ALAMEDA Alliance FOR HEALTH

COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, September 11, 2025, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Cecelia Wynn	Alliance Member	x
Donna Leonard-Pageau	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Jennifer Gudiel	Alameda County Asthma Start Program	x
Jody Moore	Parent of Alliance Member	
Keith Pageau Jr.	Alliance Member	x
Kenneth Porter	Greater New Beginnings	x
Len Turner	Greater New Beginnings	x
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
Omoniyi Omotoso	Native American Health Center	x
Reginald Jackson	Communities for a Better Environment	
Robert Williams	Alameda County Health and Human Resource Education Center	x
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	x

Alliance Staff Members	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	x
Donna Carey	Chief Medical Officer	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	x
Jessica Jew	Population Health and Equity Specialist	x
Kayla Williams	Manager, Member Experience and program Management	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 Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Monique Rubalcava	Health Education Specialist	x
Peter Currie	Senior Director of Behavioral Health	x
Steve Le	Outreach Coordinator	x
Thomas Dinh	Outreach Coordinator	x
Tome Meyers	Executive Director, Medicare Programs	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 10:01 am. A roll call was taken, and a quorum was established. 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, March 20, 2025, and June 12, 2025.			
T. Debose	Motion to approve the December 4, 2024, December 16, 2024, March 20, 2025, and June 12, 2025, CAC Meeting Minutes.	Motion: N. Williams Second: D. Leonard-Pageau Vote: Approved by consensus.	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	Motion to approve the September 11, 2025, CAC Meeting Agenda.	Motion: N. Williams Second: D. Leonard-Pageau Vote: Approved by consensus.	None
3. CEO UPDATE – CEO Report			
M. Woodruff	Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance Updates. Finance Overview • $1.7 million earned in July 2025-6th month in a row with a net income. • Alliance will submit a petition to the state to discontinue state reporting. The state may or may not approve the petition and may choose to extend the duration. • Enrollments continue to climb all the way through July 2025. However, for the first time in a long time, the Alliance lost a significant portion of membership in August 2025 with 4,000 members disenrolled, 55% of which were from the Adult Expansion Program, ages 26-49. • During COVID, many restrictions were waived, so when a person applied for a program such as Supplemental Nutrition Assistance Program (SNAP), they also get approved for Medi-Cal and other programs with same eligibility requirements.	None	Alliance staff to share IHSS analysis prepared by Karina Rivera, Alliance Director of Public Affairs and Media Relations, to the CAC members. M. Woodruff to explore the possibility of performing outreach to members before

	• As of 07/01/2025, COVID restrictions have been lifted. People who don't apply will lose coverage. • The Alliance is not allowed to outreach once a member is disenrolled, as it is against state law. ➢ *Member Question-D. Leonard-Pageau: Can you reach out to the doctor or the clinic?* ➢ *Response-M. Woodruff: The doctor or clinic can outreach to the member. They get a file with enrollments and disenrollments every month. So, they can outreach because the members are still their patients.* ❖ *Member Feedback-K. Pageau: Is there a possibility for you to outreach to the members perhaps a month before their expiration date so they can complete and submit the enrollment paperwork?* ➢ *Response-M. Woodruff: Let me look into that, and what that would entail. We could send postcards with information on coverage end date.* ➢ *Member Question-N. Williams: What would happen to the chronically ill that need to reapply for medical coverage, and what happens with their medication access?* ➢ *Response-M. Woodruff: Before the federal restrictions go into place, they can still get retroactive coverage for up to 90 days. When the federal restrictions apply in 2027, it drops from 90 days to 30 days. As of now, they have 90 days to submit all requirements. I had a meeting related to this with the Social Services Agency of Alameda County, and they said that majority of people do take some sort of action but never complete it. They do have case workers that follow up but many files don't get completed.* ➢ *Member Question-N. Williams: On whose part? The members or the departments?* ➢ *Response-M. Woodruff: I will say it is on the members', but I also know that Social Services Agency has hundreds of job openings for eligibility workers, however, they are having a hard time filling them.* Legislative Updates • HR1 ("One Big Beautiful Bill Act"): signed on 07/04/2025. The Alliance Board of Governors will be discussing its impact on the next 2 fiscal years (FYs). This FY 26, we're expecting to lose about 30,000 to 35,000		their coverage expires, and report back to CAC.

