# *CenCal Health Board of Directors Committee Reports*

**September 16, 2026**

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**Community Advisory Board (CAB) Memo**

**Date:** August 5, 2026

**From:** Eric Buben
Director of Member Services

**Through:** Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer and Chief Health Equity Officer

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**Executive Summary**

This memo serves to provide CenCal Health's Board of Directors with a summary from CenCal Health's Community Advisory Board (CAB) on July 9, 2026. A full CAB Information Packet (all materials reviewed) is available for review upon request.

CAB approved the April 9, 2026 CAB Minutes.

Agenda topics included a presentation from CenCal Health's C&L Services Manager sharing CenCal Health's Culturally and Linguistically Appropriate Services (CLAS) 2025 Work Plan Evaluation and new additions for the 2026 CLAS Work Plan.

The Director of Program Development provided an update on the CareConnect Enrollee Advisory Committee 2nd quarter meeting. Additional update provided on the Community Reinvestment Plan. The Chief Customer Experience & Health Equity Officer provided a Member Navigation update to address upcoming Medi-Cal changes due to the HR-1 bill and the work within the community to support enrollment retention.

A Population Health/Quality Report was provided for the current quarter actions and awareness of quality and population health activities in flight and planned. A Health Promotion/Education Report, sharing latest Population Needs Assessment status and Health Promotion/Education updates was approved by CAB.

One (1) new CAB member was approved by the CAB Selection Committee.

- Bonnie Ford – Member, San Luis Obispo County

**Submitted for review:**

1. CAB Agenda – 07/09/26
2. Approved CAB Minutes from 04/09/26 (approved by CAB on 07/09/26)

**Recommendation**

CenCal Health is requesting your Board of Directors to provide approval of this CAB Memo and the CAB Minutes from the April 9, 2026 CAB Meeting.

Respectfully submitted,

Eric Buben

Eric Buben
Sr. Member Experience and Services Director, CAB Coordinator

# Community Advisory Board Meeting Agenda

**Date & Time:** July 9, 2026, 12:30 pm – 2:00 pm (Lunch served at 12:00pm)

**Locations:**
San Luis Obispo: Embassy Suites – 333 Madonna Road, San Luis Obispo, CA 93405, Edna Foyer Room
Santa Barbara: CenCal Health Office - 4050 Calle Real, Santa Barbara, CA 93110, Hart Auditorium

**Meeting Facilitator:** MaryEllen Rehse, CAB Chair, Executive Director of Children and Family Resource Services at Santa Barbara County Education Office
**CAB Coordinator:** Eric Buben, Director of Member Services, CenCal Health
**Administrative Support:** Teri Amador, Senior Member Services Administrative Assistant, CenCal Health

**Attendees:** ***CAB Members:*** Veronica Alvarez, Lindsay Walter, Maria Jauregui-Garcia, Susan Liles, Elizabeth Merson, Jennifer Nitzel, Tamara Broder, Jonathan Nibbio, MaryEllen Rehse, Christina Mendoza, DDS, Tamika Harris, Sara Macdonald, Norma Alonso, Olga Mendoza De Bravo, Eustolia Garcia, Yolanda Navarro, Chris Burke, Eusebio Soto-Meza, Soledad Soto, Jane Hash, Carmin Garcia, LMFT, Maria Avila, Cynthia Guerrero, Graciela Valdovinos, Jose Luis Valdovinos, Melissa Villa; Bonnie Ford ***CenCal Health Staff:*** Van Do-Reynoso, MPH, PhD, Bao Xiong, Gabriela Labrana, MPH, Zena Chafi-Aldwaik, MPH, Diana Robles, Elia Rodriguez, Denise Filotas, Teri Amador, Amber Sabiron, RN, Abigail Figan, Andrea Darough, Hector Garcia, Rachel Lambert, LMFT ***Guests:*** Javi Infante Varas (Spanish-English Interpreter), Nayra Pacheco (Spanish-English Interpreter) or designees from Rooted Language Justice

*Public Participation: Members of the public will be allowed to provide public comments in real time during the public comment portion of the Community Advisory Board (CAB) meeting. If you require any special disability-related accommodations, please contact the CenCal Health CAB Administrative Assistant at (805) 685-9525 x-1680 or via email at tamador@cencalhealth.org at least twenty-four (24) hours prior to the scheduled board meeting to request disability related accommodations.*

| Agenda Items | Owner | Duration |
|---|---|---|
| Announcements and Acknowledgements | | |
| 1. **Rooted Language Justice**<br>a. Spanish Interpretation Procedures for CAB Meetings | J. Infante Varas/ Nayra Pacheco | 5 mins |
| Regular Agenda | | |
| 2. **Public comment on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board.** | All | 5 mins |
| 3. **Approval of Minutes – April 9, 2026 CAB Meeting** – *Action Item* | M. Rehse / E. Buben | 2 mins |
| 4. **2026 CAB Selection Committee Approval of New CAB Member**<br>• Bonnie Ford – Member, San Luis Obispo County | M. Rehse / E. Buben | 2 mins |
| 5. **Culturally and Linguistically Appropriate Services (CLAS)**<br>• 2025 CLAS Work Plan Evaluation<br>• 2026 CLAS Work Plan Additions | D. Filotas | 15 mins |
| 6. **Program Development Updates**<br>• Enrollee Advisory Committee (EAC) – 2nd Meeting Update<br>• Community Reinvestment Plan | B. Xiong | 10 mins |

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| **7. Health Equity Updates**<br>• Member Navigation | V. Do-Reynoso, Ph.D. | 10 mins |
| **8. Health Promotion/Education Report**– *Action Item*<br>• Population Needs Assessment (PNA)<br>• Health Promotion/Education Updates | G. Labraña, MPH | 15 mins |
| **9. Quality/Population Health Update** | A. Figan | 10 mins |
| Roundtable | | |
| **10. Opportunity for CAB members to share relevant updates** | All | TBD |

**Next meeting: October 29, 2026, In-person only**
San Luis Obispo: Embassy Suites – 333 Madonna Road, San Luis Obispo, CA 93405, Edna Foyer Room
Santa Barbara: CenCal Health Office - 4050 Calle Real, Santa Barbara, CA 93110, Hart Auditorium

**Community Advisory Board (CAB) Meeting Minutes**

**Date:** April 9, 2026

**Time:** 12:30 p.m. to 2:00 p.m.

**Chairperson:** Mary Ellen Rehse, Executive Director, Children and Family Resource Services

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**Community Advisory Board (CAB) Voting Members Present:**

Carmin Garcia, Family Services Agency
Cynthia Guerrero, Member
Dr. Christina Mendoza, Santa Barbara Neighborhood Clinics – Dental
Elizabeth Merson, County Public Health Department San Luis Obispo
Eusebio Soto-Mesa, Member
Fernanda Lucas - CFS–Promotores Collaborative of San Luis Obispo County
Graciela Valdovinos, Member
Jane Hash, Member
Jennifer Nitzel, San Luis Obispo County Department of Social Services (DSS)
Jonathan Nibbio, Family Care Network
Jose Luis Valdovinos, Member
Maria Avila Anguiano, Parent/Caretaker of a Child Member(s)
Mary Ellen Rehse, Executive Director, Children and Family Resource Services; CAB Chair 2025
Norma Alonso, Parent/Caretaker of an Adult Member
Olga Mendoza De Bravo, Parent/Caretaker of an Adult Member
Sara Macdonald, Board of Directors (BOD) Liaison / Member; CAB Vice-Chair
Soledad Soto, Member
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women, Infants & Children (WIC) Program
Yolanda Navarro, Member

**CAB Voting Members Excused:**

Christian Aguirre, Jr., Independent Living Resource Center
Eustolia Garcia, Promotores Collaborative of San Luis Obispo
Lindsay Walker, Santa Barbara Public Health Department (Non-Voting Member)
Maria Jaurequi-Garcia, Community Health Centers of the Central Coast (CHCCC)
Tamara Broder, Health Insurance Counseling and Advocacy Program (HICAP) for Area Agency on Aging
Tamika Harris, Tri-Counties Regional Center
Veronica Alvarez, Department of Social Services (DSS) Santa Barbara County

**CenCal Health Staff Present:**

Abigail Figan, Population Health Specialist
Amber Sabiron, MSN, RN Population Health Manager
Denise Filotas, Manager, Cultural and Linguistic Services
Diana Robles, Health Navigation Supervisor
Dr. Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer (Virtual)
Elia Rodriguez, Associate Director of Member Services
Eric Buben, Sr. Member Experience and Services Director, CAB Coordinator
Gaby Labraña, MPH, Health Promotion Supervisor
Hector Garcia, Medicare Director
Monica Favorite, Communications Manager
Rachel Lambert, LMFT, MBA-HCM Behavioral Health Director
Teri Amador, Member Services Sr. Administrative Assistant

**Guests:**

Javi Infante Varas, Spanish Translator & Interpreter, Rooted Language Justice
Namino Glantz, County of Santa Barbara Health Program Manager, Health Linkages
Raul Olivera, Spanish Translator & Interpreter, Rooted Language Justice
Refugio Silva, Spanish Translator & Interpreter, Rooted Language Justice

**Secretary:** Teri Amador, Member Services Sr. Administrative Assistant

**Location:** **CenCal Health Offices (Santa Barbara)-Hart Room Auditorium and Embassy Suites (San Luis Obispo)**

| *Agenda Item* | *Discussion* |
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| **1. Announcements and Acknowledgements**<br>Mary Ellen Rehse, CAB Chair<br><br>***a. Rooted Language Justice***<br>*1) Spanish Interpretation Procedures for CAB Meetings* | Chair, Mary Ellen Rehse, called the meeting to order at 12:30 p.m. A brief introduction to Javi Infante Varas from Rooted Language Justice in attendance to provide Spanish interpretation at our Santa Barbara (SB) and Raul Olivera and Refugio Silva who were providing interpreting services at the San Luis Obispo (SLO) location. Instructions for accessing Spanish interpretation and information for speakers on how best to speak for the interpretation needs were explained and all CAB attendees were secured Spanish interpretation that needed the services, before getting the official agenda topics into discussion. |
| **2. Public comment on any <u>non-agenda item</u> of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).**<br>All | No public comments. |
| **3. Acceptance of Minutes January 8, 2026 CAB Meeting – Action Item**<br>M. Rehse, CAB Chair<br>E. Buben, Director of Member Services | **Motion to approve the Minutes from January 8, 2026, meeting was made by Ms. Guerrero and seconded by Ms. Macdonald and <u>unanimously approved by the CAB</u>.** |
| **4. 2026 CAB Selection Committee Approval of New CAB Member**<br>M. Rehse, CAB Chair<br>• Fenanda Lucas – CFS Promotores Collaborative of SLO<br>• Melissa Villa – Member<br>• Maria Avila Anguiano - Parent/Caretaker of a Child Member(s) | **Ms. Rehse** welcomed **Ms. Lucas** as the newest CAB member, representing the CFS Promotores Collaborative of San Luis Obispo. She also acknowledged **Ms. Avila's** transition from a member representative role on the CAB to serving as a Parent/Caretaker of a Child member.<br><br>**Ms. Villa** is a pending candidate, and her application is not yet received as anticipated. Will postpone her appointment until the review from our CAB Selection Committee. |

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| **5. Well-Baby Outreach Program**<br>G. Labraña, MPH Health Promotion Supervisor<br>N. Glantz<br>• Health Linkages (Children & Family Resource Services) | **Gaby Labraña**, MPH Health Promotion Supervisor from CenCal Health and **Namino Glantz**, Program Manager, for Health Linkages from County of Santa Barbara Education Office, Health Linkages Program, gave a PowerPoint presentation titled, Community Health Worker Well Baby Outreach to the committee (presentation included in handout).<br><br>They presented the Well Baby outreach program, detailing its collaborative development between CenCal Health, Health Linkages, and the Promotores Network, and shared outcomes and next steps for the initiative.<br><br>Due to agenda timing following this presentation, questions and any follow-up suggestions were requested to be sent to the CAB Coordinator, **Mr. Buben** should there be any to share from the committee. |

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| **6. Behavioral Health Outreach & Education**<br>R. Lambert, LMFT, MBA-HCM Behavioral Health Director | **Ms. Lambert** gave a PowerPoint presentation titled, Non-Specialty Mental Health Services Outreach and Education Plan 2026 (presentation included in handout).<br><br>She provided an update on CenCal Health's behavioral health outreach, highlighting 2025 activities, ongoing challenges with provider access and reimbursement, and plans for 2026 with a focus on youth mental health.<br><br>• **2025 Outreach Activities:** CenCal Health participated in 31 outreach events, 74 community meetings, 152 collaborative meetings, and 56 provider meetings, focusing on suicide prevention, substance use disorder, youth mental health, justice-involved individuals, and maternal mental health.<br><br>• **Access and Network Adequacy Challenges:** Participants raised concerns about the shortage of therapists, especially bilingual providers in rural areas, and the difficulty for nonprofits to retain staff due to reimbursement rate disparities between mild/moderate and specialty mental health services.<br><br>• **2026 Focus Areas:** CenCal Health will prioritize expanding access, improving system coordination, and supporting providers, with a particular emphasis on child and youth mental health through partnerships with schools and community organizations.<br><br>**CAB Member, Ms. Alonso stated:** *"My name is Norma and I am speaking from San Luis Obispo. I continue to observe a significant need for therapists in our community. During the discussion on outreach efforts, I did not hear any data or metrics presented that demonstrate measurable improvement. As a Promotora, I still see a clear and ongoing shortage of therapists, psychologists, and psychiatrists. While I recognize and appreciate the outreach efforts, including participation in community events, there continues to be a gap in access to these mental health professionals. I would appreciate any information or response regarding current efforts or strategies to address this shortage."*<br><br>**Ms. Lambert** replied thank you for raising that concern. This is an area we recognize and continues to be a challenge. It can be difficult to capture fully quantifiable data on access, but we do know that access to mental health services remains limited—particularly for our Spanish-speaking members and those living in rural areas. This year, our focus is on better understanding the |

