

Whole Child Model Family Advisory Committee

Meeting Agenda

Monday, January 26, 2026

1:30 – 3 p.m.

Held Via Teleconference



1. Members of the public wishing to join the meeting may do so as follows:

Microsoft Teams: [Join the meeting now](#)

Dial in by phone: [+1 872-242-9041](#)

Phone conference ID: 378 224 970#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Committee or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, January 21, 2026 to WCMFAC@thealliance.health.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Whole Child Model Family Advisory Committee

Meeting Agenda

Monday, January 26, 2026

1:30 – 3 p.m.

Held Via Teleconference



1. Call to Order by Chairperson Espinoza.

1:30 p.m.

- A. Roll call
- B. Supplements and deletions to the agenda
- C. Review Whole Child Model Family Advisory Committee mission statement
 - *To serve as an advocate for other families*
 - *Commit to improving care and services*
 - *Collaborate in problem-solving*
 - *Contribute to the success of the program*

2. Oral Communications by Members of the Public.

1:35 p.m.

- A. Members of the public may address the Advisory Committee on items not listed on today's agenda that are within the jurisdiction of the Advisory Committee.
 - A. Speakers are limited to three minutes per item.
 - B. Any individual may speak only once during Oral Communications.
- B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called.
 - A. Speakers are limited to three minutes per item.

Consent Agenda Items:

1:40 p.m.

- 3. Approve WCMFAC meeting minutes of November 3, 2025.
- 4. Accept WCMFAC Charter
- 5. Accept Alliance Code of Conduct

Regular Agenda Items:

1:45 p.m.

6. Durable Medical Equipment

1:45 – 2:05 p.m.

Inform and Feedback: Lisa will provide information about durable medical equipment and solicit feedback.

7. DHCS CCS Advisory Group Report

2:05 – 2:15 p.m.

Inform: Paloma will provide updates from the Department of Health Care Services' CCS Advisory Group.



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- 8. Updates and Announcements** **2:15 – 2:45 p.m.**
Alliance staff, committee members, and community partners will provide updates and announcements.
- 9. Next Steps** **2:45 – 2:50 p.m.**
Ronita will review future agenda items.
Kayla will review action items.
- 10. Adjourn** **2:50 p.m.**

The next meeting of the Whole Child Model Family Advisory Committee, after this January 26, 2026 meeting:

- Whole Child Model Family Advisory Committee
Monday, April 27, 2026
1:30 – 3 p.m.
Teleconference

Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at <https://thealliance.health/about-the-alliance/public-meetings/>. The Advisory Group complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at WCMFAC@thealliance.health or 800-700-3874.



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Whole Child Model Family Advisory Committee



Draft Only – Pending Approval

Meeting Minutes

Monday, November 3, 2025

Teleconference Meeting

Members Present:

Voting Members

Frances Wong
Janna Espinoza
Katrina Hodges
Kelley Sandoval
Kevin Smith
Marili Hernandez
Megan Atkinson
Paloma Barraza

Family Representative
Family Representative
Family Representative
Family Representative
Parent Center Representative
Family Representative
Parent Center Representative
Family Representative

Non-voting Members

Anna Rubalcava
Christine Betts
Denise Sanford
Esperanza Compean
Michael Molesky

Community Partner
Community Partner
Community Partner
Community Partner
Community Partner

Members Absent:

Voting Members

Alicia Zambrano
Heidi Boynton
Irma Espinoza
Kazzandra Cunningham
Kim Pierce
Magdalena Mugica

Family Representative
Parent Center Representative
Family Representative
Family Representative
Parent Center Representative
Parent Center Representative

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Non-voting Members

Barbara Hurtado	Community Partner
Heloisa Junqueira, MD	Community Partner
Jose Francisco Hernandez	Community Partner
Kevin Low	Community Partner
Manuel Lopez Mejia	Family Advocate
Oscar Flores	Community Partner
Susan Paradise	Community Partner

