MEETING MINUTES

Meeting Type:	Public Policy and Community Advisory Q3 2025		
Meeting Date:	09/16/2025	**Meeting Time:**	11:00 AM PST
Meeting Location:	Teleconference – Teams		
Minutes Prepared by:	Michelle Ladyzhenskaya, Marketing and Communications Materials Coordinator; PPCAC Coordinator		

Attendees:	Kassandra Gomez: Health Equity Officer Michael O'Malley: Health Plan Administrator Tiffany Jarrett: Nat Dir of Care Mgmt, UM and Risk Mgmt Sandy Johansson: Senior Contracts Manager Aisha Khan: Medical Director Angie Barrera Martinez: Clinic Operations Manager Adam Villalpando: Enhanced Care Management Program Manager Claudia Silva-Trigo: Assoc Dir Medical Waiver Program Services Jason Griggs: Associate Director of National Grants Specialty Network Brandie Barcinas: Contracting & Provider Relations Manager Dennis Lumpkin: Committee Member Stephen S. Tate: Committee Member Gerald Turner: Committee Member Brent Morris: Committee Member Louis Ortiz: Committee Member Thomas Owen: Committee Member Adrian Christian: Committee Member John Harris: Committee Member Douglas Korn: Committee Member Andre Zitouniadis: Committee Member Tomeka Dunnigan: Committee Member Leonardo Martinez Real: Committee Member Jose Castillo: Committee Member Sandra Whitmus: Committee Member Michelle Ladyzhenskaya: Marketing and Communications Materials Coordinator; PPCAC Coordinator
Absentees:	Emelyne Beneche

Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
Call to Order	K. Gomez called the meeting to order at 11:00 AM PST.		K. Gomez	
Welcome and Welcoming Remarks	The meeting began with the group voting in additional voting members to the PPCAC. The list was reviewed to show voting members as such: T. Owen, D. Lumpkin, S. Whitmus, A. Zitouniadis, S. Tate, L. Ortiz, A. Christian, G. Turner.		K. Gomez	

Standing Action Items				
Agenda Item	**Discussion**	**Linked Report**	**Responsible Party**	**Action Notes**
Review Q2 Meeting Minutes and Q2 Action Items	K. Gomez shared the action-item tracker, which listed responsible parties, member contact attempts, completion status, and any pending items or additional notes. She noted that E. Beneche had completed the first assigned task. K. Gomez asked C. Silva-Trigo and A. Barrera Martinez to confirm whether they had contacted their assigned members and requested that any completed outreach be recorded in the action tracker. A. Barerra Martinez reported that the assigned case manager had reached out to the member again. C. Silva-Trigo added that the social worker had contacted the member, who was present at the meeting. The tracker was updated so remaining items could be closed out. The group proceeded to approve the Q2 meeting minutes. D. Lumpkin motioned to approve, G. Turner provided the second. The minutes were approved.		K. Gomez	

New Business				
Agenda Item	**Discussion**	**Linked Report**	**Responsible Party**	**Action Notes**
Plan Updates	M. O'Malley reported that several upcoming changes would affect enrollees, including the previously discussed Medicaid redetermination requirements under the "Big Beautiful Bill." He explained that Medi-Cal redeterminations would return to occurring twice per year rather than once annually. He emphasized that enrollees needed to stay aware of their redetermination dates and notify DPSS of any changes to mailing addresses to ensure they received their paperwork on time. M. O'Malley confirmed that individuals who did not handle Medi-Cal redeterminations themselves, such as those on SSI or those with Medicare as their primary insurance, would not be affected. A committee member confirmed that she did not complete redeterminations, and M. O'Malley stated that her process would remain unchanged. A committee member asked clarifying questions regarding the type of paperwork involved and whether SSI recipients needed to complete redeterminations. M. O'Malley explained that the annual paperwork through AHF related to ADAP, not		M. O'Malley	

	Medi-Cal redetermination, and that he would not be required to complete redeterminations because his Medi-Cal eligibility came through SSI and he had Medicare primary. M. O'Malley noted that only individuals with "straight Medi-Cal" (no Medicare) were subject to the twice-yearly redetermination requirement. C. Silva-Trigo raised concerns about clients in the medical waiver program who had lost Medi-Cal eligibility after failing to submit what she believed was the redetermination packet. M. O'Malley confirmed that this was likely the case; individuals placed on Medi-Cal hold had 90 days to resolve the issue before losing eligibility entirely. C. Silva-Trigo asked whether clients with Medicare primary and Social Security should be subject to redetermination. He advised that if those clients had SSI, they should be classified as full-benefit duals. He offered to review specific cases offline. A committee member asked whether redetermination notifications would continue to come from the county and whether enrollees would now receive them twice per year. M. O'Malley confirmed that notifications would continue to be sent by DPSS and that enrollees with straight Medi-Cal would indeed receive paperwork twice a year moving forward. He emphasized the importance of tracking redetermination			

