



ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

1. This amendment is entered into between the Department of Health Care Services and the County named below:	
San Bernardino County	
2. Performance Period: February 28, 2020 through March 31, 2022	
3. Prior Agreement Amount: \$650,000.00	
4. Amendment Effective Date: Upon DHCS counter-signature, unless otherwise specified.	
5. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Allocation Agreement and incorporated herein. All other terms and conditions not specifically revised by this amendment shall remain the same.	
<p>I. Purpose of amendment: This Amendment shall be used to increase or decrease the approved Allocation Agreement Budget Plan or to modify the approved Performance Period end date due to approved revisions to the original Work Plan and/or Goals and Objectives. Revisions may be due to the following:</p> <ul style="list-style-type: none"> a. Modifications to work plan activities due to the impacts of COVID-19 and the need to reassess outreach opportunities. b. Additions or reductions to targeted population(s). c. Addition of new activities due to creative workarounds during the pandemic, such as review of Cal-Fresh in-reach cases. d. Addition of new Community-Based Organization (CBO) partnerships. e. Updates to goals and objectives. f. Revisions to projected enrolled and retained numbers. g. Requests for additional funding due to work plan revisions or other necessary considerations. <p>II. Amended Allocation Agreement Documents:</p> <ul style="list-style-type: none"> a. Revised Budget Plan – A1 – Attachment 1 b. Revised Work Plan – A1 – Attachment 2 c. Revised Goals and Objectives – For Reference Only <p>III. Changes made in this amendment must be made as bold and <u>underline for new additions</u>, while deletions must be made as strikethrough text (i.e. strike).</p>	
REVISED ALLOCATION AMOUNT NOT TO EXCEED \$1,293,463	ONE MILLION, TWO HUNDRED NINETY-THREE THOUSAND, FOUR HUNDRED SIXTY-THREE DOLLARS
The General and Special Provisions attached are made a part of and incorporated into the Agreement.	
SAN BERNARDINO COUNTY	DEPARTMENT OF HEALTH CARE SERVICES STATE OF CALIFORNIA
385 N. ARROWHEAD AVE., 5 TH FLOOR SAN BERNARDINO, CA 92415	ATTN: HEALTH ENROLLMENT NAVIGATORS SECTION MEDI-CAL ELIGIBILITY DIVISION PO BOX 997417, MS 4607 SACRAMENTO, CA 95899-7417
BY (AUTHORIZED SIGNATURE):	BY (AUTHORIZED SIGNATURE):
	
PRINTED NAME AND TITLE OF PERSON SIGNING: Curt Hagman, Chairman, Board of Supervisors	PRINTED NAME AND TITLE OF PERSON SIGNING: Sandra Williams, Division Chief

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DATE SIGNED:

DATE SIGNED:

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TERMS AND CONDITIONS OF ALLOCATION

The County shall be responsible for the performance of the work as set forth herein below and for the preparation of deliverables and reports as specified in this Agreement. The County's Project Representative shall promptly notify the State of events or proposed changes that could affect the Work Plan under this Agreement.

Special Provisions

1. County shall complete all work in accordance with an approved Work Plan which will be included in this Agreement as Attachment 2.
2. Rights in Data and Reporting: The County agrees that all data and reports produced in the performance of this Agreement are subject to the rights of the State as set forth in this section. The State shall have the right to reproduce, publish, and use all such data and reports, or any part thereof, in any manner and for any purposes whatsoever and to authorize others to do so.

