialist	x
Shatae Jones	Director, Housing and Community Services Program	x
Stephen Smyth	Director of Compliance and Special Investigations	x
Steve Le	Outreach Coordinator	
Taumaoe Gaoteote	Director of Diversity, Equity, and Inclusion	
Thomas Dinh	Outreach Coordinator	x
Yen Ang	Director of Health Equity	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			

T. Debose	T. Debose called the meeting to order at 10:03 am. A roll call was taken, and a quorum was not established. An introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM DECEMBER 5, 2024, December 16, 2024, and March 20, 2025.			
T. Debose	The committee was unable to vote on the December 5, 2024, December 16, 2024, and March 20, 2025 meeting minutes approval as quorum was not established.	None	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	The committee was unable to vote on the June 12, 2025 meeting agenda approval as quorum was not established.	None	None
3. CEO UPDATE – CEO Report			

M. Woodruff	Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance Updates.
	
	• Financials
	  ○ Four (4) consecutive months of positive net income.
	• Key Performance Indicators
	  ○ The Grievance and Appeals Team (G&A) missed the expedited case criteria for grievances, 83% (5 out of 6 were compliant), and 75% (3 out of 4 were compliant). The criteria is that these cases be resolved in 3 calendar days. Non-compliance with these 2 metrics is attributed to the G&A team's current staffing shortages.
	• Medicare
	  ○ An update will be given during the July 2025 Board meeting.
	
	Summary of Medicaid Related Provisions in the Federal Reconciliation Package and California's May Revise (Budget)
	
	• Major Provisions in the House Reconciliation Bill
	  ○ Citizenship/Immigration Status
	  ▪ Removes 90-day period in which states can enroll individuals and receive Federal Financial Participation (FFP) while verifying immigration status. Effective: December 31, 2026.
	  ○ Federal Medical Assistance Percentage (FMAP) Penalty
		None	Alliance to confirm current address requirements for Medi-Cal members.
			
			Alliance staff to get information on availability of GLP-1 drugs for diabetic members.

	▪ Reduces federal match by 10% (equivalent to $4.4 billion) for expansion states that provide Medicaid coverage for undocumented individuals. Effective: October 1, 2027. ○ Work Requirements/Community Engagement ▪ Eighty (80) hours per month for 19-64 age group (without dependents), with exemption for medically frail as defined by the state. Effective: December 31, 2025. ○ Supplemental Payments ▪ Limits new State-Directed Payments (SDPs) for services provided to 100% of Medicare rates (for expansion states). ○ Redeterminations ▪ Requires determinations for adult expansion population (19-64) every 6 months. Effective: December 31, 2026. ○ Gender Services ▪ No federal match for gender transition procedures for children and adults. Effective: Upon enactment. ○ Assets ▪ $1 Million ceiling permissible home equity values for Long-Term Support Services (LTSS) eligibility. Effective: January 1, 2028. ○ Retroactive Coverage ▪ Restricted to 1 month (currently 3 months) before application. Effective: December 31, 2026. ○ Cost Sharing or Expansion Adults ▪ Cost sharing for adults over 100% Federal Poverty Levels (FPL). Effective October 1, 2028. Max $35 copay/service. ▪ No cost share for primary, prenatal, pediatric, or emergency room care services. ○ Beneficiary Addresses ▪ Requires states to obtain correct addresses. Effective: October 1, 2029. ▪ Requires states to submit Social Security Numbers. Effective: October 1, 2029. ❖ *Guest Comment-D. Leonard-Pageau: That's already happening because I did not have an address when I was homeless, so I used a P.O. box to be able to continue my coverage, however, I was told that I could not use a P.O. box. As a result, I lost coverage for a few months and had to reapply*		

	once I finally got an address. You can use building or institution addresses, but not a P.O. box. ➢ *Response-M. Woodruff: I will ask Social Services as I have not heard that before. Thank you.* Reconciliation Bill and Impacts to California • Up to 400,000 Californians in expansion population could lose their coverage due to the redetermination provisions (every 6 months). • Social Services agencies in counties are losing positions due to shrinking budget, meanwhile, the work will double. • FMAP penalty for covering undocumented population could lead to $4.4 billion loss. Revised Budget and Shortfall • The state borrowed $7 billion to get through the fiscal year. Medi-Cal Budget Proposals • Undocumented population enrollment freeze for full-scope Medi-Cal for adults, staring January 1, 2026. • The Alliance continues to see a small growth in enrollment of undocumented members, however, other counties are already seeing a decrease. • Elimination of Prospective Payment System (PPS) rates in 2026-2027 which will cause reduction on funding for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics. • Increase in the Medical Loss Ratio (MLR) for Managed Care Organizations to 90% (from current 85%), beginning January 1, 2026. • Provider Supplemental Payments ▪ Elimination of Prop 56 payments for dental, family planning, and women's health providers. ▪ Elimination of Workforce and Quality Incentive Program (Skilled Nursing Facility). • Governor moved Managed Care Organization (MCO) tax dollars to offset Medi-Cal budget (lawsuit). 100% was supposed to go to providers, but the governor is putting portions of it back to the general fund. ➢ *Staff Question-L. Ayala: Matt, can you explain the MCO tax dollars?* ➢ *Response-M. Woodruff: For medical health plans, we essentially are taxed on a per member per month basis and we pay it quarterly. It is*		

	almost like a free loan where we pay a tax and then the state and federal pay us back the same amount of money. When Prop 35 passed in November, it basically says that all of the money must go to providers, but the governor has decided to take some of the money to move to the general fund.
	
	• Other Medi-Cal Cuts-all effective in 2027
	  ○ Reinstating Medi-Cal asset limits.
	  ○ Elimination of acupuncture as an optional benefit.
	  ○ Implementation of prior authorization requirements for hospice benefits.
	  ○ Limiting payments to Program of All-Inclusive Care for the Elderly (PACE) providers.
	
	• Cal AIM
	  ○ California continues to fund Enhanced Care management (ECM) and Community Supports with an estimated $2.4 billion in expenses.
	  ○ $200 million from Prop 35 to support Flexible Housing Rental Assistance and Housing Supports over 2 years. The Alliance has started to work with Alameda County and has had 2 meetings so far. Realistically, 80% of the work will be done by Alameda County and 20% by the Alliance.
	• Pharmacy Budget Proposals
	  ○ A key change is the elimination of pharmacy coverage for COVID-19 tests (out-of-network). Once enacted, tests will still be a benefit but can only be ordered by in-network providers.
	  ○ Other drugs may no longer be covered.
	
	➢ *Guest Question-D. Leonard-Pageau: Regarding the elimination of weight loss drugs, those same drugs are used to treat diabetes, so will it still be available for diabetics? Many are using these drugs for weight loss, so we have experienced shortages.*
	➢ *Response-M. Woodruff: I do not know the answer to that as it does not go through us, but we have a pharmacist on our board, and I am hoping to get answers from him at our board meeting.*
	
	• In-Home Support Services (IHSS) Budget Proposals
	  ○ Elimination of IHSS benefits for undocumented population.		

	○ Change from 60 to 70-hour cap on IHSS provider overtime and travel, to only 50 hours beginning 2025-2026. ➢ *Member Question-E. Garner: I have people ask me questions. One is [someone] takes psychiatric meds, which she now has to pay for. I also have a person come up to me asking about his daughter as he does not have Alameda Alliance any longer. Are you cutting coverage from kids?* ➢ *Response-M. Woodruff: As far as the question regarding medications, that does not go through us, it goes through the state. But so far, the way all the rules are written, children are not affected by any of these cuts. It's only adults aged 19 and above.* • Legislatures Budget Version ○ Modifies Medi-Cal enrollment freeze proposal, applying to undocumented immigration status (UIS) 19 years and older, beginning January 1, 2026, and established a 6-month reenrollment grace period. ○ Modifies $100 Medi-Cal premiums for UIS population by lowering to $30 per month, limits to those aged 19-59, and postpones to January 1, 2027. ○ Delays elimination of dental benefits for UIS population until January 1, 2027. ○ Restores the Medi-Cal Asset limit to $130K for an individual and $195K for a couple. ○ Delays Prop 56 supplemental payments for dental until July 1, 2027 and rejects Prop 56 supplemental payments for family planning and women's health. ○ Delays proposed $1.1 billion cuts to Health Centers and Rural Clinics until July 1, 2027. ○ Approves Governor's MCO tax proposal. ○ Rejects proposal to eliminate Long-Term Care (LTC) and IHSS for UIS adults. ○ Rejects proposal to eliminate acupuncture benefit. ○ Approves Governor's proposal to eliminate the Workforce and Quality Incentive Program for skilled nursing facilities (SNFs). ○ Proposed the development of a large employer contribution requirement for employers with employees enrolled in Medi-Cal. • What Happens Next? ○ The Governor has to sign by June 15, 2025.		

	○ Depending on the final federal budget, a special session of the legislature will be called, to redo whatever needs to be redone to be in compliance with the federal budget. There might be changes across the board depending on how everything works out with the state, as well as on the federal side. ➢ *Member Question-T. Debose: Have we always been giving medical coverage to undocumented people?* ➢ *Response-M. Woodruff: No. It started in 2022 with children (under 19), then 64 and older in 2023, and then everybody in 2024. It has only been 1 full year since we covered undocumented members in all ages. Prior to that, it was the county's responsibility to provide medical coverage via the HealthPAC Program.* ➢ *Member Question-T. Debose: When you started, you talked about their status and need to be verified. Is there a time limit that they have to submit documents for verification?* ➢ *Response-M. Woodruff: It's not us, it is Alameda County that needs to verify all that information. And the answer is that we can't start claiming and they don't get care until everything is verified. There used to be a 90-day grace period, but that's gone starting in 2027.* ➢ *Member Question-K. Pageau: Regarding IHSS, does the reduction to 50-hour cap apply to the end-user or the employee?* ➢ *Response-M. Woodruff: It applies to the employee that is working, the IHSS provider.* ❖ *Guest Comment-D. Leonard-Pageau: A live-in caregiver averages about 100 hours per week, but they're only paid for 70 hours, and now it will go down to 50 hours.* L. Ayala acknowledged the presence of the Medicare team who briefly joined the meeting.		
4. FOLLOW-UP ITEMS			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, presented updates on the follow-items from March 03, 2025. • Information on additional Housing and Community Supports resources was sent to CAC members via email on 03/20/2025.	None	None
5. a. NEW BUSINESS – FAITH-BASED COMMUNITY ENGAGEMENT			

Y. Ang	Yen Ang, Health Equity Director, presented on faith-based on community engagement.
	
	• Y. Ang started by presenting the mission and vision of the Health Equity Department.
	• Health Equity Road Map: 6 Milestones
	  ○ Organization
	  ○ Data Driven
	  ○ Education
	  ○ Communication
	  ○ Community Engagement
	  ○ Social Determinants of Health
	• Adapting the Co-Design Model which is evidence-based and has shown to be effective in eliciting participation from a group setting.
	• Co-Design-Partners
	  ○ Community-Based Organizations (CBOs)
	  ○ Safety Network
	  ○ Members
	• Co-Design Model is a ground-up approach, instead of a top-down approach.
	• The partners engage in activities wherein they collaborate and come up with collective solutions to remove Social Determinants of Health (SDOHs).
	• Faith Based Organizations (FBOs) include churches, mosques, temples, or any faith systems that people practice.
	• Why engage FBOs?
	  ○ Trusted body and support system
	  ○ Safe space
	  ○ Sensitive topic or taboo
	• Three (3) critical rules in identifying the FBOs to approach:
	  ○ Does the FBO have members that are high-risk or experiencing health disparities?
	  ○ Do we have a relationship with the FBO? Existing relationship is very helpful as an entry way to start a conversation.
	  ○ Do we have funding to support the work?
	• Y. Ang encouraged the meeting attendees to reach out to her or the Alliance if they know of any FBOs that may be receptive to partner with the Alliance on health education or intervention.
		None	Alliance staff to share CAC Member Ceceilia Wynn's contact information to Dr. Yen Ang, to connect regarding outreach to Allen Temple, Oakland.

