

**AMENDMENT #3
TO CONTRACT #C2223.16 BETWEEN
COUNTY OF VENTURA
AND
MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT
FOR
MEDI-CAL HEALTH NAVIGATOR OUTREACH & ENROLLMENT**

The County of Ventura (County) and Mixteco/Indigena Community Organizing Project (Contractor), hereby agree that the Contract previously entered into by the parties, also identified as County of Ventura Contract No. C2223.16, and amended June 1, 2023, and July 1, 2023, is further amended effective July 1, 2024, as follows:

1. The "Term" contained in the table on the first page of the Contract is amended by deleting "July 1, 2022-June 30, 2024" and replacing it with "July 1, 2022-December 31, 2024".
2. The "Contract Amount" contained in the table on the first page of the Contract is amended by deleting "\$675,000 for Fiscal Year July 1, 2022-June 30, 2023, and \$675,000 for Fiscal Year July 1, 2023-June 30, 2024", and replacing it with "\$675,000 for Fiscal Year July 1, 2022-June 30, 2023, \$675,000 for Fiscal Year July 1, 2023-June 30, 2024, and \$115,350 for Fiscal Year July 1, 2024-December 31, 2024".
3. Section 1. SERVICES TO BE PERFORMED BY CONTRACTOR. The first sentence is deleted and replaced with the following: "In consideration of the payments hereinafter set forth, Contractor will perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibits A, A1, A2, B, B1, B2, C, C1, C2, D and E to this Contract."
4. Section 2. PAYMENTS. The first sentence is deleted and replaced with the following: "In consideration of the services rendered in accordance with all applicable terms, conditions and specifications, County will make payment to Contractor in the manner specified in Exhibit A (Scope of Work), Exhibit A1 (Scope of Work for Fiscal Year 2023-2024), and Exhibit A2 (Scope of Work for Fiscal Year 2024-2025) and in accordance with the approved budget for this Contract herein included as Exhibits B, B1 and B2."
5. Section 6. TERM. The first sentence is deleted and replaced with the following: "The term of this Contract is from July 1, 2022–December 31, 2024, subject to all terms and conditions set forth herein and subject to the appropriation of funds by the Board of Supervisors."
6. Section 26. EXHIBIT LIST. This section is amended by adding the following exhibits to the Exhibit List:
 - Exhibit A2-Scope of Work (for Fiscal Year 2024-2025)
 - Exhibit B2-Budget (for Fiscal Year 2024-2025)
 - Exhibit C2-Monthly Performance Report (for Fiscal Year 2024-2025)
 - Exhibit C2-Quarterly Progress Report (for Fiscal Year 2024-2025)
7. Exhibit A2-Scope of Work (for Fiscal Year 2024-2025), attached hereto and incorporated by reference, is added to this Contract.
8. Exhibit B2-Budget (for Fiscal Year 2024-2025), attached hereto and incorporated by reference, is added to this Contract.
9. Exhibit C2-Monthly Performance Report (for Fiscal Year 2024-2025), attached hereto and incorporated by reference, is added to this Contract.
10. Exhibit C2-Quarterly Progress Report (for Fiscal Year 2024-2025), attached hereto and incorporated by reference, is added to this Contract.
11. All other terms and conditions of the Contract remain the same.

COUNTY OF VENTURA

MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT

Authorized Signature

Melissa Livingston

Printed Name

Director, Human Services Agency

Title

Date

Authorized Signature

Arcenio Lopez

Printed Name

Executive Director

Title

Date

EXHIBIT A2 – SCOPE OF WORK

CONTRACTOR – MIXTECO/INDIGENA COMMUNITY ORGANIZING PROJECT (MICOP) PROGRAM NAME – MEDI-CAL HEALTH NAVIGATOR OUTREACH & ENROLLMENT

I. PROGRAM OBJECTIVE

The purpose of this contract is for Contractor to provide Medi-Cal outreach, enrollment and retention services to traditionally hard to reach and underserved population groups within Ventura County, which shall be referred to herein as the “Program”. These Program services will focus activities on populations that need or are at risk of losing Medi-Cal. The goals of the Program are to increase the number of eligible individuals who can access health care services through the Medi-Cal program and to improve the health of Ventura County residents.

