



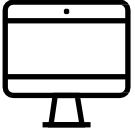
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## Q2-2026 Los Angeles County Community Advisory Committee

Wednesday, June 3, 2026

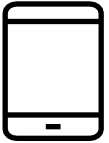


# How to Choose a Language Using Zoom's Interpretation Feature



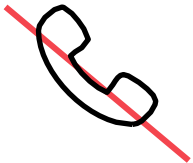
## For Computer Users:

1. **Locate the icon:** Look for a **world icon** or a **"More"** icon (three dots) in your meeting's toolbar.
2. **Click the icon:** Click on the icon to open the interpretation menu.
3. **Select a language:** From the pop-up menu, choose the language you want to listen to.
4. **Adjust settings (optional):** You may see an option to "Mute Original Audio" to hear only the interpreter.



## For Mobile App Users (Smartphone or Tablet):

1. **Tap the three dots:** In the meeting, tap the **"More"** icon (three dots) to open the menu.
2. **Find Language Interpretation:** Select "Language Interpretation" from the options.
3. **Choose your language:** Tap on the language you wish to hear.
4. **Apply:** Tap "Done" to apply your selection and hear the interpreter.



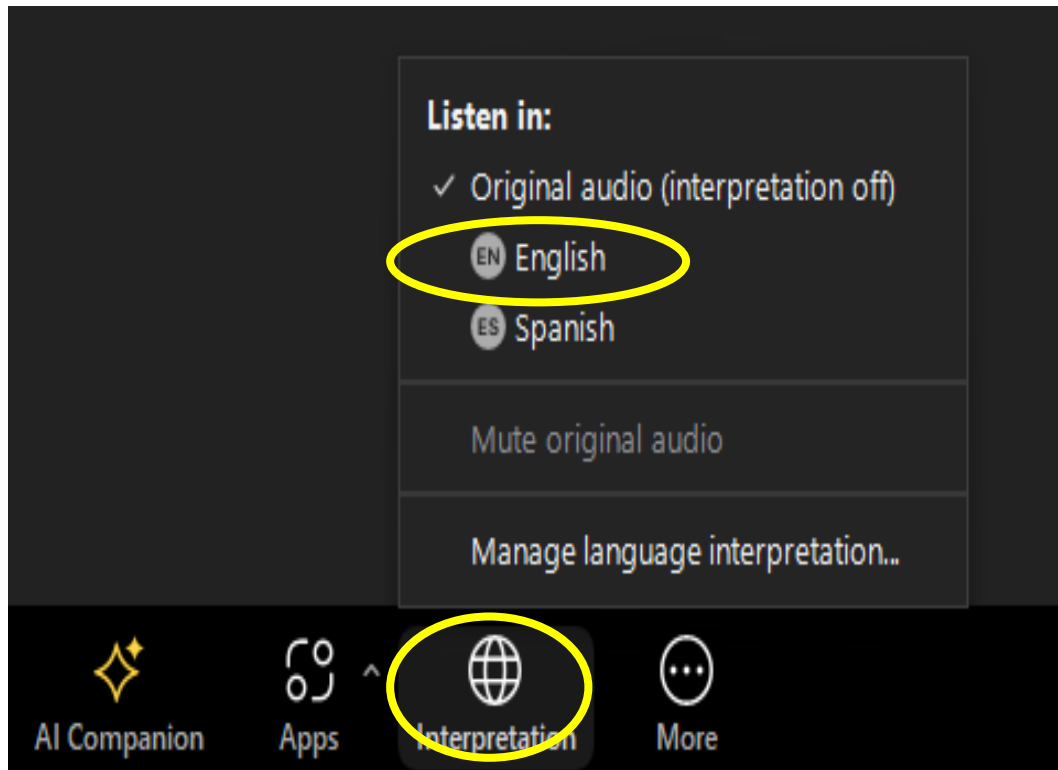
## Important Notes:

- To participate, you must be connected to the audio via a computer or the mobile app, not by telephone.

