HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – February 12, 2026

Members/Alternates Present: Asya Anderson, Jack Dailey, Michelle Darnelle, Kim Fritz (Co-Chair), Eva Matthews, Christy Rosenberg, Caryn Sumek, Heather Summers, Patrick Tellez, Jennifer Tuteur (Co-Chair), Claudia Velasquez, Ann Warren, Lindsey Wade, Lindsey Wright **HSD Staff Present:** Lynn Carr, Brittany Charity-Walker, Luwam Kidane, Lee Laydon, Cynthia Nambo, Alison Sipler, Samantha Sonnich, Michael Worman **Guests:** Andrew Gregor, Skylar Hanson, Natalie Perez, Joe Prickitt	
ITEM	***DISCUSSION***
I. Welcome and Introductions	
a. Call to Order	The Healthy San Diego (HSD) Consumer & Professional Advisory Committee (CPAC) CalAIM Task Force was called to order by Kim Fritz at 3:06 p.m.
b. Announcements	Darlene Rivas reviewed the new security settings and changes to virtual meeting procedures.
c. Roll Call of Voting Members	The Roll Call of Voting Members confirmed a quorum was present for the meeting.
II. Public Comment	
	There were two public comments: 1) Purita Javier reported harm from emissions produced by a ceramics kiln operating as a home business in her neighborhood. She stated that air quality readings do not reflect the pollution released when the kiln is active and described long-term exposure to chemicals such as silica and lead. She emphasized the health and environmental risks and said residents live in physical, emotional, and financial fear due to these ongoing conditions. 2) Cesar Javier described the serious impacts of pollution and urged the advisory board to recognize the crisis and take action. He asked for repeated communication to improve public understanding and called on leaders to respond, stating that people are suffering and that the community must work together to address the problem
III. Action Items	
a. Approval of Minutes, December 11, 2025	On MOTION of Dr. Jennifer Tuteur, seconded by Asya Anderson, the December 11, 2025, Meeting Minutes were approved, with the requested corrections by Dr. Jennifer Tuteur, with all Committee Members present voting yes.
b. Medi-Cal Transformation Community Events Participant Follow-up	An action item from the December 11, 2025, meeting was to follow up with CalAIM Community Events participants to find out if they were able to access services. The follow-up was completed and results will be shared in the final report summary.
IV. Community Supports (CS) Overview	
a. CS Utilization Data	Luwam Kidane, Senior Research Analyst, Medical Care Services, provided the CS data utilization update for Second Quarter (Q2) 2025 (January 2022-June 2025). Summary of key points:

	▪ In Q2 2025, 10,108 individuals received CS services in San Diego County, reflecting a 10.7% increase (974 more recipients) compared to Q1 2025. ▪ Most services showed increased utilization, with gains in Asthma Remediation, Respite Services, Home Modifications, Housing Transition Navigation Services, Housing Tenancy & Sustaining Services, Housing Deposits, Recuperative Care, and Day Habilitation. ▪ Several services experienced declines, including Medically Tailored Meals, Short-Term Post-Hospitalization Housing, and Personal Care and Homemaker Services. ▪ There was no change in Nursing Facility Transition/Diversion services. ▪ Sobering Centers and Community Transition Services remain the least utilized CS services. Comments: ▪ Cesar Javier: Expressed concern about what the community support indicators suggest about conditions in San Diego regarding shelter, clean air, clean water, food, and safe neighborhoods. He noted that many community members are not aware of available services and do not understand the data or charts presented and called for collective action and leadership. ▪ The link to the CS Utilization data dashboard was provided in the meeting agenda.
V. CalAIM Task Force Action Plan CS Action Group Recommendations	
a. CS Action Groups	Dr. Jennifer Tuteur provided a summary: ▪ The Board of Supervisors (BOS) established a bold goal for this task force in their December 2024 Board Letter. The BOS-defined goal for 2025 to increase enrollment in all fourteen CS to 25% of eligible beneficiaries by January 1, 2026. ▪ At the October meeting, the CS Action Groups were asked to come back in February with status updates. 1) Short-Term Post-Hospitalization Housing (STPHH) / Recuperative Care (RC) – Report by Lynn Carr: <u>Objective</u>: Improve operational workflows and strengthen referral pathways to increase timely authorizations and admissions into STPHH and RC facilities. <u>Recommendations</u>**:** - Create a matrix that identifies each of the Managed Care Plans' (MCP) clinical criteria for STPHH and RC authorization and incorporate the STPHH and RC providers' admission criteria for their facilities. The goal of the matrix is to help standardize the clinical criteria needed for MCP authorization, as well as identify the providers' admission criteria to facilitate appropriate referrals and placements into STPHH and RC. - Develop STPHH and RC flyers for providers (hospitals, Skilled Nursing Facilities (SNF), jails, etc.) who serve people who are eligible for STPHH and/or RC services. <u>Status</u>**:**

DRAFT

- MCPs report that RC eligibility is assessed by MCP clinicians on a case-by-case basis.
- STPHH and RC flyers are being finalized.