	❖ *Member Comment-C. Wynn: I know that there are Alliance members that are also members of the Allen Temple. If you need a liaison to reach out to the pastors there, I don't mind doing something like that.* ➢ *Member Question-T. Debose: How do we send you a list of FBOs?* ➢ *Response-Y. Ang: You should have my email on the packet, so please feel free to send me an email directly.* ❖ *Member Comment-T. Debose: We can also write them down on our feedback forms.* ❖ *Guest Feedback-D. Leonard-Pageau: We just had a health screening for kidney disease and diabetes at the senior center in Berkeley. Senior centers are willing to open up for these screenings and they have big spaces, whereas some FBOs may not have the space. There are many people like me who are 65 or older who do not talk to other people who we feel do not understand us, because we all can't move fast, but we will talk to other people our age in the community. Rooms are more comfortable when they are slower, you don't worry about being knocked over. The aging population needs a much slower space; a much better explained program and you can do that with the help of senior centers because they know how to work with older people.*		
5. b. NEW BUSINESS – MEMBER SATISFACTION SURVEY			

L. Tran	Loc Tran, Access to Care Manager, presented on the Member Satisfaction Survey: Q1 2024-Q4 2024 CG-CAHPS.
	
	• Survey measures the member's experience with their healthcare providers in the past 6 months in the following metrics:
	  ○ In-Office Wait Time
	  ○ Call Return Time
	  ○ Time to Answer Call
	• Call Return Time Compliance MY 2024
	  ○ Compliant response: within 1 business day.
	  ○ PCP: met compliance rate goal of 70% in all quarters.
	  ○ BH: met compliance rate goal of 70% in Q2 and Q4, did not meet in Q3, and no data for Q1 as the survey was not expanded to include BH providers until Q2.
	• In-Office Wait Time MY 2024
	  ○ Compliant response: less than 60 minutes
	  ○ PCP: met compliance rate goal of 80% in all quarters.
		None	None

	○ BH: met compliance rate goal of 80% in Q2, Q3, and Q4. No data for Q1. • Time to Answer Call MY 2024 ○ Compliant response: within 0-10 minutes ○ PCP: met compliance rate goal of 70% in all quarters ○ BH: met compliance rate goal of 70% in Q2, Q3, and Q4. No data for Q1. CG-CAHPS Summary • The providers continue to meet the compliance rate for all 3 measures. • Improvement on ratings for measure related to Time to Answer Call. Next Steps • Share results with delegates and direct entities. • Track and trend compliant rates. • Send out non-compliant Corrective Action Plans (CAPs) to providers who are not meeting the compliance rate. • Ongoing provider education and onsite/virtual office visits to providers with trends. ➢ *Member Question-N. Williams: When it comes to the In-Office Wait Time measure, does that include the interpreters that maybe the members need to wait on to come?* ➢ *Response-L. Tran: No, it does not include the wait time for the interpreter. This measure is only designed to check if the member is seen within 60 minutes by the provider after they have checked in with the front office.* ➢ *Response: L. Ayala: There are other member and provider satisfaction surveys that we implement to see if members are getting connected to interpreters when they're needed. So, it is important but not a part of this particular survey.* ➢ *Guest Question- K. Pageau: In general, providers, as soon as you see them, ask you to complete a survey. In addition, we get these Alameda Alliance surveys in the mail. My question is why does everybody want a survey to see how they're doing when we've already told their managers how good of a job they've done? You end up just filling out 20 minutes worth of surveys per day.* ❖ *Guest Comment-D. Leonard-Pageau: This matters to me because I go to the doctor 3 days a week, and he (K. Pageau) goes 2 days a week, so together, we get 5 to 15 surveys a week.*		

	➢ *Response-L. Tran: The reason we conduct the survey is to make sure that our members are satisfied with the services of the Alliance and our providers. As for survey fatigue, we do work with our vendor to "dedupe" our sample size to make sure that our members are not getting the same questions over and over again. So, we "deduplicate" to minimize survey fatigue.* ❖ *Guest Feedback-D. Leonard-Pageau: I don't believe deduping is working. I'm not trying to be cruel or anything, but I'm seeing this 1 doctor every 3 weeks, and this other doctor every 2 weeks, and I am getting surveys on both doctors. And the surveys are pretty much the same. So, I'm pretty much getting 5 surveys a week. You need to take into consideration for people like me. We don't need all that. I have had these doctors for many years, and I'm telling you they're good every time.* ➢ *Response-M. Lewis: That's good feedback, thank you for sharing that. And it's a bigger, more global impact for the healthcare system, as a whole. Because we are required to do surveys, but that's something we could look at and take that feedback into consideration. We also have the grievance system. So, if there's something wrong, there's a way to tell us. If you feel like you're getting too many surveys, you can also use the grievance system, that way it is documented, and we can track it and then we can work to make improvements. It's just part of improving our processes and services to our members in our community because it's important.*		
5. c. NEW BUSINESS – POPULATION HEALTH MANAGEMENT STRATEGY			

L. Ayala
E. Earnhardt
F. Zainal
	Linda Ayala, Director of Population Health and Equity, presented on the Population Health Management (PHM) strategy.
	
	What is Population Health Management?
	• Understand Alliance member needs
	  ○ Assessment and data
	  ○ Medical, behavioral, and social health
	  ○ Identify groups of members at risk
	• Provide equitable access to needed services
	  ○ Wellness and prevention services
	  ○ Care coordination
	  ○ Care management programs
	• Collaborate with
	  ○ Providers
	  ○ Community partners
		None	Alliance staff to share Alliance Member, Keith Pagaeu's contact information to Farashta Zainal to connect regarding getting a covered blood pressure monitor machine.

	• Improve health and equity
	
	2025 PHM Strategy Programs
	• Address primary care gaps and inequities
	  ○ Cancer Prevention
	  ○ Under 30 Months Well-Visits—Equity
	• Support members managing health conditions
	  ○ BirthWise Wellbeing—Equity
	  ○ Blood Pressure Monitoring
	  ○ Diabetes Prevention Program (DPP)
	  ○ Diseases Management Health Education
	• Connect members in need to whole person care
	  ○ Doula Services
	  ○ Multiple Chronic Case management
	  ○ Poste ED Visit for Mental Illness
	  ○ Transitional Care Services (TCS)
	
	2025 PHM Strategy Highlighted Activities
	
	Emily Earnhardt, Population health and Equity Specialist, presented on the Community Health Worker Programs.
	
	• Community Health Worker Programs
	  ○ Diseases Management Health Education: The Good Life Nutrition and Wellness program for members with diabetes and high blood pressure.
	  ○ BirthWise Wellbeing: Our Roots peer mental health coaching for members who were pregnant in the last year.
	
	Questions for CAC Members:
	• Have you heard of or worked with a Community Health Worker (CHW) before?
	• What would encourage you to join a CHW program?
	• What other topics or populations should the Alliance consider for future CHW programs?
	
	❖ *Guest Feedback-D. Leonard-Pageau: Regarding the 12-week nutrition program, when you go in there, you try to learn things on the first month and you do not want to expose yourself too much, you do not talk much in the beginning. But, as soon as you figure out what you're supposed to do,*		

	the program is done. They don't have enough time to absorb the information and start applying it. You find a program where you find a community, people you trust, but then the program ends and you feel isolated, and you do not know what to do and where to go. I believe that 2 to 3 months longer, even without the food, would be more effective and they can apply it and make it part of their routine. ➢ *Response-E. Earnhardt: Thank you so much for sharing, and I will just highlight that this particular program just piloted with a small group of members and we're expanding it this year. So hopefully we'll have the opportunity to offer this program to more members.* ❖ *Guest Feeback-D. Leonard-Pageau: Yes, hopefully for a longer time because we can't absorb it in 12 weeks. You are talking about a life change, you're changing life patterns. You go through separation anxiety because when you finally learn to trust, the program is done.* ❖ *Member Feedback-N. Williams: To encourage members to join the CHW programs, I think you can introduce them via handouts or calls from the Alliance saying that these vendors or community organizations are partnering with you and give their contact information to members.* ❖ *Guest Feedback-D. Leonard-Pageau: They can include that information on discharge summary or after-visit summary and ask members if they would be interested in having a CHW call them, because I personally do not answer calls from phone numbers I do not recognize.* ❖ *Member Comment-T. Debose: Yes, and at these times, there are so many people out there doing scams, especially targeting seniors. So, if they do not have the association before they leave their doctor's office, or before they leave the hospital, they have no association.* ❖ *Member Feedback-T. Debose: The reason why I sit on this board is because of my daughter who has special needs, and that's a large community. And right now, my daughter is 22 and has graduated from the school system. You have a lot of young adults that are transitioning. We just did a wellness check with our doctor because she is in a new stage of life, and even though everything is great, I'm still wondering about other families who do not get their children out and mostly sitting at home. And so those people need to be a population that you're communicating with, not just with the special needs community, but also their parents who are becoming elderly. They are having to care for these children that may be heavier than them at times. We really need to look at this because we're going to end up caring for them when their parents pass on. That's a very*		

	vulnerable community that I believe you should consider in your population health management strategy. ❖ *Member Feedback-N. Williams: It is also important to make sure the community is aware of all the resources available to facilitate the care of people with special needs.* Farashta Zainal, Quality Improvement Manager, presented on the At-Home Blood Pressure Tracking and Cancer Screening Programs. • At-Home Blood Pressure Tracking and Cancer Screening Programs. o Blood Pressure Monitoring-assist Alameda Health System members with getting a blood pressure monitor though the Alliance. ❖ *Guest Comment-D. Leonard-Pageau: He (K. Pagaeu) was prescribed a blood pressure monitor last week, but we were told by Highland Hospital Pharmacy that it was not covered. It was $93.00.* ➢ *Response-F. Zainal: There is a list of blood pressure monitors that are covered that we share with our providers, as not all machines are covered. Perhaps the provider prescribed a machine that is not on the list. We will definitely reach out to them as we can surely get you a covered device.* o Cancer Prevention-at-home HPV swab test for cervical cancer and Cologuard stool test for colorectal cancer. Questions for CAC Members: • What would help members track their blood pressure or complete a cancer screening at home? • How can providers support members with blood pressure control? • Who can we partner with to increase cancer screening for groups with lower rates (Am. Indian/Alaska Native, Black, Other Asian*, White)? ❖ *Member Feedback-N. Williams: Regarding the low return rate for at-home tests, what I heard from members was that there is not a convenient way to return it. You have to either go to the post office or drop it in the mail. It's not something you want to hand off to your mail carrier. If they had maybe a drop box or something in a neighborhood or a church or somewhere else, they could be collected, it would be a lot easier.*		

	❖ *Guest Feedback-D. Leonard-Pageau: The envelope says not to take it back to the doctor's office, but I believe that's where it should go. Nobody wants to put it in the mail, and nobody wants to let the others know they did the test. Also, it will be beneficial to add a flyer or pamphlet that talks about why doing the test will benefit you and your family, and perhaps the number of people whose lives were saved by taking these tests.* ➢ *Response-F. Zainal: That's great feedback. One of the reasons why the PCPs don't want it back in their office is because the specimen must be collected and get to the lab in a timely manner, otherwise the sample is not good.* ❖ *Guest Feedback-D. Leonard-Pageau: But that's not a good excuse because the lab picks up the samples from the doctor's office every day.* T. Debose reminded the CAC members that they can also write their feedback and comments on the CAC feedback sheet. ❖ *Member Feedback-T. Debose: I would just say coming from a perspective as an African American. One of the things that we say all the time in our community is our health is our wealth. And that is what people are talking about these days. You know, we're talking about wealth and growth, and empowerment, but if you don't have your health, you can't have financial growth and all those other things. So, if you talk to other communities, you have to speak their language so that they will connect with you. I think that doctors should keep on mentioning it during appointments. We just went on a wellness appointment, and the nurse actually talked about the blood pressure monitors that you can get. So, I think that doctors and nurses should keep drilling down information because unless you have the information you may not know what you need and how to get it. The doctors and nurses should give you a list of all the things you need.* ❖ *Member Feedback-N. Williams: Well, it has to be inspirational too and not just a laundry list. If you add just a touch of inspiration and admiration to it, you'll get better results.* ❖ *Guest Feedback-D. Leonard-Pageau: I am part of LifeLong, and my daily tasks pop up every morning, take your blood pressure, take your blood sugar. With My Health Online and Sutter, you can enroll in daily tasks. So, I have been doing these for 3.5 years without missing. You might want to ask them how they did it.* ❖ *Guest Feedback-K. Pageau: When I was with LifeLong, I was enrolled in a diabetes class, and we met, but it seemed like forever until they*		

	reassigned the doctor. There, they took our blood sugar and maybe blood pressure as well. Maybe what we can do here with Alameda Alliance is maybe give members who are not enrolled in a program like that, a call every 3 or 4 months and remind the members to take their vitals and to document somewhere that you reached out to them. ❖ *Member Comment-M. Le: Regarding the BP monitors, I think it depends on how your doctor writes the prescription. My doctor had to rewrite the prescription 3 times, and include a letter with it, before the pharmacy finally gave the BP monitor for free.*		
5. d. NEW BUSINESS – ANNUAL REVIEW OF CULTURAL AND LINGUISTIC SERVICES			
M. Moua	Tandra Debose, CAC Vice Chair, announced postponement of this agenda item to the next CAC meeting due to time constraint.	None	None
6. ALLIANCE REPORTS – COMMUNICATIONS AND OUTREACH			
A. Alvarez	Alejandro Alvarez, Communications and Outreach Supervisor, presented on Alliance Outreach Report. • Reached 38,033 self-identified Alliance members during outreach activities (since July 2018). • Completed 47,497 member orientation outreach calls (since March 2020). ❖ *Member Comment-T. Debose: You do wonderful work, and I have to say, I was at the DMV getting my real ID, and I saw the Alliance poster and I took a picture. And the models are of various races, and I love seeing that, that's beautiful. I am happy to see that I keep seeing the Alliance everywhere.*	None	None
7. a. CAC BUSINESS – CAC CHAIR NOMINATIONS AND VOTING			
L. Ayala T. Debose	• The committee was unable to nominate and vote for a new chair as a quorum was not established.	None	CAC Planning Team to move the CAC Chair Nominations and Voting to the next meeting.
7. b. CAC BUSINESS – CAC MEMBERSHIP RECRUITMENT			
M. Moua	Mao Moua, Cultural and Linguistic Services Manager presented on the CAC membership recruitment updates.	None	None

	• Priority Areas for Recruitment
	  ○ Foster parents of Alliance members, advocates, and/or youth
	  ○ Long Term Support Services (LTSS) advocates, or Alliance members participating in LTSS
	  ○ Members
	  ▪ Men
	  ▪ Younger adults
	  ▪ Preferred language is non-English
	  ○ Providers
	• Connected and presented information about the CAC to the following group and organizations:
	  ○ New Beginnings: 01/17/2025
	  ○ Oakland Catholic Worker (Immigrant Services): 04/28/2025
	  ○ Children's First Medical Group (CFMG): 04/29/2025
	  ○ City of Berkeley (Local Health Department): 05/20/2025
	  ○ Community Health Center Network (CHCN): 05/21/2025
	  ○ Native American Health Center (NAHC): 05/29/2025
	• Next Steps
	  ○ Follow up with group/organization we presented to.
	  ○ CAC Recruitment Workgroup.
	  ○ Present CAC candidates at the next CAC Selection for review and voting.		