# Select your language | Selecciona tu idioma

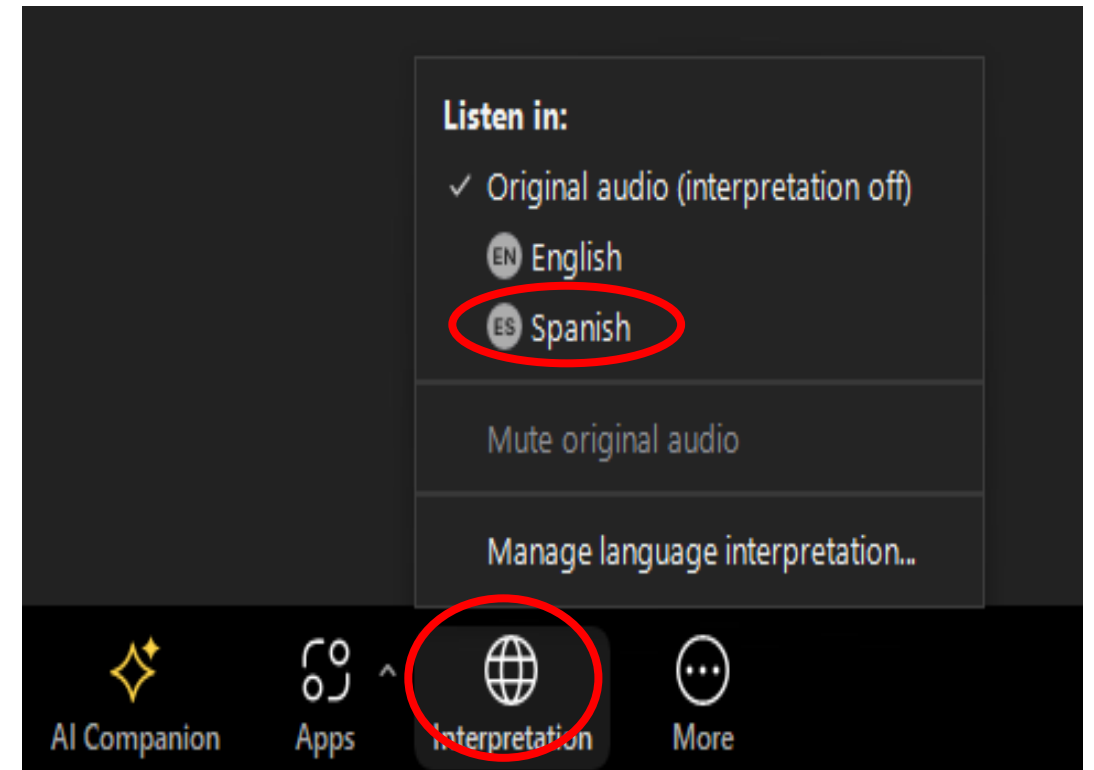
## For English Only

- Click on the interpretation icon and select English



## Solo para-Español

- Haz clic en el icono de interpretacion, selecciona Espanol y silencia el audio original.



# Committee Members

|                                                                 |                                                                       |
|-----------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Anwar Zoueihid</b><br>Partners in Care Foundation            | Member E                                                              |
| <b>Connor Hannigan</b><br>Neighborhood Legal Services/Ombudsman | <b>Margie Harper</b><br>LA South-Central Mental Health Non-Profit Org |
| Member A                                                        | Member F & Mother                                                     |
| <b>Halina Fardin</b><br>Worksite Wellness LA                    | <b>Member G</b>                                                       |
| <b>Member B</b>                                                 | Member H & Mother                                                     |
| Member C                                                        | Member I                                                              |
| Member D & Caregiver                                            | <b>Teri Morales</b><br>Pathways LA                                    |
| <b>Kristine Choulakian</b><br>Personal Assistance Council       |                                                                       |

