Public Policy and Community Advisory Committee (PPCAC)
Meeting Minutes
03/31/2026 11:00-12:30pm PST

Members
Voting Members: ☒ Kassandra Gomez, MPH, Health Equity Officer and Chair ☒ Sandra Holzer, Esq, CHC Compliance Officer (Co-Chair) ☒ Dr. Toeque, Regional Medical Director, PHC California Network Provider ☐ Dr. Howell, Medical Director, PHC California Network Provider ☒ Michael O'Malley, Executive Oversight Committee of the Board of Directors ☒ Thomas Owen, PHC California Enrollee ☒ Dennis Lumpkin, PHC California Enrollee ☒ Sandra Whitmus, PHC California Enrollee ☒ Andre Zitouniadis, PHC California Enrollee ☒ Stephen Tate, PHC California Enrollee ☐ Adrian Christian, PHC California Enrollee (Substitute) ☒ Brent Moris, PHC California Enrollee (Substitute) ☒ Luis Ortiz, PHC California Enrollee (Substitute) ☒ Gerald Turner, PHC California Enrollee (Substitute)
Non-Voting Members ☐ Emelyne Beneche, Associate Director, Risk Management ☒ Tiffany Jarrett, National Director of Care Management, Utilization Management, and Risk Management ☒ Jason Griggs, Associate Director, National Grants, Specialty Network, and Operations ☒ Sandy Johansson, Senior Contracts Manager ☒ Adam Villalpando, Enhanced Care Management Program Manager ☐ Angie Barrera Martinez, Clinic Operations Manger ☒ Claudia Silva-Trigo, Associate Director, Medical Waiver Program Services ☒ Melissa Ramos, Director of Member Services ☒ Brandie Barcinas, Contracting & Provider Relations Manager ☒ PHC Enrollees (Guests, not listed as voting)
Guests: ☒ Jose Castillo ☒ Dennis Lumpkin ☒ Leonardo Martinez ☒ Frank Sonnek ☒ Brent Morris ☒ Thomas Owen ☒ Ronald Gagnon ☒ John Harris ☒ Douglas Korn ☒ Adam Villalpando ☒ Sandra Whitmus
Scribe: Michelle Ladyzhenskaya, Executive Assistant, PPCAC Coordinator

Public Policy and Community Advisory Committee (PPCAC)
Meeting Minutes
03/31/2026 11:00-12:30pm PST

Agenda Item	Discussion	Responsible Party
Call to Order	K. Gomez confirmed quorum and called the meeting to order at 11:03 AM PST.	K. Gomez
Review Q4 Meeting Minutes	Motion to approve Q4 2025 Meeting Minutes was approved by S. Holzner and seconded by G. Turner. No opposed.	K. Gomez
Plan Updates	Updates focused primarily on a new housing-related benefit under California's CalAIM initiative. The key development is the introduction of "transitional rent," a community support that provides up to six months of rental assistance for eligible enrollees who are at risk of homelessness. This benefit is intended to help individuals stabilize their housing situation while they secure income, benefits, or other resources needed to sustain rent independently. This new support builds on existing housing services already in place, including housing navigation and transition services (which help individuals find and apply for housing), housing deposits (to help secure units), and housing tenancy and sustaining services (to help individuals maintain their housing over time). Transitional rent is meant to fill a gap by supporting individuals financially in the short term once they are already housed. The initial population focus for this benefit is individuals with behavioral health conditions that limit their ability to work, though eligibility is expected to expand as the program continues to roll out through the Department of Health Care Services (DHCS). From an implementation standpoint, two providers have been engaged to deliver this service: Volunteers of America, an existing partner expanding its scope, and California Consortia, a new provider with an agreement in place pending a full contract. Aside from this update, there are no other significant plan or policy changes at this time. However, there is ongoing consideration of the potential impact of HR1, which introduces Medicaid work requirements. Further discussion and planning around this legislation are expected in future meetings.	M. O'Malley
Medical Director Updates	The update highlighted a successful Women's Health Day event held in early March, with plans to expand it into a broader Wellness Health Day later in the year. The expanded event will include a wider range of screenings and services such as diabetes care (including retinal eye exams and foot exams), cholesterol and blood pressure checks, general wellness screenings, and rapid HIV testing. There are also plans to involve additional partners and potentially include podiatry residents, while re-engaging affinity groups that participated in the earlier event. Additional operational updates included new provider additions in California: Dr. Edgar Wayne as the new Medical Director for the Valley Clinic, and David Nasser, a nurse practitioner, recently joined the Hollywood clinic.	M. Toeque
Health Equity / Health Education	In Q4 2025, the organization continued implementing training programs such as DEI and TGI trainings to promote respectful, inclusive, and culturally responsive care, with high completion rates across staff. The organization emphasized its continued commitment to strengthening training through partnerships, regular updates, and integration into standard processes, while also identifying next	K. Gomez