Staff Present:

Dianna Myers, MD	Interim Chief Health Equity Officer
Kayla Zoliniak	Administrative Specialist
Lisa Moody, RN	Pediatric Care management and California
	Childrens Services Manager
Michelle Ferreira, LVN	Senior Prior Authorizations Nurse
Ronita Margain	Community Engagement Director
Tisa Llamas, RN	Utilization Management Supervisor – Prior
	Authorizations

1. Call to Order by Chairperson Espinoza.

Chairperson Espinoza called the meeting to order at 1:40 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Chairperson Espinoza opened the floor for any members of the public to address the Advisory Committee on items not listed on the agenda. There was no public comment

3. Comments and announcements by WCMFAC members.

Chairperson Espinoza announced her term as Alliance Commissioner has ended.

Commissioner Molesky announced he will be the Commissioner liaison for WCMFAC.

Consent Agenda Items:**4. Approve WCMFAC Meeting Minutes from Previous Meeting**

Chairperson Espinoza opened the floor for approval of the meeting minutes of the previous meeting on August 4, 2025. Minutes were approved with no further edits.

Regular Agenda Items:**5. Annual Election of Officers of the Advisory Committee**

Janna Espinoza was nominated and accepted the nomination of Chairperson.

Kevin Smith was nominated and accepted the nomination of Vice Chairperson.

Janna Espinoza was appointed to Chairperson and Kevin Smith was appointed to Vice Chairperson with no objections.

6. Emergency Preparedness

Lisa presented and solicited feedback on emergency preparedness. The presentation provided general information to serve as a starting point for families.

A committee member expressed appreciation for the Alliance's outreach calls.

Committee members expressed a range of concerns related to emergency situations including acquiring and storing medication, especially in situations that impact everyone including providers and Alliance staff such as an earthquake. Commissioner Molesky will raise the committee's concerns to the Alliance's Physicians Advisory Group and Chairperson Espinoza will raise the committee's concerns to the Alliance's Whole Child Model Clinical Advisory Committee.

Committee members expressed concern for access to power and asked the Alliance to research access to power during emergency situations.

The Alliance encourages families to work with their prescribing doctors to create plans for their individual needs. The Alliance's Care Management team is available to support conversations with providers. For life-threatening needs, individuals should seek emergency care. When the situation allows, the Alliance will work with the local Offices of Emergency Services for each county to determine what information to share with members during outreach calls.

A committee member expressed concern about the local county emergency plans not being updated and potentially not including accessible resources.

The Alliance encourages families to reach out to their local Office of Emergency Services for specific information and to reach out to 2-1-1 for help finding resources. Office of Emergency Services shelters during emergencies provide nursing staff.

A committee member recommended the Alliance include Care Management's ability to help call providers and durable medical equipment suppliers in the outreach calls.

Committee members shared hospitals may not carry all supplies families may need and recommended families bring their own supplies from home.

Committee members shared experiences of not being able to acquire supplies due to products being discontinued or changed and no longer compatible with their needs. A committee member recommended being provided with samples of new equipment to test if the new product with enough time to make alternative plans if needed. A committee member asked if there was a directory of providers and pharmacies listing what supplies are carried; the Alliance is not aware of a directory but will look. A committee member stated that families may file a grievance if they are not able to find products that meet their needs. The Alliance encourages families to reach out to Care Management, even if they do not have an assigned Case Manager, so the Care Management team can assist families with sourcing supplies.

7. DHCS CCS Advisory Group Representative Report

Paloma provided updates from the most recent CCS Advisory Group meeting. Whole Child Model members who age out receive a 100-day supply of medications to allow time to become established with their new provider. DHCS is no longer covering ten GLP drugs for weight loss except if medically necessary and a prior authorization is required. Holistic medicine was mentioned but not discussed in detail. Committee members expressed interest in holistic medication and inquired about the Alliance's policies, requesting for the topic to be a future agenda topic.