	members. But it's in FY 2027 and then going into FY 2028 when majority of the federal changes take effect. • The state has admitted this week that they are not sure if Community Supports are going to be renewed, which means 1 of the 2 waivers may not be renewed. ❖ *Staff Question-L. Ayala: Could you at a high level say what type of services those are?* ➢ *Response-M. Woodruff: There are 15 Community Supports, and the Alliance is in 11 and will be in 12, assuming the 12th, which is Transitional Rent Program, is enacted on 01/01/2026. The state said they're still looking into whether they're going to be able to do that. The other 11 include housing programs, food, community transition, medical respite, home modifications, and others. These programs are not benefits, but are services started under the 1115 and 1915 waiver. There's been talk for years about whether or not the state would be able to make them benefits. Hopefully, somehow that will happen before they term, but if they don't, then there's a chance that these might end up going away if the federal government does not approve them.* • Ongoing meetings with the Alameda County Board of Supervisors, Alameda Health Systems, and the different Federally Qualifies Health Centers (FQHCs) on what can be done together legally to help keep as many people as possible in the Medi-Cal Program. ➢ *Member Question-V. Gonzalez: Are there threats to In-Home Support Services (IHSS) as a benefit? And do you know if the developmental delay waiver will continue to be in place?* ➢ *Response-M. Woodruff: I don't have that in front of me, but for Home and Community Based Waiver programs, they are looking into expanding them in some cases, but not every single one. I was in a meeting where it was discussed which ones are going to be expanded and which ones are going to remain or cut, however, I did not take any notes as it's not part of what we do. For IHSS, I had a very good conversation with Byron of the SEIU, who is one of our board members. He is looking at all of that right now and I am doing the same thing, trying to get the lay of the land and plan for that. So, I don't have a good answer, other than the fact that I know that the unions that are representing IHSS workers are taking action.*		

	❖ *Member Comment-T. Debose: I attended a meeting a month before last, and they talked about IHSS and they said there are no cuts at this time, but we don't know how long that could last.* ❖ *Member Comment-M. Le: My husband utilizes IHSS, and we received a letter stating that in 2027, the IHSS provider's hours will be cut.* ➢ *Response-M. Woodruff: Linda, Karina has that in one of her analysis, so we can send that out to the committee if they want.* ❖ *Member Comment-C. Wynn: I have been attending county meetings, and there has been discussion of cutting a lot of non-profits. We are trying to save the funds for the food bank and the senior centers which are mostly non-profit. We're just doing all this work to protect these services for the community.* ➢ *Response-M. Woodruff: You brought up a great point because one of the things that's happening with the federal administration is they're trying to change the definition of what an essential program is. They're trying to limit it. So, your point is perfectly spot on because what they're trying to do is narrow the definition of what an essential program is under Medicaid nationwide. That would not hurt the Alliance, but it would hurt all the other programs and non-profits that are out there that help and are doing amazing work.* ➢ *Member Question-T. Porter: Do we see any cuts as they relate to services from the Alliance for foster youth? Are there any cuts or any effects from the federal government?* ➢ *Response-M. Woodruff: I don't believe so. They're not called out in any of the different programs right now. That doesn't mean that there won't be any indirect casualties, but as of now that is staying as is.* ➢ *Member Question-V. Gonzalez: Last year, we were talking about expansion of the Alliance and hiring so many new people. Now, with all these cuts, how is the Alliance looking in terms of keeping its workforce and staying financially stable?* ➢ *Response-M. Woodruff: We've been in a soft hiring freeze for quite some time, really looking at every position, if it's something that we really need or if it's something that we can hold off. And then we're going into a hard freeze, so all departments must turn in positions that they need to have and they need to justify why they need them. Those are the only ones that will be opened. A lot of health plans and hospitals across the state are*		

	laying people off. Our goal is to not do that and if we can go into a hard freeze and just do it through attrition, that's our goal. That's where we are.		
4. FOLLOW-UP ITEMS			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services provided updates on the follow-items from 06/12/2025.
	
