Provider **Bulletin**

A **quarterly** publication for providers. | **September** 2026

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH® 30TH ANNIVERSARY

ACCREDITED NCQA HEALTH PLAN

ACCREDITED NCQA HEALTH EQUITY

MEDICAID HMO



Alliance Board Meetings

Wednesday, Sept. 23
3 p.m. to 5 p.m.

Wednesday, Oct. 28
3 p.m. to 5 p.m.

Wednesday, Dec. 2
3 p.m. to 5 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Monday, Oct. 26
1:30 p.m. to 3 p.m.

Physicians Advisory Group Meetings

Thursday, Dec. 3
Noon to 1:30 p.m.

Keeping members covered

With several Medi-Cal changes on the horizon, the Alliance continues to remind members to take concrete steps to keep their health care coverage. It is critical for members to know the deadline for their renewal application and take these three steps:

1. **Complete it:** Fill out the required renewal information.
2. **Check it:** Make sure the full renewal has been completed.
3. **Return it:** Submit the renewal on time.

To further support this effort, we launched a yearlong bilingual paid media campaign, including television commercials, social media posts, billboards and mobile ads.

Members can get renewal help from trusted renewal partners. We have provided presentations to community-based organizations to ensure they have the information needed to support members. Earlier this year, we awarded $3.2 million in grants to 23 community-based partners through our Medi-Cal Member Outreach and Retention Program. This program strengthens outreach, education and hands-on renewal support.

By sharing renewal information with members, you can help them take the necessary steps to keep their coverage and continue getting care. To download our member materials, please visit the Provider Resources page on our website at **www.thealliance.health/provider-toolkit** or contact your Provider Relations Representative.

We will keep you updated on our efforts. Thank you for your continued support, partnership and ongoing dedication to our members.



Michael Schrader

Michael Schrader, CEO

MY2025 HEDIS results and MY2026 MCAS measures

The Alliance's Quality Improvement and Health Equity team has completed the HEDIS audit for Measurement Year 2025 (MY2025). **Provider-level rates derived from county-level performance are available upon request.** To get a copy of your site's performance, please email **QI@thealliance.health** with the subject line "HEDIS Report."

The Department of Health Care Services (DHCS) has released the Measurement Year 2026 (MY2026) HEDIS measures, referred to as the Medi-Cal Managed Care Accountability Set (MCAS).

Please review these measures closely. Provider engagement in closing care gaps, improving medical record completeness and submitting timely encounter data remains critical to supporting quality outcomes and helping the Alliance meet DHCS-established performance benchmarks.

MY2026 MCAS* measures

Measure required of managed care plan	Measure steward	Measure type methodology
Follow-up after ED visit for mental illness – 30 days	NCQA	Administrative
Follow-up after ED visit for substance abuse – 30 days	NCQA	Administrative
Depression screening and follow-up for adolescents and adults	NCQA	ECDS
Child and adolescent well-care visits	NCQA	Administrative
Childhood immunization status – combination 10	NCQA	ECDS
Developmental screening in the first three years of life	CMS	Hybrid/admin
Immunizations for adolescents – combination 2	NCQA	ECDS
Lead screening in children	NCQA	ECDS
Topical fluoride for children	DQA	Administrative
Well-child visits in the first 30 months of life – 0 to 15 months – six or more well-child visits	NCQA	Administrative
Well-child visits in the first 30 months of life – 15 to 30 months – two or more well-child visits	NCQA	Administrative
Controlling high blood pressure	NCQA	Hybrid/admin
Glycemic status assessment for patients with diabetes (>9%)	NCQA	Hybrid/admin
Prenatal and postpartum care: Postpartum care	NCQA	Hybrid/admin
Prenatal and postpartum care: Timeliness of prenatal care	NCQA	Hybrid/admin
Postpartum depression screening and follow-up screening	NCQA	ECDS
Prenatal depression screening and follow-up screening	NCQA	ECDS
Breast cancer screening	NCQA	ECDS
Cervical cancer screening	NCQA	ECDS
Colorectal cancer screening	NCQA	ECDS
Follow-up after acute and urgent care visits for asthma	NCQA	ECDS

Find more information at **www.thealliance.health/HEDIS**.

*MCAS measures are selected by DHCS and include multiple rate calculation stewards, presently limited to NCQA, DQA and CMS.