A committee member mentioned D-SNP, Dual Special Needs Plans, however, Dr. Myers clarified that pediatric members are not eligible for D-SNP.

8. Updates and Announcements

Ronita welcomed Dr. Mike Wang as the Alliance's new Chief Medical Officer, effective in September 2025.

Ronita announced the launch of the Alliance's D-SNP plan, TotalCare, for members who have both Medicare and Medicaid coverage.

Kayla announced the Alliance's Code of Conduct is being added to the WCMFAC charter. Additional language changes are being made but will not impact the committee.

Due to time, Chairperson Espinoza welcomed the committee to send additional updates and announcements to Kayla for inclusion in the next meeting.

A committee member requested the governor's budget be shared with the committee.

Adjourn:

The meeting adjourned at 3:01 p.m.

The meeting minutes are respectfully submitted by Kayla Zoloniak, Community Engagement Administrative Specialist.

Next Meeting: Monday, January 26, 2026



Whole Child Model Family Advisory Committee (WCMFAC)

Meeting Charter

Original Date: October 2023	Last Revision Date: 9/10/2025
Approved by: Ronita Margain, Community Engagement Director	

Overview	The WCMFAC is an advisory committee to the Alliance providing input, review and recommendations on policies and issues that affect children and their families served through the Alliance's Whole Child Model (WCM) program.
Structure and Process	<p><u>Chair and Vice Chair</u></p> <p>The WCMFAC shall select a Chair and Vice Chair for a one-year term.</p> <p>The role of the Chair is to provide meeting facilitation and direct the meeting process through the agenda. The Chair will guide and lead discussion to ensure all participants are provided equal opportunity for participation.</p> <p>The role of the Vice Chair is to preside at the meetings of the WCMFAC in the absence of the Chair.</p> <p>If both Chair and Vice Chair are absent, the WCMFAC members present will select one member to act as Chair for the meeting.</p> <p><u>Committee Membership</u></p> <p>Membership consists of voting and non-voting members.</p> <p>Voting members will be appointed to a one-year term. At the end of the term the member may be reappointed to a subsequent one-year term or terms.</p> <p>Votes will pass when more than half of the voting members present vote in the affirmative.</p> <p>Members may receive a stipend for each meeting attended.</p> <p><u>Alliance Staff Roles</u></p> <p>The Alliance will have designated staff to provide meeting support including the development and distribution of agendas and minutes, development and maintenance of charter, and development and maintenance of voting member roster.</p> <p>Staff supporting WCMFAC can be reached at WCMFAC@thealliance.health.</p>

Objectives	The WCMFAC is intended to promote communication between families with WCM members , Alliance leadership, and local family support providers. The Advisory Committee will serve as a mutual learning forum for committee members and Alliance staff to make a positive difference in the care the health plan provides to WCM members.
Duties	<p>The WCMFAC will provide advisory input to assist in meeting the six goals of the WCM which include:</p> <ul style="list-style-type: none"> • Implement Patient and Family-Centered Approaches to Care • Improve Care Coordination through an Organized Delivery System • Maintain Quality of Services • Streamline Care Delivery • Build on Lessons Learned • Provide Quality, Cost Effective Services <p>One voting member will be invited to serve on DHCS statewide stakeholder advisory group for CCS.</p> <p>All committee members follow the Alliance's Code of Conduct: Alliance Code of Conduct - Central California Alliance for Health.</p>
Frequency	<p>The WCMFAC shall meet at least quarterly.</p> <p>The meeting calendar shall be established annually by the committee and approved by the Alliance Board.</p> <p>Meetings will take place by videoconference using Microsoft Teams.</p>
Open and Public Meetings	<p>WCMFAC meetings are open to the public.</p> <p>Members of the public may listen to the meeting and provide public comment.</p> <p>Translation and Interpreter Services/ Assistive Devices: Requests for translation and interpreter services, including sign-language interpretation or other assistive devices such as real-time captioning, note takers, reading or writing assistance and conversion of meeting materials into Braille, large print or computer flash drive can be made available if requested at least ten (10) business days prior to the meeting.</p>
Composition	<p><u>Voting Members</u></p> <p>Voting members are appointed by the Alliance Board to serve on Whole Child Model Family Advisory Committee. There are a maximum of nineteen (19) voting members.</p> <p>Voting members include appointed:</p> <ul style="list-style-type: none"> • WCM Members' parents, custodial parents, legal guardians, or other Authorized Representatives. <ul style="list-style-type: none"> ◦ At least one representative for each county. • Parent center representatives.