	• Confirmed 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 you do not have a steady place to live, you 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.
	• Looked into 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.
	• 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.
	
	❖ *Member Feedback-D. Leonard-Pageau: I was wondering if you could possibly implement a 6-month red flag to check on people who had serious grievances, because I had an ongoing grievance for 3 years and I thought it was resolved and I received a grievance resolution letter, but now the problem is back again. So, for serious grievances, you should check on them after 6 months to see if the problem is still there because starting all over again with the process is very difficult for members. In my case, they're critical in my situation, and when I don't get what I need, it puts me in the hospital.*
		None	CAC Planning team to invite the G&A team to discuss their workflow and processes, in a future meeting.
			
			Alliance staff to get information on number of staff members in the G&A Team and report back to CAC.
			
			Alliance staff to follow up with D. Leonard-Pagaeu regarding a grievance issue that has reoccurred.

	➢ *Response-M. Moua: I am so sorry to hear that the issue has returned. I am happy to take it offline with you to follow up to make sure that you're connected and get what you need for your care. I'm happy to take this feedback back to our Grievance and Appeals team as well to see what we can do. Thank you for allowing us to be your advocate and ally.* ➢ *Member Question-N. Williams: How many staff members do you have in Grievance and Appeals? Because we have quite a few members and for you to track all those members, that's going to be a big piece of cheese to chew.* ➢ *Response-M. Moua: I don't know at the top of my head, but I do know that we do our best to ensure we uphold to those turnaround times. We are mandated to ensure that we resolve cases and issue letters to all our members. Natalie, I am happy to take that question back and report back either through email or by the next meeting.* ❖ *Member Feedback-K. Pageau: The Grievance staff should act as a mediator and contact the member first to explain what action they have taken and get confirmation from the member that they are satisfied with the outcome before closing the case.* ❖ *Member Comment-D. Leonard-Pageau: I would like to respond to that. They do it. It's just that he is not aware as I handle the communications regarding his grievance cases.* ➢ *Response-M. Moua: We can take this back as an agenda item for the next meeting, to see if the Grievance and Appeals team can share back at one of our future meetings, their workflow and intake around grievances here at the Alliance.*		
5. a. NEW BUSINESS – ALLIANCE DSNP			

T. Meyers
K. Williams
	Tom Meyers, Executive Director of Medicare Programs and Kayla Williams, Manager of Member Experience and Program Management, presented an introduction to the Alameda Alliance Wellness.
	
	Plan Specific D-SNP Information
	• Line of Business (LOB): Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP)
	  ○ Members need to be eligible for both Medicare and Medicaid.
	• Enrollment: Exclusively Aligned Enrollment (EAE)
	  ○ Managing both governmental programs under one company.
	• D-SNP Integration: Coordinated only
		None	None

