



MEETING MINUTES

Meeting Type:	Public Policy and Community Advisory Q3 2025		
Meeting Date:	12/9/2025	Meeting Time:	11:00 AM PST
Meeting Location:	Teleconference – Teams		
Minutes Prepared by:	Michelle Ladyzhenskaya, Marketing and Communications Materials Coordinator; PPCAC Coordinator		

Attendees:	<p>Kassandra Gomez: Health Equity Officer Matthew Hendricks: Project Management Tiffany Jarrett: Nat Dir of Care Mgmt, UM and Risk Mgmt Becky Hardin: Being Alive Representative Emelyne Beneche: Associate Director, Risk Management Ermias Yebelay: Nat Assoc Dir of Quality Improvement Melli Vargas: Nat Dir of Contracting & Provider Relations 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</p>
Absentees:	Michael O’Malley



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 taking attendance ensuring quorum was reached.		K. Gomez	

Standing Action Items				
Agenda Item	Discussion	Linked Report	Responsible Party	Action Notes
Review Q3 Meeting Minutes and Q3 Action Items	K. Gomez shared that she proactively added a member feedback section to the newsletters and plans to redistribute the feedback link later in the meeting as well as in a follow-up email. When sending out materials, she will also request additional feedback specifically related to the newsletters. She noted that A. Villalpando had an action item to follow up with the UM department regarding a member care authorization for Mom's Meals and asked if there were any updates so she could close out the pending item. He responded that he would review the session notes and follow up with her afterward, and K. Gomez agreed. The group proceeded to approve the Q3 meeting minutes. S. Tate 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. Hendricks shared that there are minimal updates for 2026. The 2026 Member Handbook and Evidence of Coverage are currently being printed and should be delivered within the next couple of weeks. Additionally, 2026 ID cards will be mailed out in the next week or two, with both expected to arrive before the new year. In terms of plan changes, there are very few benefit updates. One new addition to community supports is a transitional rent benefit designed to assist members who may be at risk of homelessness; however, it includes strict utilization management criteria. Other than that, there are no significant benefit changes, and mental health-related updates will be discussed later by M. Vargas.		M. Hendricks (on behalf of M. O'Malley)	
Health Equity/ Being Alive	K. Gomez provided brief updates related to Q3 activities being presented in Q4. For DEI, she shared that content development was ongoing during Q3 and that she met with other managed care plans to review how they structure their DEI trainings, using those insights to help shape their own approach. The training content is expected to be released in Q4, and she plans to report back with further updates in Q1. She also introduced outreach efforts related to the		K. Gomez, B. Hardin	

	<p>Community Health Equity Improvement Plan (CHEIP), a county initiative focused on advancing health equity by addressing key community issues. The plan prioritizes four areas: improving outcomes for Black mothers and babies, reducing STIs and syphilis, protecting communities from environmental risks, and preventing violence. K. Gomez has begun exploring ways to collaborate by connecting with relevant departments, joining email lists for updates, and meeting with teams to discuss potential prevention efforts for providers, including engagement with the violence prevention team and future case study opportunities.</p> <p>B. Hardin then presented on services offered through Being Alive’s Wellness Center. She explained that therapy sessions are weekly, 50 minutes long, have no session cap, and have no waitlist, allowing clients to be matched with a therapist quickly. Clients may request a therapist based on gender preference. Individuals can enroll online or by phone, with support available to complete intake forms. Once enrolled, clients can access a wide range of free wellness services, workshops, medical update events, and cultural outings (such as performances and concerts), often with the option to bring a guest. While HIV-positive clients receive services at no cost, HIV-</p>			
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	<p>negative partners may access wellness services for a \$10 fee, though mental health therapy for individuals or couples remains free. Becky also shared the locations of their Wellness Center in Hollywood and their Harm Reduction Center in West Hollywood. K. Gomez closed by noting she would email all relevant contact information and resources to both members and staff.</p>			
Grievances & Appeals	<p>E. Beneche reviewed the grievance process and emphasized that members now have multiple ways to file a grievance, with particular focus on the electronic grievance form. Members do not need to call Member Services if they are able to complete the online form themselves; submissions are routed directly to the Grievance team. Members may also file grievances by phone, mail, or email. One key benefit of submitting it electronically is that members receive a reference and case number by email, which allows them to easily follow up or add any missing information later by contacting Member Services and providing that number. She also highlighted that members can designate an authorized representative, such as a spouse, family member, or friend to act on their behalf for grievances, appeals, or benefit questions. This simply requires a signed authorization form, valid for</p>		E. Beneche	



	<p>one year, and does not require a lawyer.</p> <p>Later in the meeting, members and staff discussed customer service concerns, particularly phone responsiveness and front desk support. T. Jarrett raised a scenario about balancing in-person and phone interactions, and members agreed that briefly acknowledging both parties such as politely placing a caller on hold would be appropriate and respectful. K. Gomez committed to documenting this as an action item and supporting any needed customer service interventions, with updates to be provided at the next meeting. Additional comments noted ongoing concerns about difficulty reaching back-office staff and past staffing shortages, though T. Jarrett shared that recent staffing changes may improve the experience. While some members expressed frustration with phone responsiveness and front desk availability at times, they also shared positive feedback about specific staff members, highlighting appreciation for supportive and personable service. K. Gomez reiterated that all feedback would be documented and that process improvements would be explored as needed.</p>			
<p>Quality Updates</p>	<p>K. Gomez provided brief quality updates and reminded members to stay current with recommended health screenings, noting that</p>		<p>T. Jarrett, E. Yebelay</p>	

