IE Community Advisory Committee
Meeting Minutes

Date: August 20, 2026
Time: 11:45 a.m. – 1:30 p.m.
Location: Molina Healthcare
In-person & Virtual Meeting

Members:
Member AS
Member DF
Member KF
Member RF
Member DW
Member AK
Member DT
Member MR
Member CK
Member JL
Member VL
Member SP
Member MV
Member AC
Member RV
Member YC
Member YGC
Member HL
Member RZ
Member AF
Guest JD
Guest VG

Governing Board:
James Moses, Child Care Resource Center
Veronica Garcia, DAP (Not in attendance)
Amanda Bell, Greater Hope
Diana Fox, Reach Out (Not in attendance)
CJ Page, Community Health Action Network (Not in attendance)
Jessica Soto, CA Help (Not in attendance)
Jorge Ruiz, Riverside-San Bernardino County Indian Health (Not in attendance)

Presenters:
Jen Stillion
Grace Ramos
Veronica Mones
Samareen Shami
Susana Contreras
Alex Bravo
Jennifer Barragan

Molina Staff:
Ruthy Argumedo
Janet Segura
Eva Ramirez
Marilynn Ayala
Sonia Najera
Sandra Velasco

Topic	Presentation/Discussion	Actions/Follow-Up
Call to Order **Welcome & Committee Self-Introductions**	Jennifer called the meeting to order at 11:45 a.m. Jennifer opened the meeting by welcoming attendees and introduced herself. Jennifer explained the purpose of the Community Advisory Committee meeting and briefly walked through the agenda, highlighting presentations from Mental Health, Population Health, Teladoc, and Medicare, followed by community resources.	

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Jen Stillion- **Mental Wellness** **“Move into Wellness”**	**Presentation:** Jen discussed how healthy habits are formed through repetition and routine rather than motivation alone. She introduced the concept of "micro moments” small, intentional actions such as stretching, taking a short walk, drinking water, stepping outside for fresh air, or pausing before reacting to stress. Jen emphasized that while these actions may seem small, they are powerful because they create sustainable change over time. Participants were encouraged to focus on creating one small wellness moment each day rather than attempting to make major life changes all at once. The presenter explained that these moments accumulate, eventually becoming habits that support a healthier, calmer, and more resilient lifestyle. She then guided attendees through a one-minute reset exercise, using the 5-5-5 breathing technique (inhale, hold, and exhale for five seconds each), along with posture adjustments and mindfulness practices to help them stay present and reduce tension. The session also included gentle stretching exercises, shoulder and chest-opening movements, and simple stress-relief techniques such as shaking out the hands and relaxing the shoulders. To conclude, participants engaged in a brief dance and movement activity designed to elevate mood, release stress, and increase energy. Jen closed by encouraging attendees to incorporate micro moments throughout their day, reinforcing the message that small moments can lead to significant improvements in overall well-being.	
Meeting minutes	The minutes from the May 21, 2026, meeting were reviewed, and Member RV made a motion to approve and seconded by Member CK.	
Action Items	The action items from the previous meeting were reviewed, and the following updates were provided: • Member requested assistance with filing for a disability. Member Services contacted the member.	

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	• Member stated that they had questions regarding their benefits. Member Services connected with the member, member stated that their questions pertained to pharmacy and the member was connected to the Medical Rx Line. • Member requested assistance with ECM change. Member Services connected with the member to resolve the member's ECM change request. • Member requested assistance with provider change, requesting continuity of care. Case Management connected with the member to provide the steps required for the member to begin the continuity of care filing. • Members requested appointment reminders, noting that this was a barrier for attending appointments. Quality Improvement connected with network providers to capture the frequency of appointment reminders. Molina and California Medical Associates conducted training for providers to receive learnings on best practices for appointments. Questions or comments: • **Member RF:** Shared that Metropolitan Clinic started sending appointment reminders through text messages and phone calls, noting that they were previously not doing this. Expressed gratitude that the feedback made a difference.	
Molina Healthcare **Veronica Mones & Samareen Shami, Population Health, Molina Healthcare**	**Presentation:** Veronica Mones, who oversees Population Health, Case Management, Utilization Management, and other departments. Veronica explained that the purpose of the presentation was to share the results of the Population Needs Assessment evaluating the impact of Community Health Workers (CHWs) on member engagement and health outcomes. She provided an overview of the CHW program and explained that the analysis focused on two key areas: whether members assigned a CHW demonstrated increased engagement with their primary care providers, and whether having a CHW helped members close preventive care gaps. Examples of care gaps discussed included mammograms for women, prostate screenings for men, and immunizations and well-child visits for children.	**Information**