General Provisions

A. Definitions

- A. The term "Allocation" as used herein means the Health Navigators Allocation funding authorized by AB 74 (Chapter 23, Statutes of 2019).
- B. The term "Agreement" as used herein means an allocation agreement between the State and County specifying the payment of an Allocation Amount by the State for the performance of work plan within the Project Performance Period by the County.
- C. The term "County" as used herein means the party described as the County on page one (1) of this Agreement.
- D. The term "Allocation Amount" as used herein means funds awarded to the County by the State.
- E. The term "Project Performance Period" as used herein means the period of time that the Allocation Amount is available as described on page one (1) of this Agreement.
- F. The term "Project Representative" as used herein means the person authorized by the County to be responsible for the Allocation and is capable of making daily management decisions.
- G. The term "State" as used herein means the Department of Health Care Services.
- H. The term "Community Based Organization," or "CBO," as used herein means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community, and provides educational or related services to individuals in the community, as stated in 20 U.S.C.A § 7801(5).

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

B. Allocation Execution

1. County agrees to complete the activities in accordance with the time of the Allocation Performance Period and under the terms and conditions of this Agreement.
2. County shall comply with the provisions of AB 74 (Chapter 23, Statutes of 2019).
3. County agrees to submit in writing any deviation from the attached work plan to the State for approval prior to implementation of changes.

C. Allocation Costs

Subject to the availability of the Allocation Amount, the State hereby grants to the County funding not to exceed the amount stated on page one (1) of this Agreement in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the Work Plan and under the terms and conditions set forth in this Agreement.

The Allocation Amount to be provided to the County, under this Agreement, may be disbursed as follows:

1. To Community Based Organizations (CBOs): County shall disperse any amount of the Allocation Amount that the county deems appropriate. The County is recommended to collaborate with one or more CBOs to develop, conduct, and implement effective tools and methods to expand Medi-Cal outreach, increase Medi-Cal enrollment and contribute efforts to retention for the uninsured, targeted populations. The County is not required to immediately contract with CBOs in light of the timelines that may be necessary for contracting processes. However, the County will need to demonstrate through required reporting activities on the progress of contracting with CBOs.
2. Indirect administrative costs, including planning, plan documentation, and other administrative costs shall not exceed the amount approved in the Budget Plan, Attachment 1 of the Allocation Agreement.

D. Payment Documentation

1. All payment requests must be submitted by the County on a quarterly basis, using a completed Navigators Project Quarterly Invoice, Attachment 3. The invoice and the deliverables noted below must accompany the invoice as outlined in the Quarterly Invoice, Deliverables and Payment Schedule noted on Page 4.

Budget Plan, **A1 - Attachment 1**

Work Plan, **A1 - Attachment 2**

Navigators Project Quarterly Invoice, Attachment 3

Navigators Project Data Report, Attachment 4

Quarterly Progress Report, Attachment **A-5**

2. County shall submit all documentation for Allocation completion within 90 days, and final reimbursement within 60 days of Allocation completion, but no later than the end of the Project Performance Period as shown on page one (1).

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

3. Payments shall be on the basis of costs incurred.
4. Advance payment for the Allocation is not allowed.

QUARTERLY INVOICE, DELIVERABLES AND PAYMENT SCHEDULE 2019 / 2020 / 2021				
DUE DATE OF DELIVERABLES	COUNTY DELIVERABLES	QUARTERLY PERFORMANCE PERIOD	DHCS REVIEW DEADLINE	*ESTIMATED COMPLETION DATE
11/15/2019	BUDGET / CAP	Invoice for development of Budget Plan	12/31/2019	N/A
11/15/2019	WORK PLAN	N/A	12/31/2019	N/A
4/30/2020	QUARTERLY INVOICES/ PROGRESS REPORT	January, February, March 2020	5/30/2020	6/30/2020
7/31/2020	1 ST ANNUAL BUDGET REPORT / ALL REMAINING SFY 2019-20 INVOICES/ PROGRESS REPORT	April, May, June 2020	8/31/2020	9/30/2020
10/31/2020	QUARTERLY INVOICES/ PROGRESS REPORT	July, August, September 2020	11/30/2020	12/31/2020
1/31/2021	QUARTERLY INVOICES/ PROGRESS REPORT	October, November, December 2020	2/28/2021	3/31/2021
4/30/2021	QUARTERLY INVOICES/ PROGRESS REPORT	January, February, March 2021	5/30/2021	6/30/2021
7/31/2021	2 ND ANNUAL BUDGET REPORT / ALL REMAINING SFY 2020-21 INVOICES/ PROGRESS REPORT	April, May, June 2021	8/31/2021	9/30/2021
10/31/2021	QUARTERLY INVOICES/ PROGRESS REPORT	July, August, September 2021	11/30/2021	12/31/2021
1/31/2022	QUARTERLY INVOICES/ PROGRESS REPORT ALL REMAINING SFY 2021-22 INVOICE(S)/ 3 RD ANNUAL BUDGET REPORT	October, November, December 2021	3/31/2022	4/30/2022