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| | unique needs of our counties and the members we serve. These needs may not always be fully reflected in the data currently available to us as a health plan. To address this, we are working to go beyond existing data by collaborating with community partners, including schools and county agencies, to help aggregate more comprehensive information around access. Just as importantly, we are engaging directly with our communities to better understand the barriers they are experiencing. As you mentioned, network adequacy and ensuring members have access to providers remain ongoing challenges. These are well-recognized issues, and we are actively exploring different strategies and partnerships to help address them and improve access to care.<br><br>**Mr. Nibbio** from San Luis Obispo County shared: "*As a long-time specialty mental health provider, many nonprofits and some county agencies are facing challenges in attracting, training, and retaining therapists. He explained that the cost of staffing, including supervision, remains fixed regardless of whether services are provided for mild-to-moderate or severe cases. He noted that while his organization has the capacity to provide bilingual therapy and could potentially recruit additional staff, the lower reimbursement rates for mild-to-moderate services make it financially difficult to sustain those efforts. He emphasized that despite paying staff the same wages, the gap in reimbursement rates creates a barrier to retaining employees, who may leave for higher-paying opportunities with counties or other organizations. He asked whether there may be opportunities in the future to address the rate disparity between specialty mental health services and mild-to-moderate care, acknowledging the complexities at the federal and state levels. He concluded by noting that this remains a significant barrier as his organization continues working to expand access to services, particularly for Spanish-speaking communities.*<br><br>**Ms. Lambert** acknowledged that this is a complex barrier, noting that it is not something that can be easily addressed within the scope of the current meeting. They added that there are still many uncertainties when considering future possibilities. She expressed interest in contacting Mr. Nibbio after the meeting to gather more information and explore potential options. The goal would be to identify ways to better support his staff and strengthen his organization's ability to continue providing care.<br><br>**Ms. Liles** from WIC and the Public Health Department of Santa Barbara noted: "*My question builds on the previous discussion. Were reimbursement rates and workforce recruitment challenges raised by providers during outreach, emphasizing that these are significant issues on the ground? She also pointed out that she did not see these concerns reflected in the 2025 findings and sought clarification on whether they had been identified or discussed.*<br><br>**Ms. Lambert** clarified that reimbursement and workforce challenges have been part of ongoing conversations and were included as feedback. They noted that network adequacy remains a known issue and a key focus in efforts to build and strengthen the provider network. They emphasized that access to mental health care continues to be a widespread challenge at both the state and national levels, largely due to a limited number of providers. While reimbursement rates and the realities of sustaining a practice have been discussed, these concerns can vary across different provider groups. |

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| | Additionally, **Ms. Lambert** shared that much of the outreach included Primary Care Providers (PCPs), who frequently raised concerns about network adequacy, though they did not specifically focus on reimbursement rates. |
| **7. Consumer Assessment of Healthcare Providers and Systems (CAHPS):** Dr. V. Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer<br>• CenCal Health's 2025 CAHPS Results | **Dr. Do-Reynoso** gave a PowerPoint presentation titled, Member Experience 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Heath Plan Survey Results (presentation included in handout).<br><br>Dr. Do-Reynoso reviewed the member satisfaction survey results, highlighted areas for improvement, and outlined ongoing and planned initiatives to enhance the member experience, including listening sessions and collaborative improvement efforts.<br><br>• **Survey Results Overview:** CenCal Health ranked in the top ten plans across several comparison categories in CA on both the adult and child surveys in 2025, while there were also areas to improve performance shared. The full detailed PowerPoint included in the CAB packets and discussed during the presentation.<br><br>• **Listening Sessions and Member Feedback:** New in 2025 and 2026, eight (8) listening sessions were held to gather real-time member insights, revealing concerns about appointment wait times, desire for better communication, and confusion about referrals and covered services.<br><br>• **Improvement Plan:** CenCal Health will share survey and listening session data with providers, participate in a national cohort for CAHPS improvement to identify best practices, and continue to host listening sessions to inform ongoing member satisfaction improvements.<br><br>• **Awareness shared regarding access to Member Services and the Grievance and Appeals Process:** Members are encouraged to contact Member Services for help with timely care, follow-up after emergency visits, and to file grievances or discrimination complaints, with a dedicated coordinator handling such cases.<br><br>**Dr. Do-Reynoso** asked: "*As we plan additional focus groups and listening sessions, do you have suggestions on how to gain deeper insights into members' experiences?*" She also asked: "*Are there any concrete recommendations we should consider for improving the overall member experience?*"<br><br>**CAB Member, Ms. Alonso** stated: "*My name is Norma Alonso and based on member comments, it is still a challenge to get appointments with doctors. When you go in for an appointment they sometimes do not want to give you care except for whatever you made the appointment for. If you have other things to say, they want to make another appointment for you. I think that is stressful because if they made you wait two months or weeks and they want to only discuss one issue, which continues to be an issue.*"<br><br>**Dr. Do-Reynoso** replied that is a great point and it aligns closely with what we have been hearing in our listening sessions as well. This is one key takeaway we plan to share with our providers in an upcoming meeting, so we can work together to identify ways to improve visit efficiency while |

ensuring appointments remain comprehensive and address all of the members' concerns.

**Ms. Alonso** additionally commented: "*I had to change my doctor because of this issue. I had to go to the hospital and was told I had to follow up with my PCP. It took months for me to get that appointment. I do not know if you want me to say who the clinic was. It was stressful because the hospital instructs you to follow up with your PCP. The provider change has worked from me. Thank God, I have had a better experience with this other one.*"

**Dr. Do-Reynoso** replied that she was sorry Ms. Alonso had to experience that with her Primary Care Physician (PCP). When we hear about members having difficulty accessing timely care, one key takeaway is the importance of reaching out for support. We encourage members to contact our Member Services team—we are here and ready to assist. We can also work directly with your provider to help ensure you receive the care you need in a timely manner.

**Mr. Buben** added that Member Services is here to help support that connection, particularly with follow-up care after emergency room visits. He noted that challenges often stem from gaps in communication or insufficient information being provided and emphasized the Member Services role in helping ensure members receive the guidance and coordination they need. He further explained that when communicating with a provider's office, the reason for the appointment may not always be clearly conveyed, and it can sometimes be interpreted as a routine or preventive visit when you are requesting for an urgent matter. He emphasized that it is very important for members to clearly state that the appointment is a follow-up from an emergency room visit to help ensure it is scheduled appropriately and in a timely manner. If you have been advised by an emergency room doctor to follow up with your PCP as soon as possible, it is important to clearly communicate that when scheduling your appointment. This can help ensure your visit is prioritized appropriately. You can also contact Member Services for additional support. We are happy to assist by reaching out to your provider's office with you online, placing you on a brief hold while we help coordinate your appointment and follow-up care. Please feel free to call us at 1-877-814-1861; any of our representatives will be glad to assist you.

**CAB Member, Ms. Mendoza** made a comment. "*My name is Olga Mendoza de Bravo here at the San Luis Obispo office. I want to know if there is a phone number where I can report discrimination by a doctor. Something unpleasant happened; saying someone smelled bad. This did not happen to me, but to someone else. The doctor told her she was a slob and that her head smelled dirty and that she smelled bad. The young lady left crying. She asked me what she could do because she knows that I come to these meetings. This is why I am asking about this. If you have a phone number or where I can report this.*"

**Mr. Buben** responded: We encourage members to begin by contacting Member Services so we can properly document the issue. We have an internal grievance process to review and investigate concerns, including a dedicated Discrimination Grievance Coordinator who handles cases like the one you just described. Members can call 1-877-814-1861, where a representative will assist with documenting the concern and initiate the process. From there, the case is referred to the CenCal Health Discrimination Grievance Coordinator for a full investigation and resolution

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| | with the provider. Please encourage anyone experiencing similar issues, whether related to grievances, discrimination concerns, or denial of services they would like to appeal, to contact Member Services using this same number. |
| **8. Health Equity/Program Development Updates**<br>Dr. V. Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer<br>• Enrollee Advisory Committee (EAC) – 1st Meeting Held<br>• Member Navigation | **Dr. Do-Reynoso** gave a PowerPoint presentation titled, Member Navigation Initiative (presentation included in handout).<br><br>**Dr. Van Do-Reynoso** provided updates on the Enrollment Advisory Committee (EAC) and detailed CenCal Health's member navigation initiative, aimed at reducing preventable disenrollments through outreach, cross-sector partnerships, and mini-grants to community organizations.<br><br>• Enrollment Advisory Committee (EAC) – Held our first meeting in February. Ms. Macdonald and Ms. Guerrero from CAB are members on the EAC.<br>• The EAC adopted a Charter.<br>• The meetings will be quarterly, and the format will be hybrid/in-person.<br>• Looking for new members to join the EAC. If you are on Medical and have Medicare and get approved for CareConnect, come and join the EAC. Please spread the word for us in your community conversations as well.<br><br>• **Policy Changes and Membership Forecasts:** Dr. Reynoso outlined upcoming state and federal Medicaid policy changes affecting eligibility, including freezes on new enrollments for unsatisfactory immigration status and the introduction of new work requirements and a 6-month eligibility renewal process.<br><br>• **Disenrollment Data and Drivers:** From August 2025 to February 2026, 25,000 members were disenrolled, primarily due to procedural issues such as missing paperwork and incorrect contact information, with additional challenges for members with unsatisfactory immigration status. Many cured or re-enrolled after completing the application process and following through on the required submission of documents needed by DHCS for verification of eligibility.<br><br>• **Navigation Strategies and Community Partnerships:** CenCal Health is creating a regional member navigation hub with multiple partners, offering mini-grants to trusted community organizations to assist with outreach and renewal support, aiming to re-enroll 90% of those disenrolled for administrative reasons within 90 days.<br><br>• **Support for Renewal Process:** Members were advised to use www.BenefitsCal.com accounts for renewal paperwork, send documents to CenCal Health for forwarding, and seek assistance from CHWs and community organizations, with additional mini-grants to be offered for outreach.<br><br>**CAB Member Ms. Avila** commented: "*My name is Maria Avila. It says that in July 2027, State policy will change. It says there will be monthly premiums for* |

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| | *certain populations. Do you know which populations will experience these changes in 2027? I have another comment about renewals. I am also a caregiver in the community, and I have helped my clients renew their Medi-Cal. The following happened in Santa Maria, CA. Clients sent in their renewal applications with everything filled out, with everything that was requested. I do not know what is going on, or what you can do, whether you can talk to Social Services. The clients got another letter asking for the same documents. This is my comment and the question. Thank you!"*<br><br>**Dr. Do-Reynoso** responded to Ms. Avila's initial question regarding the 2027 state policy, noting that it is not yet clear who will be impacted. She added that updates will be brought back to the CAB to ensure members are informed as more information becomes available.<br><br>**Associate Director of Member Services, Ms. Rodriguez** responded to Ms. Avila's second question regarding renewal paperwork. There are several ways for members to follow up after submitting documents. Based on guidance from the Department of Social Services (DSS), the most effective option is to create an account through www.BenefitsCal.com, where members can securely submit paperwork, check their status, update information, communicate directly with their assigned worker, and ask questions. She acknowledged that using an online system can be challenging for some families without assistance but noted it remains a helpful option. Alternatively, members may send their paperwork to CenCal Health, attention Elia, who can then forward it to the Department of Social Services to ensure it reaches a worker. Ms. Rodriguez added that delays or duplicate notices may occur if paperwork was lost or not received by DSS, which could explain why a member might receive additional letters. She emphasized that support is available, and staff can help connect directly with DSS to answer questions and assist members as needed.<br><br>**Dr. Do-Reynoso** acknowledged that submitting renewal packets can be a difficult process. She shared that CenCal Health is partnering with various groups and agencies throughout the county to help support members with completing and submitting their renewal paperwork. For example, FSA will have Community Health Workers (CHWs) available to provide assistance. She also noted that CenCal Health is in conversations with a community-based organization that works with individuals experiencing homelessness, who have expressed willingness to support this effort. Additionally, discussions are underway with MICOP in Santa Maria, which is interested in assisting members in both the Santa Maria and San Luis Obispo areas. She encouraged CAB members who are part of community-based organizations or nonprofits and are interested in mini-grants to connect with her directly. She added that the grant application is expected to be released at the end of the month.<br><br>**CAB Member, Ms. Guerrero** encouraged: "Those who may not be familiar with CenCal CareConnect to learn more about the new plan, noting that it is a strong option for individuals with Medicare and Medi-Cal. She |

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| | highlighted that the plan offers a comprehensive catalog available in both English and Spanish. Members also receive a single card, including a debit benefit of $120 every three months, which can be used for eligible over the counter purchases." |
| **9. Health Promotion/ Education Report**<br>G. Labraña, MPH Health Promotion Supervisor<br>• Population Needs Assessments (PNA)<br>• Health Promotion/Education Updates | **Ms. Labraña** gave a PowerPoint presentation to the committee titled, Health Promotion & Population Needs Assessment Update (presentation included in handout).<br><br>**Ms. Labraña** provided follow-up action to begin today from a prior meeting from a prior CAB member's suggestion to include testicular cancer screening in the Preventive Care Guidelines.<br><br>After review, it was determined that this screening will not be included due to current USPSTF recommendations and DHCS contract requirements; however, educational materials on the topic are now available online. **Ms. Labraña** thanked the CAB for this feedback and wanted to close the loop back on action taken. More details further in the Minutes provided.<br><br>**Executive Summary**<br><br>CenCal Health is dedicated to providing members with the necessary resources to make well-informed decisions about their health and is committed to continually assessing the needs of the population.<br><br>This memo provides an update on ongoing initiatives led by the Health Promotion Team and provides an update on the status of the 2025 and 2026 Population Needs Assessments (PNA). It encompasses updates on the Wellness and Prevention Campaigns, member outreach materials including the member newsletter and patient education handouts, collaborations with Local Health Jurisdictions, and progress on the 2025 PNA gap findings. Additionally, it highlights that the department is on track to achieve all established requirements and goals.<br><br>**Background**<br><br>CenCal Health maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all members. In accordance with the National Committee for Quality Assurance Accreditation (NCQA) standards, the PNA is completed annually and described in detail in this memo.<br><br>The Department of Health Care Services (DHCS) requires Health Plans to collaborate with Local Health Jurisdictions (LHJs) on their Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP), a requirement now referred to as Local Planning. This is required to encourage improved collaboration between entities that serve Medi-Cal beneficiaries.<br><br>As such, CenCal Health has established partnerships with each LHJ in its service area to meaningfully participate in the current or next available cycle of their CHA and/or CHIP which includes Santa Barbara County LHJ and San Luis Obispo County LHJ.<br><br>Per the Community Advisory Board (CAB) Charter, the CAB provides input and advice to priorities for health education and outreach programs, plan |

materials, and campaigns, as well as findings of the PNA and input on selecting targeted health education, cultural and linguistic, and quality improvement strategies.