8. OPEN FORUM			
T. Debose	• N. Williams introduced and highlighted the care bags that she and former CAC Chair Melinda pioneered. It started with just 50 bags, and now at 5,000 bags. • D. Leonard-Pageau expressed dissatisfaction with grievance and appeals process due to submitting repeat grievances against CHME within a span of 5 years and took many years before getting help. The grievances were due to improper packaging of catheters, as well as mistakes in the incontinence supplies size sent. She also expressed dissatisfaction over only having one DME supplier, CHME. She commented that once she was given prior authorization and transferred to Shield, she has not experienced any issues. ➢ *Response-M. Lewis: We can definitely take this back and have our Grievance and Appeals team, reach back out you to follow-up. But that's*	None	Alliance staff to connect with the Grievance and Appeals Team and get information on the process for repeat grievance cases from the same member. Alliance staff to connect Donna Leaonard-Pageau to the G&A team for follow-up.

	great feedback, and we do have a process, but I want to defer to them to speak to it. Thank you for sharing that. ➢ *Response-L. Ayala: Like Michelle said, this is an important part of the CAC, giving an opportunity for folks to share where things are maybe going well, and where things aren't, but we need to step up so there will be continued follow-up. And I think after the meeting, we do have representatives from CHME that might be willing to chat with you. But as always, when these kinds of issues come up that are specific to individual member concerns, we will be following up on the back end to make sure we're making whatever connections we can, so the process continues.* • L. Ayala reminded CAC members that there are still focus groups and other opportunities available, and that a follow-up email will be sent with information. She also advised members that they may call her if e-mail does not work for them. • K. Pageau expressed appreciation to the Alliance for the assistance and covering the cost of renewing their First Aid and CPR cards. He also commented that the trainer used in Oakland is an excellent teacher.		
9. ADJOURNMENT			
T. Debose	• T. Debose announced that the next CAC meeting will be on September 11, 2025. • T. Debose adjourned the meeting at 12:11 pm.	None	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 07/23/2025

Approved by: _____ Date:

CEO Update

Matthew Woodruff, Chief Executive Officer

ALAMEDA Alliance FOR HEALTH

Follow-up Items

Mao Moua

ALAMEDA Alliance FOR HEALTH

FOLLOW-UP ITEMS FROM 06/12/2025

Follow-up Item	Outcome(s)	Status
Confirm current address requirements for Medi-Cal members.	• Physical (home) Address: used to confirm that you live in California. This is required to determine eligibility. • Mailing Address: used to mail letters and correspondence. A P.O. box can be used for your mailing address. • If experiencing homelessness or do not have a steady place to live: may provide a letter from a homeless shelter, non-profit organization or a signed note from someone you are staying with to show that you live in California.	Completed
Availability of GLP-1 drugs for diabetic members.	• FDA states some shortages have been "resolved" however, it will depend at the retail pharmacy level. • For access issues: -members should contact their local pharmacy or try other nearby pharmacies. -Medi-Medi members should contact their Medicare plan member services.	Completed
Tracking/trending of repeat grievances by a member.	• Currently tracking each grievance by against type, but not by member. • G&A to explore opportunities to track by member. • For questions about a specific grievance, members can call the Member Services team.	Completed

An Introduction to the Alameda Alliance Wellness

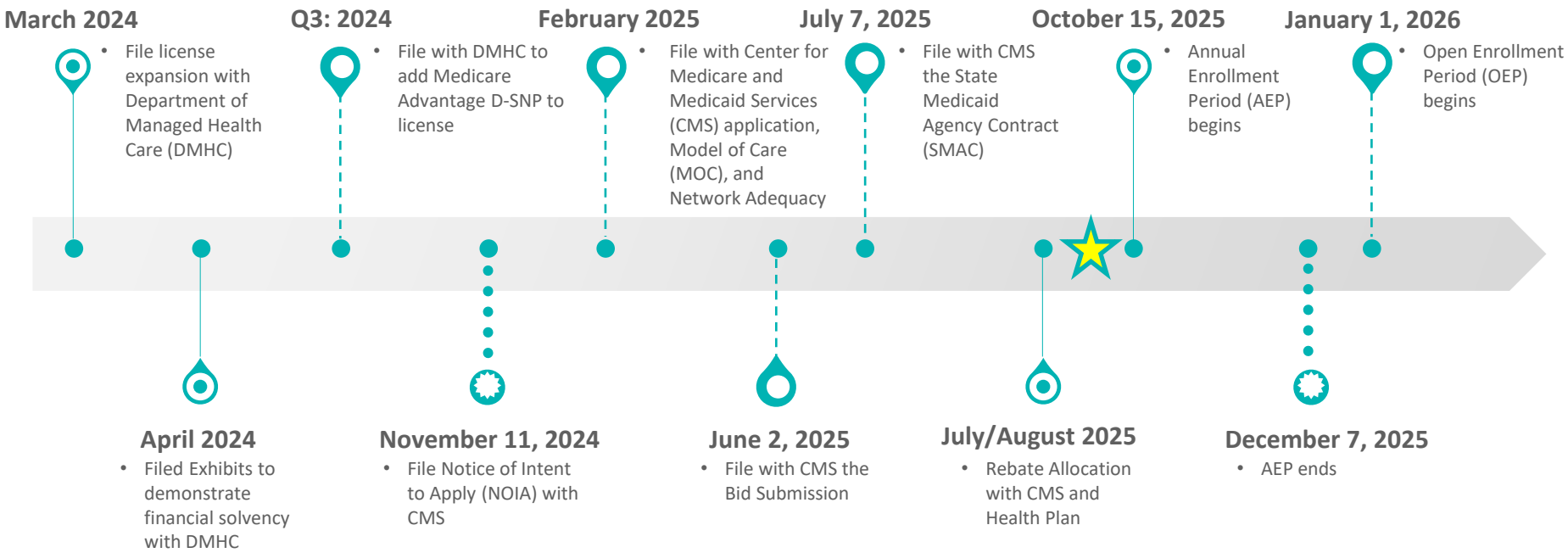
Tome Meyers - Executive Director, Medicare Programs
Kayla Williams - Manager, Member Experience and Program Management

ALAMEDA Alliance FOR HEALTH

Plan Specific D-SNP Information

- **LOB:** Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP)
- **Enrollment:** Exclusively Aligned Enrollment (EAE)
- **D-SNP Integration:** Coordinated Only
- **H Contract:** H2035-001-000
- **Contract Plan Type:** Health Maintenance Organization (HMO)
- **Plan Name:** Alameda Alliance Wellness (HMO D-SNP)
- **Service Area:** Alameda County Only
- **Medicare Savings Program (MSP) Levels:** FBDE, QMB+, SLMB+
- **Effective Date:** 1/1/2026
- **Deeming Period:** 3 Months
- **Member Services Number:** 1.888.88A.DSNP (1.888.882.3767)
- **Project CY2026 Enrollment:** 1,500 Members
- **Eligible Age:** 21 and older

MA D-SNP Product Timeline



D-SNP Logo & Branding

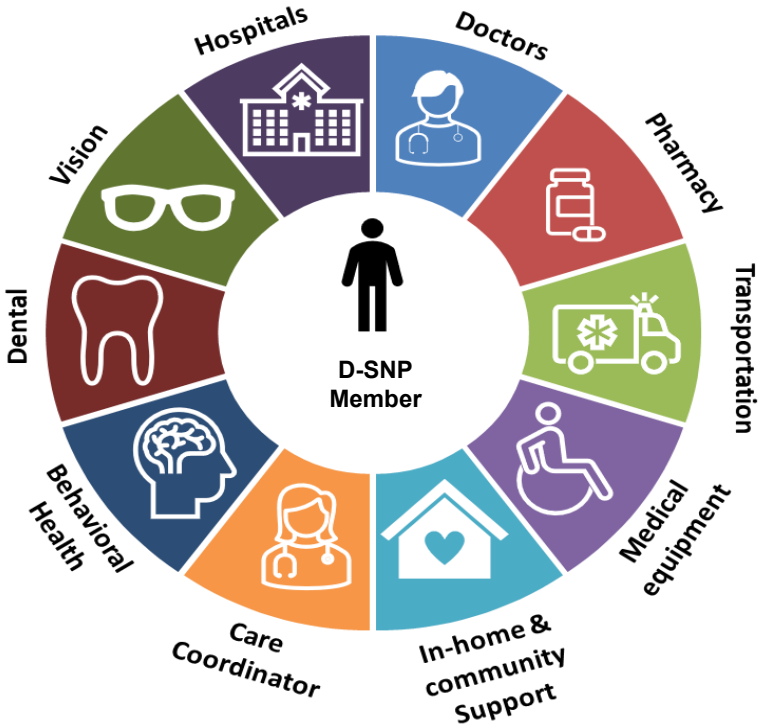
- Plan Name: Alameda Alliance Wellness (HMO D-SNP)
- Main Logo:

The warmth of gold and orange are balanced with the cool tone of blue and a darker teal symbolizing a connection to the natural world.

- Medicare Logo:

D-SNPs Difference from MA Plans

- Provide Medicare Part A (except hospice), B, and D services, and wrap-around Medi-Cal services.
- Coordination and / or integration of Medicaid benefits.
- Must have a MOC (Model of Care), which is a vital quality improvement tool & integral component for ensuring that unique needs of each member enrolled are identified & addressed.
- MOC is approved by the National Committee for Quality Assurance (NCQA) & has 4 elements:
  - (1) Description of SNP Population
  - (2) Care Coordination
  - (3) Provider Network
  - (4) MOC Quality Measurement & Performance Improvement
- Engage in enrollee advisory committees.
- D-SNPs must collect information about their enrollees' transportation, housing, and food security needs during health risk assessment (HRA).
- Must have a State Medicaid Agency Contract (SMAC) in the states where the D-SNPs operate.
- Creating Individualized Care Plans (ICPs) and participating in the Interdisciplinary Care Team (ICT).