	<ul style="list-style-type: none"> ○ Parent centers include but are not limited to family resource centers, family empowerment centers, and parent training and information centers. <p>Voting Member Expectations:</p> <ul style="list-style-type: none"> • Attend meetings • Contribute to conversations • Vote when a vote is called <p>Non-voting Members</p> <p>Non-voting members are not appointed by the Alliance Board to serve on Whole Child Model Family Advisory Committee.</p> <p>Non-voting members include designated:</p> <ul style="list-style-type: none"> • Alliance staff • Assigned Alliance Commissioners • County CCS representatives • CCS paneled providers • WCMFAC advocates <p>Non-voting Member Expectations:</p> <ul style="list-style-type: none"> • Listen to voting members • Provide clarifying information when asked
References	<p>Department of Health Care Services All Plan Letter: APL 24-015 - CCS</p> <p>Whole Child Model Program</p> <p>Department of Health Care Services Amendment 07</p>

Revision History:

Date	Changes Made By	Approved By
10/6/23	Kayla Zoloniak, Administrative Specialist	Lilia Chagolla, Community Engagement Director
10/25/23		Alliance Board of Commissioners
2/4/25	Kayla Zoloniak, Administrative Specialist	Ronita Margain, Community Engagement Director
9/10/25	Kayla Zoloniak, Administrative Specialist	Ronita Margain, Community Engagement Director

Alliance Code of Conduct



The Alliance's values are standards that guide our conduct. These values are represented in the Alliance's Code of Conduct.

Collaboration: Working together toward solutions and results.

Equity: Eliminating disparity through inclusion and justice.

Improvement: Continuous pursuit of quality through learning and growth.

Integrity: Telling the truth and doing what we say we will do.

The Code of Conduct provides guidelines to Board members, employees, and contractors, including subcontractors, downstream subcontractors, and network providers, on appropriate ethical and legal standards. The Code of Conduct is an important component of the Compliance Program and reflects the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations. Compliance is everyone's responsibility, thus it is the Alliance's expectation that all Board members, employees, and contractors be familiar and comply with all requirements of the Code of Conduct, avoid actions and relationships that may violate these standards, and seek guidance from appropriate staff when necessary.

The information contained in the Alliance Code of Conduct is not all inclusive or encompassing. The Alliance reserves the right to evaluate any and all situations pertaining to an actual or perceived ethical or legal conflict or misconduct, and then make a determination as to appropriate disciplinary action, policy and procedures, etc., given the facts and circumstances.

This Code of Conduct must be approved by the Alliance Board annually and is made available to Alliance staff and Board members, and is publicly posted on the Alliance's website.

COMPLIANCE WITH LAW

The Alliance is committed to conducting all activities and operations in compliance with applicable laws.



Alliance Code of Conduct



Fraud Waste & Abuse

With oversight from the Compliance Committee, the Alliance's Program Integrity function prevents, detects, evaluates, investigates, reports and resolves all potential/actual fraud, waste and abuse issues. Board members, employees, and contractors shall obey laws that prohibit direct or indirect payments in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs.

Political Activities

The Alliance's political participation is limited by the Political Reform Act. Alliance funds, property, and resources are not to be used to contribute to political campaigns, political parties, or organizations. Board members, employees, and contractors may participate in the political process on their own time and at their own expense but are not to give the impression that they are speaking on behalf of or representing the Alliance during these activities.