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

DUE DATE OF DELIVERABLES	COUNTY DELIVERABLES	QUARTERLY PERFORMANCE PERIOD	DHCS REVIEW DEADLINE	*ESTIMATED COMPLETION DATE
<u>4/15/2022</u>	<u>QUARTERLY INVOICES/ PROGRESS REPORT ALL REMAINING SFY 2021-22 INVOICE(S)/ 3RD ANNUAL BUDGET REPORTS</u>	<u>January, February, March 2022</u>	<u>5/15/2022</u>	<u>6/30/2022</u>

*Based on 45 calendar days for DHCS' Accounting and the State Controller's Office, per the California Prompt Payment Act.

Budget Plan Attachment 1

County is required to use the Budget Plan, **A1 – Attachment 1**. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule above, a **revised** Budget Plan must be submitted to, and approved by, DHCS in order to receive the initial payment Allocation.

Work Plan Attachment 2

County is required to use the Work Plan, **A1 – Attachment 2**. As outlined in the Quarterly Invoice, Deliverable and Payment Schedule noted above, a Work Plan must be submitted to DHCS in order to receive the second quarterly payment. The Work Plan shall include strategies, milestones, and timeframes for outreach, enrollment and retention activities completed by the County and its contracted CBOs.

Navigators Project Invoice Attachment 3

County is required to use the Navigators Project Invoice, Attachment 3. Invoices must be submitted by the County on a quarterly basis as outlined in the Quarterly Payment and Deliverable Schedule noted above. The Invoice must include detailed budget activity and expenditures for the specific quarter.

Please note: To receive the initial payment Allocation, County must submit both an approved Budget Plan and an Invoice.

Monthly Data Reporting Attachment 4

County is required to use the Navigators Project Data Report, Attachment 4, or other reporting method as directed by the State. The County is required to submit monthly updates for specific data points regarding the Health Navigators Project, which will be reviewed by the State and subsequently published for public consumption.

Quarterly Progress Report Attachment 5

County is required to submit a Quarterly Progress Report, Attachment 5. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule noted above, Quarterly Progress reports will be required starting with the third quarter (January through March 2020) reporting period. The County must provide a progress report to measure and document progress-to-date on the work plan objectives and performance goals. The State reserves the right to require reports more frequently than on a quarterly basis if necessary, but no more than once a month.

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

E. Allocation Termination or Withdrawal

1. County may withdraw from the Health Navigators Allocation Funding by notifying the State in writing at any time of the request to withdraw from further participation. Once the withdraw request is received, the State will contact the County to complete closeout tasks.
2. County may unilaterally rescind this Agreement at any time prior to the commencement of the Allocation. After Allocation commencement, this Agreement may be rescinded, modified or amended by mutual agreement in writing.
3. Failure by the County to comply with the terms of this Agreement may be cause for terminating all obligations of the State for additional Allocation payments.

F. Loss of Allocation Amount

The following actions may result in a partial or full loss of the approved Allocation Amount allocated due to the County.