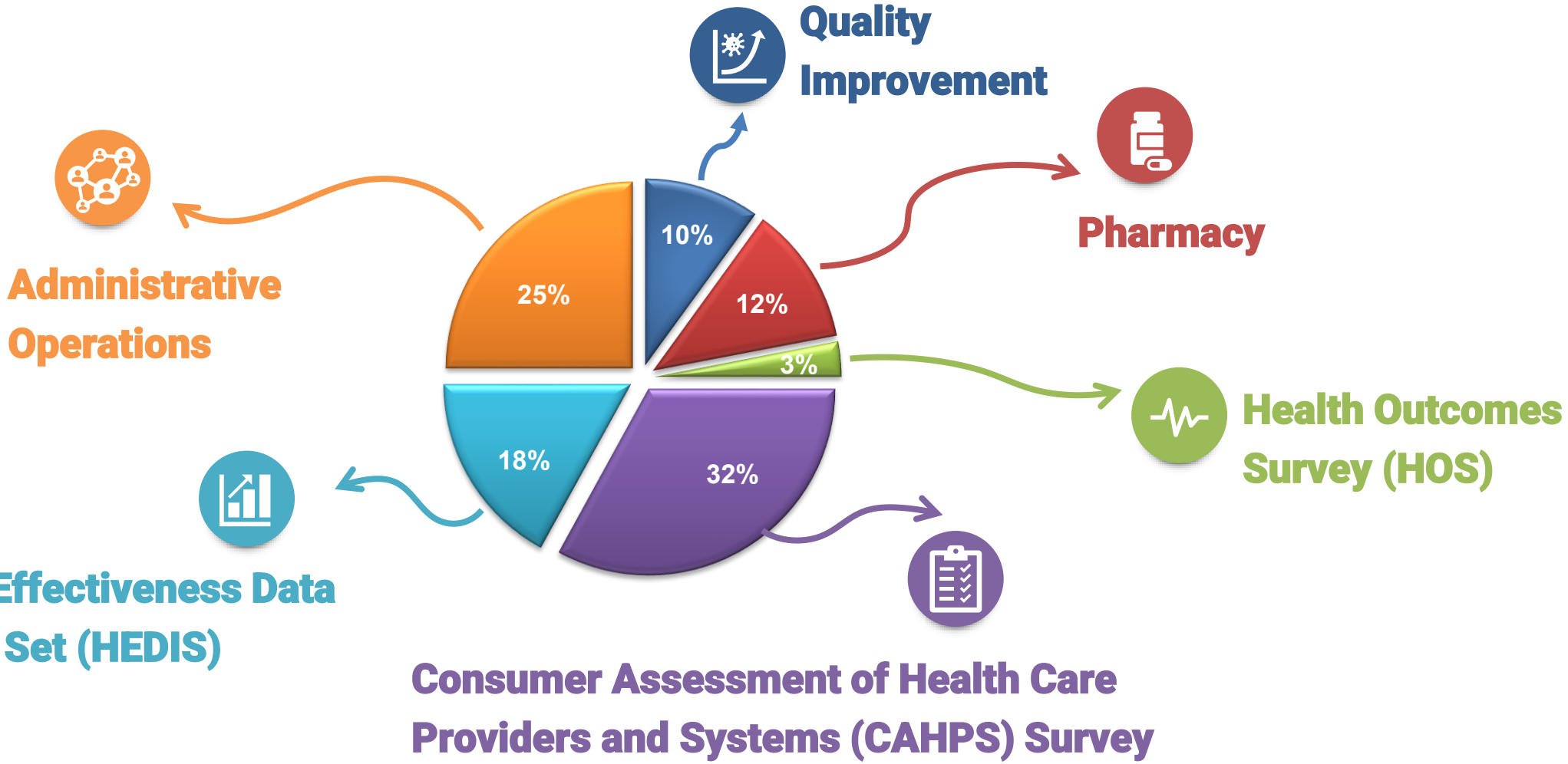
Medicare Stars

Medicare Stars is a rating system to evaluate how well the health plan and it’s contracted healthcare providers are servicing their members.

The health plan’s Star rating:

- Reflects the quality of care, safety, and experience members have.
- Is published on Medicare's websites for eligible members to use when choosing their insurance.
- Impacts the plans funding to expand benefits and provide the D-SNP plan to more community members.

Medicare Star Rating Categories



Medicare Stars- HEDIS and Pharmacy

Examples

	Breast cancer screening
	Colorectal cancer screening
	A1c in control for members with diabetes
	Blood pressure in control for members with hypertension
	Follow up after an emergency room visit
	Medication Adherence

Healthcare Effectiveness Data Information Set (HEDIS)

- This section focuses on members getting preventive screenings, managing chronic conditions, and receiving help after they go to the emergency room or hospital.
- The plan is already evaluated on many of these measures for Medi-Cal members.

Pharmacy

- This section focuses on members taking their medications for chronic conditions like diabetes, high blood pressure, and high cholesterol.
- It also monitors the use of medications that are addictive or that may cause confusion or falls.

Medicare Stars- Member Experience

Consumer Assessment of Health Care Providers and Systems (CAHPS)

Health Outcomes Survey(HOS)

The member experience surveys make up a big section of our Stars Rating.

Survey results tell us how members feel about the care they receive and if they believe it is improving their overall health and wellness.

Responses are anonymous and can be completed over the phone or mailed in.

If we do not get enough responses for our surveys, CAHPS and HOS will not be included in our Star rating that Medicare gives us.

We listen directly to our members through surveys.
Your voice makes a difference!

Next Steps

1. Share with us any feedback you have or hear from the community during CAC meetings.
2. Include 4 D-SNP representatives on the CAC in 2026. These people may be existing CAC members that transition to DSNP, new D-SNP members, or caretakers of D-SNP members
3. Complete the CAHPS and HOS survey if you receive it.

Contact Information

DeptMedicareOpsTeam@alamedaalliance.org

DeptStarsTeam@alamedaalliance.org

MedicareSales@alamedaalliance.org

Annual Review: Cultural and Linguistic Services (CLS)

ALAMEDA Alliance FOR HEALTH

CULTURAL AND LINGUISTIC SERVICES (CLS) PROGRAM: GOAL

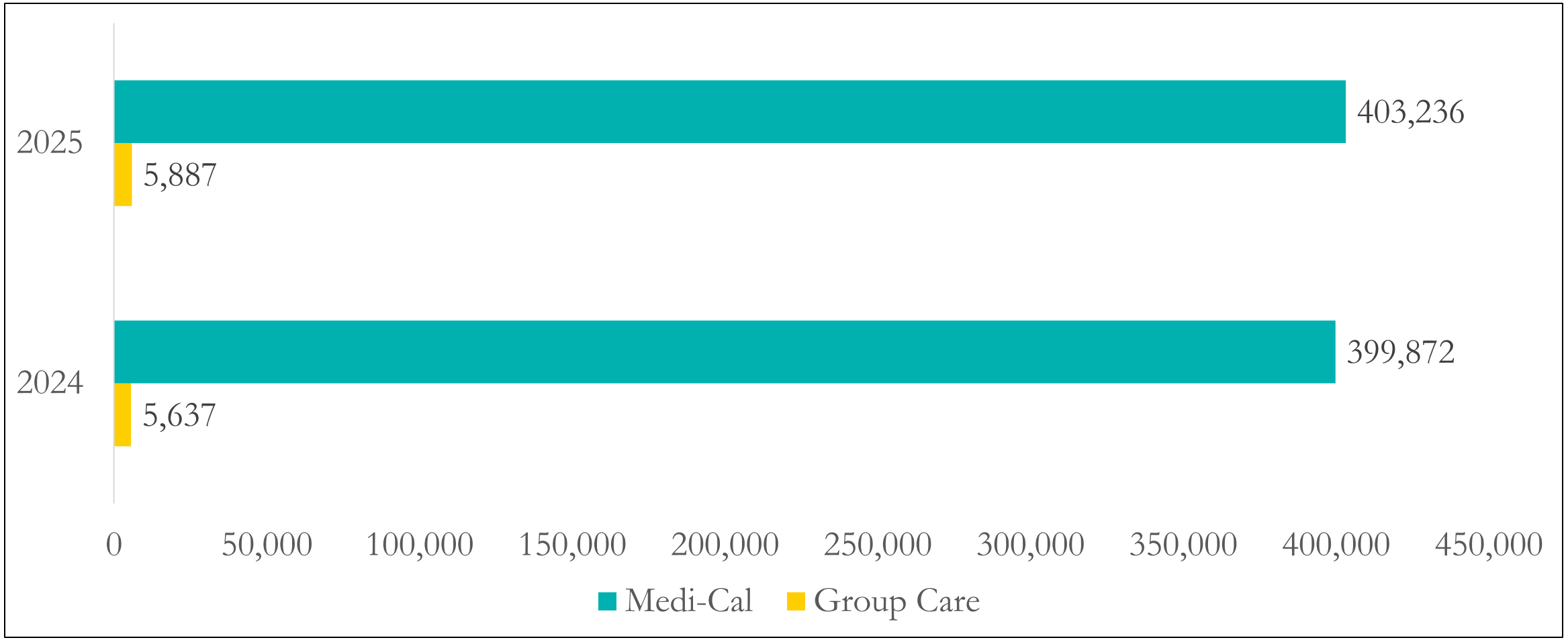
Ensure that all Alliance members receive equitable health care services, including behavioral health services, that are culturally and linguistically appropriate.

CLS PROGRAM: OBJECTIVES

- Follow state and federal guidelines to provide culturally and linguistically appropriate services.
- Offer language assistance at no cost for all covered benefits.
- Ensure that all staff, providers, and partners are compliant complete cultural competency training.
- Support limited English proficient (LEP) members in accessing quality interpreter services.
- Ensure Alliance health care providers follow the CLS Program.
- Use community input and population assessments to shape accessibility standards.
- Keep improving efforts to better meet members' cultural and linguistic needs and reduce health gaps.

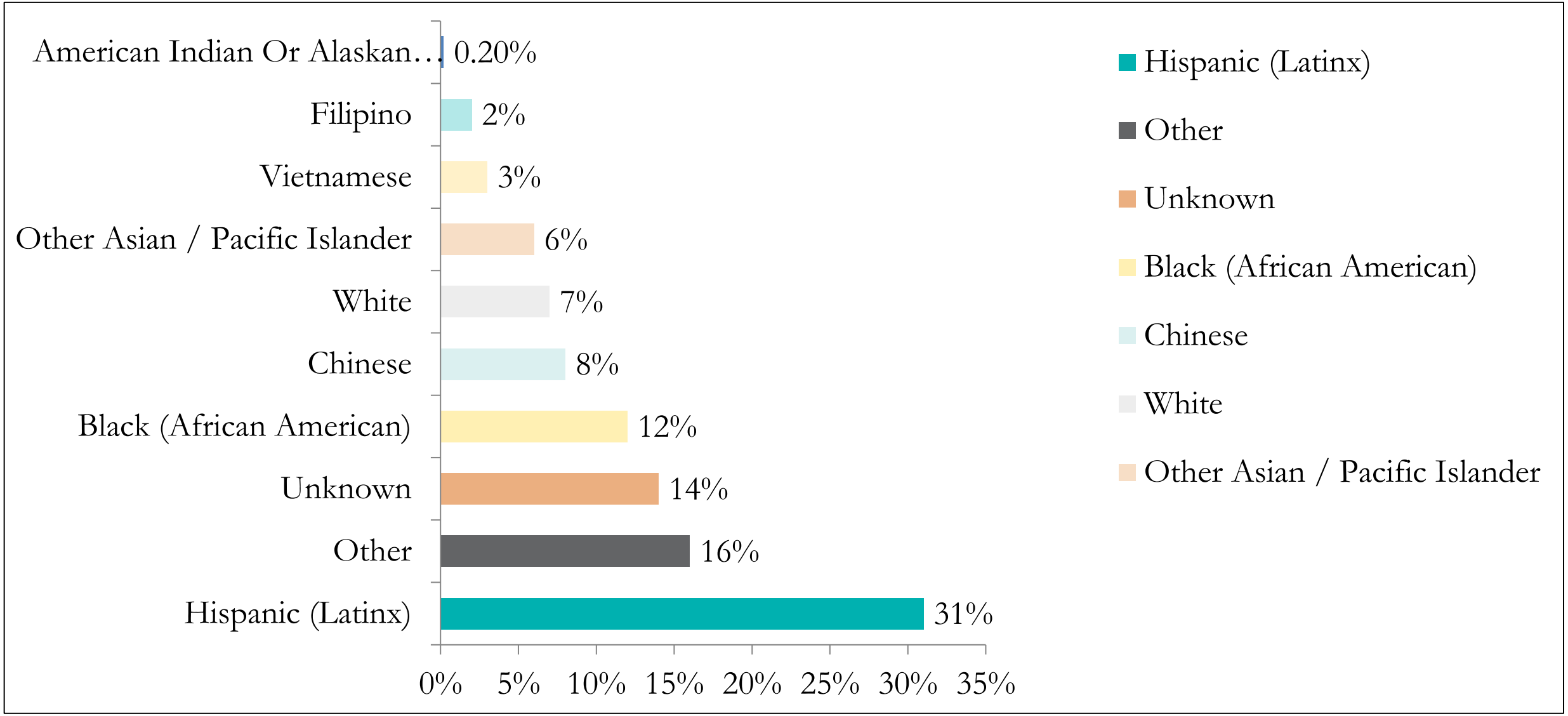
Alameda Alliance for Health Membership

TOTAL MEMBERSHIP IN 2024 AND 2025



Data as of May 2024 and May 2025

MEMBERSHIP BY ETHNICITY



Data as of May 2025

ALAMEDA COUNTY & AAH COMPARISON

Alameda County and AAH Comparison		
Race/Ethnicity	Alameda County	2025 AAH
White alone	47%	7%
Asian alone [c]	35%	14%
Hispanic or Latino [a]	22%	31%
Black or African American alone	11%	12%
American Indian and Alaska Native alone	1%	.2%
Native Hawaiian and Other Pacific Islander alone [b]	1%	2%

(a) Hispanics may be of any race, so also are included in applicable race categories

(b) Includes persons reporting only one race

(c) Includes Chinese, Vietnamese, Filipino

Source: Census Alameda County estimates, 7/1/2024, U.S. Census Bureau QuickFacts: Alameda County, California; viewed 05/30/2025.