	○ Coordination and integration within materials, processes, and grievance and appeals. • 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: 01/01/2026 ○ Annual enrollment starts 10/15/2025. • Deeming Period: 3 Months ○ If a member loses their eligibility, they have a three-month window to get it back. Sales agents and enrollment specialists will assist. • Member Services Number: 1.888.88A.DSNP (1.888.882.3767) • Project CY2026 Enrollment: 1,500 members • Eligible Age: 21 and older ➢ *Member Question-V. Gonzalez: Could you explain again what the purpose of the program is?* ➢ *Response-T. Meyers: The Dual Eligible Special Needs Plan is a type of Medicare Advantage Plan that has individuals that are eligible for both Medicare and Medi-Cal. It's the most vulnerable population in America. This was mandated by the state through CalAIM and started with 7 health plans in 2023, followed by 5 in 2024, took a break this year, and finally the rest of us are going live on 01/01/2026.* ➢ *Member Question-V. Gonzalez: But what are the benefits? Or is this just related to funding?* ➢ *Response-T. Meyers: It's a Medicare Advantage Plan, so Medicare is the primary payer and Medi-Cal is the secondary. It has all the benefits of the original Medicare so Part A and Part B, and plus, we've implemented supplemental benefits. When Linda invites me back, I'll explain what those supplemental benefits are. We're following a $0 cost share plan, so there's no copays, deductibles, or coinsurance.* ➢ *Question-N. Williams: So that's for the Part C, but will they be required to pay the $185 for Part B?* ➢ *Response-T. Meyers: No, the Part B premium is covered through Medi-Cal since they are dual eligible.* ➢ *Member Question-D. Leonard-Pageau: With this program, are you allowed to choose your own doctor?*		

	➢ *Response-T. Meyers: Yes, you can choose your own doctor in the network. We are implementing a D-SNP network. We have to meet certain CMS network adequacy standards, and they are very stringent. There are 43 different specialty providers that we have to contract with and we also have to meet adequacy in terms of time and distance. Our goal is to mirror the Medi-Cal network.* ➢ *Member Question-D. Leonard-Pageau: Can you not be in this program?* ➢ *Response-T. Meyers: Yes, it's optional.* ❖ *Member Comment-D. Leonard-Pageau: The reason I'm asking is that I see specialists all over, such as Stanford and UCSF, and they are not in your network. It is critical that I continue to see them for my health issues.* ➢ *Response-T. Meyers: Completely agree. And we're in negotiations with Stanford and UCSF so fingers crossed.* ➢ *Member Question-V. Gonzalez: If I get this correctly, if people switch, they can get more benefits for lower pay, but in an HMO format? If they choose not to switch, they may continue to pay their copays but keep their PPO type of service?* ➢ *Response-T. Meyers: Somewhat correct, this is an HMO and the PCP is the driver in terms of referrals and authorizations. And with Medi-Cal it's little bit of a hybrid. There's more coordination, case management, and more stringent criteria for the Model of Care. The Model of Care is a 252-page document explaining how we take care of the members because they are the most vulnerable population in America. There's a lot of care management, quality improvement, network and data to deliver a high quality of care.* ❖ *Member Comment-D. Leonard-Pageau: So, the PCP is the driver, and they make sure that you complete all the things that need to be done. My problem is that my PCP is in Sutter and has been my PCP since 2008. I will lose her in December because she is not in the Alliance network, and I am dreading it and I am afraid, because she is the one that knows me.* ➢ *Response-T. Meyers: We're in negotiations with Sutter as well.* MA D-SNP Product Timeline • Couple more laps to go, received bid approval. • Annual Enrollment Period (EAP): 10/15/2025 to 12/07/2025 • Effective Date: 01/01/2026		

	D-SNP Logo and Branding
	• T. Meyers presented the new Alliance main logo and the Medicare logo.
	• Consulted with the Creative Department as a consulting group, with brand identity and really aligning with what our message is.
	• Shapes represent diversity and unity of the communities served by Alameda Alliance.
	• Colors are modern. Warmth of gold and orange, balanced with the cool tone of blue and darker teal symbolizing a connection to the natural world.
	  ○ Teal: represents Medi-Cal.
	  ○ Blue: represents Group Care.
	  ○ Gold and Yellow: represents D-SNP.
	