**Q1 Meeting Follow Up: Testicular Cancer Education**

In response to CAB member feedback to include testicular cancer in member educational materials, including the Preventive Health Guidelines (PHG), the Health Promotion team researched this possible inclusion.

By contract with DHCS, CenCal Health's member materials promote preventive services in alignment with United States Preventive Services Task Force (USPSTF) A & B recommendations. USPSTF does not recommend routine testicular cancer screening for adolescents or adults, and grades this screening at a D. As such, we are not able to incorporate this screening into our PHG or other member educational materials.

Information and resources about testicular cancer are available in our online health education library, which members and the community may access any time at www.cencalhealth.org/health-and-wellness

For more information about the USPSTF grading of this topic, please visit: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/testicular-cancer-screening

**Health Education Updates**

*Wellness and Prevention Campaigns*

CenCal Health provides a comprehensive Wellness and Prevention Program to all members. This program aims to improve physical and mental health for members through health education initiatives that implement evidence-based best practices directed at helping members set and achieve wellness goals.

Part of the Wellness and Prevention program includes Wellness and Prevention Campaigns. Campaign materials have been shared previously with the CAB; copies are available for your reference upon request. Campaign materials can also be found on CenCal Health's website at: https://www.cencalhealth.org/providers/patient-education-materials/.

Listed below are the campaigns that were sent in Q1 2026, as well as those that are planned for Q2 2026. The wellness and prevention campaigns were paused for February due to vendor constraints, delays in IT programming, and delays in 2026 design revisions. There are no regulatory or accreditation requirements tied to the campaign schedule, so pausing February operations does not pose compliance implications.

Wellness and Prevention Campaign files resumed in March 2026 and will continue monthly.

| January to March 2026 Wellness and Prevention Outreach | | | | |
|---|---|---|---|---|
| **Campaign** | **Audience** | **January Total** | **February Total** | **March Total** |

| | | | | |
|---|---|---|---|---|
| Breathing Better | Newly identified members diagnosed with asthma, all ages | 1,264 | February campaigns were not distributed to members; explanation included in above narrative. | |
| Stay Healthy Adults: PCP Check up | Adults who have not engaged with primary care in the past 12 months | 6,398 | | 503 |
| Stay Healthy Kids: 0-12 Months | Parents of children overdue for preventive services | 834 | | Consolidated to one campaign beginning March 2026<br><br>12,479 |
| Stay Healthy Kids: 13-30 Months | Parents of children overdue for preventive services | 1,237 | | |
| Stay Healthy Kids: 3-12 years old | Parents of children overdue for preventive services | 4,296 | | |
| Stay Healthy Kids: 13-21 years old | Parents of children overdue for preventive services | 3,860 | | 7,109 |
| Healthy Pregnancy | Newly identified members over age 18 who are at least 12 weeks pregnant | 83 | | 155 |
| Healthy Postpartum | Newly identified members who delivered within the past 12 months | 74 | | 74 |
| Healthy Diabetes | Newly identified members diagnosed with diabetes, all ages | 267 | | 503 |
| Stay Healthy Adult: Breast Cancer | All members ages 40—74 due for BCS | 8,604 | | |
| Stay Healthy Adult: Cervical Cancer | All members ages 21—65 due for CCS | 14,958 | | |
| Stay Healthy Adult: Controlling Blood Pressure | All members diagnosed with hypertension who have not engaged with PCP or had a BP reading in the past 12 months | 608 | | |

| | | | | |
|---|---|---|---|---|
| Stay Healthy Adult: Colorectal Cancer | All members ages 50—75 due for COL | 7,449 | | |

| Planned Quarter 2 2026 Wellness and Prevention Outreach | | |
|---|---|---|
| **April 2026** | **May 2026** | **June 2026** |
| Stay Healthy Adults: PCP Check up | Stay Healthy Adults: PCP Check up | Stay Healthy Adults: PCP Check up |
| Stay Healthy Adults: Cancer Screenings | | |
| Stay Healthy Adults: Controlling Blood Pressure | | |
| Stay Healthy Kids: 0-12 years | Stay Healthy Kids: 0-12 years | Stay Healthy Kids: 0-12 years |
| Stay Healthy Kids: 13-21 years | Stay Healthy Kids: 13-21 years old | Stay Healthy Kids: 13-21 years old |
| Healthy Pregnancy | Healthy Pregnancy | Healthy Pregnancy |
| Healthy Postpartum | Healthy Postpartum | Healthy Postpartum |
| Healthy Diabetes | Healthy Diabetes | Healthy Diabetes |
| Stay Healthy Kids: Immunizations | Stay Healthy Kids: Immunizations | Stay Healthy Kids: Immunizations |
| Breathing Better | | |

Wellness and Prevention campaigns are adapted as appropriate to ensure outreach to members is in a manner of their preference and content is appropriate to their needs. If any CAB member has feedback to revise, add, or remove content, please submit your input to the Health Promotion team at healthed@cencalhealth.org.

Additional Campaign Launches

Significant updates and additions are underway to the wellness and prevention outreach campaigns.

- Stay Healthy Kids—0-12 years:
  Launched in March 2026, three pediatric campaigns (0-12 months, 13-30 months, and 3-12 years) have been consolidated into one campaign for

0—12 years. This consolidated communication reminds parents/guardians of pediatric members of missing required preventive services.

- Stay Healthy Adults – Cancer Screenings:
  Three cancer screening campaigns (breast, cervical, and colorectal cancer screenings) have been consolidated into a single campaign. This consolidated communication reminds members of recommended screenings, early detection, and preventive care and is sent to members due for screening biannually. This campaign is scheduled to launch in April 2026.

- Stay Healthy Kids—Immunizations:
  A newly introduced immunization campaign will be distributed biannually to all members due for immunizations and monthly to newly identified members. The campaign provides guidance on accessing immunization services and includes resources for additional support and information. This campaign is scheduled to launch in April 2026.

For any questions, please email the Health Promotion team at healthed@cencalhealth.org.

*Member Newsletter*

CenCal Health staff regularly communicate with members through the member newsletter. In the newsletter, members are educated on the importance of engaging in primary care as well as key quality and seasonal health topics, and areas identified as gaps in the most recent Population Needs Assessment. The January 2026 newsletter was distributed to all member households mid-January.

The Q3 Health Education newsletter is planned for development beginning April 2026. Planned topics for the Q3 member newsletter so far include:

- Prevention/Management of COPD
- Prevention of STIs/HIV
- Member benefits and services for pregnant and postpartum members
- Preventive Health Guidelines

CAB members that are interested in providing input to member newsletter topics are welcome to reach out to the Health Promotion team during CAB meetings or anytime at healthed@cencalhealth.org.

*Cervical Cancer Screening Incentive*

The Quality Department has identified a need to increase the percentage of members completing clinically recommended cervical cancer screenings, with the goal of reaching the HEDIS 90th percentile of 67.46%. A targeted group of 2,000 members were selected representing the lowest-performing subpopulations. These subpopulations included members ages 43, 50, 58, 60, and 64, as well as members in the following race categories: American Indian or Alaska Native, Asian, Asked but No Answer, Black or African American, Native Hawaiian or Other Pacific Islander, and White. An incentive of $25 was offered to these subpopulations for completing their cervical cancer screening by March 31, 2026. Eligible members were notified through a focused mailing and claims data is used to verify screening completion. Since

| | |
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| | the launch of the campaign in October 2025, 15 incentives have been distributed.<br><br>This program will continue throughout 2026 with a second round of incentive offers sent to a focused subpopulation of eligible Medi-Cal members. Program materials will be sent to Members in early Q2 2026 with a deadline of 12/31/26 to complete their Cervical Cancer screening.<br><br>*Local Planning*<br><br>Shared SMART Objectives:<br><br>In previous versions of the PHM strategy. MCPs were required to provide updates on the shared goal(s) and "SMART" objective(s). No additional reporting on this topic will be required through the PHM Strategy Deliverable in 2026 and going forward.<br><br>The outreach program developed in partnership with SB County Health Department and Children and Family Resource Services contracted Community Health Workers will continue. CenCal Health will continue participation in the SLO Health Counts "Mental Health and Substance Use Health Team" to support ongoing collaboration.<br><br>Santa Barbara County CHNA/CHIP Support:<br><br>CenCal Health participates in the SB County CHNA Collaborative to support CHNA development efforts. An MOU between CenCal Health and Cottage Health (the organization leading the CHNA development) has been signed to formalize this partnership.<br><br>San Luis Obispo County CHA/CHIP Support:<br><br>CenCal Health participates in the SLO Health Counts "Health Team" related to mental health and substance use. The group consists of key community stakeholders and determines appropriate interventions to address the objectives within this priority area. Additionally, CenCal Health leaders participate in SLO Health Counts Steering Committee and Executive Committee on a regular basis, to ensure participation in CHA/CHIP discussions at all levels.<br><br>**Population Needs Assessment Update**<br><br>The 2025 Population Needs Assessment (PNA) was completed as part of an annual National Committee for Quality Assurance (NCQA) required evaluation of CenCal Health's member population to guide CenCal Health's Population Health Management (PHM) Strategy. The PNA analyzed demographic and health data, identifies social determinants of health (SDOH), and evaluates performance across key subpopulations to determine whether current activities and resources are sufficient or if interventions are needed for gaps and disparities identified.<br><br>The 2025 PNA evaluated:<br>• Member Characteristics and SDOH<br>• Child and Adolescent Members<br>• Members of Racial or Ethnic Groups<br>• Members with Limited English Proficiency |

- Members with Disabilities
- *(New in 2025)* Members with SMI, SED, and Alcohol Abuse
- Characteristics and Needs of Subpopulations

The 2025 PNA was presented to and approved by the Quality Improvement and Health Equity Committee (QIHEC) on August 28, 2025.

The complete 2025 Population Needs Assessment can be downloaded from https://www.cencalhealth.org/explore-cencal-health/population-needs-assessment/. To request a hardcopy, please call 1-800-421-2560 ext. 3126 or email healthed@cencalhealth.org.