Anti-Trust

All Board members, employees, and contractors must comply with applicable antitrust, unfair competition, and similar laws which regulate competition. The types of activities that involve antitrust laws include agreements to fix prices, bid rigging, and related activities; boycotts, exclusive dealings, and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors that determine prices at trade association meetings.

MEMBER RIGHTS

The Alliance is committed to meeting the health care needs of its members by providing access to quality health care services.

Access

Alliance policies and procedures have been developed to be consistent with applicable laws governing member choice and access to health care services. Employees and contractors shall comply with all requirements for coordination of medical and support services for Alliance members. Employees and contractors shall provide culturally,



Alliance Code of Conduct



linguistically, and culturally appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Complaint Process

Alliance employees and contractors shall inform members of their grievance and appeal rights through member handbooks and other communications in accordance with Alliance procedures and applicable laws. Alliance member grievances and appeals shall be investigated in a prompt and nondiscriminatory manner in accordance with Alliance policies and applicable laws.

BUSINESS ETHICS

The Alliance is committed to the highest standards of business ethics. Employees and contractors shall accurately and honestly represent the Alliance and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor and Honesty

Board members, employees, and contractors shall be candid and honest in the performance of their responsibilities and in all communications.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents are to accurately and clearly represent the relevant facts or the true nature of a transaction. The Alliance maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets.

Regulatory Agencies and Accrediting Bodies

Alliance employees and contractors shall deal with all regulatory agencies and accrediting bodies in a direct, open, and honest manner.



Alliance Code of Conduct



PUBLIC INTEGRITY

The Alliance and its Board members and employees shall comply with laws and regulations governing public agencies.

Public Records

The Alliance shall provide access to records to any person, corporation, partnership, firm or association requesting to inspect and copy them in accordance with the California Public Records Act, California Government Code Sections 6250 et seq., the Health Insurance Portability and Accountability Act (HIPAA), and Alliance policies.

Public Funds

The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration that they serve a purpose within the authority of the Alliance.

Public Meetings

The Alliance, and its Board members and employees, shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act.

CONFIDENTIALITY

Board members, employees, and contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose confidential information except as specifically authorized by Alliance policies, procedures, and applicable law.

No Personal Benefit

Board members, employees, and contractors shall not use confidential or proprietary Alliance information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by the Alliance, or at any time thereafter.



Alliance Code of Conduct



Duty to Safeguard Member and Medical Confidential Information

Board members, employees, and contractors shall safeguard Alliance member protected health information, identity, eligibility, and medical information, peer review, and other confidential information in accordance with HIPAA regulations, California law, and the Alliance's policies and procedures.

Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

Alliance Board members, employees, and contractors shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with, and to the extent required by, contract or law. The Alliance shall safeguard provider identification numbers including: medical licenses, Medicare numbers, social security numbers, and other identifying numbers.

CONFLICTS OF INTEREST

Board members and employees have a duty to be loyal to the Alliance.

Conflict of Interest Code

Designated employees as identified in the Conflict of Interest Code, including Board members, shall comply with the requirements of Alliance Conflict of Interest policies to avoid impropriety or the perception of impropriety, which might arise from their influence on business decisions or disclosure of Alliance business operations.

Outside Services and Interests

Employees shall not perform work or render services for any contractor, association of Contractors, or other organizations with which the Alliance does business or which seek to do business with the Alliance without prior Chief Executive Officer approval (See Outside Employment section in Employee Handbook). Employees shall not permit their names to be used in any fashion that would indicate a business connection with any contractor or association of contractors, including vendors. All employees shall report all Board-level



Alliance Code of Conduct



volunteer activities to the Alliance's Human Resources Department upon consideration and on an annual basis thereafter.

BUSINESS RELATIONSHIPS

Business transactions with vendors, contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Business Inducements

Board members, employees, contractors, and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, the Alliance, or Alliance members.