	❖ *Member Comment-T. Debose: It makes sense. It has meaning now.*
	
	Difference Between D-SNPs from MA Plans
	• Includes original Medicare plus the wrap around services with Medi-Cal.
	• Coordination and integration of Medicaid benefits.
	• Model of Care: quality improvement tool. Alliance received a score of 96.25%, which is good for 3 years.
	• Has 4 elements:
	  ○ D-SNP Population
	  ○ Care Coordination
	  ○ Provider Network
	  ○ Quality measurement and Performance Improvement
	• Engages in enrollee advisory committees: CAC.
	• Conducts health risk assessment (HRA) on members.
	• State Medicaid Agency Contract (SMAC): 3-way contact between the Alliance, the state, and CMS.
	• Individualized Care Plans (ICPSs) and Interdisciplinary care team (ICT).
	
	Medicare Stars
	• Medicare Stars is a rating system to evaluate how well the health plan and its contracted healthcare providers are servicing their members.
	• Maximum number of stars: 5
	• Medicare Star Rating Categories
	  ○ Quality Improvement: 10%
	  ○ Pharmacy: 12%
	  ▪ Medication access, adherence, and safety
	  ○ Health Outcomes Survey (HOS): 3%		

	○ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: 32% ○ Healthcare Effectiveness Data Information Set (HEDIS): 18% ○ Administrative Operations: 25% ▪ Member Services and Grievance and Appeals • Medicare Stars: HEDIS and Pharmacy ○ These quality measures also align with some of the measures that the Alliance is already evaluated and assessed on, therefore, the work will simply continue with the D-SNP members. ▪ 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 • Medicare Stars: Member Experience ○ Medicare evaluates member experience through surveys. ○ Includes 2 surveys that are very important to understand: ▪ How members feel about their benefits. ▪ What they are using when interacting with the health system. ▪ What their experiences are like. ▪ How the D-SNP team can support the Alliance teams internally. ▪ Members' feedback with the health providers, so they can make improvements. • Timeline ○ Quality measures data: will be gathered throughout 2026 and 2027. ○ Surveys: members will start to receive them in 2027, provided in all the essential languages. May complete via mail, phone call, or online. • Next Steps ○ CAC members to share any feedback they have or hear from the community during CAC meetings. ○ CAC to 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. ○ CAC members to complete the CAHPS and HOS survey if they receive it.		

5. b. NEW BUSINESS – ANNUAL REVIEW OF CULTURAL AND LINGUISTIC SERVICES			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services presented on the Annual Review of Cultural and Linguistic Services.
	
	• Goal: Ensure that all Alliance members receive equitable health care services, including behavioral health services, that are culturally and linguistically appropriate
	• 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 Membership
	  ○ Currently serving over 405,000 members.
	  ○ Growth and diversity across the membership.
	• Membership by Ethnicity
	  ○ Hispanic/Latinx population continues to make up the highest population.
	• Alameda County (AC) and Alameda Alliance for Health (AAH) comparison
	  ○ White Alone: AC 47% vs AAH 7%
	  ○ Asian Alone: AC 35% vs AAH 14%
	  ○ Hispanic or Latino: AC 22% vs AAH 31%
	  ○ Black or African American alone: AC 11% vs AAH 12%
	• Threshold Language: language spoken by at least 5% or 3000 Medi-Cal members from Alameda County.
	  ○ English
	  ○ Spanish
	  ○ Chinese
	  ○ Vietnamese
	  ○ Farsi: new Alliance threshold language as of February 2025, replaced Tagalog.
		None	None

	• Languages with 500+ members
	  ○ English
	  ○ Spanish
	  ○ Cantonese
	  ○ Vietnamese
	  ○ Mandarin Chinese
	  ○ Farsi
	  ○ Arabic
	  ○ Tagalog
	  ○ Korean
	  ○ Russian
	  ○ Center Khmer
	• Membership by Gender
	  ○ Male: 194,519
	  ○ Female: 212,920
	• Membership by Age
	  ○ 65+: 59,117
	  ○ 45-64: 84, 502
	  ○ 19-44: 156,610
	  ○ Under 19: 108,894
	