*Update on 2025 PNA Identified Gaps*

Based on the gaps identified in the PNA, CenCal Health staff are implementing activities and interventions to reconcile gaps and/or disparities. Below is a summary of identified gaps, planned actions (as described in the 2025 PNA and approved by QIHEC), Progress notes will be shared at subsequent CAB meetings.

| **Identified Gap** | **Planned Action** | **Status** |
|---|---|---|
| COPD: Condition management and/or prevention for young adults 18-44 years old | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | Include education in member newsletter | In progress |
| | Create webpage for educational resources | Planned for June 2026 |
| | Provider bulletin article | Planned for December 2026 |
| | Create provider tip sheet resource | Planned for June 2026 |
| | Create member handouts for provider distribution | Planned for June 2026 |
| STIs/HIV: Condition management and/or prevention for Hispanic/Spanish-speaking members | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | Include education in Q3 2026 member newsletter | Planned for July 2026 |
| | Create member-facing webpage for educational resources | Planned for April 2026 |
| | Provider bulletin article | Planned for April 2026 |
| | Create member educational handout | Planned for April 2026 |
| | Create provider tip sheet resource | Planned for April 2026 |
| | Promote Know More STIs Video – Spanish version | In Progress |

| | | |
|---|---|---|
| | Explore partnership with Planned Parenthood | In Progress |
| | Explore education distribution in local Spanish news/radio | Not started |
| Childhood immunizations: member and provider education | Offer virtual and in-person Vaccine Confidence training for providers | In Progress |
| | Implement CHW outreach program | In Progress |
| | Create provider tip sheet resource | Complete |
| | Develop Know More: Missed Immunizations video | Planned for September 2026 |
| Alcohol abuse: members and providers prevention education | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | Education in Q1 2026 member newsletter | Complete |
| | Create webpage for educational resources | Planned for June 2026 |
| | Provider bulletin article | Planned for May 2026 |
| | Create member educational handout | Planned for June 2026 |
| | Collaborate with local agencies and organizations focused on substance use prevention | In Progress |
| Use of Pregnancy and postpartum benefits | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | Include education in Q3 2026 member newsletter | Planned for July 2026 |
| | Create webpage for educational resources | In progress |
| | Provider bulletin article | Planned for June 2026 |
| | Member educational handout | Complete |
| | Provider tip sheet resource on Doula Services and Maternal Health benefits | Complete |
| | Provider webinar on Maternal Health benefits | Planned for Q4 2026 |
| | Provider webinar on Doula Services | Complete |

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|---|---|---|
| | Implement CHW outreach program | In Progress |
| | Collaboration with Care Management on maternal health workgroup | In Progress |
| Reduce health disparities related to immunizations for English speaking children in Santa Barbara County | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | In person and virtual Vaccine Confidence trainings | In Progress |
| | Implement Wellness and Prevention Campaign | Complete |
| | Listening sessions | In Progress |
| | Implement Know More: HPV program with high volume, low performing provider | In Progress |
| Reducing health disparities related to Immunizations for White and English-speaking adolescent members in San Luis Obispo County | Include educational presentation slides for Provider Collaborative meetings | Complete |
| | In person and/or virtual Vaccine Confidence trainings | In Progress |
| | Implement Wellness and Prevention Campaign | Complete |
| | Listening sessions | In Progress |
| | Implement Know More: HPV program with high volume, low performing provider | In Progress |

*Development of 2026 Population Needs Assessment*

The PNA assesses member needs and plan activities and resources for the following areas:

- Member Characteristics and Social Determinants of Health (SDOH)
- Child and Adolescent Members
- Needs of Members of Racial or Ethnic Groups
- Needs of Members with Limited English Proficiency
- Members with Disabilities
- Characteristics and needs of subpopulations
- Members with Serious Mental Illness or Serious Emotional Disturbance

Planned additions for the PNA this year will include data on dual eligible members and cancer prevalence.

Feedback from a Stakeholder Input session on March 3, 2026, resulted in no additional data recommendations. CenCal Health staff will continue to work on the PNA as described.

The development timeline of CenCal Health's 2026 PNA is aligned with regulatory reporting requirements. An update on progress will be shared at the Q3 CAB meeting, ahead of submission to the Quality Improvement and Health Equity Committee (QIHEC) in October. CAB member feedback is welcome and will be incorporated as appropriate.

| Item | Target Completion Date |
|---|---|
| Kickoff | COMPLETE |
| Hold External Stakeholder Input Session | COMPLETE |
| Finalize Data Collection Plan | COMPLETE |
| Data collection and analysis | 06/2026<br>IN PROCESS |
| Develop strategies to address identified gaps | 07/2026 |
| Send complete report for internal review | 07/2026 |
| Finalize Report | 8/21/2026 |
| Submit PNA to QIHEC | 10/29/2026 |

**Next Steps**

*Health Promotion*

Updates regarding Wellness and Prevention Campaigns, Health Education activities, and Local Planning will continue to be shared with CAB at each quarterly meeting.

*Population Needs Assessment*

Plans to address the identified gaps will continue to be operationalized throughout 2026 and progress will be reported to CAB at each quarterly meeting. The 2026 PNA will be developed in accordance with the indicated timeline, and updates will be reported at the Q3 CAB meeting.

**Recommendation**

CenCal Health requests Community Advisory Board approval of the Health Promotion and Population Needs Assessment update for Quarter 2, 2026.

**Motion to approve the Health Education and Population Needs Assessment Update for Quarter 2, 2026, was made by Ms. Macdonald and seconded by Mr. Garcia, and unanimously approved by the CAB.**

**10. Quality/Population Health Updates**
A. Figan, Population Health Specialist

**Ms. Figan** provided a written PowerPoint presentation and Memo to the committee titled, Population Health Update Child Equity Collaborative: Phase II (presentation included in handout). Not presented today due to timing of agenda topics, but informationally mentioned of its inclusion in the CAB Packet materials. Highlights outlined in the Minutes to follow.

**Executive Summary**

In partnership with the California Department of Health Care Services (DHCS), the Institute for Healthcare Improvement (IHI) launched the Child Health Equity (CHE) Collaborative to support Managed Care Plans (MCPs) in improving children's preventive services, with a focus on increasing annual well-child visit (WCV) rates. There are two Phases to this Collaborative, with Phase I concluding in March 2025. Phase I surpassed the goal of improving the rate of Well Child Visits among Spanish-speaking members ages 3-12 at the partnering Lompoc Health Care Center by eleven points (55.73% to 66.67%).

Phase II of the Collaborative began in September 2025 and will continue through September 2026, shifting from clinic-level testing to county-level implementation and scaling of proven practices. **This phase narrows the population of focus to children ages 0–3, with San Luis Obispo County identified as the priority county due to the greatest opportunity for improvement in this age group.** As part of Phase II, CenCal Health has partnered with Community Health Centers of the Central Coast (CHCCC) at the Los Robles and Templeton locations, given their large pediatric populations. The primary measures of focus include Well-Child Visits in the First 0–15 Months (W30-6+) and Well-Child Visits in the First 15–30 Months (W30-2+). Childhood Immunization Status – Combination 10 (CIS-10) will serve as a secondary outcome measure and is expected to improve as well-child visit rates increase.

**Background**

The CHE Collaborative is a key component of CenCal Health's ongoing Quality and Health Equity initiatives. Focusing on preventive services for young children and addressing healthcare disparities, this collaborative is well-aligned with the advisory responsibilities of the Community Advisory Board (CAB). Engaging with the CAB enables the integration of community-informed perspectives into the design and implementation of interventions, thereby enhancing the effectiveness of CenCal Health's efforts.

According to the CAB Charter, the CAB provides valuable community input on Quality Improvement and Health Equity initiatives that affect CenCal Health members. Acting in an advisory capacity, the CAB ensures that program development and implementation reflect community perspectives, especially for populations facing barriers to healthcare. Additionally, the CAB may offer guidance on services, programs, outreach strategies, and training aimed at members and providers to enhance access to care and improve health outcomes.

**Child Health Equity Collaborative**

The CHE Collaborative's Phase II goal is to be completed by September 2026. Medi-Cal MCPs in California will increase well-child visit rates by at least five percentage points for children ages 0–3 for each applicable measure (W30-6+ and W30-2+). This effort is intended to advance early childhood health and development in counties experiencing higher racial and ethnic disparities in WCV rates. As part of the Collaborative, MCPs will report monthly performance on these measures at the county level, quarterly.

In alignment with the Collaborative goal, CenCal Health has developed the following aim statement:

- By September 2026, CenCal Health will increase the W30-6+ well-child visit rate for children ages 0–15 months in San Luis Obispo County by five

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| | percentage points, from 68% to 73%, and the W30-2+ well-child visit rate for children ages 0–30 months from 80% to 85%.<br><br>Additionally, CenCal Health has established a sub-aim focused on immunizations:<br><br>• By September 2026, CenCal Health will increase the CIS-10 Childhood Immunization Status rate for children ages 0–2 from 21% to 26%, in alignment with the overall Collaborative goal.<br><br>To support the achievement of these goals, CenCal Health has been working closely with CHCCC to identify key gaps and barriers affecting completion of well-child visits. This work has included developing a cause-and-effect (fishbone) diagram in partnership with CHCCC leadership to systematically assess contributing factors and inform areas where CenCal Health can provide targeted support during the intervention process.<br><br>Informed by the gap analysis, CenCal Health will focus on three primary interventions with the CHC target locations:<br><br>• Enhancing appointment access and scheduling<br>• Connecting members to available resources to support completion of well-child visits; and<br>• Connecting families to patient navigation services.<br><br>**Next steps**<br><br>As CenCal Health moves into the intervention testing and implementation stages for Phase II of the Collaborative, the Quality team welcomes CAB feedback to strengthen and inform this work. CAB members are encouraged to share:<br><br>• Feedback related to barriers to accessing care for children ages 0–3, whether related to well-child visits or broader access challenges<br><br>• Suggested strategies, community partnerships, or supports that may enhance these efforts<br><br>CAB input will be shared with our partner, CHCCC, to inform interventions to improve Well-Child Visit attendance in the first 30 months of life.<br><br>**Recommendation**<br><br>The information in this memo is for informational purposes, to keep the Community Advisory Board members updated and informed. No action is needed at this time. Further Quality updates will be shared at subsequent CAB meetings. |
| **11. CareConnect Supplement Benefits**<br>H. Garcia, Medicare Director | **Mr. Garcia** gave a PowerPoint presentation to the committee titled, CenCal CareConnect D-SNP Supplemental Benefits Discussion (presentation included in handout).<br><br>He presented an overview of CareConnect's 2026 supplemental benefits and sought member feedback for 2027, while participants raised concerns about network adequacy for Durable Medical Equipment (DME) providers.<br><br>2026 Supplemental Benefits Overview: CareConnect offers a flex spend debit card for OTC products, vision benefits, and hearing aid exams; for 2027, |

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|---|---|
| | additional benefits such as personal emergency response devices and fitness kits are being considered, pending funding.<br><br>***CAB Member Ms. Hash*** *raised concerns about the insufficient availability of DME providers for members with complex care needs.*<br><br>**Mr. Buben** and **Dr. Do-Reynoso** acknowledged the issue and encouraged the sharing of provider information to help address network gaps through contracting efforts. Dr. Do-Reynoso also informed Ms. Hash that they are working with the Provider Contracting Team and her medical supply provider regarding her preferred DME provider in attempts to contract in the future. |
| Roundtable | |
| **12. Opportunity for CAB members to share relevant updates** | None shared today. |
| **Adjournment** | Ms. Rehse adjourned the meeting at 2:00 p.m. and she thanked the CAB for their time and participation. |
| **Next meeting: July 9, 2026 (In-person Only)**<br>**Santa Barbara (CenCal Health Office-Hart Room Auditorium) and San Luis Obispo (Embassy Suites)** | |

Respectfully submitted,

July 9, 2026

Eric Buben
Sr. Member Experience and Services Director, CAB Coordinator

**Provider Advisory Board (PAB) Memo**

**Date:** September 16th, 2026

**From:** Cathy Slaughter, Director of Provider Relations

**Through:** Jordan Turetsky, MPH, Chief Strategic Engagement Officer

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## Executive Summary

This Memo provides CenCal Health's Board of Directors with the agenda for CenCal Health's Provider Advisory Board (PAB), held on July 13th, 2026. This Memo also advises of PAB's approval of the Minutes from the January 12th, and April 13th, 2026 meetings.

## Submitted

1. PAB Agenda – July 13th, 2026.
2. Minutes from the January 12th and April 13th, 2026, regular Meetings of the PAB (approved by the PAB at the July 13th, 2026 Meeting).

## Recommendation

CenCal Health requests that your Board of Directors receive this PAB Memo and accept the Minutes from the January 12th and April 13th, 2026 meetings.

Respectfully submitted,

Cathy Slaughter
Director of Provider Relations, Chair of the Provider Advisory Board

# Provider Advisory Board Meeting Agenda

**Date & Time:** July 13th, 2026, 11:30 am – 1:00 pm
**Locations:**

- **Santa Barbara Location: CenCal Health,** 4050 Calle Real, Santa Barbara, CA 93110
- **San Luis Obispo Location: Matthew Will Memorial Medical Center,** 850 Fair Oaks Ave Ste 120, Arroyo Grande, CA 93420 (Third Floor)

**Meeting Facilitator:** Cathy Slaughter, PAB Chair, Provider Relations Director, CenCal Health
**Administrative Support:** Carmen Obregon, PS Administrative Assistant

**Attendees: PAB Members:** Barbara Brown-Ramirez, C.P.N.P., M.S.N.; Dana Goba; Jo Ann Mack; Kieran Shah, CHPCA; Kathleen Sullivan, Ph.D.; Mahdi Ashrafian, MD, MBA; Marie Moya; Michael Bordofsky, MD; Rahul Vinchhi; Steve Clarke, MD; Yolanda Robles.
**PAB Guests:** Kate Sheldon; Sena Woodall

**CenCal Health Staff:** Cammie Flores; Carmen Obregon; Cathy Slaughter; Dianna Myers, MD; Gisela Taboada; Jordan Turetsky; Lauren Geeb; Luis Somoza; Rachel Lambert; Tanya Phares, DO; Van Do-Reynoso, Ph.D.; Bao Xiong

*Public Participation: Members of the public will be allowed to provide comments in real time during the public comment portion of the Provider Advisory Board (PAB) meeting. If you require any special accommodations due to a disability, please contact the CenCal Health Provider Services Department at (805) 562-1676 or via email at **ProviderServices@cencalhealth.org** at least 24 hours before the scheduled board meeting to request these accommodations.*

| Agenda Items | Owner | Time |
|---|---|---|
| Announcements and Acknowledgments | | |
| 1. Welcome and announcements | C. Slaughter | 2 min |
| Regular Agenda | | |
| 2. Public comment on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Provider Advisory Board. | C. Slaughter | 1 min |
| 3. Acceptance of Minutes from the January 12th, 2026 and April 13th, 2026 meetings– Action Item | C. Slaughter | 2 min |
| 4. 2026 Medi-Cal Capacity Grant Program Overview<br>*To inform the Provider Advisory Board of the newly launched Round 2 of our Medi-Cal Capacity, Access, and Workforce Grant Program* | J. Turetsky | 5 min |
| 5. State Budget Update<br>*To share State Budget updates as they relate to Medi-Cal programs.* | J. Turetsky | 25 min |
| 6. 2025 CAHPS Survey Results<br>*To discuss the 2025 CAHPS Survey Results and planned next steps* | B. Xiong | 20 min |
| 7. Provider Training and Engagement Plan<br>*To review and discuss CenCal Health's proposed provider engagement and education plan.* | C. Slaughter | 20 min |
| Roundtable | | |
| 8. Opportunity for PAB members to share relevant updates | All | 15 min |

***Next Meeting:*** *October 12th, 2026, in-person meeting*
***Locations:*** *CenCal Health, Santa Barbara, and Matthew Will Memorial Medical Center, Arroyo Grande*

**MINUTES**
**CenCal Health**
**Provider Advisory Board (PAB)**
**January 12th, 2026**

The quarterly meeting of the Provider Advisory Board was called to order by Cathy Slaughter, Chairperson, on January 12th, 2025, at 11:36 a.m., at two locations via Video Conference.

| CenCal Health - Santa Barbara | Matthew Will Memorial Medical Center |
|---|---|
| 4050 Calle Real<br>Santa Barbara, CA 93110 | 850 Fair Oaks Ave Ste 120, (Third Floor)<br>Arroyo Grande, CA 93420 |

**MEMBERS PRESENT**: Barbara Brown-Ramirez; Dana Goba; Jo Ann Mack; Kieran Shah, CHPCA; Marie Moya; Michael Bordofsky, MD; Steven Clarke, MD; Yolanda Robles.