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	Veronica emphasized the importance of preventive care and early diagnosis, noting that timely screenings can help identify health concerns sooner and improve health outcomes. She also shared that the analysis examined whether CHW involvement helped identify and address members' social needs. Veronica asked attendees whether they had worked with a CHW, also known as a Promotora, and invited them to share their experiences. • **Member AK:** Member shared that she values the support provided by Community Health Workers (CHWs) but expressed concern about the frequent changes in assigned CHWs. She noted that greater consistency in CHW assignments would help strengthen relationships and improve the overall member experience. • **Member DT:** Member mentioned feeling neutral. • **Member AS:** Member asked if CHW can assist with their medical care and needs? It was confirmed that a CHW is available to assist members with their health care needs. • Multiple members mentioned that there is value in having a CHW however they do not appreciate CHW contact changes, the phone line drops and when no one reaches out to follow-up. • **Member RF:** Member shared that she appreciates having a Community Health Worker (CHW) because the support helps keep her accountable and encourages her to attend her scheduled appointments. She also noted that the program is most effective when there is a positive relationship between the CHW and the member. Veronica acknowledged these perspectives and shared that accountability, and encouragement can have a significant impact on an individual's willingness to follow through with healthcare appointments. She noted that members may be more likely to engage in their care when supported by someone who understands their needs and provides consistent motivation. Reviewing the analysis results, Veronica reported that members who worked with CHWs demonstrated increased engagement with their primary care providers. Primary care utilization doubled within the first 90 days of CHW involvement, with the greatest	

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	increase observed among members ages 50 to 64. She also noted that preventive care screenings increased among members engaged with a CHW, particularly within the younger age group of 0 to 21 years. Veronica indicated that additional analysis may be needed to better understand the differences between age groups. • **Member AS:** Expressed frustrations with past health care experience. Shared preference for doctors that do extensive tests when he comes in with a problem. Mentioned his problems with numbing hands, speech problem, leg problems, and loss of balance. Member mentioned feeling that the provider does not understand. • **Member DF:** Shared experience with making an appointment to receive care for a broken nose and receiving delayed appointments. Noting conflicting results during appointments, during one appointment an X-ray showed a broken nose and during another appointment it was concluded as a sinus problem. The Member felt that the care was delayed too long and the broken nose healed on its own. • **Veronica:** Explained that care managers may be able to assist members in navigating such challenges and offered to follow up on specific concerns raised during the meeting. • **Member AS:** Mentioned that their care manager does not respond and is busy. • Veronica stated she would connect with the member after the meeting. Veronica also reviewed the social risk findings from the analysis, noting that housing insecurity and homelessness remained significant concerns. The data indicated higher rates of housing-related challenges among White and Black/African American members, as well as among Russian- and Spanish-speaking populations. She explained that language barriers may limit access to resources and navigation support, leading Molina to develop educational materials tailored to non-English-speaking members. Veronica concluded her presentation on the Community Health Worker (CHW) analysis and introduced Samareen Shami, who presented the Community Reinvestment Program. Samareen Shami provided an overview of the proposed community investments and explained that the initiatives were selected based on identified community needs and research findings. She noted that many of the programs are designed to support	

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	residents in meaningful ways and address social and economic challenges within the community. As an example, she highlighted Kindful Restoration, an organization that helps youth impacted by the justice system gain employment through training and certification opportunities, supporting their successful reintegration into the community. She explained that many of the proposed investments were informed by community-based studies and feedback from local organizations and residents. Samareen also discussed the Beauty and Health Days initiative, emphasizing that the program offers more than beauty and wellness services. She explained that it includes educational opportunities, skill-building activities, and self-care support to help vulnerable populations focus on their well-being and personal development. She noted that these efforts are intended to promote long-term health and self-sufficiency among participants. She invited attendees to review the proposed investments and provide feedback on which initiatives they believed would have the greatest impact within their communities. Samareen explained that the proposals were developed in collaboration with community partners, community-based organizations (CBOs), and local stakeholders who have a deep understanding of community needs. She encouraged participants to share both positive feedback and any questions or concerns to help strengthen the proposals before they are submitted to the state in October. Samareen also highlighted the role of long-standing community partners in Riverside and San Bernardino counties, noting that their experience and ongoing engagement with residents have helped shape many of the proposed programs. She reiterated that initiatives such as the Beauty and Health Days are intended to empower members, enhance self-sufficiency, and address needs identified directly by the communities they serve. Members feedback and questions: • **Member RF:** Member shared that Family Services and Kindful Restoration are valuable community investments that should continue to be supported. Explained that many individuals are working to reintegrate into the community and emphasized that access to employment support, resources, and supportive	