II. CONTRACTOR RESPONSIBILITIES

Contractor shall:

- A. Assist applicants with enrollment in Medi-Cal by assisting unenrolled clients to complete and submit a Medi-Cal Application.
- B. Assist beneficiaries with retaining Medi-Cal by assisting active beneficiaries to complete and submit a Medi-Cal Redetermination.
- C. Conduct outreach by providing information about Medi-Cal retention and enrollment services, health check-ups and Managed Care Health Plan information. Provide assistance and/or troubleshooting with completing and submitting Medi-Cal forms.
- D. Employ 3.0 full-time equivalents to operate the program.
- E. Achieve the following weekly benchmarks:
 - 1) Locate Navigators at Human Services Agency offices and/or other county sites as approved by County for a minimum of 35 hours per week.
 - 2) Maintain office hours at MICOP offices for a minimum of 40 hours per week.
- F. Serve the following two (2) regions of Ventura County. Regions are determined by the County of Ventura Human Services Agency-Community Services Department (HSA-CSD.) Additional communities in other regions within Ventura County are not excluded from this program and may be served by Contractor:
 - 1) Region 1 – Oxnard Plain (including the cities of Oxnard, Port Hueneme and Camarillo, as well as adjacent unincorporated areas.)
 - 2) Region 3 – Santa Clara Valley (including the cities of Santa Paula and Fillmore, as well as adjacent unincorporated areas.)
- G. Serve all populations, especially those traditionally harder-to-serve groups including:
 - 1) Immigrants and families of mixed immigration status
 - 2) Persons with limited English proficiency
 - 3) Young persons of color

- 4) Aged persons
- 5) Disabled persons
- 6) Persons with mental health disorders
- 7) Low wage workers
- 8) Uninsured children and youth formerly enrolled in Medi-Cal
- 9) Expansion Populations (individuals aged 19 and older without satisfactory immigration status)

H. Engage current and potential Medi-Cal clients in the following ways:

1) Enrollment

- Provide applications at MICOP offices, Human Services Agency offices and/or other county sites.
- Provide assistance with completing applications in person, by phone, or through secure online/video platforms.
- Provide language and literacy assistance for those who have limited English or reading skills.
- Provide assistance in submitting applications and related verifications via BenefitsCal, paper, secure e-mail, the vchsa.org/submit online portal, or as may be directed by County.
- Case-manage applicants to assist in the eligibility and application process as needed.

2) Retention

- Assist clients in completing their annual redetermination. This may include reading and translating materials, assisting with completing and submitting forms, assisting in obtaining verification, and providing all other assistance related to the annual redetermination process.
- Provide language and literacy assistance for those who have limited English or reading skills.
- With client permission, communicate changes in address or phone number to County to assist County with maintaining contact.
- Provide case management to help clients obtain and submit verification materials.

3) Assistance

- Provide assistance and troubleshooting aimed at enrollment in and retention of Medi-Cal.
- Provide language and literacy assistance with completing forms, reading notices, reporting changes, and accessing medical services.
- Provide assistance with obtaining replacement cards, obtaining and submitting required verifications, and other troubleshooting.
- Provide health navigation services to ensure that clients can effectively navigate the healthcare system and utilize programs in which they are enrolled.