# Agenda

Blue Shield Promise Updates

Recap of Q1-2026 Meeting

Doula Benefit Covered Services

Population Health Management

Preventive Screenings

Member Flyer: Translation Services

Ombudsman Report

Open Discussion/Closing Remarks





# Blue Shield Promise Health Plan Updates



# Q1-2026 Recap

# Recap of Q1-2026

## Member Portal



- Demonstration of the Blue Shield Promise Member Portal (web & mobile app)
- Enables members to:
  - Find providers
  - View claims
  - Access plan benefits
  - Manage health information
- **Member Experience & Barriers**
- Key challenges identified:
  - Limited awareness of portal availability
  - Digital literacy barriers, especially among:
    - Older adults
    - Spanish-speaking members
  - Preference for in-person support or calling Customer Service
- **Support Resources**
- Members were reminded of Community Resource Centers
- On-site staff available to help members navigate the portal and access services

## Community Reinvestment Plan



### Requirements & Timeline

- Plans must invest a % of net income in community activities
- Additional investments if quality metrics are not met
- Plan due: Sept 1, 2026

### Guidance

- Align with CHA, CHIP, and Behavioral Health plans
- Must include input from County leaders & CAC

### Investment Categories

- Built Environment | Workforce | Priority Populations
- Local Communities | Improved Health

### Member Input

- Youth development & early intervention
- Foster youth transition support
- Life skills & job readiness training



# Healthy Eating Plate (2025-2030 Dietary Guidelines for Americans)

Recommended **daily** amounts:

- Fruits: 2 servings
- Vegetables: 3 servings
- Whole Grains: 2-4 servings
- Protein\*: 1.2-1.6 grams/kilogram of weight
- Dairy: 3 servings