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	services is essential to helping them successfully re-enter society and achieve long-term stability. • **Member AC:** Member agreed with supporting Family Services noting the benefits to the community. Samareen thanked the group for their feedback and concluded her presentation.	
Susana Contreras, Sales & Medicare Product Development, Molina Healthcare	Susana, a Medicare representative with Molina Healthcare, presented information on how members can access and use their Molina Choice Card benefits. She demonstrated how members can log into the benefits website using their member ID number and date of birth to view benefits, browse the over-the-counter (OTC) catalog, and activate their debit card. She also informed attendees about the Nations OTC mobile application, which allows members to manage their benefits and card conveniently from their phones. Susana explained that eligible members receive a monthly allowance of $35 for over-the-counter items and $64 for groceries. She noted that grocery benefits are only available to members with qualifying chronic conditions. Existing members with qualifying diagnoses are automatically enrolled based on claims data, while new members must complete a health assessment with a case manager before benefits can be approved and loaded onto the card. She reviewed participating retailers where members can use their benefits, including Albertsons, Vons, Walmart, Dollar General, Aldi, Walgreens, and Food 4 Less. Susana emphasized that members do not need a PIN to use the card and reminded attendees that unused monthly benefits do not roll over into the next month. Susana concluded her presentation by engaging members in a discussion about their experience with the Molina Choice Card benefits. She asked attendees whether accessing their food benefits had been a challenge and invited them to share any difficulties they had encountered while using the program. She also asked members to provide feedback on potential improvements Molina could make to enhance the benefits. The discussion focused on benefit accessibility, ease of use, eligible purchases, and opportunities to improve the overall member experience.	

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	Members were encouraged to share their suggestions to help Molina better meet their needs and improve the value of the benefit program. Member feedback: • **Member HL:** Commented that the member has not received Nations card. • **Member JL:** Mentioned being unaware that Sam's Club and Costco were approved vendors. • **Member RL:** Member asked for the name of the application used to access Medicare benefits. • **Susana:** Informed the participants that the Nations Benefit app is available for download and offered to help with downloading and setting up the application following the meeting. • **Member AS:** The participant displayed the benefit card and shared it is easy to use. Expressed concern about not wanting to lose available benefits. Asked a clarifying question regarding whether completing certain health assessments or preventive health activities would result in additional funds being loaded onto his card. • **Susana:** Explained the qualifying Member Incentive Activities and how incentive funds may be added to the card upon completion. • **Member DT:** Commented that the Nations benefits card cannot be used to purchase certain items, such as snacks, and noted that it does not cover all the products he would like to buy. Stated a prior experience at the supermarket that additional payment methods such as CalFresh should be applied first in a transaction to cover items that are not eligible under the My Choice card's benefit guidelines. • **Susana:** Explained that approved groceries are only allowed to be purchased with the My Choice card, including milk, eggs, fruits, vegetables and nutritional items. • **Member DW:** Member shared that the amount of funds available on the card is not sufficient to fully meet their needs; however, reported no issues using the card and finds it easy to access and utilize the benefits. • **Guest JD:** Introduced himself as Member DT's caretaker. Clarified that Member DT is communicating that if the EBT card is not used first at the register followed by the My Choice card to maximize the items covered, members may wind up paying cash for some items.	