**MEMBERS EXCUSED**: Kathleen Sullivan, RN, MSN; Mahdi Ashrafian, MD; Rahul Vinchhi; Kate Sheldon(Guest).

**STAFF PRESENT**: Carmen Obregon; Cathy Slaughter; Dona Lopez; Gisela Taboada; Julia Voge; Lauren Geeb; Luis Somoza; Maria McDermontt; Maya Heinert, MD; Nancy Vazquez; Rachel Lambert; Bao Xiong (P).

1. Welcome and announcements
   **Ms. Slaughter** welcomed attendees in the Santa Barbara and Arroyo Grande locations to the Q1 Provider Advisory Board meeting. No special announcements were made.

2. Public comments. There was no public comment. Action

3. Acceptance of Minutes from October 13th, 2025 Action
   **Ms. Slaughter** inquired about reviewing the minutes from the last PAB meeting and requested motions for approval.
   - **ACTION: Mr. Shaw motioned for approval, seconded by Ms. Robles. The October 13th, 2025, minutes were approved as written without concerns.**

4. CenCal CareConnect Update.
   **Ms. Slaughter** provided a comprehensive update on the January 1st launch of the Medicare line of business CenCal CareConnect, detailing enrollment numbers, member demographics, care management activities, and provider education efforts.

   Highlights of this agenda item:
   - The program began in January with 215 members. 68% of members previously had Medicare Advantage or D-SNP plans, with 62% female and 38% male, and a geographic split between San Luis Obispo and Santa Barbara counties.
   - 84% of enrolled members completed their Health Risk Assessment (HRA), facilitated by the Sales team during member education, and the Care Management department is now conducting outreach to complete the remaining HRAs, as well as supporting the enrollment of members in care management.
   - Partnership with the provider network was reported to be positive; there were some reports from members who experienced challenges scheduling appointments due to provider awareness gaps, prompting ongoing education efforts, especially with larger provider groups and frontline staff.

   - Feedback from attendees:

- **Dr. Clarke** shared that to date, the experience with his organization had been positive.
- **Mr. Shaw** asked about the eligibility process for members who have both Medicare and CenCal Health. **Ms. Slaughter** clarified that members must first be eligible for CenCal Health and that new asset-verification requirements have caused some members to lose their eligibility.
- **Ms. Slaughter** encouraged ongoing feedback from participants to support continuous improvement, emphasizing the importance of provider education and member engagement as the program expands.

5. Bidirectional Exchange of Behavioral Health Information.
**Ms.Lambert** presented findings from the provider satisfaction survey, highlighting differences in behavioral health access and communication ratings between primary care and behavioral health providers, and led a discussion with the group on improving bidirectional information sharing and care coordination.

Highlights of this agenda item:
- In survey results, Behavioral health providers rated access and communication higher than primary care providers, with 83% rating access as average or above, compared to 57% of PCPs, reflecting different experiences based on their roles in a patient's care delivery.
- Participants noted challenges in information sharing, highlighting the difficulties PCPs face in obtaining timely, relevant information from behavioral health providers, including medication lists and treatment plans. In contrast, behavioral health providers emphasized the importance of confidentiality and member trust.

- Feedback and discussion:
  - Potential Solutions and Tools: Suggestions included leveraging health information exchanges such as Manifest MedEx, implementing restricted records release forms, and improving provider education on which information can be shared without breaching confidentiality.
  - Challenges in pediatric behavioral health access were highlighted, including ongoing difficulties connecting pediatric patients to behavioral health services. **Ms. Lambert** noted the availability of real-time provider information through the behavioral health department and the introduction of school-based services via the CYBHI initiative.
  - The group discussed the broader issue of siloed behavioral health information, the need for statewide alignment on information-sharing practices, and the importance of educating both providers and members about the benefits and limitations of sharing behavioral health data.

6. Quality Care Incentive Program Measure Expansion
**Ms. Geeb** and **Ms. Xiong** provided an in-depth overview of the QCIP program structure, recent changes to align with the new Medicare line of business, and the integration of member experience measures.

Highlights of this agenda item:
- Program Structure and Funding: **Ms. Geeb** explained the at-risk funding model, performance measurement, and payment calculations, noting differences between Medi-Cal and D-SNP lines of business, and described the use of NCQA-certified software for data aggregation and validation.
- Quality Measures and Reporting: The program uses a combination of clinical and operational measures, introduces new measures, retires some, and includes monthly

and quarterly reporting to providers, with eligibility based on a minimum member threshold.

- Member Experience Survey Integration: **Ms. Xiong** described the launch of a new post-visit member experience survey based on CAHPS, which will be administered online via mailed QR codes and links, with results integrated into QCIP performance reporting starting in July 2026.
- Provider Support and Training: The team offers provider portal enhancements, online and one-on-one training, microlearning modules, and FAQs to help practices adapt to the expanded measures and reporting requirements.

- Feedback and discussion:
  - Participants raised concerns about survey fatigue and response rates, suggesting shorter surveys, point-of-care feedback tools, and better communication to members about the importance of survey participation.

7. Opportunity for PAB members to share relevant updates.
   As there were no further items, **Ms. Slaughter** adjourned the meeting at 1:10 p.m. and reminded that the next meeting is scheduled for April 13th, 2026.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

**MINUTES**
**CenCal Health**
**Provider Advisory Board (PAB)**
**April 13th, 2026**

The quarterly meeting of the Provider Advisory Board was called to order by Cathy Slaughter, Chairperson, on April 13th, 2025, at 11:40 a.m., at two locations via Video Conference.

| CenCal Health - Santa Barbara | Matthew Will Memorial Medical Center |
|---|---|
| 4050 Calle Real<br>Santa Barbara, CA 93110 | 850 Fair Oaks Ave Ste 120, (Third Floor)<br>Arroyo Grande, CA 93420 |

**MEMBERS PRESENT**: Dana Goba; Marie Moya; Michael Bordofsky, MD; Steven Clarke, MD; Yolanda Robles; Kate Sheldon(Guest).

**MEMBERS EXCUSED**: Barbara Brown-Ramirez; Jo Ann Mack; Kathleen Sullivan, RN, MSN; Kieran Shah, CHPCA; Mahdi Ashrafian, MD; Rahul Vinchhi.

**STAFF PRESENT**: Carmen Obregon; Cathy Slaughter; Dianna Myers, MD; Dona Lopez; Gisela Taboada; Lauren Geeb; Maria McDermott; Rachel Lambert; Van Do-Reynoso, Ph.D.; Gabriella Labrana (P).

1. Welcome and announcements
   **Ms. Slaughter** welcomed attendees in the Santa Barbara and Arroyo Grande locations to the Q2 Provider Advisory Board meeting. No special announcements were made.

2. Public comments. There was no public comment. Action

3. Acceptance of Minutes from January 12th, 2026 Action
   **Ms. Slaughter** checked the quorum to proceed with the approval of the minutes of the last meeting held on January 12th, 2026. The quorum was not met.
   - **ACTION: Ms. Slaughter deferred the approval of the January 12th, 2026, meeting minutes for the next PAB meeting scheduled for July 13th, 2026.**

4. CenCal Health Strategic Plan.
   **Ms. Slaughter** presented an overview of CenCal Health's newly adopted Strategic Plan, highlighting the organization's focus on provider partnerships, quality, integration for better outcomes, affordable access, and stewardship, with input from community partners, hospitals, and providers.

   Highlights of this agenda item:
   - The Strategic Plan is grounded in principles such as stewardship, transformation, balancing service to diverse populations, operational

efficiency, and flexibility, with no administrative growth planned for the year to ensure healthcare dollars flow outwardly.
- The plan's five key priorities include provider partnerships, quality for communities, integration with county and behavioral health partners, advancing affordable access for uninsured populations, and efficient stewardship of funding.
- As the sole Medi-Cal plan in the community, CenCal Health is operating within a changing environment that includes shifts in Medicaid and Medi-Cal policy, the impact of HR1, CalAIM innovations, and an ongoing focus on quality.
- The strategic plan framework includes objectives such as cultivating partnerships for eligibility and coverage, and optimizing the CenCal CareConnect.
- Staff are engaged in an intentional and inclusive process to develop the plan, listening to community voices and planning for rapid response to policy changes, with future forums planned to address budget impacts.

Feedback and discussion:
- The group shared their gratitude for the collaborative process in developing the strategic plan.

5. CenCal Health Member Navigation Initiative.
**Dr. Do Reynoso** presented CenCal Health's comprehensive member navigation initiative, aimed at retaining 90% of eligible members at risk of disenrollment, focusing on procedural and administrative issues and on collaborating with community partners for outreach and support.

Highlights of this agenda item:
- Data from August 2025 to February 2026 showed 25,000 disenrollments, with Hispanic members and adults aged 22-44 most affected; 66% were due to procedural and administrative reasons, such as incomplete paperwork and unfamiliarity with renewal processes.
- Navigation strategies include building navigation-readiness infrastructure, strengthening cross-sector partnerships, clarifying federal and state policies, and integrating technology to enable efficient data sharing.
- CenCal Health is providing mini-grants to trusted community partners with cultural and linguistic capacity, training providers, and nonprofits to support referral mechanisms and establish volunteer coordination to help members complete renewals accurately and in a timely manner.
- Members receive notifications 90 days before renewal, with automatic renewals for certain groups; otherwise, a renewal packet is sent, requiring proof of address and work/volunteer involvement, with both paper and online options available via BenefitsCal.
- Providers can access member renewal dates via the portal, and suggestions include involving pharmacies in alerting members about coverage loss and expanding provider referral capabilities through QR codes and local partner connections.

Feedback and discussion:

- The group discussed the need for improved data sharing between CenCal Health, DSS, and providers, especially for high-risk patients, and clarified eligibility and renewal processes, including automatic renewals, case-based determinations, and timelines for policy changes.
- Data Sharing Challenges: Providers expressed concerns about identifying high-risk patients who risk losing coverage, and requested clinical filters and timely data sharing to ensure continuity of care, especially for those needing critical medications.
- Eligibility and Renewal Timelines: Clarifications were provided on renewal cycles, the impact of HR1, and the transition to six-month eligibility checks starting January 2027, with immediate focus on completing renewals for UIS members.
- Provider Portal Capabilities: Providers can view renewal dates two months in advance, with efforts underway to extend this to three months, and suggestions to improve confirmation of completed renewals within the portal.
- Educational Campaigns: CenCal Health is collaborating with nonprofits for radio, written, and video outreach in multiple languages, targeting Spanish-speaking and indigenous populations to improve awareness and engagement.

6. Population Needs Assessment Findings: Provider Perspectives
**Ms. Labrana** presented the annual Population Health Needs Assessment (PNA), identifying gaps in childhood and adolescent immunizations, COPD prevalence, STI/HIV rates, substance use disorder, and maternal health, and outlined targeted strategies to address these areas with input from providers.

Highlights of this agenda item:

- CenCal Health launched monthly campaigns to parents of children due for immunizations, developed provider tip sheets, and planned vaccine competence training and member listening sessions to address low vaccination rates and disparities.
- HPV vaccination rates are a focus, with strategies similar to those for childhood immunizations, including educational resources and provider collaboration.
- An increase in COPD prevalence among younger adults prompted plans for educational outreach, member newsletters, and tobacco cessation resources.
- Rising STI and HIV rates among adult Hispanic and Spanish-speaking members led to collaborations with Planned Parenthood, radio outreach, and rapid testing initiatives.
- Low utilization of maternal health support services is being addressed through telephonic outreach by community health workers, provider tip sheets, and new postpartum care programs.

Feedback and discussion:

- Participants were invited to share any best practices that could be used to build upon or share with others in the provider network.

- **Dr. Bordofsky** mentioned that practices care about how they perform compared to other practices. Having this comparative performance data could motivate some providers.
- **Ms. Robles** shared that they perform rapid STI testing, which allows them to treat patients at the point of care and provide medications on the same day, if warranted.
- **Ms. Slaughter** invited attendees to reach out to the Population Health team to share any additional ideas from staff in their offices that could offer different opportunities to drive improvement.