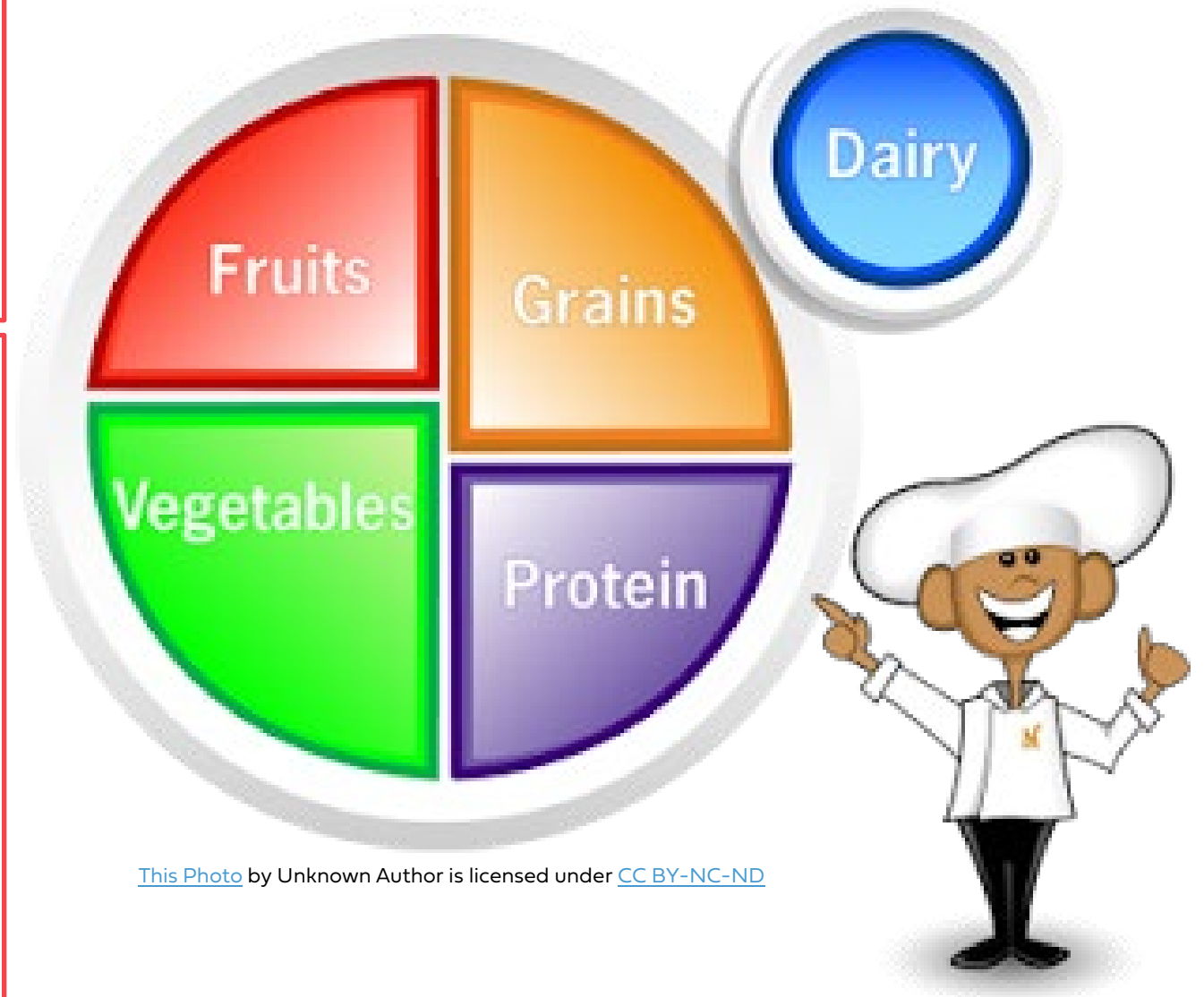
## \*Protein example

A 150-pound person needs 81.6 – 108.8 grams of protein per day

Amount of protein in foods:

- Sirloin steak (4 oz) = 33 grams
- Salmon (4 oz) = 30 grams
- Chicken breast (4 oz) = 35 grams, Chicken thigh (4 oz) = 28 grams
- Lentils (1 cup cooked) = 18 grams
- Black beans, pinto beans (1 cup cooked) = 14-16 grams
- Egg (1) = 6 grams
- Almonds (10 almonds) = 2.5 grams

Source: <https://nutritionsource.hsph.harvard.edu/what-should-you-eat/protein/#protein-package>



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# Community Reinvestment

## Care Coordination & Access

- Develop community navigator networks embedded in trusted organizations
- Strengthen resource connections systems
- Implement rapid response care models post-hospital discharge

## Housing & Basic Needs

- Invest in low-income housing development and housing stabilization supports
- Provide housing support for priority populations
- Expand mobile food distribution and access program

## Community Infrastructure & CBO Capacity

- Fund technical assistance for CBOs
- Invest in community-wide data sharing & referral systems
- Support startup infrastructure, pilots, and scalable models tied to sustainable funding
- Balance larger, sustained investments vs. smaller distributed funding for impact

# Community Reinvestment

## Workforce & Economic Mobility

- Provide scholarships and pipeline programs for healthcare workers
- Invest in education, job training, and workforce development programs
- Support youth and justice-involved individuals with education and reentry programs

## Community Wellness & Priority Population

- Fund behavioral health outreach and community engagement models
- Address social isolation especially seniors through community programs
- Invest in maternal health navigation and support programs
- Expand community-based wellness activities
- Support programs addressing trauma, discrimination, and mental health
- 





# Doula Benefit Covered Services

# Maternal, Infant, and Child Health Equity Doula Benefit



- Doulas provide care that supports members across race, ethnicity, language, and culturally diverse communities.
- Doulas educate and advocate for members. They provide physical and emotional support to pregnant and postpartum people before, during, and after childbirth or pregnancy.
- Doulas support members by helping them feel heard, informed, and empowered, and by addressing disparities in maternal care.
- Doula services may help prevent perinatal complications and improve health outcomes for birthing people and infants.
- Medi-Cal members who are pregnant or were pregnant within the past year and either would benefit by having a doula or request a doula are eligible for services.
- Medi-Cal members who did not have a doula while pregnant, they may use the initial visit and all eight visits during the postpartum period, and up to nine additional postpartum visits with a second written recommendation.