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	• **Member DF:** Member asked whether there is a reference list of eligible food items that can be used when shopping. Expressed interest in having a guide that clearly identifies which food products are covered under the benefit to help make purchasing decisions easier. Susana asked the second question, requesting feedback on benefits that can be improved. • **Member DT:** Member experienced an issue with an American Logistics scheduled ride. Shared that the driver canceled the trip because he did not arrive at the designated pickup location in time. Member explained that, due to a disability, member is unable to walk quickly and was unsure of the pick-up spot. Member was unable to contact the driver for assistance, which contributed to the missed pickup. Member added concern that the situation did not adequately accommodate his mobility limitations. • **Guest JD:** Shared that he is the In-Home Support Services for Member DT and on call 24/7 due to lack of coordination with American Logistics, the transportation vendor. Noting situations where Uber and Lyft drivers leave the member's apartment complex before the member arrives to the vehicle is recurring. • **Member DF:** Member shared preference with scheduling transportation via the app. • **Member RF:** Shared the app is really easy to use. • **Member DS:** Shared the app is not easy to use. • **Member AS:** Member mention everyone prefers different ways to schedule transportation. Alex Bravo thanked the group for their feedback, noting that feedback will be shared through the appropriate channels.	
Grace Ramos, Teladoc Health	Grace Ramos, Manager from Teladoc Health, introduced herself and explained that Teladoc is a Molina member benefit that provides virtual healthcare services at no cost to eligible members. Grace reviewed the two primary services available through Molina: 24/7 General Medical Care and Mental Health Services. The 24/7 medical service is available to members of all ages enrolled in Medicaid, Marketplace, and Medicare plans, providing access to licensed physicians for non-emergency conditions such as colds, flu symptoms,	

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	ear infections, pink eye, bronchitis, and other common illnesses. Members can request a consultation at any time of day through the Teladoc website, mobile app, or by calling the dedicated telephone number. Grace emphasized that Teladoc services are available at no cost to Molina members and can be particularly beneficial for individuals who experience transportation barriers, difficulty obtaining timely appointments, or require medical assistance outside of regular provider office hours. She explained that licensed physicians can assess symptoms, provide diagnoses, and prescribe medications when medically appropriate. She also reviewed the process for creating a Teladoc account, explaining that members must register by providing basic personal information, including their name, date of birth, phone number, email address, and a brief medical history. Once registered, members may request visits as needed without limitations on the number of consultations. Grace highlighted the availability of Mental Health Services for members age 18 and older. She explained that members can schedule virtual appointments with psychologists, psychiatrists, or therapists and continue ongoing sessions with providers of their choice. Mental health appointments are available seven days a week, and members are typically able to secure an appointment within seven days of making a request. She further noted that translation services are available for both medical and mental health visits, ensuring that language barriers do not prevent members from accessing care. The presentation concluded with a review of the Teladoc contact information, website, and mobile app QR code, while encouraging members to download the app and utilize the benefit as a convenient way to access medical and mental health services when needed. Questions or comments: • **Member JL:** Member asked where Teladoc would refer to the members for services if they needed in-person services? Additionally, can members receive prescriptions through Teladoc? • **Grace:** If the doctors identify that a member may require lab work, members will be referred to visit their primary care doctors for additional health care services.	

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	If a prescription is required for a non-emergency condition, the member may pick up their prescription from the member's closest or preferred pharmacy. If there are any issues with picking up prescriptions, members are advised to contact Teladoc for support. • **Member JL:** Member asked if they could use Teladoc if they are out of town or state. • **Grace:** Medicaid plan members only have access to Teladoc while they are in the state of California. If a Medicaid member is within California but temporarily away from their address, a nearby pharmacy can be identified by the member for prescription pick-up. Marketplace or Medicare plan members have access to Teladoc all over the United States. If a Marketplace or Medicare plan member is out of state and not close to their doctor, members have access to a consultation through a Teladoc doctor.	
Community Resources **Alexandra (Alex) Bravo, Manager, Growth & Community Engagement, Molina Healthcare**	Alex Bravo from the Community Engagement team presented an overview of resources available to Molina members and the community. She highlighted the seasonal Molina member newsletter. Alex reminded members to complete their annual Medi-Cal redetermination packet promptly to avoid disenrollment. Alex also provided information about Teladoc services and explained that the program is intended to complement, rather than replace, a member's primary care provider. She noted that Teladoc offers convenient access to healthcare services from home for certain non-emergency health concerns and encouraged attendees to review the informational materials included in their packets. Alex introduced Mariane, an attorney with Inland Counties Legal Services. Mariane provided a legal disclaimer, the presentation does not create an attorney-client relationship. Mariane explained that her organization provides free legal assistance to community members. She noted that she works on the health law team and assists individuals with issues related to Medi-Cal, Medicare, Covered California, private insurance, and other	
Mariane Gantino, Health Law Attorney,		