THRESHOLD LANGUAGES

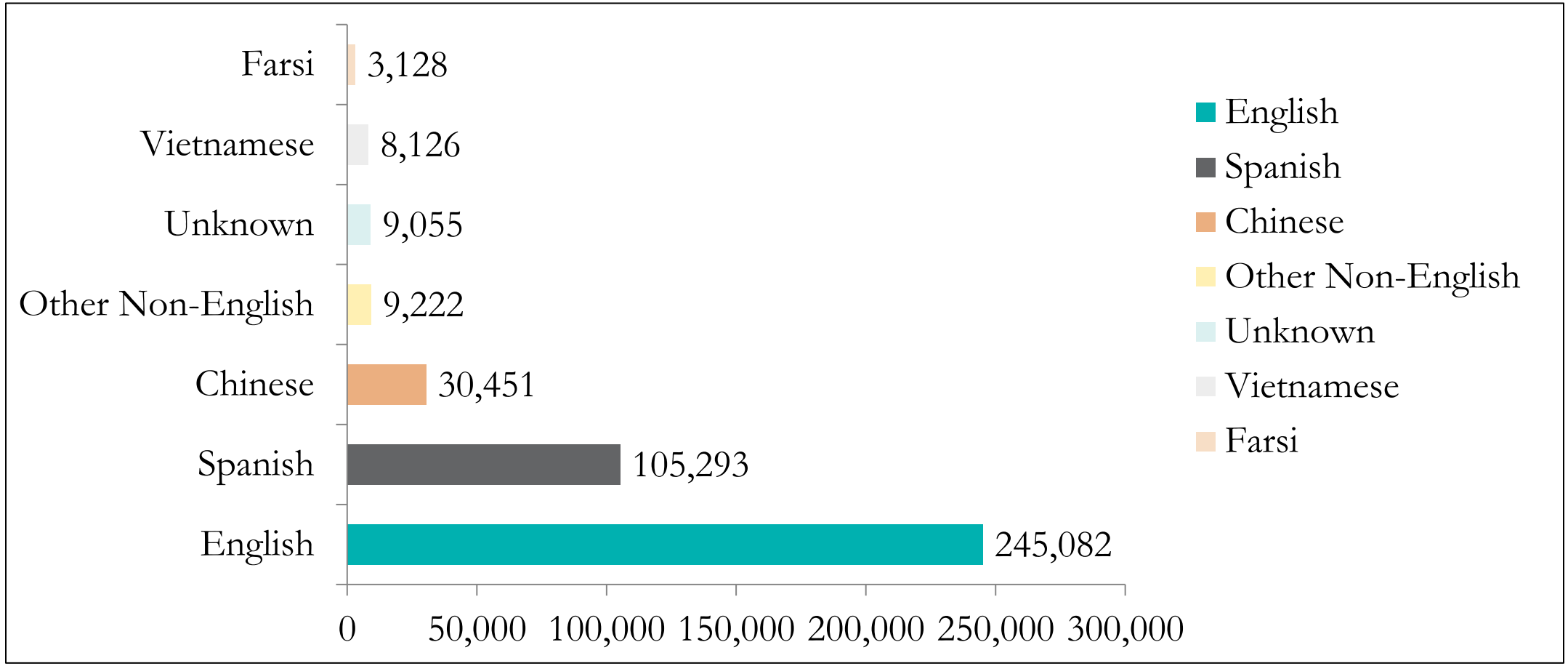
Medi-Cal and Group Care

- English
- Spanish
- Chinese
- Vietnamese
- Farsi*

**New Alliance threshold language as of February 2025*

- What is a threshold language?
  - A language spoken by 5% or over 3,000 of the Medi-Cal members in Alameda County.
  - Alliance must translate key documents and letters into these languages.

MEMBERSHIP BY THRESHOLD LANGUAGE

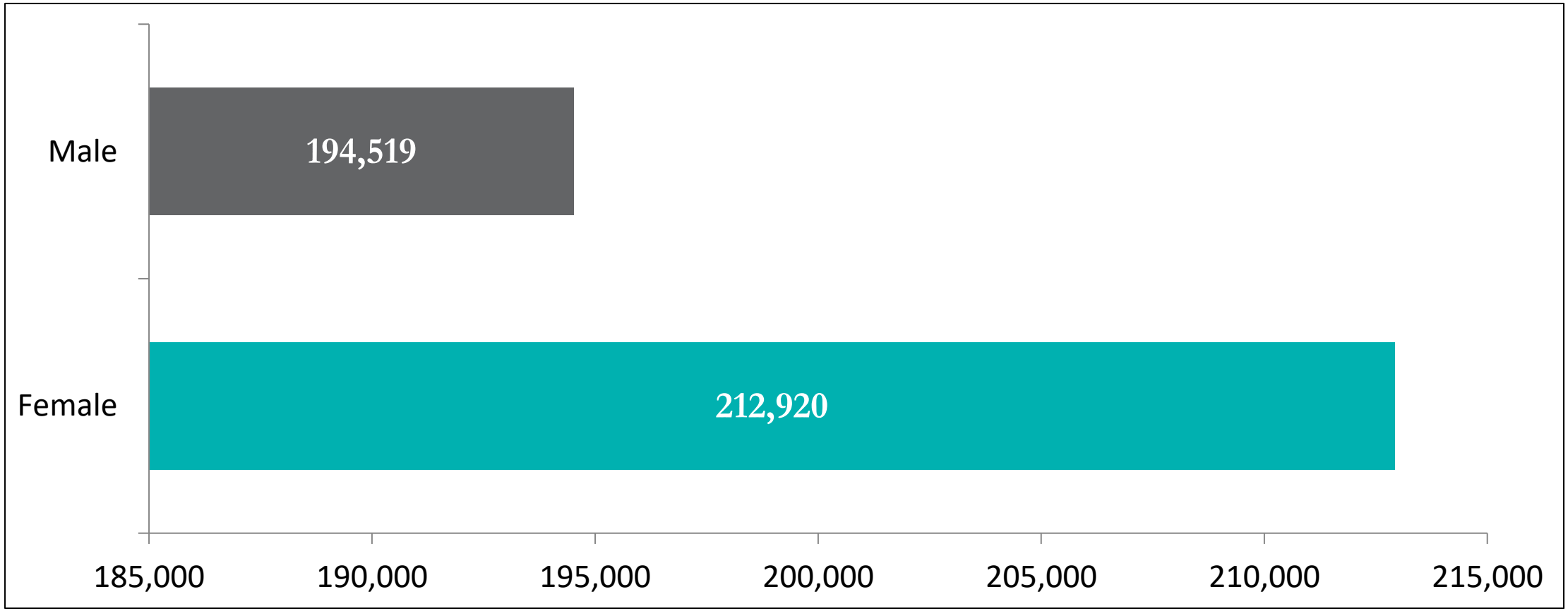


Data as of May 2025

LANGUAGES WITH 500+ MEMBERS

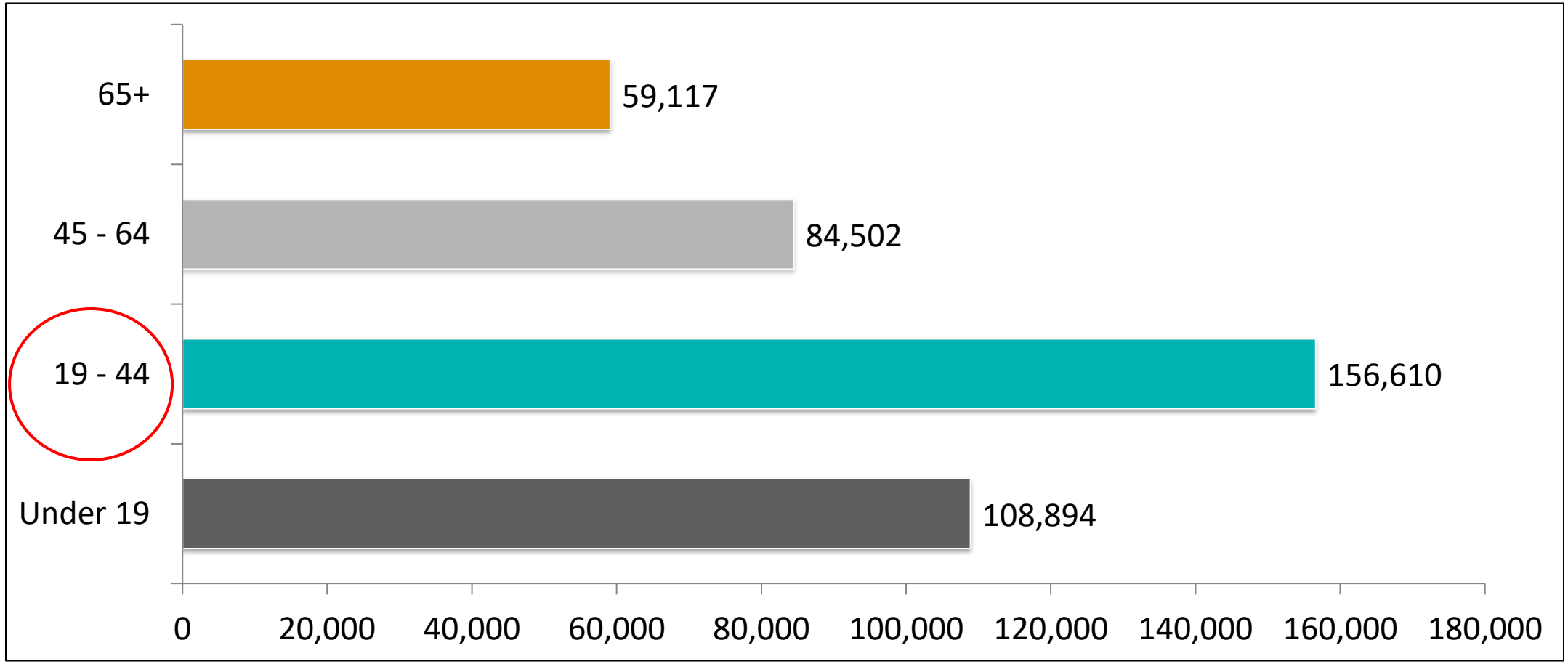
Language	May 2025
ENGLISH	60%
SPANISH	26%
CANTONESE	5%
VIETNAMESE	2%
UNKNOWN	2%
MANDARIN CHINESE	2%
FARSI	0.7%
ARABIC	0.6%
TAGALOG	0.%
KOREAN	0.2%
RUSSIAN	0.2%
CENTRAL KHMER	0.2%

MEMBERSHIP BY GENDER



Data as of May 2025

MEMBERSHIP BY AGE



Data as of May 2025

Language Assistance Services

Utilization of Interpreter Services

ALAMEDA Alliance FOR HEALTH

INTERPRETER SERVICES PROVIDED IN 2024

ALAMEDA Alliance FOR HEALTH

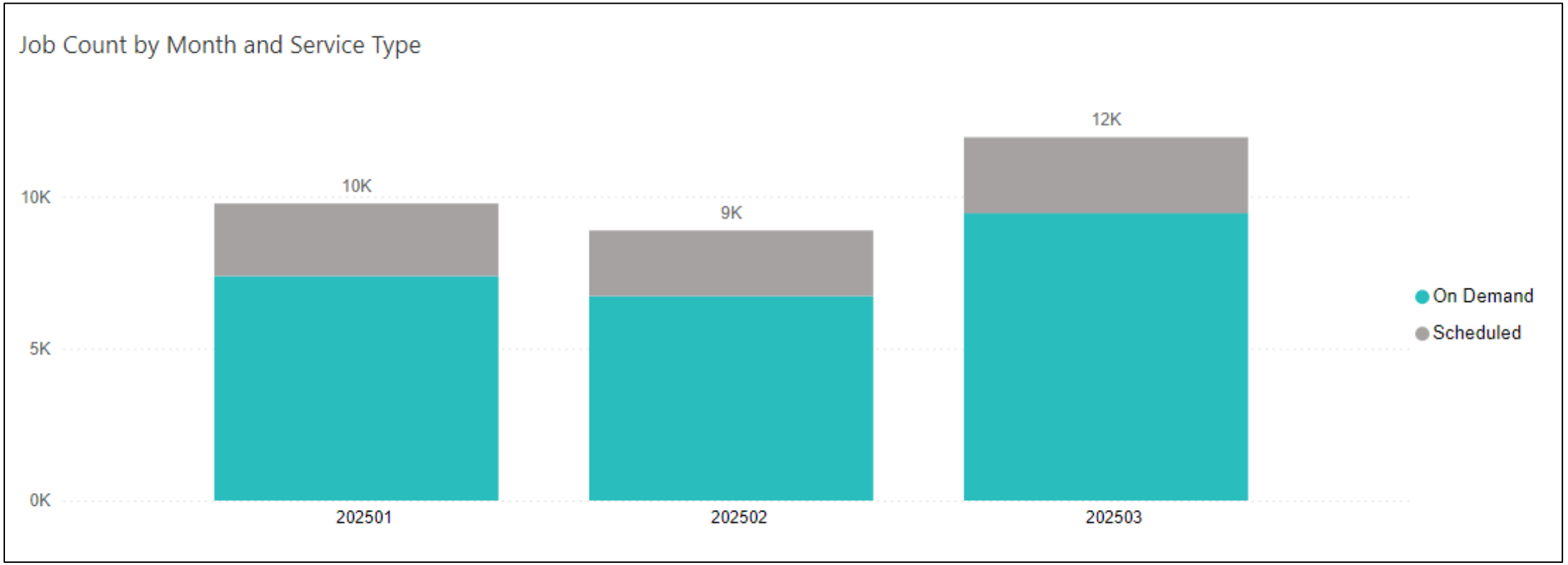
- Provided over **97,000** services in **135** languages.
- Top 10 Languages Requested:

2024 Top 10 Languages		
In-Person	**Telephonic**	**Video**
Spanish	Spanish	Spanish
Cantonese	Cantonese	Cantonese
Vietnamese	Vietnamese	Vietnamese
Mandarin	Mandarin	American Sign Language
Mam	Mam	Arabic
Arabic	Arabic	Mandarin
American Sign Language	Dari	Hindi
Russian	Khmer	Russian
Dari	Farsi	Farsi
Farsi	Mien	Mam

- Compared to 2023:
  - **70% increase** across all types of interpreter services used.
  - Telephonic: Highest increase in Spanish, Mandarin, and Mam languages
  - In-person: Highest increase in Spanish, Mandarin, Cantonese languages
  - Video: Highest increase in Spanish

INTERPRETER SERVICES UTILIZATION 2025 Q1

- The Alliance met our goal with a **fulfillment rate** of **99%** in Q1.