1. A County fails to return a signed Agreement to DHCS within 60 days of receipt of the Agreement.
2. A County fails to produce satisfactory Invoices and Deliverables as outlined in the Quarterly Invoice and Deliverable Schedule noted on Page 5.
3. A County withdraws from the Allocation Agreement.
4. A County fails to submit a satisfactory Corrective Action Plan (CAP).
 - i. This action shall result in a fifty percent (50%) reduction of the total Allocation Amount.

G. Hold Harmless

1. County agrees to waive all claims and recourse against the State including the right to contribution for loss or damage to persons or property arising from, growing out of or in any way connected with or incident to this Agreement, except claims arising from the concurrent or sole negligence of State, its officers, agents, and employees.
2. County agrees to indemnify, hold harmless and defend the State, its officers, agents and employees against any and all claims, demand costs, expenses or liability costs arising out of legal actions pursuant to items for which the County has certified. County acknowledges that it is solely responsible for compliance with items to which it has certified.

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
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SAN BERNARDINO COUNTY

State of California – Department of Health Care Services

H. Financial Records

1. County agrees to maintain satisfactory financial accounts, documents and records for the Allocation and to make them available to the State for auditing at reasonable times. County also agrees to retain such financial accounts, documents and records for three years following Allocation termination or completion.
2. County and State agree that during regular office hours each of the parties hereto and their duly authorized representative shall have the right to inspect and make copies of any books, records or reports of the other party pertaining to this Agreement or matters related thereto. County agrees to maintain and make available for inspection by the State accurate records of all of its costs, disbursements and receipts with respect to its activities under this Agreement.
3. County agrees to use a generally accepted accounting system.

I. Audit

1. Allocations are subject to audits by the State for three years following the final payment of Allocation Amount. The purpose of this audit is to verify that Allocation expenditures were properly documented. Counties will be contacted at least 30 days in advance of an audit.
2. Audits will include all books, papers, accounts, documents, or other records of the County, as they relate to the Allocation for which the State authorized Allocation Amount. The County shall have the Allocation records, including the sources documents and cancelled warrants, readily available to the State.
3. County must also provide an employee having knowledge of the Allocation and the accounting procedure or system to assist the State's auditor. The County shall provide a copy of any document, paper, record, or the like requested by the State.
4. All Allocation records must be retained for at least one year following an audit or final disputed audit findings.

J. Nondiscrimination

1. County shall not discriminate against any person on the basis of sex, race, color, national region, age, religion, ancestry, or physical handicap when conducting Health Navigators efforts pursuant to this Agreement and in compliance with the Americans with Disabilities Act.
2. County shall ensure the security, privacy and confidentiality of each enrollee.

K. Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Attachment 6

1. Counties shall ensure security of privacy and confidentiality of each consumer application and comply with HIPAA requirements as set forth by law in accordance with Attachment 6.

SAN BERNARDINO
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT BUDGET PLAN
Amendment 1

• List all personnel positions and the corresponding time base for each staff member (i.e. full time = 1.0, half time = .50).
 • Identify the projected budget amount for each line item per fiscal year and the projected total amounts.
 • Identify the costs of benefits for each fiscal year and project the total amount.
 • List all non-personnel expenses, which may include, but not limited to, operating costs, program supplies, travel, technology equipment, and subcontractors.
 • Provide a projection for each fiscal year and the total projected amounts.

Please identify your specific timeframes of your contract per fiscal year, modify if necessary (i.e. Fiscal Year 2 = 07/01/20 – 06/30/21; Fiscal Year 3 = 07/01/21 – 03/31/22). Furthermore, for each fiscal year of your contract, include total costs and overall costs for Total Personnel, Total Non-Personnel, Direct Costs (Projects: i.e. equipment specific for outreach and enrollment), and Indirect Costs (Overhead: i.e. health insurance), identify the indirect percentage, and the Grand Total amounts.