Discussion:
- Lynn Carr: The request is for the MCPs to identify the specific documentation to make the referral process more efficient and less administrative.
- Jack Dailey: There are inconsistencies across MCPs, creating confusion and challenges in service requests. Establishing common clinical elements for referrals could set a baseline and reduce variation, improving clarity and access.
- Lynn Carr: If the action group wants to continue to meet, the goal would be for a CS provider to lead or co-lead.
- Jack Dailey: An agenda item can be added to the next HSD Long-Term Services & Supports (LTSS) Transitions of Care (TOC) meeting to encourage participation and recruit leadership for the action group to provide real world perspectives.
- Dr. Summers: DHCS released a public comment document that is open through March 12, 2026. DHCS is seeking to transition RC to an In Lieu of Service and create a combined model that would discontinue STPHH as a separate CS.
- Lindsey Wade: The STPHH/RC Action Group has helped continue this important work through a period of transition.
- Dr. Tuteur: The action items are: 1) update the first recommendation to create a matrix that identifies each of the MCPs' clinical criteria for STPHH and RC authorization and incorporate the STPHH and RC providers' admission criteria for their facilities. 2) engage the HSD Long-Term Services & Supports Transitions of Care Workgroup, and 3) distribute the DHCS CalAIM 1115 Public Comment information.

2) Housing Transition Navigation Services (HTNS) – Report by Christy Rosenberg:

Objective**:**
HTNS CS providers will collaborate with community partners (e.g., shelters, homeless outreach teams, etc.) to conduct training and outreach together to enroll eligible individuals in HTNS.

Recommendations**:**
- HTNS workgroup participants will join homelessness provider meetings (i.e. RTFH Advisory meetings, Street Medicine meetings, etc.) to increase awareness of HTNS and identify potential partnerships between providers serving the homeless or unstably housed and HTNS providers.
- Flyers and outreach materials will be created for providers to help raise awareness and increase enrollment in HTNS.

Status**:**
- The HTNS action group presented at the Street Medicine meeting in January 2026 and to the Regional Task Force on Homeless (RTFH) in February 2026 to

DRAFT

discuss the current status of homelessness providers connecting eligible individuals to HTNS.
- HTNS flyers are being finalized.

Discussion:
- Christy Rosenberg: Following the presentations, there has been follow-up requesting additional information and expressing interest in the topic.
- Lynn Carr: RTFH is our region's expert on homelessness. Many are contracted providers who appeared to have good awareness.
- Dr. Tuteur: Does the HTNS Action Group need to continue?
- Lynn Carr: The HTNS Action Group may be able to sunset based on completion of the presentations and flyer.

3) Medically Tailored Meals/Medically Supportive Foods (MTM/MSF) – Report by Dr. Heather Summers:

MTM/MSF Objective:
Healthcare and community providers will assess patients for chronic or other serious health conditions and refer eligible members to MTM/MSF.

Recommendations**:**
- Focus on uniform authorization and billing around Registered Dieticians and meal frequency timeframes (i.e., 6-week versus 12-week meal authorizations).
- Utilize screening and intervention evidence (data) on cost savings with specific populations to make recommendations on narrowed eligibility to track clinical outcomes.
- Conduct further training; include clarification that CS are In-Lieu of Services and how they support health outcomes to facilitate appropriate referrals.

Status:
- MCP Chief Medical Officers held initial discussions on eligibility criteria regarding clinical need and which health conditions benefit the most from this CS. Information was shared with California Food is Medicine Coalition to advocate for policy guidance improvements.
- MCP Registered Dietician assessment requirement before meal initiation removed, eliminating a major authorization barrier. Closed Loop Referral anticipated Summer 2026.
- Identified that referrals coming from rendering entity are most effective; will share best practice with San Diego PATH CPI to explore alignment and implementation.