- 4) Provide information and assistance in a culturally and linguistically appropriate method at no cost to the individual, including the provision of oral interpretation of non-English languages and the translation of written documents when necessary or when requested by the individual to ensure effective communication.
 - 6) Create and maintain a CBO account on BenefitsCal.
 - 7) Locate Navigators at Human Services Agency offices and/or other county sites to assist individuals with language, technology or other barriers in completing applications and renewals, and providing verifications. Schedule of times and locations to be mutually developed between County and Contractor.
- I. Maintain qualified, bilingual and culturally competent staff.
 - J. Allocate sufficient staff time to coordinate and implement the Program services.
 - K. Adhere to the State of California's Business Associate Addendum (BAA) governing the gathering and access to Protected Health Information or Personal Information, included herein as **Exhibit D** to this contract. Adhere to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) which protects the privacy and security of certain health information.
 - L. Deliver project services in person, via telephone and through secure virtual/technology platforms.
 - M. Secure approval from the CSD Project Liaison(s) on any printed materials related to this Program prior to dissemination of said materials.
 - N. Ensure the completion and submission of required Medi-Cal paperwork and/or verification needed to certify eligibility. The preferred method for submitting applications is via BenefitsCal, secure email to designated email inbox, by mail or by phone.
 - O. Closely coordinate activities with the CSD Project Liaison(s) to ensure individuals identified as potentially eligible for Medi-Cal services do become enrolled and/or retained.
 - P. Implement sufficient encryption, password complexity, patch management and critical security updates to minimize technological risks, threats or vulnerabilities and provide secure file transfers that protect personally identifiable information (PII).
 - Q. Cultivate staff and program capacity in the areas of diversity, equity and inclusion to serve clients in a culturally and linguistically considerate manner and ensure equal access to services and equitable outcomes across the diverse client

population.

- R. Strive to create an inclusive environment where every client/participant feels like they belong.
- S. Track and submit to the CSD Project Liaison(s) monthly data reports and quarterly cumulative progress reports.
- T. Attend all meetings and trainings coordinated by County.
- U. Destroy, at the end of the contract period, any list(s) provided by County which contain PII, HIPAA or other confidential information.
- V. Comply with the General Contract Conditions, Assurances and Certifications included herein as **Exhibit E** to this contract.

III. COUNTY RESPONSIBILITIES:

County shall:

- A. Provide training to Contractor staff inclusive of basic Medi-Cal eligibility, forms, processing standards and technological or web-based systems.
- B. Schedule meetings with CSD staff and Contractor to communicate progress, changes, procedural information and other items as needed.
- C. Distribute to Contractor as soon as possible any changes to the reporting format for the monthly data report or quarterly cumulative progress report.
- D. Provide access to appropriate HSA facility for Navigators working on-site.
- E. Process all appropriate contract modifications.
- F. Review invoices and pay Contractor for services rendered in accordance with the terms and conditions of this contract.

IV. PERFORMANCE MEASURES

- A. Contractor performance on this project will be evaluated based on the benchmarks identified in Section II(D).
- B. Contractor shall submit data reports to County on a monthly basis. Reports are due within ten (10) days after the end of the month being reported. Reports shall detail performance on outcomes as identified in **Exhibit C2-Monthly**. The monthly report format has been developed by County and is subject to change by County at any time. If changes to the reporting format are needed, County will provide Contractor with the revised format as soon as possible.

- C. Contractor shall submit progress reports to County on a quarterly basis. Reports are due within 15 days after the end of each quarter, with the first report due no later than October 15, 2024, for the quarter ending September 30, 2024. Reports shall detail performance on outcomes as identified in **Exhibit C1-Quarterly**. An accompanying narrative outlining reasons for underperformance and plan for improvement should accompany quarterly reports for any measures where Contractor is not meeting the stated goal. If changes to the reporting format are needed, County will provide Contractor with the revised format as soon as possible.

V. COMPENSATION SCHEDULE

- A. Contractor and County acknowledge and agree that this is a cost reimbursement contract. The total compensation amount of this contract shall not exceed \$115,350 unless amount is modified by mutual agreement. County reserves the right to decrease the contract amount if funding is reduced or eliminated by the State or the County Board of Supervisors. Contractor shall be paid in arrears for all costs incurred and paid in support of this contract.
- B. Contractor shall submit an invoice monthly for all expenses incurred and paid for the previous month no later than the fifteenth (15th) calendar day of the subsequent month to Human Services Agency-Fiscal Division. If contract invoices or other required documentation are not submitted within ninety (90) days of the activity occurring, Contractor will pay to County \$50 per day as liquidated damages beginning on the 91st day following the original due date.
- C. Subcontractor invoices for services shall be paid by Contractor first with such amounts included in Contractor's regular invoice to County for reimbursement.
- D. In accordance with the approved budget, included herein as **Exhibit B2**, County shall reimburse to Contractor the approved costs within thirty (30) days of the receipt of an approved invoice.