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Inland County Legal Services	healthcare-related matters. Her services do not include workers comp or medical malpractice lawsuits. She also highlighted additional legal services available through the organization, including family law, elder law, public benefits, Social Security issues, veterans' benefits, and immigration. • **Member DF:** Asked if services include assistance with special education? • **Mariane:** Yes, we do help with special education but depends on the area. Offered to connect afterwards. The primary focus of her presentation was recent and upcoming Medi-Cal policy changes, particularly for older adults, individuals with disabilities, younger adults, and immigrant populations. She explained that Medi-Cal eligibility for adults over age 65 and individuals with disabilities now includes an asset test in addition to income requirements. Eligibility is no longer based solely on monthly income, as the county will also review assets such as bank accounts, retirement accounts, investments, and certain property holdings. She reviewed the current asset limits and advised attendees to seek guidance if they were uncertain about how assets may affect their eligibility. • **Member AS:** Asked if assets refer to someone's home. • **Mariane:** Mentioned that there are exemptions and offered to speak to members if they are concerned about their situation. Clarified that one exemption is the home you live in, this is not counted towards an individual's assets. However, if an individual has one house that they live in and an additional rental property, this additional property is counted as an asset. • Multiple members requested clarification on the income limit. • **Mariane:** Clarified that to qualify for Medi-Cal members had a limit on how much an individual could make per month. There is now an additional limit on how much an individual can have in the bank. The limits are 130,000 for a single person. • Multiple members requested to know why this change occurred. • **Mariane:** Explained that the Big Beautiful Bill was passed federally last year, and it impacted every state's ability to pay for their Medicaid programs.	

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	Mariane discussed how certain assets, such as a primary residence and one vehicle, may be exempt from consideration, while other assets, including additional properties or valuable collections, may be counted toward eligibility limits. She encouraged individuals with concerns about their circumstances to seek legal assistance for personalized guidance. She also reviewed changes affecting undocumented immigrants, explaining that new enrollment restrictions have been implemented for undocumented adults, while certain exceptions remain available for pregnancy-related and emergency services. She noted that undocumented individuals currently enrolled in Medi-Cal may maintain coverage temporarily but will face new monthly premiums and changes to dental benefits in the future. She emphasized the importance of maintaining coverage and completing renewals on time, as individuals who lose coverage may not be able to re-enroll under the new rules. Additional updates included changes to retroactive Medi-Cal coverage, which has been reduced from prior levels, resulting in fewer months of coverage being available for past medical expenses. Mariane also highlighted upcoming renewal changes for Medi-Cal recipients under age 64, explaining that eligibility reviews will occur more frequently and that members must carefully monitor renewal notices to avoid interruptions in coverage. She further discussed new work requirements being introduced for certain Medi-Cal populations, noting that the state is still developing implementation guidance and determining qualifying exemptions. She advised attendees to stay informed as more information becomes available and noted that volunteer opportunities may serve as an option for individuals who are unable to meet employment requirements. • **Member RF:** Requested clarification on who determines the qualifying conditions.	

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	• **Mariane:** Clarified that the state does, however this information is not released yet. Reassured that she would be present every quarter to connect with members. The presentation concluded with reminders about the importance of monitoring mail, keeping contact information current with the county, and responding promptly to Medi-Cal renewal requests. Mariane stressed that members should not delay completing renewal paperwork and encouraged individuals to seek assistance from Molina Healthcare or Inland Counties Legal Services if help is needed navigating the changes.	
Closing Remarks & Adjournment	Jennifer asked the attendees if they had any questions or feedback. Questions or feedback: • **Member DT:** Shared a scenario pertaining to immigrants that move to the United States, received a work permit, starts working and paying into social security but is unable to collect any social security after working for 50 years. • **Mariane:** Clarified that this scenario is an immigration question and mentioned that if someone is in this position, they are welcome to reach out to Inland Couty Legal Services. • **Member AF:** Member shared that Inland Counties Legal Services (ICLS) had not followed up regarding her request for assistance. She expressed concern about the lack of follow-up communication on the matter. • **Mariane:** Asked for the members' details to follow-up with the member. • **Jennifer:** Asked if there was any more feedback for the Community Reinvestment Program that the team would be open to connecting. • **Member AC:** Member mentioned that during a previous meeting, she had requested the inclusion of additional information and resources related to housing. She emphasized the importance of providing more housing-related support and educational materials to address the needs of members experiencing housing challenges or housing insecurity. • **Samareen:** Shared that Molina identified housing needs as one of the top priorities on the community health assessment that is informing the Community Reinvestment investments. She highlighted one example is the Community Health Workers who can connect with individual members to understand their specific housing needs. Sam thanked the members for their	

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	feedback and informed the group that this investment takes place every year and they are capturing ideas for the next round. Jennifer closed the meeting and thanked everyone for their attendance and for being part of the 2026 committee. The meeting adjourned at 1:30 p.m.	