7. CenCal Health's 2025 Community Report
   **Ms. Slaughter** announced that the Annual Community Report would be deferred due to time constraints. The Annual Community Report is available online for public viewing.

8. Opportunity for PAB members to share relevant updates.
   As there were no additional items to discuss, **Ms. Slaughter** adjourned the meeting at 12:58 p.m. The next meeting is scheduled for July 13th, 2026.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

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**CCS Family Advisory Committee (FAC) Board Report**

**Date:** September 16, 2026

**From:** Ana Stenersen, RN, BSN
Director, Utilization Management
Chair, CCS Family Advisory Committee

**Through:** Maya Heinert, MD, MBA, FAAP
Chief Medical Officer

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## Executive Summary

The California Children's Services (CCS) Family Advisory Committee (FAC) met on May 21, 2026. A new member of the committee was introduced. Ms. Sophia Hampp, Santa Barbara Early Childhood Manager of Tri-Counties Regional Center (TCRC) is replacing Ms. Tamika Harris who transitioned to a Director role.

An upcoming policy is anticipated by mid-2026 requiring all Medi-Cal Rx prescriptions to include an ICD-10 diagnosis code for claims processing. The goal is to streamline prior authorization processes and reduce provider burden by linking medications to diagnosis codes.

A CCS refresher on transitional planning was provided to the committee as requested. Transition Planning of CCS members into adulthood continues to be a topic of discussion on the CCS Advisory Group level. CenCal Health outlined its transition process at ages 14, 16, 18 and 20. Targeted outreach is conducted based on age-out reports and annual medical reviews, and members are transferred to adult case management at age 21, with follow-up for three years. Common challenges were discussed, such as limited engagement from members and families, especially in encouraging member empowerment, independence and participation.

## Background

The CCS Family Advisory Committee (FAC) was established in July 2018 as part of the implementation of the Whole Child Model (WCM). The FAC serves as a forum for CenCal Health's California Children's Services (CCS) and WCM stakeholders, including CCS members, family members, family advocates, family support groups, and community agencies to discuss issues of shared interest and importance to the CCS population. The committee also provides an opportunity for members, parents, advocates, and agencies to offer input on the CenCal Health's compliance with requirements related to CCS. The FAC convenes on a quarterly basis.

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## Meeting Highlights

### Pharmacy Update

Medi-Cal will soon require all prescribers, including doctors, nurse practitioners, physician assistants, and pharmacists, to be individually enrolled as Medi-Cal providers to have their prescriptions reimbursed. This change, originally set for June 15th, will be implemented in phases with no confirmed go-live date yet. The update aims to ensure compliance with state and federal regulations. Effective April 1, 2026, Wegovy no longer requires prior authorization for MASH (non-cirrhotic metabolic dysfunction associated with steatohepatitis) indications. Weight loss indications for pediatric members under 21 remain covered under the EPSDT benefit, while adult coverage is more limited. GLP 1 medications for CCS children and youth require prior authorizations.

### Whole Child Model Update

Upcoming CCS numbered Letters are anticipated to be released, such as Early Periodic Screening, Diagnostic and Treatment (EPSDT) services for members receiving Private Duty Nursing (PDN), inter-county transfers, Neonatal Intensive Care Unit (NICU), High Risk Infant Follow-Up (HRIF), Durable Medical Equipment (DME) guidelines, and hemodialysis services.

### ECM and CCS

There are 824 CCS members who are receiving ECM outreach, with 635 CCS members enrolled, 28 in San Luis Obispo awaiting assignment, and 421 in Santa Barbara County waiting for provider assignment. The provider network has expanded significantly to address these needs. There are new and existing ECM providers, including American Indian Health and Services, Center for Family Strengthening, Children's Hospital of Los Angeles, Communify, and Family Care Network. Providers aim at expanding capacity that will allow timely outreach and assignment of members. Some providers accept direct referrals from community organizations or members, while others are assigned by the ECM team based on member needs, location, and language.

### CCS County Programs and Medical Therapy Programs

Santa Barbara (SB) CCS reported ongoing staffing challenges in both administrative and therapy roles, leading to the implementation of a therapy waitlist. Cases are triaged by the CCS County Medical Director and therapy supervisors. Efforts are made to ensure all families are contacted and that DME needs are addressed. Staff are being reassigned to cover those on leave, and burst therapy is offered to maximize service delivery. San Luis Obispo (SLO) CCS needs an Occupational Therapist. There is no therapy waitlist in SLO.

**Next Steps:**

- Continue to discuss CCS transitions to adulthood in the next FAC meeting to identify and address barriers.
- Provide information on CCS members with Unsatisfactory Immigration Status and their transition out of Cencal Health to State Medi-Cal Fee-for-Service (FFS).
- In-person meeting on September 17, 2026.

**Recommendation**

This memo is for informational purposes only and does not need any action from the Board.

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**Family Advisory Committee (FAC) Meeting**

## Agenda

| | |
|---|---|
| **Date** | May 21, 2026 |
| **Time** | 11:00 am – 12:30 pm |
| **Location** | Microsoft Teams |
| **Chairperson & Facilitator** | Ana Stenersen, BSN, RN, PHN, Utilization Management Director |
| **Recorder** | Megan Jones, Interim Executive Assistant |

| FAC Membership | |
|---|---|
| **Santa Barbara County** | **Affiliation** |
| 1. Felisa Strickland | Parent \| Alpha |
| 2. Mariana Murillo | Parent |
| 3. Jane Harpster | CCS Santa Barbara |
| 4. Tanesha Castaneda | CCS Santa Barbara |
| 5. Jennifer Griffin | Parent \| LGS |
| 6. Dena Davis | Parent \| Alpha |
| 7. Dorothy Blasing | CCS Santa Barbara |
| 8. Mayra Oseguera | Parent \| Alpha |
| **San Luis Obispo County** | **Affiliation** |
| 9. Jennifer Monge | CCS SLO |
| 10. Regina Samson | CCS SLO |
| 11. Pamela Benadiba | Parent \| PHP SLO |
| 12. Edit Diaz | PHP SLO |
| 13. Natalie Angelo | CCS SLO |
| 14. Lynn Bellomi | Parent \| PHP SLO |
| **Tri-County** | **Affiliation** |
| 15. Tamika Harris | TCRC |
| 16. Sophia Hampp | TCRC |
| **CenCal Health** | **Title** |
| 17. Dianna Myers, MD | Medical Director |
| 18. Shelby Stockdale, RN | Pediatric Health Services Manager |
| 19. Adam Horn, PharmD | Pharmacy Services Clinical Manager |
| 20. Diana Robles | Lead Health Navigator, Member Services |
| 21. Heather Te, LPCC, CCM | Enhanced Care Management Manager |

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**Family Advisory Committee (FAC) Meeting Minutes**

## Agenda

| | |
|---|---|
| **Date** | May 21, 2026 |
| **Time** | 11:00 am – 12:30 pm |
| **Location** | Microsoft Teams |
| **Chairperson & Facilitator** | Ana Stenersen, BSN, RN, PHN, Utilization Management Director |
| **Recorder** | Megan Jones, Interim Executive Assistant |

| FAC Membership | |
|---|---|
| **Santa Barbara County** | **Affiliation** |
| 1. Felisa Strickland | Parent \| Alpha |
| 2. Mariana Murillo | Parent |
| 3. Jane Harpster | CCS Santa Barbara |
| 4. Tanesha Castaneda | CCS Santa Barbara |
| 5. Jennifer Griffin | Parent \| LGS |
| 6. Dena Davis | Parent \| Alpha |
| 7. Dorothy Blasing | CCS Santa Barbara |
| 8. Mayra Oseguera | Parent \| Alpha |
| **San Luis Obispo County** | **Affiliation** |
| 9. Jennifer Monge | CCS SLO |
| 10. Regina Samson | CCS SLO |
| 11. Pamela Benadiba | Parent \| PHP SLO |
| 12. Edit Diaz | PHP SLO |
| 13. Natalie Angelo | CCS SLO |
| 14. Lynn Bellomi | Parent \| PHP SLO |
| **Tri-County** | **Affiliation** |
| 15. Tamika Harris | TCRC |
| 16. Sophia Hampp | TCRC |
| **CenCal Health** | **Title** |
| 17. Dianna Myers, MD | Medical Director |
| 18. Shelby Stockdale, RN | Pediatric Health Services Manager |
| 19. Adam Horn, PharmD | Pharmacy Services Clinical Manager |
| 20. Diana Robles | Lead Health Navigator, Member Services |
| 21. Heather Te, LPCC, CCM | Enhanced Care Management Manager |

| Agenda Items | Minutes |
|---|---|
| **1. Welcome and Introductions**<br>• **Megan Jones**<br>• **Sophia Hampp** | Ms. Stenersen facilitated introductions and welcomed Megan Jones to the FAC Meeting. Ms. Harris shared that she has been promoted to Assistant Director and introduced Sophia Hampp as TCRC's new Santa Barbara Early Childhood Manager. Ms. Hampp will replace Ms. Harris in the FAC. |
| **2. Approval of February 19, 2026 meeting minutes** | Ms. Stenersen requested a motion to approve the February 19, 2025, FAC meeting minutes. Ms. Strickland made a motion to approve the minutes which were seconded by Ms. Oseguera, resulting in official approval. |
| **3. CCS Advisory Group (AG) Meeting Highlights**<br>**CCS AG Meeting: April 15, 2026**<br>**Next CCS AG Meeting: July 15, 2026** | Ms. Stenersen and Ms. Strickland confirmed that Ms. Stabile, Ms. Stockdale, and Dr. Myers were unable to attend today's meeting. As a result, participants agreed to table this agenda item until the next meeting with highlights from two meetings. |
| **4. Pharmacy Update** | Dr. Horn explained that Medi-Cal will soon require all prescribers, including doctors, nurse practitioners, physician assistants, and pharmacists, to be individually enrolled as Medi-Cal providers to have their prescriptions reimbursed. This change, originally set for June 15th, will be implemented in phases with no confirmed go-live date yet. The update aims to ensure compliance with state and federal regulations, and Dr. Horn noted that further details would be provided in future meetings.<br><br>Dr. Horn described an upcoming policy, expected in mid-2026, requiring all Medi-Cal Rx prescriptions to include an ICD-10 diagnosis code for claims processing. He clarified in response to Ms. Stenersen's question that prescriptions without a diagnosis code will be blocked at the pharmacy, as claims are adjudicated in real time. The goal is to streamline prior authorization processes and reduce provider burden by linking medications to diagnosis codes.<br><br>Dr. Horn reported that, effective April 1st, Wegovy no longer requires prior authorization for MASH (non-cirrhotic metabolic dysfunction associated with steatohepatitis) indications. He emphasized that weight loss indications for pediatric members under 21 remain covered under the EPSDT benefit, while adult coverage is more limited. Ms. Sternersen and Dr. Horn discussed CCS eligibility for related conditions, and he confirmed that other GLP-1 indications, such as obstructive sleep apnea, still require prior authorization. |
| **5. CCS Whole Child Model Update**<br>• **Newly Released Numbered Letters**<br>  • **No letters to report out**<br>• **Upcoming Numbered Letters/Information Notices in the Queue for DHCS**<br>  • **No letters to report out** | Ms. Stenersen provided an update on the CCS Whole Child Model, noting that while several numbered letters are scheduled for release—including those related to EPSDT services for members receiving PDN (particularly case management), inter-county transfers, NICU and HRIF, DME guidelines, and hemodialysis services—none have been newly released, with some still in final executive review. Ms. Stenersen referenced the CCS AG page where these pending items are listed.<br><br>She also introduced the transition planning resource list as a topic to be discussed further by Ms. Collins. Ms. Stenersen highlighted updates related to authorization timelines, referring to recent discussions from the CCS AG meeting. She explained that, effective January 1, prior authorization processing timelines changed from five business days to seven calendar days, a stricter requirement due to the inclusion of |

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| • **Transition Planning Resource List** | weekends and holidays. She emphasized that CenCal must meet these regulatory timelines for all authorization requests, including CCS and non-CCS members, and that these metrics are closely monitored and reported. Ms. Stenersen noted that first-quarter performance exceeded the 95% timeliness threshold, reflecting strong team adaptation and diligence in meeting requirements despite the challenges presented by weekends and holidays. |
| **6. CCS Transition Planning Refresher** | Ms. Collins outlined the transition planning process, which begins with informational mailings to CCS members at ages 14, 16, and 18, followed by adolescent transition conferences at ages 16, 18, and 20. These conferences involve the member, authorized representative, nurse case manager, and social worker, focusing on medical, psychosocial, educational, and legal needs. Targeted outreach is conducted based on age-out reports and annual medical reviews. Members are transferred to adult case management at age 21, and will be monitored for three years. If no active case management needs are identified, the member is monitored through an annual check-in. If unresolved case management needs remain, the member is referred to an adult case manager for continued support in addressing barriers and working toward their care plan goals.<br><br>Ms. Collins and Ms. Griggs discussed common challenges, such as limited engagement from members and families, especially in encouraging member empowerment and participation. Ms. Griggs noted that many members prefer to have parents handle the process, making it difficult to foster independence.<br><br>Ms. Murillo asked if there is lower engagement among Spanish-speaking and Mixteco families due to language barriers and literacy issues. Ms. Collins confirmed these challenges, explaining that additional education and encouragement are often needed. Ms. Stenersen and Ms. Collins described efforts to involve Spanish-speaking social workers and the use of language line services to improve outreach. Ms. Stenersen and Ms. Collins agreed to consider these suggestions, especially for families with language barriers.<br><br>Ms. Strickland thanked the presenters and shared that her family's transition experience was similar, noting that CCS was not heavily involved at the time, possibly due to the transition occurring several years ago during the early stages of the Whole Child Model and near the end of COVID. Ms. Stenersen acknowledged the feedback and explained that CCS engagement is especially focused on MTU members, with the goal of involving CCS, Special Education, and TCRC partners in transition planning whenever possible. She emphasized the importance of ensuring members have needed support , especially with durable medical equipment, before aging out. Ms. Strickland and Ms. Stenersen discussed improving communication with families by developing a script or checklist to better connect mailed notices with follow-up phone calls.<br><br>Ms. Murillo shared her experience with delays in obtaining a wheelchair for her adult son after aging out of CCS, highlighting paperwork and communication challenges. Ms. Stenersen, Ms. Strickland, and Ms. Collins discussed the complexities of DME authorization post-CCS, including insurance requirements and the role |