Discussion:
- Dr. Tuteur: Clarified that the 'rendering entity' means referrals coming from MTM/MSF providers.
- Eva Matthews: Further discussion is needed on the flyer to ensure appropriate language; there are rigorous requirements, there needs to be caution not to raise expectations. Standardization isn't feasible, but there is continued interest in collaborating with medical and referring providers to include nutrition screening for identifying eligible patients.
- Dr. Tuteur: Have the three actions been completed?

DRAFT

	- Eva Matthews: The actions have been explored but not attained. The group met an impasse on some things but have found other paths to improve access. - Eva Matthews: Better clarity from DHCS on the eligible conditions would improve access across the board and market accurately to the public. - Janet Vadakkumcherry: Reached out to the California Primary Care Association Population Health meeting to see if any help is needed or if there's a lack of clarity on eligibility, and to put in their advocacy.
VI. Next Steps	
	Dr. Tuteur acknowledged the progress of the CS Action Groups on the four prioritized CS services and overall increases in CS utilization trends. She acknowledged current challenges with the Medi-Cal landscape related to House Resolution 1, securing a safety net for individuals who might lose their CalFresh and/or Medi-Cal benefits, and membership changes. Dr. Tuteur opened discussion on the future direction of the CalAIM Task Force**:** - Kim Fritz: Utilization of most CS services has gone up. The community events were great to help expand awareness beyond the four CS services. - Jack Dailey: This task force was set out with a specific charge focused on enrollment. It is equally important to address quality and outcomes by developing strategies to track, monitor, and improve services. - Dr. Tuteur: Quality and outcomes could be folded into HSD Quality Improvement workgroups. - Dr. Tuteur: The County is finalizing a Board Memo to report back to the Board on CalAIM Task Force progress. - Janet Vadakkumcherry: Is it possible to do something around the Birthing Equity Population of Focus for the pregnant and postpartum – how the provider community might help, expectations, birthing support checklist, mental health providers, doulas? There might be an opportunity due to interest. - Dr. Tuteur: This task force's focus is CS. Opportunities around ECM Populations of Focus could be taken back to the San Diego PATH CPI or to the HSD CPAC to assign. - Jack Dailey: It would be interesting to see how the 180-day room and board cap rollout has gone. - Jack Dailey: To increase CS enrollment, it is good to scrutinize who is turned away. What is the analysis of the denials, are there common elements, what are the MCPs' thoughts on looking at denial trends? - Claudia Velasquez/Lindsey Wright: MCPs will have to take the request back to see if it's possible. Also need to differentiate between denials and incomplete referrals. - Dr. Tuteur: An action item is to request the MCPs to look at what data they can share that we can collectively look at to improve CS utilization. - Jack Dailey: Clarify action – Are there are list of stakeholder questions to submit to the MCPs? - Eva Matthews: Look at the continuum of the process (referrals, authorizations, approvals, denials). If we understood the volume we would understand what

DRAFT

	is needed, such as more education for providers on how to submit referrals on common areas of challenge. - Dr. Tuteur: The MCPs are the experts on the data they collect and can share. There may be things they can collectively bring together and not have to recreate. - Lindsey Wade: For RC, people are often too sick and frail to get the services. How are we capturing that data? It helps to know the process and how that is measured by the MCPs. - Janet Vadakkumcherry: There is a new federal requirement starting January 1, 2026, where MCPs must publicly post aggregated prior-authorization data each year, as outlined in a recent Centers for Medicare & Medicaid Services (CMS)-related All Plan Letter. This upcoming transparency requirement may make it easier to get to the CalAIM items. Staff will distribute the guidance. - Jack Dailey: We have not seen a denial letter and clients are not seeing notices. What is the underlying data? - Luwam Kidane: The quarterly reports track both the number of members referred for CS services and the number found ineligible or denied. Summary of Next Steps: ▪ If CS Action Groups (STPHH/RC, HTNS, and MTM/MSF) have more work to do, they can convene as needed and report back at the next meeting. ▪ Consider routing quality/outcomes work to HSD Quality Improvement. ▪ Consider analysis of denials and incomplete referrals across to better understand barriers to access. Use existing CMS-required data transparency as a potential foundation for this work. ▪ Co-Chairs will provide updates at the HSD CPAC meeting on March 12, 2026. ▪ The next CalAIM Task Force meeting is June 11, 2026.
VII. Adjournment	
	▪ The meeting was adjourned at 4:50 p.m.

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE CalAIM TASK FORCE MEETING IS SCHEDULED FOR

Thursday, June 11, 2026, from 3:00 p.m. to 5:00 p.m.

Minutes recorded and transcribed by
Brittany Charity-Walking & Alison Sipler.

DRAFT