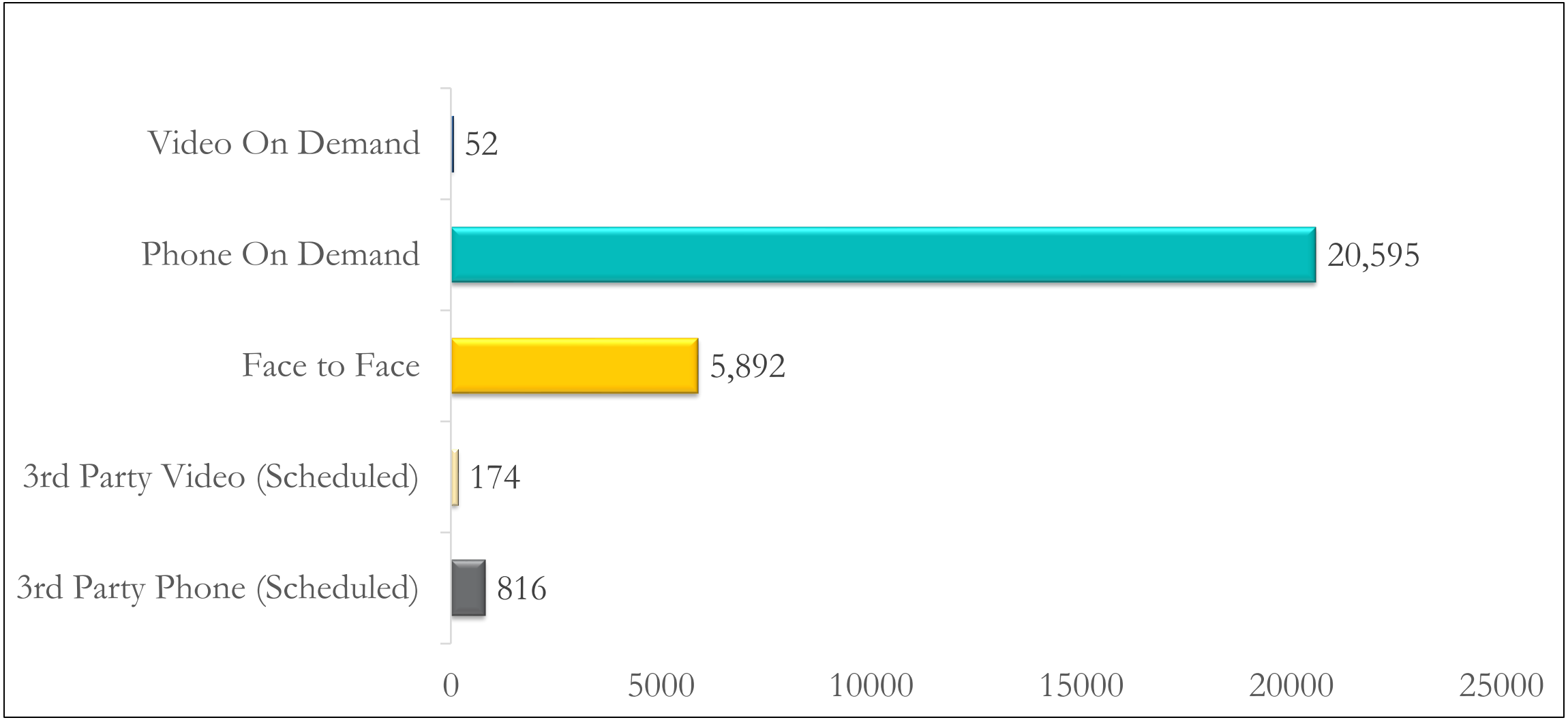


K= thousand

- Top 5 Languages Requested: Spanish followed by Cantonese, Vietnamese, Mandarin, and Mam.

INTERPRETER SERVICES UTILIZATION 2025 Q1

- Most interpreter services used were on-demand (75%), followed by scheduled interpreter services (25%).



2024 Availability of Practitioners to Meet the Cultural Needs and Preferences of Members (Net 1A Report)

ALAMEDA Alliance FOR HEALTH

MEMBER-PROVIDER RACE/ETHNICITY

- Provider by Race/Ethnicity Comparison-Medi-Cal and Group Care Members
  - Based on 55% self-reporting
  - Underrepresentation:
    - → Latinx PCPs, Specialists and Behavioral Health
    - → Black Specialists
    - → Pacific Islander PCPs, Specialists and Behavioral Health.

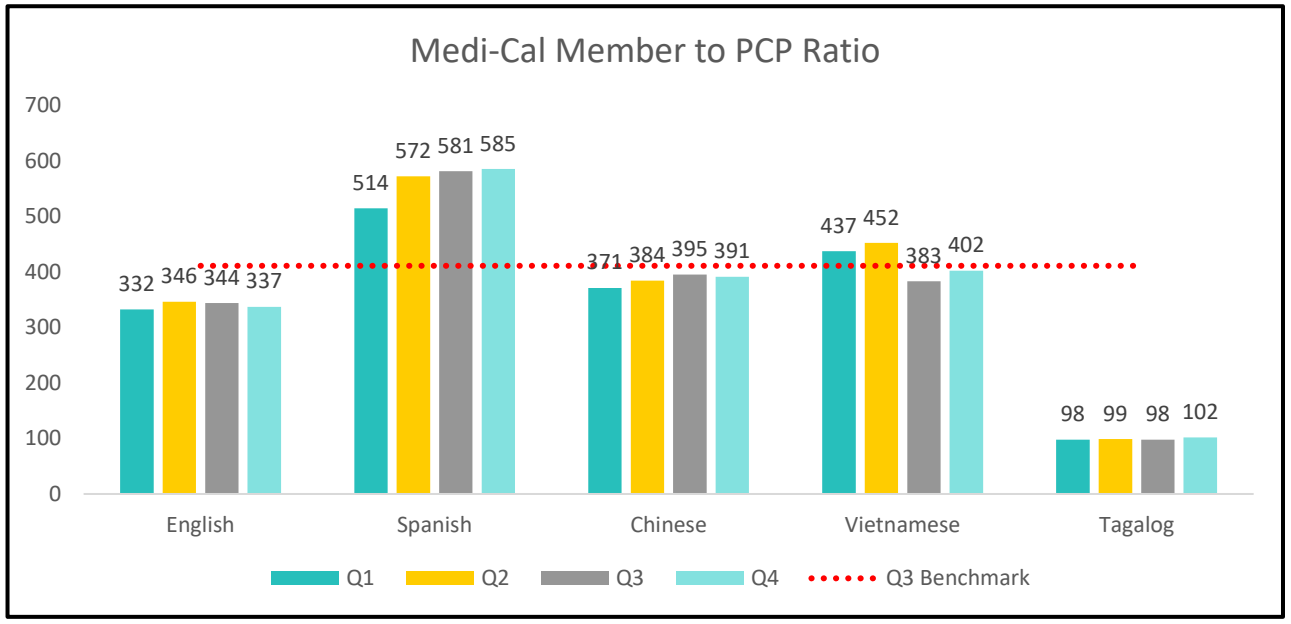
Race/Ethnicity	% Members	% PCP	% Specialists	% Behavioral Health
Hispanic (Latinx)	33%	6%	3%	20%
Asian *	13%	43%	46%	19%
Black (African American)	12%	13%	4%	11%
White	7%	34%	41%	48%
Asian Indian	<1%	2%	3%	<1%
Pacific Islander **	7%	1%	1%	<1%
American Indian or Alaskan Native	<1%	1%	<1%	1%
Other ***	17%	1%	1%	<1%
Unknown	10%	<1%	<1%	<1%
Total	**100%**	**100%**	**100%**	**100%**

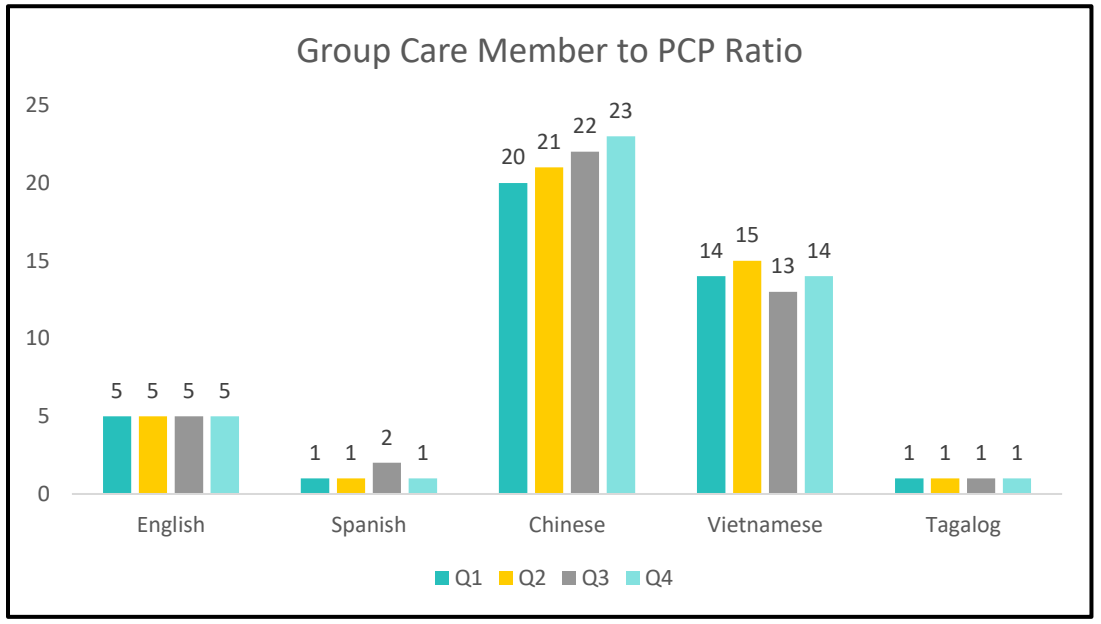
** Includes Chinese, Vietnamese, Korean, Cambodian, Japanese, Filipino and Laotian*
*** Includes Hawaiian*
**** Includes Samoan, Guamanian, Amerasian, and Other self-reported ethnicities*

Source: Provider Race/Ethnicity and Language Report, 2024 and Alliance Monthly Health Education Report, December 2024

PROVIDER LANGUAGE CAPACITY – PCP

- Third Quartile (Q3) Benchmark
  - 75% of data falls below this point value
  - X Members to one Provider ratios above the Q3 benchmark = top 25% (potential language access gaps)
- Member to PCP by Threshold Language
  - Medi-Cal - Spanish > Q3 benchmark in all quarters.
  - Group Care – Lower numbers indicate greater access, no concerns noted.