Provider-preventable conditions (PPCs)

The Alliance is committed to promoting patient safety, quality improvement and regulatory compliance across all network providers. This article outlines PPC reporting requirements, including expectations for timely identification, accurate documentation, and submission per the Department of Health Care Services (DHCS) and managed care plan protocols.

Legal requirements and definitions

Federal and California law require all Alliance-contracted providers and facilities to report all PPC events to DHCS.

There are two categories of PPCs:

- **Health care-acquired conditions (HCACs):** These must be reported when they occur in an inpatient acute care hospital setting.
- **Other provider-preventable conditions (OPPCs):** These must be reported when they occur in any health care setting.

HCACs are the same conditions as the hospital-acquired conditions (HACs) that are reportable for Medicare, with the exception that Medi-Cal does not require providers to report deep vein thrombosis and pulmonary embolism for pregnant individuals and members under 21 years old.

Payment prohibition

Federal and state regulations prohibit the Alliance from paying for services related to PPCs. Payment may be reduced, denied or recouped for the portion of care attributable to a PPC. Please refer to the DHCS provider-preventable conditions FAQs: **www.thealliance.health/ppc-faq**.

Reporting timeline and requirements

All PPCs affecting Medi-Cal members must be reported to DHCS **no later than five (5) working days** after discovery through the DHCS secure online reporting portal (**www.thealliance.health/reportppc**).

This requirement applies to all PPCs that were not present on admission (POA), regardless of:

- Whether reimbursement from Medi-Cal is sought for treatment.
- Whether Medi-Cal is the member's primary or secondary insurance.

Important: Providers must submit a copy of each PPC report to the Alliance QI Department via secure fax at **831-430-5688** or email to **PQITeam@thealliance.health**. Failure to submit a copy may result in follow-up and compliance monitoring.

CDPH reporting distinction

Reporting a PPC to DHCS is required even if the same event was already reported to the California Department of Public Health (CDPH) as an adverse event or health care-associated infection (HAI), as reporting requirements differ.

For more information on PPCs, please refer to Alliance Policy 401-1305: Provider Preventable Conditions (**www.thealliance.health/ppcpolicy**).

Welcome, new providers!

New ECM/CS providers

- **BeeHold His Blessings.** ECM. Monterey, Santa Cruz, San Benito, Merced counties.
- **County of Monterey Department of Social Services.** ECM. Monterey County.

New providers

Mariposa County

Referral physician/specialist

- **Jasman Atwal, MD,** Internal Medicine
- **Ziba Shirani, MD,** Internal Medicine
- **Harsimran Singh, MD,** Internal Medicine

Merced County

Referral physician/specialist

- **Adel Abdalla, MD,** Diagnostic Radiology
- **John Arriola, MD,** General Surgery
- **Ghazali Chaudry, MD,** Surgery
- **Dmitri De La Cruz, MD,** Pediatrics
- **Jared Harwood, MD,** Orthopaedic Surgery
- **Milton Retamozo, MD,** Surgery
- **Tracy Taggart, MD,** Surgery
- **Paul Wisniewski, MD,** Surgery

Monterey County

Primary care

- **Armando Cervantes, MD,** Family Medicine
- **Joyce Johnson, MD,** Family Medicine
- **Lin Lin, MD,** Internal Medicine
- **Sheridan Major-Moore, MD,** Family Medicine
- **Cherisa Sandrow, DO,** Family Medicine
- **Christina Solomon, MD,** Family Medicine

Referral physician/specialist

- **Kathryn Bergen, DO,** Family Medicine
- **Orn-Usa Boonprakong, MD,** Emergency Medicine
- **Renee Carter Owens, MD,** Surgery
- **Celia Chao, DO,** Ophthalmology
- **Robert Cluff, MD,** Neurology
- **Wade Hendershot, DPM,** Foot and Ankle Surgery
- **Michael Huynh, MD,** Internal Medicine
- **Eric Johnson, DO,** Surgery
- **Martin Kamper, MD,** Internal Medicine
- **Dolores Kent, MD,** Obstetrics and Gynecology
- **Michael McBain, MD,** Preventive and Occupational Medicine
- **Samrat Sanghvi, MD,** Radiation Therapy
- **Sandra Taylor, MD,** Surgery