	dates to avoid gaps in coverage.			
Health Equity: Quit for Life	C. Rico, Client Service Manager at RVO Health specializing in the Quit for Life program, joined the meeting and provided an overview of the current tobacco landscape as well as the Quit for Life member experience. He noted that tobacco use continued to be a significant public health issue, with 28 million U.S. adults smoking cigarettes and one in five adults using some form of tobacco product. He emphasized that tobacco use remained a leading cause of preventable disease, disability, and death. C. Rico reviewed a visual illustrating how the body begins to heal after quitting tobacco. He explained that within 20 minutes of stopping tobacco use, heart rate begins to drop; by 48 hours, nerve endings start to regrow and smell and taste improve. He highlighted that within two to five years, stroke risk decreases substantially, and by 15 years, the risk of coronary heart disease approaches that of a non-smoker. He then described the Quit for Life member experience. Once a participant enrolls, they first prepare to quit with confidence and then meet with a coach to set a personalized quit plan and	 AIDS PPCAC Q3 Meeting Deck.pptx	C. Rico	

	quit date. He encouraged the use of “mini-quits” leading up to the final stop date, sharing his own experience using small behavioral changes to disrupt smoking routines. He reviewed common strategies to manage cravings, such as drinking water, exercising, or forming healthier habits. After quitting, participants are encouraged to maintain a healthy lifestyle and remain tobacco-free. C. Rico explained that the program includes five required “touches”: one group session and four interactions with a coach, which can occur by phone, video message, or chat. The program also offers nicotine replacement therapy (NRT), including gum or patches, which are mailed directly to participants after enrollment. He provided instructions for accessing the program: participants may join via quitnow.net, by phone, or by downloading the Rally Coach app on Android or iPhone. He noted that the app offers 24/7 access to live coaches for real-time support, including Spanish-speaking coaches and coaches who are former smokers. He closed by thanking the group and inviting questions. K. Gomez added that members and staff could send any additional questions through her and she would follow up with him as needed.			

Grievances & Appeals	K. Gomez presented the quarter-to-date Risk Management Report. She reviewed the multiple ways members were able to submit grievances, including via email, electronic submission through the website, phone, fax, mail, or paper form. She noted that grievance submission timelines included an acknowledgment within five days and a full investigation with resolution within 30 days. K. Gomez explained that members could also appoint an authorized representative, such as a relative, friend, attorney, physician, advocate, or employee, to file a grievance on their behalf. The representative would need to complete the Authorized Representative Form, which could then be mailed or faxed. For Q2, there were 69 reported issues, with 35 unique members submitting grievances. She noted the most common categories were difficulty reaching clinics by phone (including unanswered calls and unreturned voicemails) and transportation "no-show" incidents. T. Jarrett then stepped in to provide additional detail. She explained that many transportation complaints were related to a newly introduced vendor, Kaizen, which resulted in several service failures. Because of these issues, the plan had shifted most rides back to Lyft to ensure more reliable		K. Gomez and T. Jarrett (in place of E. Beneche)	

	transportation for members. Telephone accessibility remained another top concern, especially ensuring that voicemails left with clinics were returned within 24 business hours. T. Jarrett emphasized the importance of members continuing to report grievances so that the team could address ongoing problems. She also reviewed the trends by location, department, and vendor. The highest number of grievances originated from the Valley and Westside Healthcare Centers, followed by the Utilization Management (UM) department, and then the transportation vendor Kaizen. She concluded by inviting any questions or concerns about the grievance process and encouraged ongoing feedback to support continued improvements.			
Quality Updates	T. Jarrett explained that members received a form to complete or were contacted by their care manager to answer the same questions. Once the form was approved, members received a $20 incentive. She emphasized that completing these tasks ensured that wellness and preventive screenings were up to date, allowing the team to provide the best care possible. A committee member provided positive feedback, noting that the insurance services had been “pretty good.” T. Jarrett suggested including member compliments in a patient	 Q3 QI .pptx	T. Jarrett	-K. Gomez to add a member feedback portion to the newsletters

	feedback section of the newsletter, ensuring first names and last initials were used for HIPAA compliance. She highlighted that both positive feedback and complaints were valuable to guide improvements and reinforce effective practices. Another committee member suggested additional ways for members to submit feedback, including a prompt in the phone system for commendations, to complement the newsletter. He also inquired about breast cancer research for women living with HIV/AIDS and whether AHF was involved in related research or community efforts. T. Jarrett clarified that while the plan itself did not conduct research, AHF providers were engaged in HIV-related research. She offered to explore opportunities for members to connect with affiliated groups, such as the Spark Women's Affinity Group, to support involvement in research or community initiatives. K. Gomez addressed questions regarding incentives, noting that she was working to streamline the process. She explained that delays sometimes occurred due to form submission timing, but once a care coordinator confirmed completion of screenings, the incentive was provided and tracked internally. She encouraged members to contact their care			