VI. MONITORING

- A. County may monitor and evaluate Contractor to ensure compliance with the terms of this agreement.
- B. Contractor's failure to resolve a County-identified deficiency within 90 days of the monitoring notice is sufficient cause for the County to withhold payment of funds to Contractor.
- C. Monitoring reports will be used to evaluate requests for proposals for new contracts and for making program improvements should this contract be renewed.

VII. ADDITIONAL PROVISIONS

- A. In the event of short- or long-term conditions which impact Contractor's normal service delivery operations, such as a declared public health emergency or disaster, Contractor shall immediately notify County of the status and impact on operations, staffing and client populations. Contractor shall work with County to develop a strategy to be approved by County for alternative methods to deliver services and plan for timely return to normal service operations, while also adhering to federal, state and local safety and public health directives at all times.
- B. Equipment purchased with funds paid or provided to Contractor under this contract is the property of County. County retains the right to have all such property returned upon conclusion of the contract period.
- C. Contractor may subcontract any of its duties and responsibilities under this Contract to a third party, if it deems necessary, so long as:
 - 1. The subcontractor is an eligible service provider, as determined by County;
 - 2. The subcontractor is held to the same policies, procedures, conditions and mandates to which Contractor is held under this contract;
 - 3. Contractor obtains the prior written approval of County for such subcontract;
 - 4. Contractor ensures that no subcontractors, nor their officers, have been debarred or suspended from receiving federal funds as required by 2 CFR 200;
 - 5. Contractor shall be liable for all actions of any subcontractor in the execution of this Contract; and
 - 6. Contractor monitors performance and compliance with all aspects of the subcontract and report all findings and any corrective actions to County.

Contract Budget		Exhibit B2	
1. CONTRACTOR NAME: Mixteco Indigena Community Organizing Project			
2. PROGRAM ACTIVITY/PROJECT NAME: Medi-Cal Navigators			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2024	TO: 12/31/2024	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2024	
		AMENDMENT #: 3	
CONTRACT #: C2223.16		AMENDMENT EFFECTIVE DATE: 7/1/2024	

BUDGET SUMMARY			
I. DIRECT PROGRAM EXPENSES	BUDGET SUMMARY	LEVERAGED COSTS	LEVERAGE TYPE (In-Kind or Cash)
A. Staff Salaries	\$ 77,105		
B. Staff Fringe Benefits	\$ 23,132		
C. Program Operating Expenses	\$ 4,626		
D. Contractual Services	\$ -		
E. Client/Participant Direct Costs	\$ -		
F. Other	\$ -		
SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES	\$ 104,863	\$ -	
II. INDIRECT COSTS	\$ 10,486	\$ -	
TOTAL NOT TO EXCEED CONTRACT AMOUNT	\$ 115,350	\$ -	

BUDGET DETAIL				
I. DIRECT PROGRAM EXPENSES				
A. Staff Salaries (List Position/Title)	Monthly Salary	FTE(S)	# of Months	Total
Medi-Cal Manager	\$5,000	0.75	6	\$ 22,500
Medi-Cal Navigator	\$4,310	1	6	\$ 25,860
Medi-Cal Navigator	\$4,335	1	6	\$ 26,010
Reporting	\$4,559	0.1	6	\$ 2,735
				\$ -
A. Subtotal Staff Salaries				\$ 77,105

B. Staff Fringe Benefits	Rate (%)	Total
Payroll Taxes (Social security, Medicare, etc.)	7.65%	\$ 5,899
UI and CA	0.48%	\$ 370
Workers Compensation	1.00%	\$ 771
Health Benefits(Vision/Dental/Medical)	4.00%	\$ 3,084
Retirement Contributions	2.50%	\$ 1,928
Vacation	5.16%	\$ 3,979
Holiday & Winter Break	9.21%	\$ 7,101
		\$ -
Other (please describe):		\$ -
B. Subtotal Staff Fringe Benefits		\$ 23,132

C. Program Operating Expenses		TOTAL
(Must be verifiable and cannot also be treated as an Indirect Cost.)	Use the percentage of program payroll amounts to determine.	
Staff Travel, Facility Lease/Mortgage, Telephone/Utilities, Insurance Related to the Program, Office Supplies & Equipment*, Program Outreach, Other Program Costs	20%	\$ 4,626
		\$ -
C. Subtotal Direct Program Operating Expenses		\$ 4,626

(*Note: For equipment items over \$5,000 and a useful life of more than one year, additional approval is needed. Please list all such items individually with the per-unit costs.)