	steps such as improving on-time completion and aligning training with member needs. Additionally, the group was encouraged to participate in the PPCAC annual evaluation and feedback survey to help identify member needs, reduce care gaps, and guide planning for 2026. K. Gomez also highlighted collaboration with the Los Angeles County LGBTQ+ Commission as an important partnership to stay connected to community needs and broader county efforts, with opportunities for member engagement through public meetings. Follow-up materials and additional information were shared after the meeting.	
Grievance and Appeals	The Q4 2025 grievance report highlighted key trends in member feedback, with a total of 66 written grievances reviewed during the reporting period. Overall, the most significant increase was in provider and staff attitude-related complaints, which rose slightly from the previous quarter and remained above the established threshold, indicating this continues to be a primary area of concern. Common issues reported by members included negative interactions with staff, challenges with phone and technology access, and concerns related to provider billing practices. Several areas showed notable improvement compared to Q3, including timely access to care, quality of care, customer service, transportation (driver punctuality), referrals, and care coordination, all of which saw decreases in grievance volume. Ongoing gaps remain, particularly around staff attitude and communication, phone accessibility, and certain site-specific issues. The group reviewed the Quarterly Grievance Log for specific examples of high trend grievances. In response, the organization has implemented targeted action plans focused on improving customer service and communication, reinforcing staff training on respectful and empathetic interactions, addressing scheduling and access challenges, enhancing oversight of transportation vendors, and strengthening billing education and verification processes.	T. Jarret (on behalf of E. Beneche)
Quality Updates	The discussion expanded on upcoming wellness initiatives, emphasizing that members will not only be able to participate in future wellness events but also have opportunities to earn incentives by completing care gaps. An incentive flyer was shared to raise awareness and encourage participation in these programs. During member feedback, one participant acknowledged significant improvement in phone responsiveness at the Hollywood clinic, noting that prior access issues have largely been resolved. However, the member raised ongoing concerns regarding delays in lab results being uploaded to the patient portal, as well as not receiving an expected incentive for completing a lengthy health-related phone assessment. In response, staff acknowledged the concerns and confirmed that they will follow up on both the lab results issue and the missing incentive, with a care coordinator planning to connect directly with the members to investigate and resolve the issues. The exchange also highlighted appreciation for member feedback and reinforced the organization's commitment to improving service and communication.	T. Jarrett
Provider Network Updates	The provider network update focused on introducing and strengthening the Behavioral Health Network to improve member access to mental health and substance use services. The goal of the program is to ensure members clearly	M. Vargas

	understand how to access care, while aligning with NCQA standards to promote timely, coordinated, and high-quality services across the behavioral health continuum. The network includes a range of qualified providers such as psychiatrists and outpatient behavioral health practitioners, with current capacity meeting compliance standards and supporting appropriate provider-to-member ratios. Key areas of focus include improving network adequacy, access to care, data accuracy, and provider engagement, with ongoing evaluation of performance and quality using established measures such as HEDIS and NCQA benchmarks. To support continuous improvement, the program includes structured monitoring at multiple levels (weekly, monthly, and quarterly), along with targeted action plans to address gaps and ensure sustainable improvements in access, communication, and care coordination within the behavioral health network.	
Care Management	The update provided an overview of two key PHC community support benefits available to members. The first benefit discussed was Medically Tailored Meals (Mom's Meals), which supports members who have difficulty accessing or preparing nutritious food due to medical conditions such as diabetes, cardiac issues, or kidney disease. This program provides two meals per day (14 meals per week) delivered in weekly shipments. Meals are frozen and can be stored and reheated as needed. The benefit is available for up to three months per year, authorized one month at a time, and does not need to be used consecutively. In addition to supporting medical nutrition needs, the program can also help address food insecurity. The second benefit covered was Community (Home) Transitions, which supports members transitioning out of skilled nursing facilities or nursing homes back into community living. This program helps coordinate a safe discharge and provides financial assistance up to $7,500 for moving-related expenses, though it does not cover rent. It also connects members to housing navigation and other support services, such as caregiving and meal programs, to ensure a safe and sustainable transition to independent or assisted living. Overall, both benefits are part of a broader set of community supports designed to improve member independence, health outcomes, and quality of life. Members are encouraged to contact their care coordinator or Member Services for more information or assistance accessing these services.	A. Villalpando
Regulatory Updates	The update provided an overview of upcoming federal policy changes that could significantly impact Medi-Cal members. Specifically, House Resolution HR1 introduces new Medicaid work requirements that are expected to take effect on January 1, 2027. These requirements would primarily apply to individuals who qualified for Medi-Cal based on income through the Affordable Care Act. Under the proposed policy, affected members would be required to meet certain monthly activity thresholds, such as completing 80 hours of employment, participating in community service, or enrolling at least part-time in an educational program. However, not all members would be subject to these requirements. Several groups would remain exempt, including seniors, children, pregnant individuals, people with disabilities, and foster youth. A key area of concern discussed was the exemption category for individuals who are considered "medically frail." This designation includes those with	S. Johansson

	serious or complex medical conditions, although the exact definition is still being clarified. There is an expectation that conditions such as HIV/AIDS may qualify under this category, but this has not yet been formally confirmed by the state. At this stage, many details about implementation remain uncertain. The state agency overseeing Medi-Cal is still developing guidance on how exemptions will be determined, including what types of medical data or claims will be used to identify eligible individuals. Because of this uncertainty, there is ongoing concern about the potential risk that some members could lose coverage if they are unable to meet or properly document the work requirements. Overall, the update emphasized that this is a developing issue with potentially significant implications, and the organization is continuing to monitor updates closely while working with state partners to better understand and prepare for the changes.	
Open Discussion		
Adjournment	K. Gomez adjourned the meeting at 12:20pm PST	

X Kassandra Gomez

Committee Chair, Health Equity Officer 6.10.26