	coordinators for updates on incentive status.			
Provider Network Updates	No updates.		B. Barcinas	
Community Supports	S. Johansson provided an overview of the new Transitional Rent Community Support, a Medi-Cal benefit effective January 1st. She explained that all Medi-Cal health plans were required to offer this benefit, which provided up to six months of rental assistance. During this period, members were expected to transition to longer-term rental solutions, such as Section 8 housing or Behavioral Health Services Act funds. She outlined eligibility requirements, noting that enrollees must meet three criteria: a clinical risk factor (e.g., serious mental illness or chronic health condition), risk of homelessness or current homelessness, or transitioning from a healthcare setting (e.g., hospital or nursing home) without permanent housing. She emphasized that all PHC California members met the first criterion. The benefit could be applied to various housing types, including permanent settings (single-family homes, apartments, mobile homes, ADUs) and interim settings (hotels or motels) when permanent housing was unavailable. Rent assistance amounts were capped per county, reflecting local cost-	 Q3 (PPCAC) Meeting – September 16, 202	S. Johansson	

	of-living differences, with Los Angeles County having higher caps due to elevated rental costs. She also noted that PHC California would ensure equitable distribution of the benefit by reviewing demographic data for approved members. A committee member commented on the program, highlighting that providing temporary housing offered individuals a critical opportunity to stabilize, seek employment, and regain independence. S. Johansson agreed, emphasizing that access to temporary housing enabled people to participate in job interviews and maintain personal hygiene while preparing for longer-term housing.			
Care Management	A. Villalpando presented two Community Supports benefits already available to members. The first was the Medically Tailored Meals program, delivered through the contracted vendor Mom's Meals. He explained that the service supported members who needed help meeting nutrition goals during critical health periods. Mom's Meals offered diabetic-friendly, heart-healthy, low-sodium, and other specialized meal options. Meals were delivered once per week in a cooler-style container, with 14 meals per delivery. Members were required to have adequate storage and a microwave to heat the meals. The benefit was limited to 12 weeks per		A. Villalpando	- A. Villalpando to follow up with the Utilization Management department and B. Morris's care coordinator to ensure the authorization had been received and processed correctly for Mom's meals.

	calendar year, authorized in four-week increments, and the benefit limit restarted every January. Eligible members needed to have a chronic condition, which all PHC California members met. He noted that members could contact their care coordinator to initiate a referral, after which PHC California's Utilization Management team would forward the authorization to Mom's Meals. He also mentioned that some members used the Mom's Meals app to select their meals for each upcoming week. He shared that this benefit had one of the highest utilization rates among all Community Supports. A committee member asked whether Mom's Meals offered pureed meals, as he was preparing for bariatric surgery in early October. A. Villalpando confirmed that pureed meals were available and stated that the committee members care coordinator would reach out promptly to start the authorization process. Another member noted that he had already spoken with his nurse care coordinator about starting Mom's Meals but had not yet received a response. A. Villalpando explained that Mom's Meals' intake department sometimes needed several days to process new referrals. He said he would follow up with the Utilization Management department and Brent's care			

	coordinator to ensure the authorization had been received and processed correctly. A. Villalpando then discussed the second Community Supports benefit: Environmental Accessibility Adaptations, commonly referred to as home modifications. This benefit provides physical modifications to a member's residence to support health, safety, and increased independence, particularly for individuals at risk of hospitalization or placement in a nursing facility. Examples included grab bars for members at risk of falling, shower accessibility changes, and wheelchair ramps to help individuals enter and exit their homes safely. A. Villalpando explained that while a formal authorization process was required, members could begin by contacting their care coordinator, who would help initiate the request.			
Member Services Updates	M. Ramos provided the call center performance update for Q2, covering April, May, and June. She reported that the PHC CA line of business received a total of 4,897 calls during this period. The call center successfully met all required performance metrics. M. Ramos noted that these metrics must be met each month to remain in compliance. She commended the team for their strong performance and effective call management throughout the quarter.	 Member Services PHC Managed Care	M. Ramos	

Discussion	K. Gomez thanked all participants for their time and engagement during the meeting. She stated that she would review the action items discussed and begin outreach to ensure that member incentives were distributed accordingly. K. Gomez noted that all reports had been presented and expressed her appreciation once again. She then formally adjourned the meeting. The next meeting was scheduled for December 9th, which would serve as the final meeting of the year.		K. Gomez	

Action Items		
Agenda Item	**Responsible Party**	**Action Notes**
Quality Updates	K. Gomez	-K. Gomez to add a member feedback portion to the newsletters
Care Management	A. Villalpando	- A. Villalpando to follow up with the Utilization Management department and B. Morris's care coordinator to ensure the authorization had been received and processed correctly for Mom's meals.

12/3/2025

X Kassandra Gomez

Committee Chair, Health Equity Officer
Signed by: Kassandra Gomez

Meeting Minutes approved via e-vote on 12/2/2025.