Medi-Cal Navigators Project (AB 74)	Time Base (FTEs)	SFY 2	SFY 3	Total
		7/1/20 – 6/30/21	7/1/21 – 3/31/22	Amount
Personnel Staff			incl. 2.5% MOU increase	
Program Specialist I – PDD	0.1	\$ 3,732.00	\$ 3,825.30	\$ 7,557.30
Program Manager – PDD	0.0	\$ 1,972.00	\$ 2,021.30	\$ 3,993.30
Accounting Technician – ASD	0.1	\$ 3,183.00	\$ 3,262.58	\$ 6,445.58
Staff Analyst II - ASD	0.0	\$ 1,775.00	\$ 1,819.38	\$ 3,594.38
Program Specialist – TAD Administration	0.2	\$ 13,061.00	\$ 13,387.53	\$ 26,448.53
Regional Manager – TAD Administration	0.0	\$ 964.00	\$ 988.10	\$ 1,952.10
				\$ -
Benefits		\$ 2,397.00	\$ 2,456.93	\$ 4,853.93
Total Personnel Expenses	0.4	\$ 27,084.00	\$ 27,761.10	\$ 54,845.10
Non-Personnel – Direct Costs				
-Office Expenses		\$ -		\$ -
-Equipment		\$ -		\$ -
-Travel		\$ -		\$ -
-Training		\$ -		\$ -
-Conference/Meetings		\$ -		\$ -
-Outreach Material		\$ -		\$ -
-Total Budget for All CBOs		\$ 617,500.00	\$ 610,149.46	\$ 1,227,649.46
-Other Costs [itemize expenses in an attachment]				\$ -
Total Direct Costs		\$ 617,500.00	\$ 610,149.46	\$ 1,227,649.46
Non-Personnel – Indirect Costs**				
-Health Insurance		\$ -		\$ -
-Other Costs [itemize expenses in an attachment]		\$ -		\$ -
Total Indirect Costs		\$ -	\$ -	\$ -
Total Personnel Expenses		\$ 27,084.00	\$ 27,761.10	\$ 54,845.10

Total Direct Costs		\$ 617,500.00	\$ 610,149.46	\$ 1,227,649.46
Total Indirect Costs @ _20_%		\$ 5,416.00	\$ 5,552.22	\$ 10,968.22
Grand Total		\$ 650,000.00	\$ 643,462.78	\$ 1,293,462.78

(In-Direct costs \$15,994.50 included in total D

*Expenditures can be billed from the date the Allocation Agreement is countersigned by DHCS.

** Indirect costs are calculated on County Personnel Costs only.



Attachment 2 Work Plan SAN BERNARDINO COUNTY NAVIGATORS PROJECT WORK PLAN Amendment 1



Activity 1 – Program Planning and Startup

Activity 1: Identify major Navigators Project's planning and startup objectives, milestones, strategies, and activities. Identify target population groups¹, completion dates, and how many individuals from each group you intend to enroll.

OBJECTIVE Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	MILESTONE Detail of milestone in objective's strategic plan	STRATEGIES AND ACTIVITIES What strategies/ activities will be used to achieve these goals and objectives?	TARGET POPULA-TIONS See below ¹	COMPLE-TION DATE	RESPONSIBILITY List organization responsible, and staff position responsible.	GOAL Indicate the number of individuals or increase by percentage each objective plans to reach. <i>(i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).</i>
1.1 Develop a scope of work to be used for procurement	Scope-of-work completed and posted	<ul style="list-style-type: none"> Complete Scope-of-Work and incorporate into a Request for Proposals (RFP). Post RFP to allow qualified CBOs to bid 	1. Aged persons 2. Persons who are homeless 3. Immigrants and families with mixed immigration status 4. Persons with limited English proficiency 5. Young people of color 6. Low-wage workers and their families or dependents 7. Uninsured children and youth formerly enrolled in Medi-Cal	January 2020	San Bernardino County Transitional Assistance Department (TAD) Staff Analyst/Program Specialist	N/A
1.4 Secure a CBO contract and work with the contractor to recruit program staff to	CBO contracted for outreach and enrollment services	<ul style="list-style-type: none"> Select CBO through procurement process 	All populations	September 2020	TAD/Designated CBO Program Specialist/Contractor	N/A