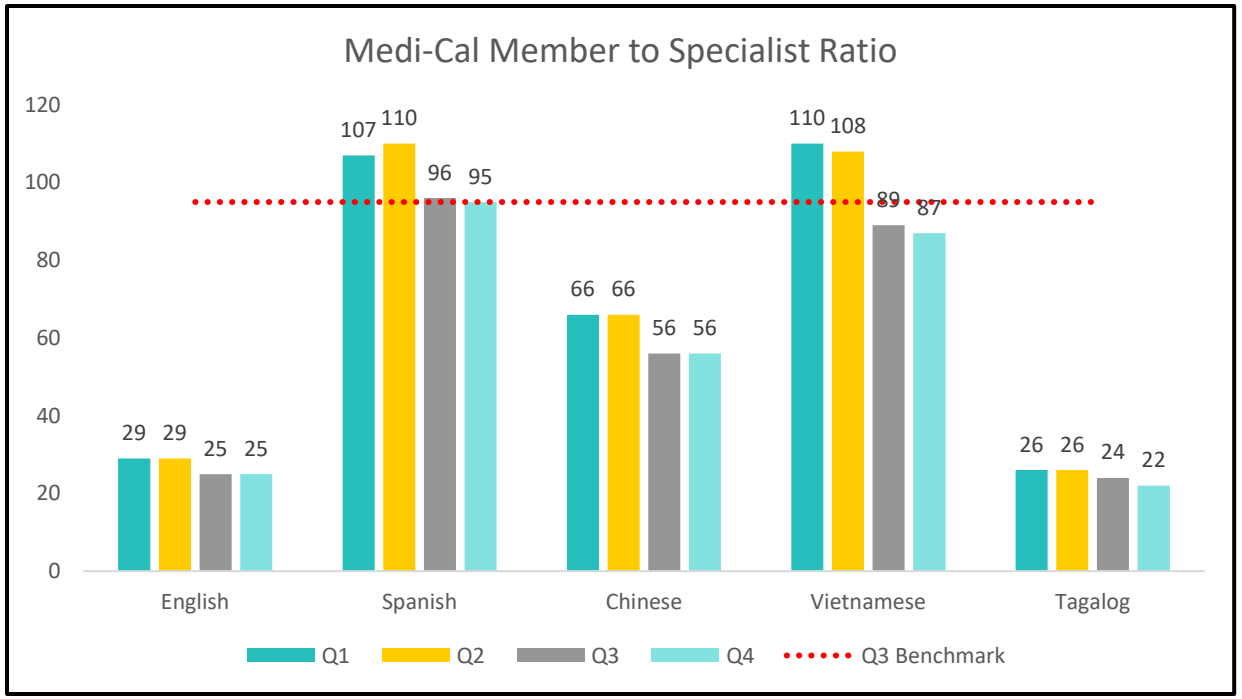


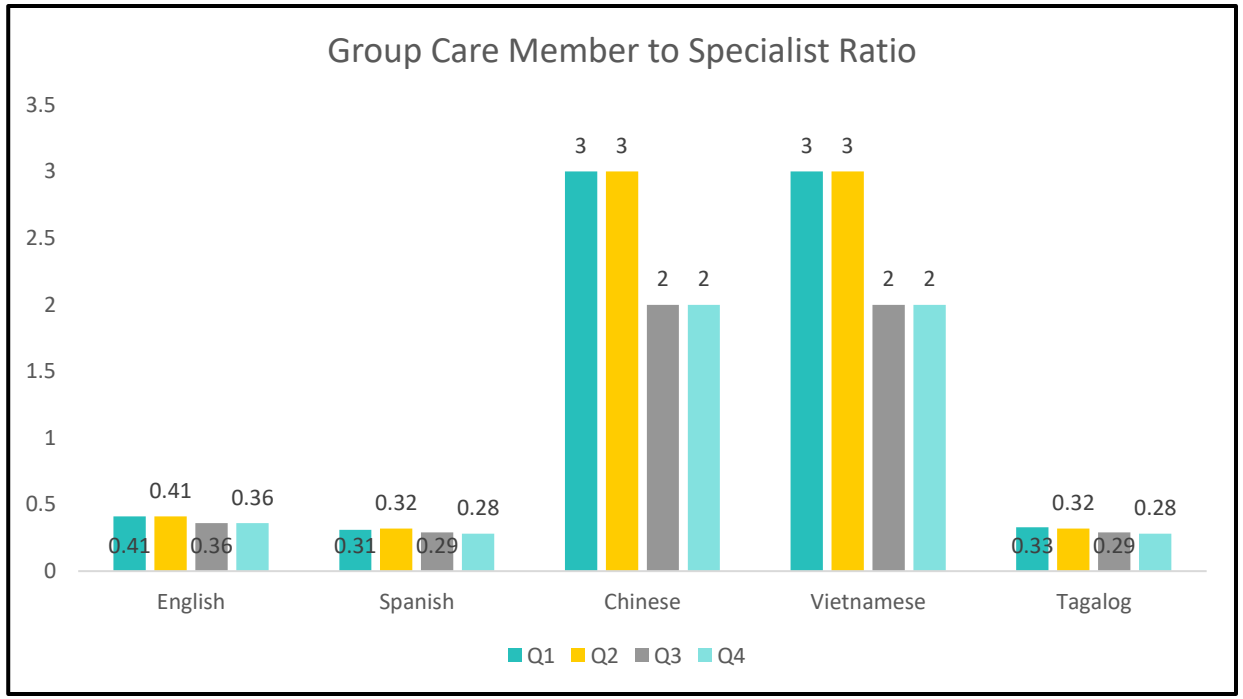


Source: Alliance Provider Language Access Report, 2024

PROVIDER LANGUAGE CAPACITY - SPECIALIST

- Member to Specialists by Threshold Language
  - Medi-Cal - Spanish and Vietnamese > Q3 benchmark in Quarters 1 and 2
    - → Improved by Quarter 3 and 4
  - Group Care – Lower numbers indicate greater access, no concerns notes.

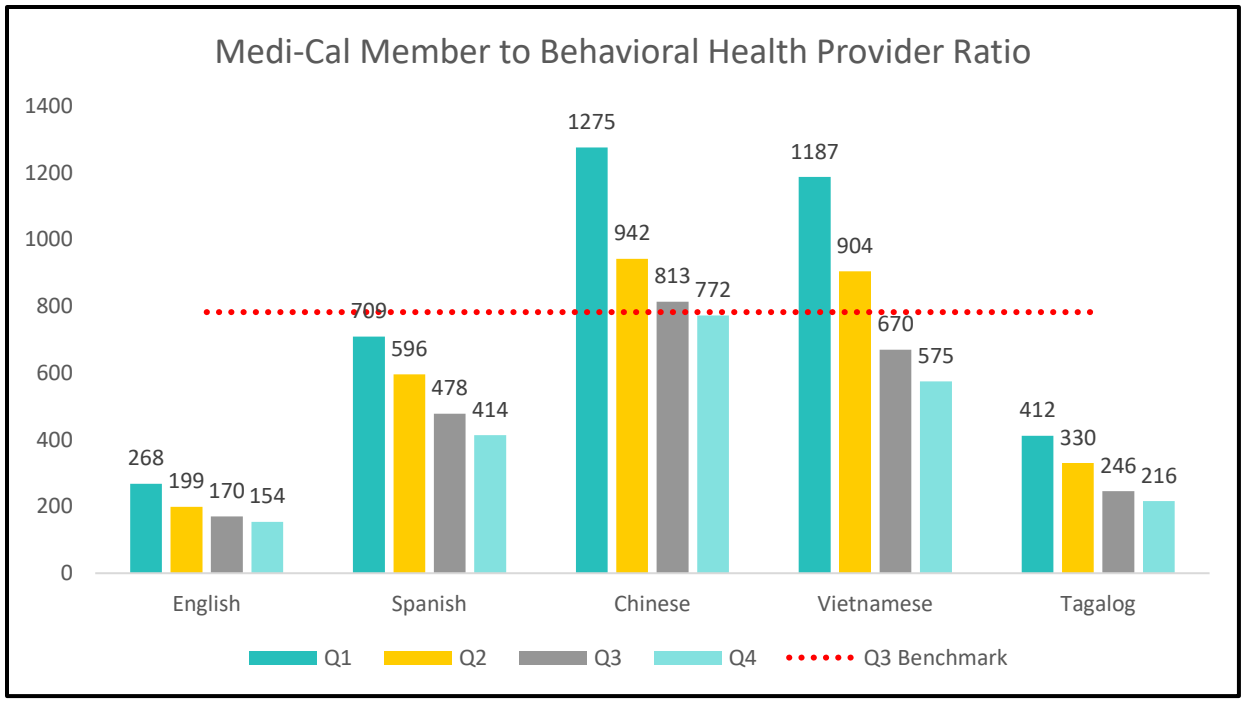


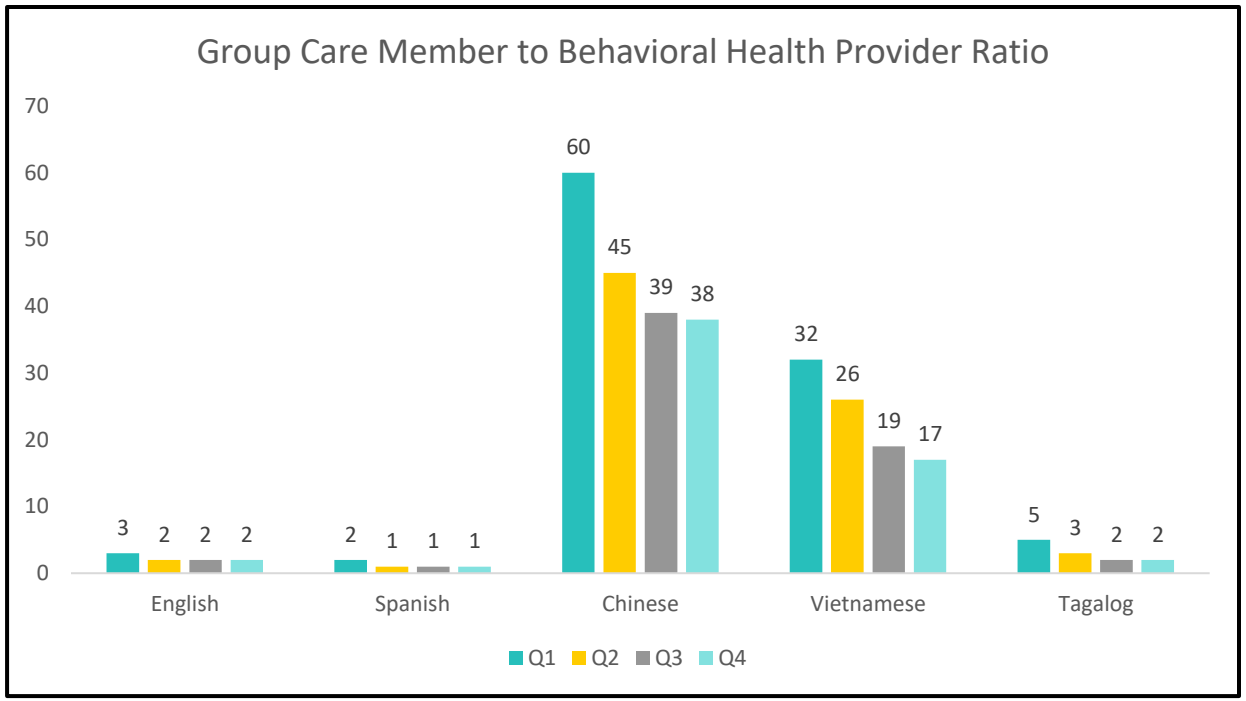


Source: Alliance Provider Language Access Report, 2024

PROVIDER LANGUAGE CAPACITY – BH

- Member to Behavioral Health (BH) Providers by Threshold Language
  - Medi-Cal - Chinese and Vietnamese > Q3 benchmark for Quarter 1 and 2
    - → All languages improved in Quarter 3 and 4
  - Group Care – Lower numbers indicate greater access, no concerns noted.