	Language Assistance Services
	• In 2024, the Alliance provided 97,000 services in 135 languages (70% increase from 2023).
	• Most requested languages:
	  ○ Spanish
	  ○ Mandarin
	  ○ Cantonese
	  ○ Vietnamese
	  ○ Mam
	• Fulfillment rate: 99% (Q1 and Q2)
	• Modality
	  ○ On-demand (phone): 75%
	  ○ Scheduled (face-to-face, 3rd party video, and phone): 25%
	
	2024 Availability of Practitioners to Meet the Cultural Needs and Preferences of Members (Net 1A Report).
	• Member-Provider Race/Ethnicity
	  ○ Based on 55% self-reporting
	  ○ Underrepresentation:		

	▪ Latinx PCPs, Specialists, and Behavioral Health ▪ Black Specialists ▪ Pacific Islander PCPs, Specialists, and Behavioral Health • Provider Language Capacity-PCP o Medi-Cal: potential language access gap identified for Spanish-speaking members. o Group Care: no concerns noted. • Provider Language Capacity-Specialist o Medi-Cal: potential language access gap identified for Spanish and Vietnamese-speaking members in Q1 and Q2 but improved and stayed within the threshold for Q3 and Q4. o Group Care: no concerns noted. • Provider Language Capacity-BH o Medi-Cal: potential language access gap identified for Spanish and Vietnamese-speaking members in Q1 and Q2. All languages improved in Q3 and Q4. o Group Care: no concerns noted. CLS Work Plan 2024 Evaluation • Overview: CLS Successes o Met or exceeded interpreter service fulfillment goals. o Received favorable responses related to accessing interpreter services through member satisfaction surveys. o Met all standards for Net 1A report and identified enhancement opportunity to improve reporting regarding discrimination cases. o Met contractual requirements for CAC regarding CAC Selection Committee, member recruitment, and the annual CAC Demographic Survey. • Overview: CLS Challenges o Interpreter scheduling requests and Potential Quality Issues (PQIs) increased. o Some provider offices were hard to reach for follow-up for PQIs. o Our vendor had trouble tracking certain behavioral health (BH) interpreter calls. • Next Steps o Implement a batch scheduling system with the vendor to handle increased scheduling volumes. o Hire additional staff. o Review and streamline workflows for QOL-PQIs.		

	○ Continue to explore solutions for BH interpreter services tracking. ○ Include more details about discrimination cases in our reports. • Focus for 2025: continue to review complaints and follow-up on issues related to quality of language or language assistance services through grievances, as well as potential quality issues. ❖ *Staff Comment-L. Ayala: We would be interested in hearing from your experiences in the community or what you've heard from people you work with, if there are opportunities for us to improve. I know we've had some conversations with you, Dr. Omotoso and would love to hear from others as well about what we can do better. As you can see, we track a lot of data. We provide immense number of services and really want to make sure we're doing that in the best of our abilities, because it is a critical piece in how we offer healthcare services.*		
6. ALLIANCE REPORTS – COMMUNICATIONS AND OUTREACH			
A. Alvarez	Alex Alvarez, Supervisor of Communications and Outreach presented on the 2nd Quarter Outreach Report. • Between April and June 2025, completed 2,777 member orientation outreach calls among net new members and non-utilizers. • Conducted 247 net new member orientations calls among and 27 non-utilizer member orientations. • Between 03/18/2020 and 06/30/2025, the team has completed 50,274 member orientation outreach calls and conducted 9, 865 orientations, achieving a participation rate of 19.6% ➢ *Member Question-N. Williams: Is phone call the only way you reach out to members?* ➢ *Response-A. Alvarez: We have other forms of reaching out, such as mailers and welcome packets, which includes their ID card, provider directory, and evidence of coverage book.* ➢ *Member Question-T. Debose: With the weather still being good right now, are you having any upcoming events in the community that we should be aware of?* ➢ *Response-A. Alvarez: Yes, we are not short on events. We do post them on social media platforms such as Instagram and TikTok. We typically post a day or two before the event, and we include all details such as time, location, and purpose of event.*	None	Alliance Communications and Outreach staff to call D. Leonard-Pageu and K. Pageau to review their phone outreach call introduction script.