Contract Budget		Exhibit B2	
1. CONTRACTOR NAME: Mixteco Indigena Community Organizing Project			
2. PROGRAM ACTIVITY/PROJECT NAME: Medi-Cal Navigators			
3. PERFORMANCE PERIOD		4. EFFECTIVE DATES	
FROM: 7/1/2024	TO: 12/31/2024	INITIAL CONTRACT EFFECTIVE DATE: 7/1/2024	
		AMENDMENT #: 3	
CONTRACT #: C2223.16		AMENDMENT EFFECTIVE DATE: 7/1/2024	

D. CONTRACTUAL SERVICES (List legal entity name for each)	Contract Description & Cost Details	Subaward (S) or Vendor (V) (to)	Total
			\$ -
			\$ -
			\$ -
			\$ -
D. Subtotal Contractual Services			\$ -

E. CLIENT/PARTICIPANT DIRECT COSTS	TOTAL
	N/A
E. Subtotal Client/Participant Direct Costs	\$ -

F. OTHER (Please Describe)	Budget Justification & Calculation Details	
		\$ -
		\$ -
		\$ -
		\$ -
F. Subtotal Other		\$ -

DIRECT PROGRAM COSTS TOTAL	\$ 104,863
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II. INDIRECT COSTS* (Use one of the options below.)				
	Rate (%)	Cost Base Rate Applied to (Amount)	Cost Base (Type)	Total
1. Federally Negotiated Indirect Cost Rate (Must attach your approved ICRA)				\$ -
2. De Minimis 10%	10%	\$ 104,863	MTDC	\$ 10,486
3. Other Program Special Rate (May be referenced in RFP, provide details)				\$ -
INDIRECT COSTS TOTAL				\$ 10,486

*Please note that items cannot be charged as both Direct Program Expenses and Indirect Costs. See 2 CFR §200.412-§200.415.

Please list the general items classified by your agency as Indirect Costs:

Annual audit, insurance, salaries & payroll taxes for indirect support staff, HR consultant fees, equipment/equipment depreciation, indirect supplies, storage fees, printing, etc.

Health Enrollment Navigators
Monthly Data Report

Partner Name: MICOP
County Name: _____
Reporting Period: _____

DP 1:	Hours in Office	0
DP 2:	Office Customers Served	0
DP 3:	Hours at Community Locations	0
DP 4:	Community Customers Served	0
DP 5:	Hours at HSA Offices	0
DP 6:	HSA Customers Served	0

By signing and submitting this report, I certify on behalf of my agency that this information is true and correct to the best of my knowledge.

County or CBO Navigators Project Authorized Designee (Print Name)	Signature	Date
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Health Enrollment Navigators Monthly Data Report

Exhibit C2 Monthly

[illegible]

Ventura County Navigators Project Quarterly Progress Report

CBO: _____

FY: _____ Quarter: _____

Instructions: Report the progress your county or organization achieved during the quarter and year-to-date (YTD). Provide a response to each of the following prompts below. If no response, please state N/A. If the report is incomplete, HSA will return it to the partner for completion.

1. Describe the activities carried out this reporting period to meet the project goals, as described in your contract.

2. If any, describe proposed activities that were not completed this quarter. Explain why they were not completed and if your organization will complete them.

3. Describe any challenges or barriers encountered. Provide any proposed solutions to those challenges or barriers.

4. Provide any additional updates or information completed this quarter that was not identified in the above prompts and/or anything you feel HSA should be aware of.

5. Provide any feedback or comments HSA can implement or assist with for the upcoming quarter or duration of this project.

This Document was completed by:	
Name:	
Title:	
Email:	
Date of completion:	