Source: Alliance Provider Language Access Report, 2024

CLS Work Plan
2024 Evaluation

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal Met
Member Cultural and Linguistic Assessment	Yes
Language Assistance Services (Fulfillment rate of 95%)	Yes
Language Assistance Servies (Tracking of behavioral health services)	In-progress
Language Assistance Services (Member Satisfaction)	Yes
Provider Language Capacity (Member Satisfaction)	Q1: Unmet for Child; Q2-Q3: Met; Q4: Planned implementation for Q1 2025
Provider Language Capacity and Race and/or Ethnicity (Provider Network-Net 1A Report)	Yes
Community Engagement: Community Advisory Committee (CAC)	Ongoing
Potential Quality Issues-Quality of Language (PQI-QOL)	Q1: Met; Q2: Unmet; Q3: Met; Q4: Unmet

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Member Cultural and Linguistic Assessment	Assess the cultural and linguistic needs of plan enrollees.	• Completed assessments at CLS meetings on 01/24/2024, 04/24/2024, 08/28/2024, 12/03/2024. • Increase in overall membership. • Significant increase in Spanish-speaking and Latinx members.	Yes
Language Assistance Services	Reach or exceed an average fulfillment rate of ninety-five percent (95%) or more for in-person, video, and telephonic interpreter services.	• Q1 2024: 97% • Q2 2024: 98% • Q3 2024: 98% • Q4 2024: 98%	Yes
Language Assistance Services	Ensure tracking of interpreter services utilization for behavioral health services.	• Vendor can't identify behavioral health (BH) calls without caller's initial prompt. • Continue to work with the vendor to resolve flagging BH calls anytime during a call.	In-progress

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Language Assistance Services (Member Satisfaction)	Based on the Timely Access Requirement (TAR) Survey results, develop and implement action steps, as needed, to address member's satisfaction with a)scheduling appointments with an interpreter; b)availability of interpreters who speak member's preferred spoken language; c)knowledge, skill, and quality of interpreters.	• 2024 results reviewed by SMEs at CLSS and QIHEC meetings—no concerns identified. • No additional actions needed based on 2024 results. The Alliance will continue sharing quality concerns with interpreter services vendors at Joint Operations Meetings.	Yes

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Provider Language Capacity (Member Satisfaction)	Based on the Member CG-CAHPS Survey 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan.	• Q1 2024-Adult: 84%; Child: 91.4% • Q2 2024-Adult: 86.6%; Child: 94% • Q3 2024-Adult: 90%; Child: 93%. • Q4 2024-Data not available. • For Adult and Child surveys, satisfaction results improved in both Q2 and Q3. We will continue to monitor satisfaction results.	• Q1: Unmet for Child • Q2: Met • Q3: Met • Q4: Planned implementation for Q1 2025
Provider Language Capacity and Race and/or Ethnicity (Provider Network)	Complete NCQA NET 1A Analysis of Capacity of Alliance Provider Network to meet Cultural and Linguistic needs of members.	• Received and reviewed consultant feedback. • Net 1A Report met all standards. • Presented updates at the Quality Improvement & Health Equity Committee (QIHEC) on 11/15/2024 and Cultural and Linguistic Services Subcommittee on 12/03/2024. • Met with Compliance to review the discrimination case report for inclusion of substantial vs. non-substantial cases.	Yes

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Community Engagement: Community Advisory Committee (CAC)	Ensure implementation of DHCS 2024 Contract updates to CAC and community engagement.	• Connected and presented information about the CAC as part of membership recruitment efforts: a. Father-Friendly Provider Network Members (FFPN): 11/15/2024. b. Healthy Relationships Learning Community (HRLC): 11/21/2024. c. Health and Human Resource Education Center (HHREC). d. Alameda County Public Health Fatherhood Initiative. • Held a CAC Selection Committee meeting on 12/17/2024. • Next steps: Ongoing CAC recruitment with guidance from the CAC Selection Committee.	Ongoing

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Potential Quality Issues-Quality of Language (PQI-QOL)	Monitor, evaluate, and conduct appropriate interventions for PQI-QOLs with a closure rate of 95% or more within 60 business days.	• Q1 2024: 96% closure rate. • Q2 2024: 86% closure rate. • Q3 2024: 95% closure rate. • Q4 2024: 93% closure rate. • Challenges: -Increased volume of scheduling. -Difficulty reaching provider offices due to no answer. • Action Steps: -Hiring additional staff. -Workflow enhancements to address when unable to reach provider office.	• Q1: Met • Q2: Unmet • Q3: Met • Q4: Unmet

OVERVIEW: CLS SUCCESSES AND CHALLENGES

- What We Did Well:
  - Met or exceeded our interpreter service fulfillment goals.
  - Received favorable responses related to accessing interpreter services through member satisfaction surveys.
  - Met all standards for Net 1A report and identified enhancement opportunity to improve reporting regarding discrimination cases.
  - Met contractual requirements for CAC regarding CAC Selection Committee, member recruitment, and the annual CAC Demographic Survey.
- What Was Hard:
  - Interpreter scheduling requests and Potential Quality Issues (PQIs) increased.
  - Some provider offices were hard to reach for follow-up for PQIs.
  - Our vendor had trouble tracking certain behavioral health (BH) interpreter calls.
- What We're Doing Next:
  - Implement a batch scheduling system with the vendor to handle increased scheduling volumes.
  - Hire additional staff.
  - Review and streamline workflows for QOL-PQIs.
  - Continue to explore solutions for BH interpreter services tracking.
  - Include more detail about discrimination cases in our reports.

2025 CLS WORKPLAN PLANNING AND DISCUSSION

ALAMEDA Alliance FOR HEALTH

What We're Focusing on in 2025

- **Data:** Assessing the cultural and linguistic needs of members.
- **Member Feedback:** Making sure members are satisfied with language services for members and provide input into services
  - Member survey
  - Community Advisory Committee
- **Diverse Providers**: Making sure our provider network reflect our membership.
- **Grievances**: Reviewing complaints and follow-up issues (QOL-PQI).

Thank you!

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

Mao Moua, Cultural and Linguistic Services Manager

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Linda Ayala, Director, Population Health and Equity

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ALAMEDA Alliance FOR HEALTH

Alliance Reports

ALAMEDA Alliance FOR HEALTH

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2024 - 2025 | **4TH QUARTER (Q4) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2024 - 2025 | 4TH QUARTER (Q4) OUTREACH REPORT

Between April 2025 and June 2025, the Alliance completed **2,777** member orientation outreach calls among net new members and non-utilizers and conducted **247** net new member orientations and **27** non-utilizer member orientations (**9.9%** member participation rate). In addition, the Outreach team completed **159** Alliance website inquiries, **14** service requests, **5** community events, **14** member education events and **3** Community Meeting/Presentation events in Q4.

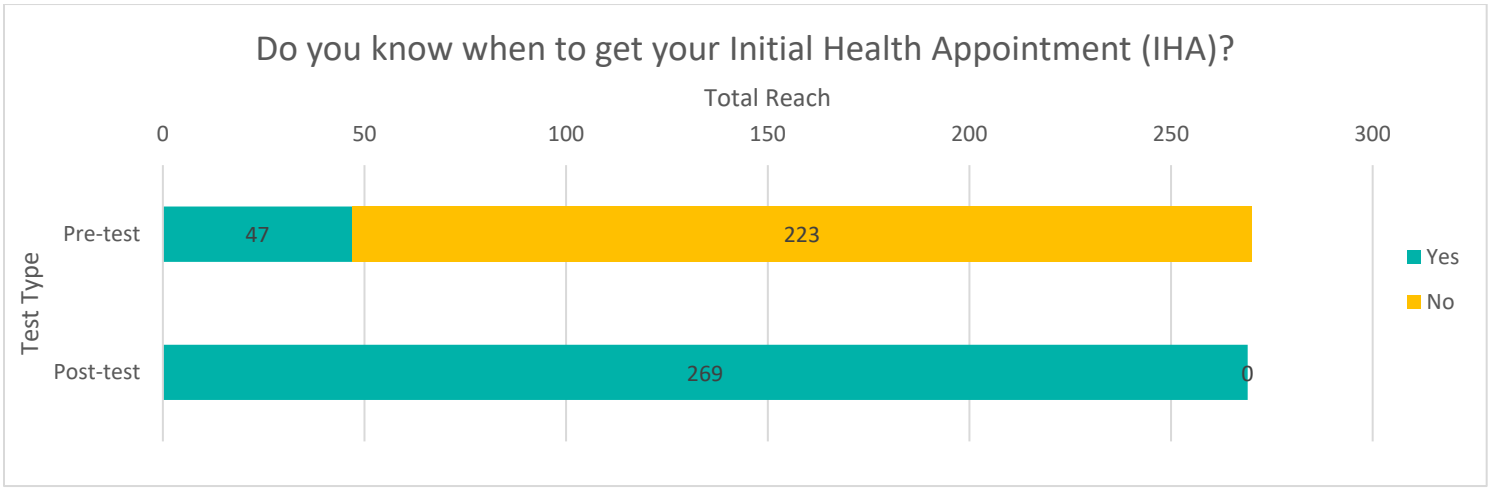
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, approximately **39,324** self-identified Alliance members have been reached during outreach activities.

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). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Monday, June 30, 2025**, the Outreach Team has completed **50,274** member orientation outreach calls and conducted **9,865** orientations, achieving a **19.6%** 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 Appointment, 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 June 30, 2025, **9,865** members completed our MO program by phone.

After completing a MO, **100%** of members who completed the post-test survey in Q4 FY 24-25 reported knowing when to get their IHA, compared to only **17.4%** 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 24-25\Q4\June 2025**

ALLIANCE IN THE COMMUNITY

FY 2024 - 2025 | 4TH QUARTER (Q4) OUTREACH REPORT

Q4 FY 2024-2025 TOTALS

5	COMMUNITY EVENTS	1040	TOTAL REACHED AT COMMUNITY EVENTS
14	MEMBER EDUCATION EVENTS	851	TOTAL REACHED AT MEMBER EDUCATION EVENTS
274	MEMBER ORIENTATIONS	274	TOTAL REACHED AT MEMBER ORIENTATIONS
3	MEETINGS/ PRESENTATIONS	120	TOTAL REACHED AT MEETINGS/PRESENTATIONS
38	TOTAL INITIATED/INVITED EVENTS	1285	TOTAL MEMBERS REACHED AT EVENTS
296	TOTAL EVENTS	2282	TOTAL REACHED AT ALL EVENTS

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

TOTAL REACH 21 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone.. The following cities had <1% reach during Q4 2025: Brooklyn, Cherryland, Emeryville, Fairview, Moraga, Richmond, and Sunol. The C&O Department started including these cities in the Q3 FY21 Outreach Report.

$520.00

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

CAC Business

ALAMEDA Alliance FOR HEALTH

CAC Chair Nominations and Voting

ALAMEDA Alliance FOR HEALTH

CHAIR ROLES AND RESPONSIBILITIES

- Provide guidance to the CAC so its members identify, discuss, and make recommendations on issues of concern for Alliance members.

- The Chair will:
  - Collaborate with the CAC Planning team to develop meeting agendas.
  - Lead and facilitate CAC meetings.
  - Ensure meetings follow Robert's Rules of Order and ground rules.
  - Start the meeting and review the agenda with CAC members.
  - Guide discussions on agenda topics.
  - Set aside off-topic issues for future discussion (Parking Lot).
  - Decide whether to extend discussions on topics that goes into overtime.
  - Encourage all members to participate in discussions.
  - Involve all CAC members in the decision-making processes.

CHAIR SELECTION PROCESS

1. Inform member of Chair elections.
2. Request nominations (self-nominations are welcome).
3. Nominees share brief statement on their interest.
4. Motion, discussion, and roll call to vote.
5. Alliance staff record votes and announces selection during the meeting.

CAC Charter

ALAMEDA Alliance FOR HEALTH

CAC CHARTER REGULATORY UPDATES

- **Background:**
  - New Department of Health Care Services (DHCS) All Plan Letter (APL)
    - → APL 025-009: Community Advisory Committee
  - DSNP Integration

CAC CHARTER REGULATORY UPDATES

Area	Description of Change(s)
CAC Duties	• Added the following CAC duty: → Provide recommendations and feedback on the Diversity, Equity and Inclusion Training Program. • Updated/clarified areas where CAC provides input/advice to align with new APL language.
CAC Selection Committee (SC)	• Added Chief Health Equity Officer (CHEO) role in selecting CAC members. • Updated/clarified SC representation areas to align with new APL language.
CAC Membership	• Added the following representation requirements: → At least 4 DSNP members and/or their caretakers. → Current/former foster youth and/or parents/caregivers of current/former foster youth. → Members who receive Long-Term Support Services and/or their representatives. → Representatives from Indian Health Care Providers. • Added option to create CAC sub-committees to enhance inclusion of member voices. • Added submission due dates of the CAC charter and membership to DHCS. • Removed timeframe requirement to submit meeting minutes and agenda to DHCS.

CAC CHARTER REGULATORY UPDATES

Area	Description of Change(s)
Meeting Agendas and Minutes	• Added cadence of CAC meetings to align with new APL language.
Other Updates	• Minor grammar and formatting updates.

CAC CHARTER RECOMMENDATIONS

Area	Background	Details
Member Attendance	• Prior challenges with meeting quorum due to attendance challenges.	• **Existing language with Changes:** New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee. The term of service for each CAC member shall be two (2) years. Committee members may serve more than two (2) terms, at the discretion of the CAC Selection Committee. The CAC Selection Committee may dismiss a member from the CAC if they fail to attend two (2) meetings of the committee within one (1) year ~~without an excused or approved absence.~~ Members shall notify the Alliance of expected absences. ~~Members can request a leave of absence if needed for up to one (1) year for health or personal reasons."~~

CAC CHARTER RECOMMENDATIONS

Area	Background	Details
Representation Status Changes	• A CAC member's representation status may change. • Examples: No longer an Alliance member or may change organizations.	• **Newly added language:** **If a CAC member has a change in the population they represent (e.g., Alliance CAC member is no longer an Alliance member), the CAC Selection Committee will determine within 60 calendar days whether it is appropriate for the individual to continue serving on the CAC and/or whether the Alliance needs to select a replacement to maintain representation for that population area.**

Questions?
Thank you!

ALAMEDA Alliance FOR HEALTH

Next CAC Meeting: December 4, 2025