	➢ *Member Question-C. Wynn: Will you be at the Oakland Zoo event?* ➢ *Response-A. Alvarez: Yes, Thomas will be at that event. It's the Healthy Living Festival. They'll have it at the Oakland Zoo from 9:00 am or 10:00 am to 2:00 pm. It's a very good resource fair.* ➢ *Member Question-D. Leonard-Pageau: Related to the outreach phone calls and parents not having time to take your calls, have you analyzed your introduction? That makes a difference in whether they are going to give you their time or not.* ➢ *Response-A. Alvarez: Yes, we do have call script that our team utilizes, in which we briefly introduce ourselves and the reason for the phone call. We try to make it short and not make it seem so lengthy. We also work with parents' schedules, when they request to be called later, we certainly follow-up.* ❖ *Member Comment- D. Leonard-Pageau: Are you able to call us maybe on the weekend? And we can listen to your introductions, and maybe we can tailor it some more, because if you tweak it, you'll get more responses.* ➢ *Response-A. Alvarez: Yes, I appreciate that. We will do that.*		
7. a. CAC BUSINESS – CAC CHAIR NOMINATIONS AND VOTING			
L. Ayala	L. Ayala facilitated the CAC Chair nominations and voting process. • Chair Roles and Responsibilities o Provide guidance to the CAC so its members identify, discuss, and make recommendations on issues of concern for Alliance members. o Collaborate with the CAC Planning team to develop meeting agendas. o Lead and facilitate CAC meetings. o Ensure meetings follow Robert's Rules of Order and ground rules. o Start the meeting and review the agenda with CAC members. o Guide discussions on agenda topics. o Set aside off-topic issues for future discussion (Parking Lot). o Decide whether to extend discussions on topics that go into overtime. o Encourage all members to participate in discussions. o Involve all CAC members in the decision-making processes. • Chair Selection Process 1. Inform member of Chair elections o Completed via email.	The CAC has voted N. Williams as the new CAC Chair.	None

	2. Request nominations (self-nominations are welcome). 3. Nominees share brief statements on their interest. 4. Motion, discussion, and roll call to vote. 5. Alliance staff records votes and announces selection during the meeting. ➢ *Member Question-C. Wynn: What is the service term? Is it 2 years?* ➢ *Response-L. Ayala: We do ask for a service of at least 1 year, and the CEO can determine whether that would be extended. And so, in general, we have been lucky and had chairs and vice chairs who have served for a good amount of time.* • L. Ayala opened the floor for nominations. • T. Debose nominated Natalie Willams for the position of CAC Chair. • No other nominations were given. • N. Williams shared a brief statement of interest: *N. Williams: My name is Natalie Williams, and I've been the chair before, and I stepped down to give way to my very good friend. Now that we lost her, I am glad that they nominated me again, so I can pick up where I left off. I got a few more things I want to do with CAC. I appreciate the nomination, and I would appreciate the vote if you give it to me.* • Motion for the CAC to accept the nomination of Natalie Williams for the position of CAC Chair. o Motion: T. Debose o Second: K. Porter • L. Ayala facilitated a roll call to vote. o Vote: Natalie Willians was voted the new CAC Chair. o Yes: ▪ Natalie Williams ▪ Valeria Brabata ▪ Gonzalez, Cecilia Wynn ▪ Tandra Debose ▪ Irene Garcia ▪ Erica Garner, Mimi Le ▪ Keith Pageau Jr. ▪ Len Turner ▪ Kenneth Porter ▪ Omoniyi Omotoso		

	▪ Donna Leonard-Pageau, ▪ Jennifer Gudiel ▪ Robert Williams ○ No oppositions or abstentions.		
7. b. CAC BUSINESS – CAC CHARTER			
L. Ayala T. Debose	L. Ayala presented on the CAC Charter Updates. 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 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. • CA 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. • Meeting Agenda and Minutes	None	L. Ayala to get clarification on what can members share back to their communities or organizations while observing the confidentiality agreement, and report back to CAC.