# Medi-Cal Doula Benefit Covered Services

## Services Include

- One initial visit
- Up to eight additional visits in any combination of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage
- Up to two extended three-hour postpartum visits after the end of a pregnancy

### Additional Supportive Services

- ❖ Health Navigation
- ❖ Lactation Support
- ❖ Development of a birth plan
- ❖ Postpartum Support
- ❖ Linkages to community-based resources
- ❖ Support for miscarriage, stillbirth, and abortion

\*Doula services are considered a preventive benefit. Federal law requires that they be recommended by a physician or other licensed practitioner of the healing arts. To increase access to services, the Department of Health Care Services issued a standing recommendation for doula services



 Up to nine additional postpartum visits are available with additional recommendation from a physician or other licensed practitioner of the healing arts.

\*A recommendation for additional visits during the postpartum period cannot be established by the standing order. The additional recommendation authorizes nine or fewer additional postpartum visits



## Medi-Cal Doula Benefit- Advantages of Having Doula Support During and After Pregnancy



Doulas can help prevent perinatal complications and improve health outcomes for birthing parents and infants.



Doula support is associated with positive delivery outcomes including a reduction in caesarean sections, epidural use, length of labor, low-birthweight and premature deliveries.



The emotional support provided by doulas can or may lower stress and anxiety during the labor period.



Doulas can serve as advocates for patient autonomy

- Social Support
- Emotional Support
- Maternal and Infant Educators

# Medi-Cal Doula Benefit- Discussion Questions



1. What have you heard about the doula benefit, and where did you learn about it?
2. What questions, concerns, or hesitation do you have about using a doula during pregnancy or after birth?
3. What additional information or support would help members better understand or use the doula benefit?





# Population Health Management

# Population Health Management- Maternal & Infant Program

Our team of care managers work with high-risk prenatal and postpartum members to determine what supportive services Promise can provide to improve outcomes for the mother and child.

What we do:

- ❖ Assess needs
- ❖ Support members across perinatal journey
- ❖ Connect members to resources
- ❖ Coordinate care
- ❖ Provide education
- ❖ Promote timely visits and screenings



Maternity resources available to all eligible members:

- Doula Services
- Breast Pumps/Lactation Services
- Maternity Care Management
- WIC Referrals
- Comprehensive Perinatal Services Program (CPSP)
- Community Supports

# Population Health Management- Maternal & Infant Program



While our Maternity program focuses on the mother, the team works hand in hand with our Childrens program to ensure that the newborn is off to a strong healthy start. Our Childrens team is also supports children that may have additional healthcare needs.

- 🌀 Well-child visits
- 🌀 Nutrition Support
- 🌀 Preventive Care
- 🌀 Referrals to California Childrens Services (CCS) for children who have certain healthcare needs
- 🌀 First 5 Los Angeles/San Diego
- 🌀 Promising Start

# Member Feedback

1

What is the best way to share information on our programs with members?

2

How can we get more members to join our care management programs?

3

What are some things we can do to motivate members to see their doctors for their trimester assessments?





Helping Members Stay  
Healthy through Routine  
Preventive Screenings

# Last time we discussed:

- Preventive care through screenings, or tests is one of the best ways to stay healthy and catch any issues early when treatment can be most helpful\*.
- A preventive care visit can be having an annual wellness visit, a well child visit, a colorectal cancer screening, or a mammogram (also known as a breast cancer screening/exam).
- Today, we are focusing on screening for colorectal cancer, a way to check your body for early signs of cancer in your colon or rectum (the parts of your digestive system that help your body get rid of waste).



# What is a colorectal cancer screening, and do I need to get one?

1

Most people starting at the age of 45 should get screened, even if they feel healthy and have no symptoms. Some people may need to be screened earlier if they have symptoms or a family history of cancer.

2

Colorectal cancer often has no visible warning signs or symptoms. Screening can find small problems early, when treatment works best. Getting screened is a simple step you can take to protect your health and stay well.

3

There are different ways to get screened. Your doctor can help you decide the best test for you. The screenings are:

- An annual at-home stool test, where you collect and mail a small stool sample.
- A colonoscopy, where a doctor looks inside your colon with a small camera. This test is done every 10 years.

# Ways we encourage our members to complete a colorectal cancer screening

Educational mailings to members who may be due for a screening

Members are eligible for a \$25 incentive for completing the screening

Offering screening options that can be done at home (at-home stool test)

Phone outreach to members who may be due for screening to help members make appointments or get to their appointments.