Gifts to the Alliance

Board members and employees shall not solicit or accept personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services to the Alliance unless specifically permitted under Alliance Policies. Please see Alliance Policy 105-0015 – Conflict of Interest for specific guidance on acceptance of gifts by Alliance staff members.

Provision of Gifts by the Alliance

Employees may provide gifts, entertainment or meals of nominal value to the Alliance's current and prospective business partners and other persons when these activities have a legitimate business purpose, are reasonable, and are consistent with applicable law and Alliance policy. In addition to complying with statutory and regulatory requirements, it is important to avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with the Alliance.

Third-Party Sponsored Events

The Alliance will not participate in any joint contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, the Alliance or its operations. Employees' attendance at contractor, vendor or other third- party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose subject to prior approval by the



Alliance Code of Conduct



Department Manager or Director. To align with California Fair Political Practices Commission requirements, third party sponsorship of events or travel is not permitted, unless the meeting attendee is a speaker or honoree at the event. Additionally, employees will not participate in raffles at third party sponsored events.

Provision of Gifts to Government Agencies

Board members, employees, and contractors shall not offer or provide money, gifts or other things of value to any government entity or its representatives, except campaign contributions to elected officials in accordance with applicable campaign contribution laws.

PROTECTION OF ALLIANCE ASSETS

Board members, employees, and contractors shall strive to preserve and protect Alliance assets by making prudent and effective use of Alliance resources and properly and accurately reporting its financial condition.

Personal Use of Alliance Assets

The assets of the Alliance are not for personal use. Board members, employees, and contractors are prohibited from the unauthorized use or taking of Alliance equipment, supplies, materials or services.

Communications

All communication systems, electronic mail, internet access, or voicemail are the property of the Alliance. Employees should assume that the communications are not private. Board members, employees, and contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail and Social Media

Employees may not use internal communication channels or access to the internet at work to post, store, transmit, download, or distribute any information or material which is threatening, knowingly, recklessly, or maliciously false, obscene, or which constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws or Alliance policies. The internal communication channels or access to the internet may not be used to send spam mail, or copyrighted documents that are not authorized for



Alliance Code of Conduct



reproduction. Board members, employees, and contractors must adhere to the Alliance's Code-of-Conduct and policy 640-0005 – Social Media Policy when using social media in reference to the Alliance.

DISCRIMINATION

The Alliance acknowledges that fair and equitable treatment of employees, members, providers, and other persons is fundamental to fulfilling its mission and goals.

No Discrimination

Board members, employees, and contractors shall not unlawfully discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age or perceived age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, family care leave status, veteran status, marital status, genetic information, pregnancy, political affiliation, or any other legally protected status. The Alliance is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

PARTICIPATION STATUS

The Alliance requires that network providers have valid and current licenses, certificates, and/or registration, as applicable, and that employees, contractors, and members of the Alliance Board of Commissioners are able to participate in Federal and State-funded programs.

Participation Status

The Alliance has policies that ensure network providers, employees, contractors, and members of the Alliance Board of Commissioners are not currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program.

Disclosure of Participation Status

Contractors shall disclose to the Alliance whether they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State health care program; if they have ever been excluded from participation in Federal and/or



Alliance Code of Conduct



State health care programs based on a Mandatory Exclusion; and/or have met the Alliance's Felony Conviction status requirements as set forth in Alliance policy, as applicable.

Delegated Third Party Administrator Review

The Alliance requires that its contractors review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and recredentialing processes.

Licensure

The Alliance requires that all employees and contractors who are required to be licensed, credentialed, certified or registered in order to furnish items or services to the Alliance and its Members have valid and current licensure, credentials, certification or registration as applicable.

GOVERNMENT INQUIRIES

Employees shall notify the Alliance upon receipt of government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees are to notify the Government Relations Director immediately upon the receipt of a formal government inquiry for information regarding Alliance business practices.

