



<b>Policy and Procedure No: QM 23.1</b>		<b>Revision No: 1</b>
<b>Division: Care Management</b>		
<b>Department: Quality Management</b>		
<b>Title: PHC-CA Enrollee and Family Engagement Strategy</b>		
<b>Effective Date: 1/1/2024</b>		
<b>Supersedes Policy No: QM 23.0</b>		
<b>Reviewed/Revised by: Michael O'Malley</b>		<b>Review/Revision Date: 12/10/2025</b>
<b>Approving Committee: Quality Management Committee</b>		<b>Date: 12/11/2025</b>
<b>Executive Oversight Committee Date: 12/16/2025</b>		

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**Purpose:**

To describe how PHC California (the Health Plan) will develop and implement an enrollee and family engagement strategy and how the Health Plan will ensure enrollee and/or caregiver input into appropriate policies and decision-making.

**Policy:**

1. The Health Plan shall develop an enrollee and family engagement strategy that involves enrollees and their families as partners in the delivery of covered services. This includes, but is not limited to the following:
  - a. Maintaining an organizational leadership commitment to engaging with enrollees and their families in the delivery of care.
  - b. Routinely engaging with enrollees and families through focus groups, listening sessions, surveys and/or interviews and incorporating results into policies and decision-making.
  - c. Developing processes and accountability for incorporating enrollee and family input into policies and decision-making.
  - d. Developing processes to measure and/or monitor the impact of enrollee and family input into policies and decision-making.
  - e. Developing processes to share with enrollees and families how their input impacts policies and decision-making.
  - f. Conducting consumer surveys and incorporating results in Quality Improvement (QI) and Health Equity activities.
  - g. Partnering with community-based organizations to cultivate enrollee and family engagement.
  - h. Maintaining a Public Policy and Community Advisory Committee (PPCAC) whose composition reflects the Health Plan's enrollee population and whose input is actively utilized in policies and decision-making by the Health Plan.

**Procedure:**

1. With the approval of the enrollee and Appointment of Representative (AOR), the Health Plan offers the family and/or caregiver the ability to participate in the care management process. This includes participation in the Individual Care Plan (ICP), the Health Risk Assessment (HRA) and Interdisciplinary Care Team.
  - a. RN Care Team Manager or Care Coordinator discuss with the enrollee if family/caregiver participation is desired. Upon receipt and documentation of the AOR, the family/caregiver are afforded the same participation opportunities as the enrollee. This strategy enriches the support and outcomes of enrollees and is noted as an integral part of the Model of Care and AHF Circle of Care.
  - b. The care coordination software system contains reportable fields for family and caregiver support information used in specific surveys and reports focused on engagement.
  - c. Dates and times of the PPCAC meetings and other educational opportunities are shared with family and/or caregiver for participation.

### **Definitions:**

1. Appointment of Representative (AOR) - State of California form authorizes an individual to gain access to medical records and other information regarding another's health among other services.
2. Individual Care Plan (ICP) - a plan or document initiated by an RNCTM (Registered Nurse Care Team Manager), outlining the services, goals and needs of an individual in a setting such as healthcare and or social work. Specific to the person's needs and goals, often with the assistance of family/caregiver, and with review by provider.
3. Interdisciplinary Care Team (ICT) – group of healthcare providers from different fields who work together or toward the same goal to provide the best care or best outcome for a patient or group of patients.
4. RNCTM – Registered Nurse Care Team Manager coordinating care management for the enrollee.

### **Monitoring:**

1. The Quality Improvement Department submits its current year's Program Description and Work Plan and the Executive Summary of previous year's QM Activities to the Quality Improvement and Health Equity Committee (QIHEC) for review and approval by the first quarter.
2. Once approved by QIHEC, the Quality Improvement Department submits these same documents to the Executive Oversight Committee of the Board of Directors (EOC) for review and approval.
3. The Quality Improvement Department updates its documents according to feedback and recommendations provided by the EOC.
4. This policy is reviewed, updated if necessary and approved by the Quality Improvement and Health Equity Committee (QIHEC) at least annually.

**References:**

1. Exhibit A, Attachment III, Subsection 2.2.7.A (Quality Improvement and Health Equity Annual Report Plan)
2. Exhibit A, Attachment III, Subsection 2.2.9.C (Consumer Satisfaction Surveys).
3. Exhibit A, Attachment III, Subsection 5.2.11.E (Community Advisory Committee).

**Regulatory Agency Approvals:**

Date	Version	Agency	Purpose	Response