¹ Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color, Immigrants and families of mixed immigration status; Persons with limited English proficiency; Low wage workers and their families; Uninsured children and youth formerly enrolled in Medi-Cal



Attachment 2 Work Plan

SAN BERNARDINO COUNTY

NAVIGATORS PROJECT WORK PLAN

Amendment 1



provide outreach and enrollment services.		<ul style="list-style-type: none"> Have contract board approved and signed by selected CBO. 				
1.5 Develop a schedule of regularly occurring meetings between TAD and CBO.	Schedule of quarterly meetings scheduled	<ul style="list-style-type: none"> Develop a regularly occurring schedule of meetings between TAD and CBO. Meetings to be every other week at implementation and reduce once service delivery begins (but will be no less than quarterly). 	N/A	September 2020	TAD Designated CBO Program Specialist	N/A
1.6 Provide training to CBOs to assist regarding Medi-Cal application assistance and/or renewal forms	Application training developed and provided.	<ul style="list-style-type: none"> Develop a Medi-Cal application training for CBO Provide training in group sessions to CBO staff. 	All populations	September 2020	TAD Program Specialist	N/A
1.7 Train program staff in outreach strategies	CBO staff are trained in Medi-Cal outreach strategies	<ul style="list-style-type: none"> Develop Medi-Cal outreach strategies Conduct training for assigned CBO staff. 	All populations	September 2020	Designated CBO	N/A
1.8 Develop a calendar of enrollment events	Schedule of events from October 2020 to June 2021 established.	<ul style="list-style-type: none"> TAD will collaborate with the CBO to determine schedule and target population of virtual events. CBO develops and provides a schedule of Medi-Cal outreach events throughout San Bernardino County. 	All populations	September 2020	Designated CBO and TAD Program Specialist	N/A
1.9 Establish tracking and reporting protocols and schedules	Development of tracking/reporting schedule and template forms	<ul style="list-style-type: none"> Develop templates for tracking required information including: <ul style="list-style-type: none"> Demographic and economic information for event attendees Outreach/program information provided Applications taken Renewal support provided <p>Develop schedule when templates and invoices are due to TAD</p>	All populations	September 2020	TAD Program Specialist	N/A



Attachment 2 Work Plan SAN BERNARDINO COUNTY NAVIGATORS PROJECT WORK PLAN Amendment 1



Activity 2 – Navigation Activities

Activity 2: Identify major Navigators Project's outreach and enrollment activities objectives, milestones, strategies, and activities. Identify target population groups², completion dates and how many individuals from each group you intend to enroll.

OBJECTIVE Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	MILESTONE Detail of milestone in objective's strategic plan	STRATEGIES AND ACTIVITIES What strategies/ activities will be used to achieve these goals and objectives?	TARGET POPULATIONS See below ²	COMPLETION DATE	RESPONSIBILITY List organization responsible, and staff position responsible.	GOALS VS. ACTUALS Indicate the number of individuals or increase by percentage each objective plans to reach. (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).
2.3 Coordinate public outreach and enrollment virtual events which provide information on health care programs, allow on-site access to applications, and direct application assistance from staff in attendance.	Virtual events targeting communities throughout San Bernardino County.	<ul style="list-style-type: none"> Implement the schedule of events development during the program planning phase. Create marketing material for each specific event. Provide outreach and enrollment services at community events. Forward applications and renewal paperwork to local TAD offices. 	All populations	June 30th 2024 March 31st 2022	Designated CBO	Provide assistance at community events with a goal of 40,800 21,600 people outreached and 4,080 2,160 applications taken over the 9 18 month program period.
2.4 Continue regularly scheduled meetings between TAD and CBO	Regularly scheduled meetings	<ul style="list-style-type: none"> Continue to hold regularly scheduled meetings to discuss program successes and challenges. 	N/A	June 2024 March 31st 2022	TAD Designated CBO	N/A

² Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color; Immigrants and families of mixed immigration status; Persons with limited English proficiency; Low wage workers and their families; Uninsured children and youth formerly enrolled in Medi-Cal.