No Destruction of Documents

Employees shall not conceal, destroy or alter Alliance information or documents in anticipation of, or in response to, a request for documents by any governmental agency or court.



Alliance Code of Conduct



COMPLIANCE PROGRAM REPORTING

Board members, employees, and contractors have a duty to comply with the Alliance Compliance Program. Compliance is a condition of appointment, employment, and/or engagement.

Seeking Guidance

Board members, employees, and contractors may seek additional guidance and clarity on any requirements outlined in this Code of Conduct by contacting the Alliance's Chief Compliance Officer, Compliance Director, or any Compliance Department staff.

Reporting Requirements

All Board members, employees, and contractors must report suspected violations of any statute, regulation, or guideline applicable to Federal and/or State health care programs or Alliance policies. Staff can be assured that they may report suspected and actual compliance or fraud issues or concerns without retaliation or retribution. Such reports may be made to a supervisor or manager, the Chief Compliance Officer, the Chief Administrative Officer, Human Resources Director, Compliance staff, or anonymously to the Confidential Disclosure Hotline.

Employees can call the Alliance's toll-free Confidential Disclosure Hotline at **1-844-910-4228**, or use the Alliance Confidential Disclosure website: **<https://ccah.ethicspoint.com>**. Additional reporting information is located on the Compliance Intranet page.

Contractors may report compliance concerns by contacting their designated Alliance contact person, contacting Compliance Department staff directly, or through the Compliance Concern Report form on the Alliance's website.

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
	3/20/2018	Jenifer Mandella, Compliance Officer	Alliance Board
	12/18/2019		Alliance Board



Alliance Code of Conduct



	1/13/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	3/23/2022	Jenifer Mandella, Compliance Officer	Alliance Board
	9/20/2023	Jenifer Mandella, Compliance Officer	Alliance Board
	8/31/2023, with changes effective 1/1/2024	Jenifer Mandella, Chief Compliance Officer	





Durable Medical Equipment

Lisa, Manager, Pediatric Care Management &
 California Children's Services
 January 26, 2026

9

AGENDA:

- The Alliance Care Management's Role
- Who Provides DME Education
- Caregiver Self-Care

Durable Medical
Equipment

10

The Alliance Care Management's Role

- Care Management helps members navigate the DME process, including:
 - Understanding and coordinating authorizations
 - Communicating with providers and DME vendors
 - Following up on deliveries and addressing barriers
- Call the Alliance Care Management team if you need help communicating with providers about your child's DME needs.

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The Alliance Care Management's Role

- Care Management cannot help with:
 - Education or training on how to use, clean, or store DME
 - Clinical guidance on equipment operation or care
 - Managed care plans cannot endorse specific companies or products

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Who Provides DME Education?

- **Education and training on DME use must come from:**
 - The ordering/prescribing provider (physician, OT, PT, etc.)
 - When eligible, the Medical Therapy Unit (MTU/MTP)
 - The DME vendor that delivers the equipment
- **These parties are clinically trained and responsible for:**
 - Product setup and operation
 - Maintenance and safety instructions
- **Members should contact:**
 - Their DME vendor for setup, operation, and maintenance
 - Their ordering provider for medical or safety-related questions
 - The Alliance Care Management team if they are not sure who to contact

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Caregiver Self-Care

- If the child is open to the MTU, MTU staff can provide guidance on safe lifting and transfer techniques to help prevent caregiver injury.
- If the child is not MTU-eligible, the ordering provider or the child's PT/OT can offer direction.
- Any concerns regarding safe lifting, transferring, or caring for the member should be directed to the treating provider, MTU, or PT/OT.

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Caregiver Self-Care

- If a parent or caregiver is an Alliance member and needs support for their own well-being, such as medical, behavioral health, or therapy (PT/OT) services, they can call Member Services and request to be connected with the Adult Case Management Team for assistance.

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DISCUSSION

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