San Benito County

Referral physician/specialist

- **Scott Benninghoven, MD,** Surgery

Santa Cruz County

Primary care

- **Patricia Clarke, MD,** Pediatrics
- **Kristin Thom, DO,** Family Medicine
- **Elizabeth Varadian, DO,** Family Medicine
- **Elisa Washburn, DO,** Family Medicine

Referral physician/specialist

- **Firas Ajam, MD,** Internal Medicine
- **Robert Allen, MD,** Surgery
- **Elisabeth Day, MD,** Obstetrics and Gynecology
- **Kimberly Moreland, MD,** Obstetrics and Gynecology

New behavioral health providers

Merced County

Behavioral health

- **Nayeli Cruz, LMFT**
- **Shanika Duliepe, FNP-C**
- **Brian Flores, PMHNP**
- **Ciera Holm, BCBA**
- **Leah Kollmeyer, LCSW**
- **Martina Little Cook, LCSW**
- **Jacob MacMaster, PMHNP**
- **Edgar Murillo-Miranda, BCBA**
- **Erica White, LCSW**

Monterey County

Behavioral health

- **Jennifer Angulo, BCBA**
- **Raina Arnaout, BCBA**
- **Veronica Cortez, LCSW**
- **Kara Davis, BCBA**
- **Sheryl Christia DeKleuver, BCBA**
- **Devin Galdieri, BCBA**
- **Elizabeth Gallardo, LCSW**
- **Katelyn Giboney, BCBA**
- **Wanda Jackson, LMFT**
- **Tanner Johnson, BCBA**
- **Philicia Leon-Bustillos, BCBA**
- **Bailey Macey, LMFT**
- **Laura Mitchell, BCBA**
- **Tarin Muir-Davis, LMFT**
- **Taylor Neff, PhD**
- **Troy Newton, PsyD**

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September is National Childhood Obesity Awareness Month

According to the Centers for Disease Control and Prevention, about 1 in 5 American children have obesity. Compared to children at a healthy weight, children with obesity have a higher risk of asthma, sleep apnea, bone and joint problems, diabetes, and other health issues (**www.thealliance.health/cdc-childhood-obesity**). Here are some ways that health care professionals can help families set up lifelong healthy habits.

Encourage healthy eating patterns

When families adopt healthy eating patterns together, it can be easier to help children maintain a healthy weight. Farmers markets in all five service counties accept SNAP benefits to buy fresh produce. Frozen and canned vegetables are also healthy options! Encourage families to replace sugary drinks with water or plain, low-fat milk (**www.thealliance.health/ryd**).

The Alliance covers Medically Tailored Meals (MTM) for qualifying diet-sensitive conditions, such as pediatric obesity (age-adjusted BMI >95th percentile) and pediatric hyperlipidemia. Learn more on our website: **www.thealliance.health/cs-provider**.

Prescribe physical activity

The American Academy of Pediatrics recommends that infants, children and teens have time for physical activity each day (**www.thealliance.health/aap-physical-activity**). Medical providers can use a basic exercise prescription and direct patients to their local parks and recreation department offerings to help children achieve recommended physical activity time:

- **Infants:** at least 30 minutes of "tummy time" and other interactive play, spread throughout each day.



- **Kids ages 3-5:** at least three hours of physical activity per day, or about 15 minutes every hour they are awake.
- **Kids 6 years and older:** 60 minutes of moderate to vigorous physical activity on most days of the week.

Resources

- Sit Less, Move More
  English: **www.thealliance.health/sitlessmovemore**.
  Spanish: **www.thealliance.health/sitless-sp**.
- **www.thealliance.health/mariposaparkrx**.
- **www.thealliance.health/mercedparkrx**.
- **www.thealliance.health/montereyparkrx**.
- **www.thealliance.health/sanbenitoparkrx**.
- **www.thealliance.health/santacruzparkrx**.

Refer to the Alliance's weight management program

The Alliance's Healthy Weight for Life (HWL) program is available in English and Spanish for parents or guardians of Alliance members ages 2-18. This six-week workshop teaches parents how to help children reach a healthy weight. Members who attend a six-week HWL workshop will receive a Target gift card of up to $50! Learn more at **www.thealliance.health/healthed**.



Healthy Moms and Healthy Babies program

The Alliance's Healthy Moms and Healthy Babies (HMHB) program helps pregnant members get early prenatal and postpartum care. HMHB also provides education to support members in having a healthy pregnancy.