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| | of external assessment companies. Ms. Stenersen asked Adult UM follow-up with Ms. Murillo offline and asked Ms. Collins and Ms. Griggs to share the Transition Planning Resource List with this committee. |
| **7. Member Services Update**<br>• **Area specific CCS data report** | Ms. Robles noted a request from the previous meeting for a breakdown of new CCS member data by zip codes. She explained that data is currently available by region (north, central, south, out of county) rather than by zip code due to reporting limitations. For the first quarter, 220 new CCS cases were added, with breakdowns by county provided.<br><br>Ms. Stenersen requested rolling 12-month membership data and information on case closures and disenrollment, which Ms. Robles agreed to include in future reports to support internal renewal process monitoring.<br><br>Ms. Robles confirmed that the member portal is not yet available for minors, but members 18 and older can access it. |
| **8. ECM Update** | Ms. Te explained that the Justice Involved Initiative supports members in correctional facilities by coordinating with ECM providers to ensure a smooth transition and necessary support upon reentry into the community.<br><br>She reported that for CCS members, 824 members are receiving ECM outreach, with 635 CCS members enrolled, 28 in San Luis Obispo awaiting assignment, and 421 in Santa Barbara County waiting for provider assignment. The provider network has expanded significantly to address these needs.<br><br>Ms. Te listed new and existing ECM providers, including American Indian Health and Services, Center for Family Strengthening, Children's Hospital of Los Angeles, Communify, Family Care Network, and others, noting that expanded capacity allows for more timely outreach and assignment.<br><br>She described the referral process, explaining that some providers accept direct referrals from community organizations or members, while others are assigned by the ECM team based on member needs, location, and language. She also provided the Enhanced Care Management contact information.<br><br>Ms. Stenersen noted the provider network has grown but asked about delays in assigning members. Ms. Te clarified delays are due to limited outreach capacity, with providers accepting new referrals only after completing outreach to current members.<br><br>In response to Ms. Stenersen's suggestion, Ms. Te agreed to present a success story involving CCS members and ECM services at the next meeting, highlighting positive outcomes and provider efforts. |
| **9. CCS & MTP**<br>**Staffing Update**<br>**Medical Therapy Program** | Ms. Castaneda reported ongoing staffing challenges in both administrative and therapy roles, leading to the implementation of a therapy waitlist. Cases are triaged by the medical director and therapy staff, and efforts are made to ensure all families are contacted and DME needs are addressed. Staff are being reassigned to cover those on leave, and burst therapy is offered to maximize service delivery. She described how therapists from Santa Barbara and Santa |

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| | Maria are covering Lompoc due to limited staff, with Heather Harpster serving as the supervising therapist and licensed PT in Lompoc.<br><br>Ms. Castaneda highlighted Jane's efforts to educate PT students about the CCS therapy program, which has generated interest among students to work in the program after graduation, potentially benefiting county staffing in the future. Ms. Stenersen encouraged them to reach out if CenCal can help in any way. Ms. Castaneda and Ms. Stenersen discussed celebrating CCS turning 100 years old.<br><br>Ms. Ramirez shared that the county is currently down to one occupational therapist and is actively recruiting. She is covering patient service representative duties temporarily, and the team is working to ensure all children receive necessary therapy. |
| **10. Roundtable Discussion & News from Agencies** | Ms. Stenersen thanked Ms. Strickland for her Caring Futures presentation, noting that the utilization management and case management teams really enjoyed it. Ms. Strickland shared that a new class series is starting next Thursday at 1:00 PM. Families in need of support with future planning or self-care are encouraged to enroll or be referred. |
| **11. Next Meeting: August 20, 2026 In-Person in Santa Barbara Office** | Ms. Stenersen announced that the next meeting will be held on August 20th, with plans for an in-person gathering at the Santa Barbara office and virtual participation available. Ms. Jones will coordinate logistics and communicate details to participants. |
| **12. Adjournment** | Ms. Stenersen adjourned the meeting and thanked participants for their participation and advocacy. |

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**PCAC Report & Minutes for September 16, 2026, BOD Meeting**

**Date:** September 16, 2026

**From:** Dianna Myers, MD, FAAP
Medical Director, Pediatrics

**Through:** Maya Heinert, MD, MBA, FAAP
Chief Medical Officer

## Executive Summary

The purpose of this memo is to summarize the highlights of the PCAC meeting that occurred on March 4, 2026. This memo contains topics discussed at this meeting.

## Background

PCAC was formed as part of WCM implementation in July 2018 (SB 586, Section 14094.17(a)). It provides a forum for CenCal Health, SB and SLO County CCS Medical Directors and community CCS paneled physicians to discuss issues of interest and importance. The purpose of PCAC is to advise the Health Plan on clinical issues relating to CCS conditions. PCAC reports to the Quality Improvement Committee and to the Board of Directors. The committee meets on a quarterly basis.

## Medi-Cal Rx Updates

Pharmacy Services reported delays in two major state initiatives:

- Prescriber enrollment requirements for Medi-Cal Rx have been postponed.
- The requirement for ICD-10 codes on pharmacy claims has also been delayed until a future implementation date anticipated later in 2026.

The committee also reviewed updated GLP-1 medication coverage criteria and associated pediatric eligibility considerations under EPSDT benefits.

## CCS Membership and Access Challenges

CenCal Health continues to experience declines in Medi-Cal and CCS enrollment, driven in part by annual medical review requirements and difficulties obtaining timely specialty medical records. Providers expressed willingness to collaborate on workflow improvements to support member retention and continuity of care.

Additional discussion highlighted statewide CCS priorities, including:

- Improving provider paneling timelines.
- Supporting transitions for aging CCS members.
- Improving enrollment and Service Authorization Request (SAR) timeliness.
- Maintaining Enhanced Care Management (ECM) continuity.

**County CCS Program Challenges**

County representatives reported ongoing workforce shortages affecting Medical Therapy Program services. Tanesha Castaneda reported that Santa Barbara County has implemented a therapy waitlist due to staffing constraints, while San Luis Obispo County continues to face occupational therapy recruitment challenges. These shortages may affect service access and turnaround times for children requiring therapy services.

**Policy and Provider Network Updates**

The committee reviewed pending state guidance related to CCS eligibility, NICU and HRIF determinations, annual medical review requirements, and future policy changes affecting undocumented children transitioning to state Medi-Cal coverage. Committee members also discussed provider recruitment successes and identified concerns regarding evidence-based pediatric nutrition and behavioral health service access requiring further review.

**Next Steps**

The next PCAC meeting is scheduled for June 3, 2026. Anticipated agenda topics include Medi-Cal Rx Update, Q&A About Medi-Cal's ABA Benefit, CenCal Health Update, CCS Advisory Group Meeting summary, update from the County CCS Medical Director from CCS Regional and Statewide meetings, County CCS Liaison Updates from Santa Barbara & San Luis Obispo counties, and a Provider Services/Relations update.

**Recommendation**

The PCAC report is informational and is presented for the Board of Directors' acceptance. No additional action is requested currently.

Attachments:

1. March 4, 2026, approved minutes
2. June 3, 2026, agenda

# *Whole Child Model Program*
# *Pediatric Clinical Advisory Committee (PCAC)*
# *Meeting Agenda*

**Date:** June 3, 2026

**Time:** 6:00 – 7:30 p.m.

**Location:** Microsoft Teams Virtual Meeting

**Chairperson**: Dianna Myers, MD, FAAP, Medical Director, Pediatrics

**Committee Members:** Maya Heinert, MD, MBA, Chief Medical Officer; Gowthamy Balakumaran, MD; Cindy Blifeld, MD; Kara Garcia, MD; Rhonda Gordon, MD; James McGhee, MD, MPH, FAAP; Carl Owada, MD, FACC, FSCAI; Miriam Parsa, MD; Tami Taketani, MD; Shelby Stockdale, MSN, RN, PHN; Cathy Slaughter, Provider Relations Director; Tanesha Castaneda, Program Manager, Children's Medical Services, County of Santa Barbara; Sarah Lack, Program Manager, Children's Medical Services, County of San Luis Obispo

**Staff Attendees:**

**Secretary:** Pauline Perez, Executive Assistant

| Agenda Item | Facilitator | Time |
|---|---|---|
| 1. Welcome | Dr. Dianna Myers | 5 |
| 2. Approval of Minutes of March 3, 2026, Meeting | Committee | 2 |
| 3. Transportation Benefit<br><br>https://www.cencalhealth.org/wp-content/uploads/2025/04/202504_NEMT-Transportation-PCS-form_tagged.pdf | Ashley Garcia, Clinical Support Associate – NEMT – Utilization Management | 10 |
| 4. Medi-Cal Rx Update | Adam Horn, Pharm.D. | 5 |
| 5. CenCal Health Update | Ana Stenerson, Utilization Management Director | 5 |

| | | |
|---|---|---|
| 6. CCS WCM Advisory Group Update | Ana Stenerson, Utilization Management Director | 5 |
| 7. County CCS Liaison Update | Tanesha Castaneda, Program Manager, CCS, County of Santa Barbara and Regina Samson, MSN, RN, PHN, Supervising Public Health Nurse, CLPPP Coordinator, HCPCFC Program Administrator, County of San Luis Obispo | 10 |
| 8. County CCS Medical Director Update | Dr. Rhonda Gordon | 15 |
| 9. Pediatric Provider Updates | Pediatrician Committee Members | 15 |
| 10. Provider Services/Relations Update | Cathy Slaughter, Director, Provider Relations | 10 |
| 11. Roundtable Discussion | Dr. Myers | 5 |
| 12. Next Meeting date – September 2, 2026 | Dr. Myers | 1 |
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# Pediatric Clinical Advisory Committee (PCAC)
# Meeting Minutes

**Date**: March 4, 2026

**Time**: 6:00 p.m. – 7:30 p.m.

**Location**: Microsoft *Teams Virtual Meeting*

**Chairperson**: Dianna Myers, MD, FAAP, Medical Director, Pediatrics

**Committee Members:** Maya Heinert, MD, MBA, FAAP, Chief Medical Officer, Cathy Slaughter, Provider Relations Director; Shelby Stockdale, MSN, RN, PHN; Gowthamy Balakumaran, MD; Cindy Blifeld, MD; Kara Garcia, MD; Rhonda Gordon, MD; James McGhee, MD, MPH, FAAP; Carl Owada, MD, FACC, FSCAI; Miriam Parsa, MD; Tami Taketani, MD; Tanesha Castaneda, Program Manager, Children's Medical Services, County of Santa Barbara; Regina Samson, MSN, RN, PHN, Supervising Public Health Nurse, County of San Luis Obispo Health Agency

**Attendance of Voting Members**:

| Name of Voting Committee Member | Present | Absent |
|---|---|---|
| Maya R. Heinert, MD, MBA, FAAP | x | |
| Dianna Myers, MD, FAAP | x | |
| Cathy Slaughter | | x |
| Shelby Stockdale, MSN, RN, PHN | | x |
| Gowthamy Balakumaran, MD* | | x |
| Cindy Blifeld, MD* | x | |
| Tanesha Castaneda* | x | |
| Kara Garcia, MD* | x | |
| Rhonda Gordon, MD* | x | |
| James McGhee, MD, MPH, FAAP* | x | |
| Carl Y. Owada, MD, FACC, FSCAI* | x | |
| Miriam Parsa, MD* | x | |
| Regina Samson, MSN, RN, PHN* | x | |
| Tami Taketani, MD* | x | |