	○ Added cadence of CAC meetings to align with new APL language. • Other Updates ○ Minor grammar and formatting updates. ➢ *Member Question-D. Leonard-Pageu: How do we let you know what areas we represent as CAC members?* ➢ *Response-L. Ayala: We usually do a survey and submit the results to the state in the spring, so you will get a new survey in the first couple months of the year.* CAC Charter Recommendations • Area: Member Attendance ○ Background: Prior challenges with meeting quorum due to attendance challenges. ○ Details: 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. ➢ *Member Question-V. Gonzalez: Can CAC members choose to attend online instead of in-person?* ➢ *Response-L. Ayala: The All-Plan Letter indicated that online attendance is acceptable, however, the plan still needs to follow the Brown Act. We are still waiting for the final legal advice on what that looks like to make sure we are following all the rules. We need to follow what our contract, the state, and Brown Act states which are all separate pieces of legislation.* • Area: Representation Status Changes ○ Background: A CAC member's representation status may change. Examples: No longer an Alliance member or may change organizations. ○ Details: 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.		

	❖ *Member Comment-T. Debose: I wasn't interested in being the chair, but I've enjoyed being the vice chair and just serving as a chair during this last year to support the group because I believe in their mission. However, when I came here in 2022, I was representing my daughter. She has special needs and is no longer an Alliance member, and so that's why my status has changed to community member. And I still have a voice, but at the same time, I felt like the person who should be the chair should be a member of this organization, and I think that's very important. I appreciate everyone and I appreciate this process.* ❖ *Member Comment-D. Leonard-Pageau: I read through past meeting minutes and saw that we kept on not having quorum. I am not here because of the pay, but because I am representing the people over 70s and in facilities. If I don't show up, then they are not represented. If we don't show up, there's no vote and we don't get things to move forward. It's critical that CAC members show up and it's only 4 times a year.* ➢ *Member Question-V. Gonzalez: Some members represent organizations and I'm no longer in that role, however, my son is still a member. But when I was with an organization representing a certain group, I felt my responsibility was to take the information back to share, however, I had to sign a confidentiality agreement that I am not to share what was discussed in the meeting. So, that has always created some dissonance. As representatives of certain demographics, are we supposed to bring back the information or not all of it? What's the line?* ➢ *Response-L. Ayala: I'd love to take that back and really think about it. We love that CAC members are emissaries in the community and are taking some of that information back into the community. The primary role is educating the Alliance, helping us understand what's happening in the community and our members, and how we can improve programs. Let me take that back as I know that was a concern for you before.*		
8. OPEN FORUM			
T. Debose	• D. Leonard-Pageau expressed her belief that members should not be excluded from the Open Source-Wellness program simply because they are not patients of Lifelong Medical Care (LMC). Referrals can only come from LMC providers at this time. • D. Leona-Pageau shared an incident wherein they received 2 Alliance letters with the same date, however, one letter indicated an approval for a service, and the other indicated that the same service is no longer	None	Alliance staff to outreach to D. Leonard-Pageau and K. Pageau to connect them to the appropriate

	approved. She emphasized the importance of being careful in sending these letters as it could cause distress for the members. • M. Rubalcava announced a request for volunteers from the CAC to help field test a new handout titled “Options for Care”. The goal of the handout is to help members understand the different Alliance healthcare services. The volunteers will be mailed the new material and a list of questions. M. Rubalcava will then call the volunteers to get their feedback over the phone. Volunteers will be given a $25 gift card. Members were asked to let M. Chi or L. Ayala know if they would like to participate.		teams to resolve the issues shared.
9. ADJOURNMENT			
T. Debose	T. Debose adjourned the meeting at 12:01 pm.	None	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 10/03/2025

Approved by: DocuSigned by: CCF246548B8E46B... Date: 12/04/2025 | 4:37 PM PST