What questions or concerns have you heard about colorectal cancer screening?

How comfortable do people feel talking about screening with their doctor or family, and what helps or make it more difficult?

What would motivate member especially those ages 45-50 to complete a screening?

What kind of messages or support would make screenings feel more important or easier to prioritize?

What challenges might members face when completing screening, including using at-home test kits?

What types of incentives or support do you think would help members follow through?

When it comes to choosing between an at home FIT kit and a colonoscopy, what do you think matters most to members?

What factors influence their decision- such as convenience, comfort, or understanding of the options?

\*A Fecal Immunochemical Test (FIT) kit is an at-home stool test used to screen for colorectal cancer.



# We want to hear from you



# Member Flyer: Language Services

# We heard you

Members said they want clear information about language services:

- Interpreter services
- Translations
- Alternative formats

**What we're doing:** Creating a flyer to help members learn about language services and how to access these services

**Goal:** Help members who do not speak English fully access their benefits and participate in their healthcare



# Flyer Sections

1

Give members reasons for using these services

2

How to schedule in person and American Sign Language interpreters

How to access telephone interpreters

3

How to get health plan materials and health brochures in their language and preferred format





## Introduction / Purpose

Blue Shield of California Promise Health Plan offers you no-cost language services to help you communicate with your health care team. These include interpreter services, translation services and materials in formats like Braille, large print, data CD, and audio CD.

**Questions: Is the purpose of the flyer clear? How can we make it clearer?**



## Reasons to use professional interpreters

### **Why use a professional interpreter?**

- Helps you communicate with your health care team
- Keeps your information private
- May prevent mistakes
- Helps you understand your care

### **Why not use family and friends?**

- They may misunderstand or miss information
- Your privacy may not be protected
- It may lead to wrong diagnosis or treatment
- It may lead to medication errors

**Question: What other reasons should we include?**



## How to schedule an in-person interpreter

### **If you need an in-person interpreter, including American Sign Language (ASL)**

Call us as early as the 16th of the month before your appointment, but no later than 5 business days before your appointment. For example, if your appointment is on March 25, you can call as early as February 16, but no later than March 18. To schedule an in-person interpreter, call:

**[Customer Service phone number]**

### **Have this information ready when you call**

- Who is the appointment for (you, your child, or a patient you are caring for)
- Provider's name
- Type of visit (follow up, specialist, check-up)
- Date and time of the appointment
- Complete address of the appointment

**If your appointment is rescheduled or cancelled, please call to let us know as soon as possible.**

**Questions: Should we let members know why it's important to schedule an in-person interpreter as soon as possible? What else should we let members know about in-person interpreters?**





## How to access a telephone interpreter



## Getting health plan materials and health brochures in their language and preferred format

### **If you need a telephone interpreter**

Telephone interpreters are available 24 hours a day, seven days a week. You do not need to schedule a telephone interpreter ahead of time. To connect with a telephone interpreter, call:

**[Customer Service phone number]**

**Question: What else should we let members know about telephone interpreters?**

### **Get materials in your language and preferred format**

You can get our health plan documents and health brochures in your language and preferred format. Call us to ask for information in your language or preferred format.

**[Customer Service phone number]**

**Question: What else should we let members know about translations and preferred formats?**



# Ombudsman Report



Neighborhood Legal Services  
of Los Angeles County

# Blue Shield Promise Advisory Committee Meeting

**Connor Hannigan, Senior Attorney**

Q2, 2026

[www.nlsla.org](http://www.nlsla.org)

# January 2026: Adult Immigrant Enrollment Freeze

- In 2024, all residents of California became eligible to apply for full-scope Medi-Cal regardless of their immigration status.
- Starting January 1, 2026, adults who are either “undocumented” or one of many lawfully present immigrant categories not yet enrolled in Medi-Cal are not able to submit NEW applications for full-scope Medi-Cal.
  - They can only apply for emergency (restricted scope) Medi-Cal.
- It does NOT apply to any of these groups, regardless of immigration status:
  - Children and young adults 18 years old or younger.
  - People who are pregnant and one year postpartum (regardless of outcome of pregnancy)
  - Foster youth and former foster youth up to age 26.