Attachment 2 Work Plan SAN BERNARDINO COUNTY NAVIGATORS PROJECT WORK PLAN Amendment 1



Activity 3 – Retention

Activity 3: Identify major Navigators Project's retention objectives, milestones, strategies, and activities. Identify target population groups³, completions dates, and how many individuals from each group you intend to enroll.

OBJECTIVE Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	MILESTONE Detail of milestone in objective's strategic plan	STRATEGIES AND ACTIVITIES What strategies/activities will be used to achieve these goals and objectives?	TARGET POPULATIONS See below ³	COMPLETION DATE	RESPONSIBLE ENTITY and LOCATION List responsible organization and location.	GOALS VS. ACTUALS Indicate the number of individuals or increase by percentage each objective plans to reach. (i.e. <i>Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X</i>).
3.2 Provide reminder calls to customers approaching a renewal deadline and who continue to have outstanding information due.	Call Medi-Cal recipients with a pending renewal two weeks before discontinuance	<ul style="list-style-type: none"> Draft a script to use when calling Medi-Cal recipients with an outstanding redetermination. Compile a list of Redeterminations expiring in two weeks and provide to the CBO to make calls. The CBO will outreach specifically to the Medi-Cal recipients at risk of discontinuance. 	All populations	June 2024 <u>March 31st 2022</u>	Designated CBO	6000 12000 calls anticipated over the program period, to persons nearing discontinuance due to failure to complete RE paperwork or provide required information.

³ Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color; Immigrants and families of mixed immigration status; Persons with limited English proficiency; Low wage workers and their families; Uninsured children and youth formerly enrolled in Medi-Cal



SAN BERNARDINO COUNTY NAVIGATORS PROJECT WORK PLAN

Attachment 2; Submit to DHCS no later than 10/11/2019



**Data used for goal setting was based on San Bernardino's Medi-Cal Outreach and Enrollment program (2014-2018)

Activity 4 – Tracking and Reporting

Activity 4: Identify major Navigators tracking and reporting measures. Identify target population groups⁴. Identify the initial and final reporting measures and % change of each measure. Please include data source.

TRACKING and REPORTING MEASURE Include a description of each measure, and assumptions	LOCATION	TARGET POPULATION See below ⁴	INITIAL	FINAL	% CHANGE	REPORTING PERIOD	COMPLETION DATE Date reported to DHCS	RESPONSIBLE ENTITY List responsible organization
4.1 Track the number of attendees at virtual events	Event location	All populations	0	10,800 21,600	0 50% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	Designated CBO
4.2 Track the number of attendees who received outreach material or other information regarding the Medi-Cal program	Event location		0	10,800 21,600	0 50% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	Designated CBO
4.3 Track demographic and economic information from event attendees to identify target population	Event location	All populations	0	10,800 21,600	0 50% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	Designated CBO
4.4 Track the number of applications taken at events	Event location	All populations	0	10,800 21,600	0 50% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	Designated CBO
4.12 Using the C-IV system, track applications processed and denied, associated with the Navigator program	TAD offices	All populations	0	10,800 21,600	0 50% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	TAD
4.13 Using the C-IV system track the number of applications successfully renewed and discontinued, as associated with the Navigator program	TAD offices	All populations	0	1,580 2,160	0 73% Increase	October 2020 to June 2021 March 2022	June 2021 March 2022	TAD

⁴ Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color; ~~Persons in jails, prison, parole probation or post-release community supervision~~; Immigrants and families of mixed immigration status; Persons with limited English proficiency; Low wage workers and their families; Uninsured children and youth formerly enrolled in Medi-Cal