Members enrolled in the HMHB program are contacted by Alliance health educators, who provide information on topics such as prenatal and postpartum health, breastfeeding, pediatric care, parenting, and doula services.

Referrals

Providers can refer members to the Alliance's Health Education and Disease Management programs using the referral form found on our website at **www.thealliance.health/hp-referral**. For more information, providers can call the Health Education Line at **800-700-3874, ext. 5580**.

Community resources

The Alliance also provides pregnant and postpartum members with information about community resources, including the Women, Infants and Children Program (WIC). WIC is a nutrition education program that helps individuals who are pregnant or just had a baby, as well as children up to age 5. For additional information about the WIC program and how their services can help members, visit **www.myfamily.wic.ca.gov** or call WIC at **800-852-5770**.



No-cost interpreter services for members and providers

The Alliance offers interpreter services for Alliance members who have limited English proficiency (LEP) or who are deaf or hard of hearing. All services are offered at no cost to providers or members. Federal and state laws require medical providers to offer qualified interpreters when needed. Using an untrained interpreter may result in miscommunication of medical information, compromising quality of care. For this reason, the Alliance discourages providers from using family members or any unqualified personnel as interpreters.

Here are some tips for working effectively with an interpreter.



Before the visit:

- Request a qualified interpreter who is trained and certified in medical interpreting.
- Allow extra time for the visit. Everything will be communicated at least twice (once by the speaker and once by the interpreter).

During the visit:

- Introduce yourself and have others in the room introduce themselves directly to the patient upon entering the room.
- Face and speak directly to the patient in first person. Even if the patient maintains eye contact with the interpreter, you should maintain eye contact with the patient.
- Use sentence-by-sentence interpretation. Multiple sentences may lead to information being left out.
- Pause when needed to allow the interpreter to ask questions if something is unclear.

At the end of the visit:

- Ask the patient to summarize what they understood from your directions and recommendations.
- Allow time for the patient to ask questions and seek clarification.

If your patient declines language assistance services, document in the patient's chart that the individual has been notified of these rights and is declining these services.

The Alliance can also provide training and resources for office staff when working with LEP members.

To learn more about language assistance services, please visit **www.thealliance.health/cultural-and-linguistic-services** or call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

For training support, contact your Alliance Provider Relations Representative.

Reference: U.S. Department of Health and Human Services' Think Cultural Health (**thinkculturalhealth.hhs.gov**)

Tips for the upcoming flu season

Flu season is September through May. According to the CDC, flu vaccination rates in the United States have declined in children and adults in recent years. The cumulative influenza-associated hospitalization rate in 2024-2025 was the highest since 2010-2011 (**www.thealliance.health/flu-24-25**).

Providers play an important role in encouraging patients to get the flu vaccine to help protect themselves from serious illness. Please review the following recommendations for the 2026-27 flu season, including tips for increasing vaccine uptake.



Flu vaccines for children and adults

The American Academy of Family Physicians (AAFP) recommends that patients 6 months and older get the flu vaccine annually. Children under 9 years old need two doses of the flu vaccine if it's their first time getting it.

The Alliance is encouraging members to get their flu vaccine as part of our Care Can't Wait campaign, which emphasizes keeping up with vaccines, screenings and other preventive care measures to prevent larger health problems in the future.

Practice-wide strategies to improve vaccination rates

AAFP offers some recommendations for practices to increase vaccination rates (**www.thealliance.health/aafp-flu-tips**):

- Designate a flu vaccine "champion" in your office to oversee staff communication and vaccine logistics.
- Use standing orders.
- Optimize documentation to more effectively target flu vaccine outreach to patients.
- Use a variety of flu vaccine reminders. For clinicians and office staff, this could look like a combination of emails, EHR alerts and reminders at staff meetings. For patients, providers can leverage portal messages or text message campaigns.
- Regularly review practice-wide vaccination rates and efforts.

Health Rewards Program

Alliance members ages 7-24 months who get both doses of the flu vaccine between September 2026 and May 2027 will be entered into a monthly raffle for a chance to win a **$100 Target gift card**! Promotional flyers are available to share with Alliance members at **www.thealliance.health/babyfluraffle**.

More resources

- AAFP Child Immunization Schedule: **www.thealliance.health/child-iz**.
- AAFP Adult Immunization Schedule: **www.thealliance.health/adult-iz**.
- Alliance Immunization Resources webpage: **www.thealliance.health/providerIZresources**.
- Communicating the Benefits of Influenza Vaccination: **www.thealliance.health/communicatingflu**.