# January 2026: Adult Immigrant Enrollment Freeze

- People with “unsatisfactory immigration status” who signed up *before* January 1, 2026 can stay on full-scope Medi-Cal no matter their immigration status, but they **need to complete their annual renewal and meet the Medi-Cal rules.**
- They will have **90-day windows to fix problems** with renewals, otherwise they will not be able to get full-scope Medi-Cal again.
- Those **people that do not sign up in time, or who do not fix renewal problems within 90 days will be transitioned to *restricted* Medi-Cal.**

# Full-Scope Medi-Cal vs. Restricted (Emergency) Medi-Cal

## Full-Scope Medi-Cal covers:

- Primary care & regular check-ups
- Specialty Care
- Mental Health Care
- Pharmacy Services
- Dental
- Vision
- Medical Transportation
- In-Home-Supportive Services (IHSS)
- All other medically necessary services.

## Emergency Medi-Cal covers:

- Emergency care (including emergency dental)
- Pregnancy services
- Dialysis
- Long-term care

# Medi-Cal Dental Coverage Changes for Immigrants



**Starting July 1, 2026:** many immigrants will lose full-scope (non-emergency) dental coverage due to changes in CA state law. **Encourage these clients to get care before July!** **Applies to people who are:**

- 19 y/o or older
- Not pregnant/postpartum
- Lawfully present immigrants who:
  - Have had a green card for less than 5 years and are not exempt from the five-year waiting period
  - Are classified as PRUCOL (People Residing Under the Color of Law)
  - Qualify through a state-funded expansion or a humanitarian program (e.g., for victims of trafficking or crime)
  - Have another immigration status that does not qualify for full-scope Medi-Cal under federal rules.

**Will remain eligible for emergency dental services (extractions, infections, tooth pain)**



# Appendix A: Standing Reports

# Standing Reports-Membership & Interpreter Services

## Membership

| Region      | Membership |
|-------------|------------|
| Los Angeles | 336,957    |
| San Diego   | 171,777    |
| Total       | 508,734    |

Refresh Date = 6/1/2026

## Telephonic Interpreter Services

| Requested Languages– Q1 2026 |                |        |                  |
|------------------------------|----------------|--------|------------------|
| #                            | Language       | Total  | Percent of Calls |
| 1                            | Spanish        | 14,382 | 66%              |
| 2                            | Haitian Creole | 1,343  | 6%               |
| 3                            | Mandarin       | 1,103  | 5%               |
| 4                            | Russian        | 820    | 4%               |
| 5                            | Dari           | 650    | 3%               |
| 6                            | Arabic         | 566    | 3%               |
| 7                            | Pashto         | 440    | 2%               |
| 8                            | Vietnamese     | 490    | 2%               |
| 9                            | Armenian       | 513    | 2%               |
| 10                           | Farsi          | 379    | 2%               |
| 11                           | Tagalog        | 300    | 2%               |
| 12                           | Korean         | 276    | 1%               |
| 13                           | Cantonese      | 252    | 1%               |
| 14                           | Portuguese     | 151    | 1%               |
|                              | Total          | 21,665 | 100%             |





## Appendix B: Key Contacts

# Blue Shield Promise Contacts

| Topic Area                    | Name              | Title                                                    | E-mail                                                                                     |
|-------------------------------|-------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Community Advisory Committee  | Araceli Garcia    | Program Manager, Consultant, Community Programs          | <a href="mailto:Araceli.Garcia@blueshieldca.com">Araceli.Garcia@blueshieldca.com</a>       |
| Blue Shield Promise Questions | Sandra Rose       | Senior Director, Community Programs                      | <a href="mailto:Sandra.Rose@blueshieldca.com">Sandra.Rose@blueshieldca.com</a>             |
| Blue Shield Promise Questions | Jennifer Schirmer | Vice President, Medi-Cal Growth and Community Engagement | <a href="mailto:Jennifer.Schirmer@blueshieldca.com">Jennifer.Schirmer@blueshieldca.com</a> |



Thank you



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