	<p>incentives are being issued at a higher volume to encourage completion. She advised members who may be due for screenings to connect with their care coordinator. She also shared that in-person advanced directive workshops are now being held every second Friday of the month, with the goal of increasing completion rates, which are currently low. She will include the flyer and additional details in her follow-up email.</p> <p>E. Yebelay then introduced an overview of the Long-Term Care Quality Assurance and Performance Improvement (QAPI) program. He explained that QAPI is a comprehensive, ongoing quality management approach overseen by the Quality Improvement and Health Equity Committee (QIHEC) and is designed to enhance quality, safety, and clinical outcomes in long-term care settings. The program focuses on clinical care, quality of life, and best practices, particularly within skilled nursing facilities that serve small, specialized, and higher-risk populations. Key areas of monitoring include adverse events, frequent hospitalizations, preventable readmissions, emergency department and inpatient utilization, and HIV care indicators such as CD4 and viral load monitoring. Several tracked measures align with NCQA, CMS, and HEDIS reporting requirements. He emphasized that the program is data-driven and</p>			
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	<p>uses ongoing analysis to identify opportunities for improvement. Interventions include collaboration with facilities to implement targeted Performance Improvement Projects (PIPs), root cause analyses, staff training, updated clinical guidelines, and accountability measures. He concluded by noting that future meetings will include presentations of specific outcomes and performance results based on these tracked measures.</p>			
Provider Network Updates	<p>M. Vargas acknowledged member concerns regarding access to specialists and mental health services. She shared that a major initiative for 2026 is expanding the specialist network across service areas, including AHF and PHC CA, to improve access, increase provider options, and reduce wait times. The goal is to create a more robust and accessible network so members can see specialists closer to home and in a timelier manner. She also addressed the transition away from Magellan, which will no longer serve as the mental health administrator after December 31. She reassured members that there will not be a new third-party company replacing Magellan; instead, the plan will directly administer and manage the mental health provider network and claims. The intent is to create a smoother experience and eliminate the confusion some</p>		M. Vargas	



	<p>members previously encountered.</p> <p>In response to a committee member’s question about past issues with provider assignments and grievances, M. Vargas and T. Jarrett clarified that mental health providers will function similarly to other directly contracted specialists (such as cardiologists or endocrinologists). The plan is prioritizing contracts with providers currently treating members. Additionally, members in active treatment will have a 12-month continuity-of-care period (365 days), allowing them to continue seeing their current provider while contracting efforts continue. Leadership emphasized that member care continuity and improved access remain top priorities moving into 2026.</p>			
PHC CA Network Updates	<p>B. Barcinas clarified that PHC CA remains fully aligned with its 2026 goals, including improvements to mental health services and overall network access. She encouraged members to proactively reach out if there is a specific provider they would like to see who is not currently listed in the contracted provider directory. If notified, the team can initiate outreach and begin the formal contracting process to allow members to continue or establish services with that provider. This reinforces the plan’s commitment to expanding the network while supporting member choice</p>		B. Barcinas	



	and continuity of care.			
Care Management	<p>A.Villalpando, provided an overview of key benefits available through PHC CA's CalAIM program, specifically focusing on community supports for unhoused members. He highlighted recuperative care, which offers a short-term residential setting for members who are unhoused and need a safe place to heal after an illness or hospital discharge. This benefit provides a bed, meals, basic medical oversight such as vital checks, and case management support, including housing assistance. It is also available to members who may not have been hospitalized but whose current living environment is not conducive to recovery. He also introduced transitional rent, a new benefit launching next month. This program will provide up to six months of rental assistance for eligible unhoused members. Initially, eligibility will focus on PHC CA members receiving higher levels of county behavioral health services. Members must meet specific criteria, including having a documented housing support plan in place before approval. The purpose of requiring this plan is to ensure that once the six-month rental assistance ends, another sustainable funding source such as Section 8 or a Department of Mental Health subsidy is ready to</p>		A. Villalpando, A. Barrera Martinez	



	<p>continue covering housing costs. The overall goal is long-term housing stability and preventing members from returning to homelessness. Adam noted that these are two of several community supports available through the CalAIM program and encouraged members to reach out with any questions.</p>			
<p>Member Services Updates</p>	<p>M. Ramos presented the third quarter Member Services and Call Center performance results (July–September). She reported that the team met and exceeded performance goals, with an average speed of answer of 10 seconds, an abandonment rate of 1.45%, and a service level of 95.59%. During the third quarter, the call center handled 4,320 calls, bringing the year-to-date total to 17,293 calls, reflecting strong engagement and responsiveness.</p> <p>She also reviewed utilization of the over-the-counter (OTC) benefit for the same period. Usage was relatively low in July (two orders totaling \$50.30) and August (one order totaling \$82.99), with higher utilization in September (\$386.30). Melissa encouraged members to take full advantage of the benefit before the end of the year, reminding them that unused amounts do not roll over into the next year.</p> <p>During discussion, a member shared that while he appreciates the benefit, many of the available OTC items are</p>		<p>M. Ramos</p>	



	geared toward more medical or higher-need supplies, such as adult incontinence products, and less toward everyday self-care or drugstore-type items. Melissa acknowledged the feedback and noted that there are ongoing efforts to expand the catalog—such as adding vitamins and other commonly used items. In the meantime, she encouraged members to use the benefit for any eligible items that meet their needs before the year ends.			
Discussion	Due to technical difficulties the meeting was cut short. K. Gomez sent a message to the group thanking the members for joining and to reach out with any questions or concerns. All resources will be shared with the group via email.		K. Gomez	

Meeting Minutes approved via e-vote on: 2/19/2026

X *Kassandra Gomez*

Committee Chair, Health Equity Officer