Thank you for partnering with us to help keep members healthy this flu season!

A provider's role in suicide prevention

September is Suicide Prevention Month. Suicide is one of the leading causes of death in the United States, making prevention and early intervention critical. The American Foundation for Suicide Prevention shares the following data from 2024:

- 48,824 people died by suicide nationwide, and an estimated 2.2 million people attempted suicide (**www.afsp.org/suicide-statistics**).
- 4,022 deaths by suicide were recorded in California (**www.afsp.org/facts/california**).

Health care professionals can play an important role in recognizing warning signs. The American Medical Association (AMA) (**www.thealliance.health/how-to-sp**) encourages providers to watch for:

- Talking/writing about committing suicide.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no purpose.
- Talking about feeling trapped or being in unbearable pain.
- Talking about being a burden to others.
- Increasing use of alcohol or drugs.
- Acting anxious, agitated or reckless.
- Extreme mood swings.
- Changes in eating or sleeping habits.
- Withdrawal from family or friends.
- Showing rage or talking about seeking revenge.
- Giving away prized possessions.
- Decline in school or work performance.

Before screening, AMA recommends:

- Establishing an environment of trust by sharing appreciation for the patient being there.
- Discussing your policy of screening all patients for a variety of conditions.
- Assuring the patient that they are welcome to answer, elaborate on or not answer any of the screening questions and expressing gratitude and appreciation for responses.
- Assuring the patient that the confidentiality of their information will be protected in compliance with federal and state laws.

Screening and referral

- Use validated tools such as the PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Assess risk level, including ideation, plan, intent, history, lethal means, access and protective factors.
- Create a collaborative safety plan.
- Conduct warm handoffs to behavioral health.
- Counsel on lethal means safety, especially firearms and medications.
- Keep ongoing documentation.

Alliance behavioral health services

The Alliance provides behavioral health services to members and resources for health care professionals. Visit **www.thealliance.health/behavioral-health**.

Resources for members

- Alliance Member Services: **800-700-3874**.
- National Alliance on Mental Illness: Call **800-950-6264** or text **NAMI** to **62640**.
- Suicide & Crisis Lifeline: Call or text **988**.
- Trans Lifeline: Call **877-565-8860** or visit **www.translifeline.org**.
- Veterans Crisis Line: Call **988** and then **press 1**, or text **838255**.





All about Star Ratings: The provider's role in building trusted care

The Alliance will receive our first Centers for Medicare & Medicaid Services (CMS) Health Plan Star Rating in 2028, but the road to five stars starts now! Star Ratings help Medicare members compare the quality of health plans offered in their service area, including our TotalCare Medicare Advantage (HMO D-SNP).

TotalCare providers play an important role in contributing to Star Ratings by providing quality care in key areas. We are grateful for your continuous commitment to excellence and look forward to partnering with you in these efforts.

Learn more about this program and how you can help members have a "five-star" experience!

What is the Star Ratings program?

Plans are scored on a 5-star system, with 1 star being the lowest score and 5 stars being the highest. This score is calculated based on a weighted average of over 40 different quality measures, including:

- Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- Prescription drug measures.
- Operational measures.
- Member surveys like the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and Health Outcomes Survey (HOS).

Note: Medicare's star scoring system differs from Medi-Cal measure benchmarks.

What are the benefits of high Star Ratings?

A high Star Rating indicates to potential members that the Alliance's provider network delivers trusted, quality health care! Additionally, CMS awards plans with a quality bonus payment for achieving high scores, which can be used to:

- Reduce costs for members.
- Help fund supplemental benefits not traditionally covered by Medicare.

What is the provider's role in Star Ratings?

Here are just a few ways providers can impact the overall score:

- Timely, complete documentation of preventive services.
- Closing care gaps through proactive scheduling and follow-ups.
- Medication adherence support, including refill synchronization and counseling on side effects.
- Coordinated care transitions to reduce readmissions.
- Promoting preventive screenings.
- Accurate coding and data capture.
- Encouraging member engagement, including participation in health assessments, care plans and satisfaction surveys.

Go to **www.thealliance.health/star** to learn more about Star Ratings. You can also contact your Provider Relations Representative for more information.