**Staff Attendees:** Adam Horn, PharmD, Pharmacy Services Clinical Manager

**Recorder:** Pauline Perez, Executive Assistant

| Topic | Discussion | Action |
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| 1. Welcome, Announcements & Introductions<br><br>Dr. Dianna Myers | Dr. Myers welcomed participants and expressed enthusiasm about working together. Attendees were invited to introduce themselves by sharing their name, role, and organization as they joined the call, with Pauline tracking participants as they arrived. Participants were also asked to identify themselves before making comments during the discussion. | **No** |
| 2. Approval of Minutes for December 3, 2025, meeting | Motion made by Dr. Blifeld to approve December 3, 2025, minutes; seconded by Dr. Owada. Motion passed. | **Yes** |
| 3. Medi-Cal Rx Update<br><br>Adam Horn, PharmD, Pharmacy Services Clinical Manager | **Medi-Cal RX Updates and ICD-10 Code Requirements:** Adam Horn provided detailed updates on upcoming Medi-Cal RX requirements, including the future mandate for ICD-10 diagnosis codes on pharmacy claims,<br><br>• **ICD-10 Code Requirement Overview:** Adam Horn explained that Medi-Cal RX will require ICD-10 diagnosis codes on pharmacy claims, starting in mid to late 2026, to improve utilization management controls and ensure clinical appropriateness, with the state planning an education and outreach campaign for stakeholders.<br><br>• **Provider and Pharmacy Responsibilities:** Adam Horn outlined that prescribers should include ICD-10 codes with prescriptions and document them in electronic health records, while pharmacy providers should begin submitting these codes on claims and may contact prescribers if codes are missing.<br><br>• **Anticipated Impact and Questions:** Dr. Parsa inquired about the intent behind the requirement, potential increases in prior authorizations, and the appeal process for denied claims; Adam Horn clarified that denials would typically trigger a prior authorization request rather than an appeal, and that the goal is to streamline, not increase, prior authorizations.<br><br>• **System Readiness and Feedback:** Dr. Blifeld and Adam Horn discussed that most major EHR systems already require ICD-10 codes, and Dr. Blifeld noted that pharmacies often request missing codes, suggesting the change may not significantly increase prior authorization volume.<br><br>**Follow-Up Actions**: Adam Horn will provide updated information on how the new ICD-10 diagnosis code requirements for Medi-Cal RX will impact prior authorization volume and processes once available, at future meetings.<br><br>**Medi-Cal RX Provider Enrollment Requirement:** Adam Horn informed the group about the June 26, 2026, deadline for all prescribers to be enrolled in Medi-Cal with a Type 1 NPI to avoid claim denials, and | **No** |

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| | discussed outreach strategies and anticipated challenges with Tanesha Castaneda, Miriam Parsa, and others.<br><br>• **Enrollment Requirement Details:** Adam Horn explained that, effective June 26, 2026, all prescribers (including doctors, nurse practitioners, and physician assistants) must be enrolled in Medi-Cal with a Type 1 NPI for pharmacy claims to be processed and paid by Medi-Cal RX.<br><br>• **Outreach and Application Process:** Adam Horn stated that DHCS will conduct outreach via mailed letters to prescribers not yet enrolled and provided resources and links for checking enrollment status and submitting applications, which can take 90 to 180 days to process.<br><br>• **Clinic and Residency Program Implications:** Dr. Parsa and Tanesha Castaneda raised concerns about the impact on residents, FQHC providers, and non-paneled staff, noting that some may not have individual NPIs or may be paneled under group NPIs, potentially leading to access issues if not addressed proactively.<br><br>• **Rationale for Individual Enrollment:** In response to Dr. Blifeld's question, Adam Horn suggested that the individual enrollment requirement is intended to address fraud, waste, and abuse by ensuring only Medi-Cal-enrolled providers can prescribe under the pharmacy benefit.<br><br>**Follow-Up Actions**: Adam Horn confirmed that CenCal Health will issue a provider bulletin and post updates on their pharmacy webpage to inform providers ahead of DHCS outreach and will share relevant links and resources via email to committee members. | |
| 4. CenCal Health Update | Shelby and Anna were unavailable for the meeting, so key highlights from Anna's presentation were provided by Dr. Myers.<br><br>**Membership Trends:** Overall membership has decreased slightly, though exact comparison numbers to total CenCal membership were not available. Enrollment in **D-SNP** continues to increase.<br><br>**CCS Enrollment Decline:** A recent decrease in **CCS enrollment** was discussed. This issue was also raised during last month's meeting with CCS. The decline appears to be related to challenges with the **annual medical review process**, specifically delays in submitting required clinical documentation to counties for eligibility or re-eligibility determinations. As a result, some cases are being closed. The team is aware of the issue and is working collaboratively to improve documentation submission and ensure children receive necessary services.<br><br>**CCS Member Data:** Slides reviewed included CCS member distribution across **San Luis Obispo and Santa Barbara counties**, | **No** |

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| | including new case information. Slides will be distributed after the meeting for reference.<br><br>**Enhanced Care Management (ECM) – CCS Population:**<br>414 members are currently enrolled with assigned ECM providers. 409 members are waiting to be assigned.<br>Waiting members include **297 in San Luis Obispo County** and **1032 in Santa Barbara County**. Network capacity is being expanded, with **new ECM providers currently contracting and onboarding** to support this population.<br><br>**Provider Engagement:** Providers were encouraged to consider becoming ECM providers to support children enrolled in CCS.<br><br>**Resources:** Upcoming slides include a list of **current ECM providers by county** and **ACM contact information**. These resources will be shared with attendees along with the slide deck. | |
| 5. CCS WCM Advisory Group Update<br><br>Miriam Parsa, MD | Dr. Miriam Parsa reported on key discussions from the CCS Advisory Group meeting. She acknowledged Tanesha Castaneda for strongly advocating for Santa Barbara County regarding CCS funding challenges. Providers are experiencing significant barriers accessing Medical Therapy Units (MTUs), with some patients—such as those with juvenile arthritis—facing waitlists for services.<br><br>**Provider Paneling Improvements:**<br>Annette Lee shared that DHCS reviewed approximately 300 provider paneling applications and noted that applications are automatically deactivated after 180 days if incomplete. This has contributed to delays affecting CCS provider paneling at Cottage. DHCS is working to streamline the process and plans to demonstrate progress by Q2, including clearer standards for timely approval and denial criteria. Providers were advised not to send frequent follow-up emails, and a dedicated email contact was provided for facility or Specialty Care Center (SCC) questions.<br><br>**ECM Opportunities:**<br>Additional encouragement was provided for Specialty Care Centers to participate in Enhanced Care Management (ECM), presenting potential opportunities for organizations such as Cottage.<br><br>**Medi-Cal RX and UAS Updates:**<br>Brief updates were shared regarding Medi-Cal Rx and the transition related to UAS patients. Beginning January 1, DHCS froze new Medi-Cal enrollments for UAS patients.<br><br>Dr. Heinert shared: Ongoing weekly executive discussions focus on potential 2027 changes requiring UIS patients to transition to fee-for-service. Early 2026 projections show higher-than-expected member losses, due to post-pandemic paperwork challenges. Efforts are grassroots, leveraging trusted community partners to support re-enrollment, with targeted outreach to vulnerable populations. Collaboration across teams will continue as this issue evolves. | **No** |

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| | **Provider Support and Next Steps:**<br>Providers expressed willingness to assist by identifying patients during clinic visits who may need help maintaining coverage. Follow-up collaboration between health plan leadership and providers will continue to address enrollment decline and support affected patients. | |
| 6. County CCS Liaison Update<br><br>Tanesha Castaneda, PM, CCS, County of Santa Barbara<br>And Regina Samson, MSN, RN, PHN, Supervising Public Health Nurse, CLPPP Coordinator, HCPCFC Program Administrator, County of San Luis Obispo | **CCS Program Updates and Staffing Challenges:** Tanesha Castaneda and others discussed ongoing staffing shortages in Santa Barbara County's Medical Therapy Program, the implementation of a wait list, and statewide funding and allocation issues, with additional input from Dr. Heinert, Regina Samson, and Dr. Blifeld.<br><br>**Staffing Shortages and Wait List Implementation:** Tanesha Castaneda reported that Santa Barbara County is experiencing significant staffing shortages in the Medical Therapy Program, leading to the implementation of a triaged wait list for therapy services, with Rhonda Gordon overseeing referral review.<br><br>**Statewide Funding and Allocation Issues:** Tanesha Castaneda explained that underfunding and restrictive state allocations prevent hiring additional regular employees, even as caseloads grow, and that this is a statewide issue affecting multiple counties.<br><br>**Advocacy Efforts:** Dr. Heinert and Tanesha Castaneda discussed ongoing advocacy at both the county and state levels, including engagement with state officials and the potential for provider letters to support increased funding.<br><br>**Alternative Service Delivery and Telehealth:** Dr. Blifeld inquired about the use of telehealth for therapy; Tanesha Castaneda clarified that telehealth is not currently permitted for therapy services, and staffing shortages would still limit its feasibility.<br><br>**Local Staffing Status:** Regina Samson noted that San Luis Obispo County is currently fully staffed, utilizing a traveler occupational therapist to meet needs.<br><br>**Transportation & Maintenance (M&T):** Increased family inquiries about how to request transportation, required timelines, and reimbursement. Families are being referred to the CenCal Health pediatric line.<br><br>**Non-Panel Providers:** Some CCS clients are being referred to non-panel providers. While allowed initially, annual reviews require CCS panel providers. Limited provider availability noted in San Luis Obispo.<br><br>**Rising Transportation Questions:** Santa Barbara County also reported more calls from families asking about transportation and lodging benefits, often learned through word-of-mouth.<br><br>**Barriers Identified:** Limited awareness of services, 48-hour scheduling requirement, language barriers (including Mixteco-speaking families), and logistical issues such as adult accompaniment and car seat requirements. | **No** |

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| | **Follow-Up Actions**:<br><br>**Transportation and Maintenance Education Materials:** Bring the request for infographic or educational materials on maintenance and transportation benefits for families to Shelby Stockdale for follow-up and development. (Dr. Myers)<br><br>**CCS Panel Provider Referral Workflow:** Set up a meeting between Regina, Dr. Myers, and the San Luis Obispo team to discuss workflow and communication strategies regarding CCS clients being referred to non-panel providers and potential outreach for paneling or redirection. (Dr. Myers, Regina Sanson)<br><br>**Transportation Services Education:** Bring back a comprehensive presentation at the next meeting on transportation services, including urgent transportation options, car seat requirements, language barriers, and distinctions between CCS MNT and managed care NMT/NEMT, and invite the transportation liaison to present. (Dr. Myers) | |
| 7. County CCS Medical Director Update<br><br>Dr. Rhonda Gordon | **Provider Paneling and Facility Change Processes:** Updates were provided on improvements to the CCS provider paneling process, including the introduction of auto-paneling for board-certified pediatricians and specialists to address application backlogs. Applications are deactivated after 180 days if incomplete, and DHCS is working to streamline processes and provide updated guidance. Providers were reminded to notify DHCS of any facility address or ownership changes to avoid reimbursement interruptions. Local support was offered to assist with unresolved facility change notifications.<br><br>**CCS Eligibility and Epilepsy Criteria Updates:** DHCS shared updated consensus criteria expanding CCS eligibility for epilepsy to include drug-resistant cases diagnosed by a CCS panel neurologist and cases requiring specialized treatment modalities such as vagal nerve stimulators or ketogenic diet therapy. DHCS is also exploring a potential 100-day extension of CCS panel authority for patients turning 21, with a decision anticipated by the end of the fiscal year. | **No** |
| 8. Roundtable Discussion | **Membership Decline and Re-Enrollment Efforts:**<br>Dr. Myers, Dr. Heinert, Tanesha Castaneda, and others discussed declines in CCS and Medi-Cal membership related to re-eligibility documentation challenges and the end of pandemic-era auto-renewals. Members noted that CCS cases are sometimes closed when annual medical review documents are not submitted. To address disenrollment, the group described outreach efforts with trusted community partners, including organizations supporting Mixteco-speaking populations, and funding outreach workers to assist families with re-enrollment. The discussion emphasized prioritizing vulnerable groups, particularly adults over age 19 who have a limited 90-day window to regain benefits—and coordinating with providers and community organizations to support families experiencing disenrollment. The group also highlighted the need to share resources with provider offices, especially those with limited staffing, to strengthen outreach and re-enrollment support. | **No** |

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| | **Enhanced Care Management (ECM) Program Updates:**<br>Dr. Myers provided an update on ECM enrollment for CCS children in San Luis Obispo and Santa Barbara counties, noting current enrollment levels and ongoing efforts to contract with and onboard additional ECM providers. She encouraged interested providers to participate in the program and referenced recent discussions with Dr. Parsa regarding provider engagement. | |
| 9. Discussion Moving Forward:<br>a) Future Agenda Topics<br>b) Meeting times – Poll to be sent<br>c) Recommendations for SLO County Provider Membership | **Future Agenda Items and Provider Shortages:**<br>Dr. Blifeld and Dr. Garcia raised concerns about long waitlists for services such as ABA, mental health, and speech therapy. Dr. Blifeld reported wait times for ABA services extending up to 3.5 years and requested support from CenCal Health to address provider shortages and contracting barriers. Dr. Garcia shared information from a Cal MAP conference indicating that regional centers may assume responsibility for ABA services after certain waiting periods and offered to share additional advocacy resources. Dr. Myers agreed to follow up and consider these issues for future meeting agendas.<br><br>**Pediatrician Recruitment in San Luis Obispo County:** Participants were asked to share recommendations for local pediatricians who may be a good fit for collaboration or participation. Increased representation is desired, as current membership in San Luis Obispo County is limited. | **No** |
| 10. Next Meeting | The next meeting will be on **September 2, 2026.** | **No** |
| 11. Adjournment | The meeting concluded at 7:32 pm with a note of strong appreciation and gratitude for participants' time, engagement, and contributions to the discussion.<br><br>Emphasis was placed on the value of collaboration and ongoing partnership to support the community. | **No** |

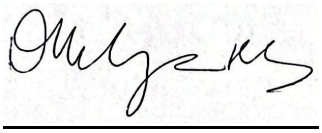
*CCS Advisory Group – https://www.dhcs.ca.gov/services/ccs/Pages/PastMeeting/Materials.aspx

Respectfully Submitted,

*Pauline I. Perez*
Pauline I. Perez
Executive Assistant

April 30, 2026
Date

Approved,



Dianna Myers, MD, FAAP
Medical Director, Pediatrics

April 30, 2026
Date