Enroll as a Medi-Cal provider to avoid prescription disruptions

Medi-Cal is implementing an important enrollment requirement that will affect prescription reimbursement. Under state and federal guidelines, prescriptions will only be reimbursed if they are written by prescribers or pharmacists enrolled as Medi-Cal providers using their individual (Type 1) National Provider Identifier (NPI).

To help prevent claim denials and ensure members continue to receive needed medications, providers are required to confirm their enrollment status.

If enrolled: Confirm your enrollment via the Enrolled Providers list by entering your individual NPI. Visit **www.thealliance.health/epl**. If enrolled, no further action is required.

If not yet enrolled: Submit an application using PAVE by creating a profile, selecting "Application" and completing all required fields with supporting documentation. Visit **www.thealliance.health/PAVE**.

Applications may take 90 to 180 days to process, and incomplete or inaccurate submissions may delay processing.

The Alliance is committed to supporting providers through this transition and minimizing any impact to member care. Resources are available through DHCS and Medi-Cal Rx, including the Ordering Referring Prescribing (ORP) Enrollment slide deck and the Alliance Provider Inquiry form. To access these resources, visit **www.thealliance.health/ORP-deck** and **www.thealliance.health/pif**. You can also email the Medi-Cal Rx Outreach team at **MediCalRxEducationOutreach@primetherapeutics.com**.



Medi-Cal Rx DUR articles

Please review the following Medi-Cal Rx Drug Utilization Review (DUR) articles published since May 2026:

- "Treatment of ADHD in Children and Adolescents."
- "2025 Immunization Update: Legislative Changes and Updates to COVID-19, Influenza, RSV, HepB, MMRV and HPV."

These resources are available on the Alliance's Additional Pharmacy Information webpage. Visit **www.thealliance.health/pharmacydur**.

The Alliance's Physician-Administered Drugs List and procedures

The Alliance's Physician-Administered Drugs List, restrictions, prior authorization criteria, policies and their updates are available on the Pharmacy page: **www.thealliance.health/pharmacy-services**. If you would like to request physical copies, please contact the Pharmacy Department at **831-430-5507**.

Important phone numbers

Provider Services	**831-430-5504**
Claims	**831-430-5503**
Authorizations	**831-430-5506**
Status (non-pharmacy)	**831-430-5511**
Member Services	**831-430-5505**
Web and EDI	**831-430-5510**
Cultural & Linguistic Services	**831-430-5580**
Health Education Line	**831-430-5580**

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.

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Welcome, new providers!

– Continued from page 4

- **Christine Pardee, BCBA**
- **Caterina Poehner, LCSW**
- **Maria Rua Damian, BCBA**
- **Israel Simms, BCBA**
- **Neil Smith, DO**
- **Anokh Sohal, DO**
- **Florence Katrina Trinos, BCBA**
- **Jacqueline Urenda, BCBA**
- **Tennille White, BCBA**
- **Justin Wolfe, PA-C**

San Benito County
Behavioral health

- **Heather Rogers, LCSW**

Santa Cruz County
Behavioral health

- **Sandra Allen, LMFT**
- **Jan Patricia Arellano, BCBA**
- **Cynthia Babasa, BCBA**
- **Laura Bloomberg, LMFT**
- **Lorraine Butterworth, PsyD**
- **Jiarong Cui, BCBA**
- **Aimee Evnin-Bingham, LMFT**
- **Elizabeth Grant, BCBA**
- **Christina Huynhlam, BCBA**
- **Claudio Morales, LMFT**
- **Craig Murray, LMFT**
- **Tram Nguyen, BCBA**
- **Jamie Oesterreicher, BCBA**
- **Erick Osorio, BCBA**
- **Molly Pearl, LMFT**
- **Alyssa Price, BCBA**
- **Nancy Ramirez, BCBA**
- **Jennifer Reichling, LMFT**
- **Laura Rochelle, LCSW**
- **Alexandra Marie Santos, BCBA**
- **Shana Sisti, LMFT**
- **Elisabeth Tatum, LMFT**
- **Desree Taylor, BCBA**
- **Scott Thielen, LMFT**
- **Jessica Urrutia, BCBA**
- **Ana Valencia, BCBA**
- **Alexandra Wolff, BCBA**

Holiday office closures

- **Wednesday, Nov. 11** (Veterans Day)
- **Thursday-Friday, Nov. 26-27** (Thanksgiving holiday observed)