

**AMENDMENT #4  
TO CONTRACT BETWEEN  
COUNTY OF VENTURA  
AND INTERFACE CHILDREN & FAMILY SERVICES  
FOR  
MEDI-CAL HEALTH NAVIGATOR OUTREACH & ENROLLMENT**

The County of Ventura (County) and Interface Children & Family Services (Contractor), hereby agree that the Contract previously entered into by the parties, also identified as County of Ventura Contract No. C2223.15, and amended June 1, 2023, July 1, 2023, and April 1, 2024, 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-June 30, 2025".
2. The "Contract Amount" contained in the table on the first page of the Contract is amended by deleting "\$397,932 for Fiscal Year July 1, 2022-June 30, 2023, and \$397,932 for Fiscal Year July 1, 2023-June 30, 2024", and replacing it with "\$397,932 for Fiscal Year July 1, 2022-June 30, 2023, \$397,932 for Fiscal Year July 1, 2023-June 30, 2024, and \$397,932 for Fiscal Year July 1, 2024-June 30, 2025."
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 – June 30, 2025, 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)
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. All other terms and conditions of the Contract remain the same.

**COUNTY OF VENTURA**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Melissa Livingston  
Printed Name

\_\_\_\_\_  
Director, Human Services Agency  
Title

\_\_\_\_\_  
Date

**INTERFACE CHILDREN & FAMILY SERVICES**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Erik Sternad  
Printed Name

\_\_\_\_\_  
Executive Director  
Title

\_\_\_\_\_  
Date

**INTERFACE CHILDREN & FAMILY SERVICES**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\* If a corporation, this Contract must be signed by two specific corporate officers.

The first signature must be either the (1) Chief Executive Officer, (2) Chairman of the Board, (3) President, or any (4) Vice President.

The second signature must be the (a) Secretary, an (b) Assistant Secretary, the (c) Chief Financial Officer, or any (d) Assistant Treasurer.

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

## **EXHIBIT A2 – SCOPE OF WORK**

### **CONTRACTOR – INTERFACE CHILDREN & FAMILY SERVICES**

#### **PROGRAM NAME – MEDI-CAL HEALTH NAVIGATOR OUTREACH & ENROLLMENT**

**FISCAL YEAR – JULY 1, 2024-JUNE 30, 2025**

## **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. Achieve the following monthly benchmarks:
  - 1) Assist with 120 applications.
  - 2) Complete 50 new Medi-Cal enrollments.
  - 3) Assist with 126 Medi-Cal redeterminations as described below in section G.2 Retention.
  - 4) Complete 75 Medi-Cal retentions.
  - 5) Reach 1,500 clients through direct outreach, education and assistance.
  - 6) Reach 1,000 clients through media outreach.
  - 7) Assist 100 clients in navigating access and utilization of health care services.
  - 8) Assist 250 clients with troubleshooting.
- E. Serve all regions of Ventura County.
- F. 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) Persons with substance use disorders
- 9) Persons who are homeless
- 10) Persons who are in county jail, state prison or on state parole
- 11) Uninsured children and youth formerly enrolled in Medi-Cal
- 12) Expansion Populations (individuals aged 19 and older without satisfactory immigration status)

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

**1) Enrollment**

- Provide applications at outreach events and other locations.
- 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](http://vchsa.org/submit) online portal, or as may be directed by County.
- Case-manage applicants to assist in the eligibility and application process.

**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) Outreach and Assistance**

- Conduct outreach and provide assistance and troubleshooting aimed at enrollment in and retention of Medi-Cal.
- Attend community events, utilize flyers, brochures, and other printed materials, as well as web sites and social media platforms to promote Medi-Cal and inform the community of services offered.
- 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.

- Conduct direct outreach to schools in Ventura County to provide, assist with, and pick up applications.
  - Conduct direct outreach to clinics, hospitals, senior centers, and Adult Day Health Care centers in Ventura County to provide, assist with, and pick up Medi-Cal applications.
  - Provide health navigation services to ensure that clients can effectively navigate the healthcare system and utilize programs in which they are enrolled.
  - Provide an outreach calendar each quarter that reflects past and future outreach events for the program year, including event name, date and location, estimated number of people expected to attend or did attend, and quantity of Navigators that participated.
- 4) Develop a text campaign that offers 2-1-1 callers and texters the option to sign up for Medi-Cal text alerts which will be provided in both English and Spanish, with further language interpretation available upon request.
- 5) 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, in addition to providing outreach and navigation services. Schedule of times and locations to be mutually developed between County and Contractor.
- 8) Utilize list(s) provided by County of clients who are at risk of Medi-Cal disenrollment, those who have been unenrolled from Medi-Cal and other candidates potentially eligible for Medi-Cal. Attempt phone contact with the household to offer any needed/desired assistance and provide a reminder to submit required paperwork.
- H. Maintain qualified, bilingual (English/Spanish) and culturally competent staff.
- I. Utilize interpreter services as needed to ensure clients receive services in their preferred language.
- J. Allocate sufficient staff time to coordinate and implement the Program services.
- K. Assign staff to interact directly with Medi-Cal clients and prospective clients in areas and communities where the client/prospective client resides.

- L. Conduct intensive outreach to Contractor's specific client base, as well as new clients in the target population groups.
- M. Post new social media messages at least weekly.
- N. Leverage Contractor's existing personnel, resources, internal departments and community partners to identify Medi-Cal eligible individuals and link them to Medi-Cal Navigators for further evaluation and enrollment assistance.
- O. Utilize the 2-1-1 Call Center handlers to evaluate a minimum of 10,000 2-1-1 callers for potential Medi-Cal eligibility.
- P. Deliver project services and outreach in person, via telephone and through secure virtual/technology platforms.
- Q. Secure approval from the Community Services Department (CSD) Project Liaison(s) on any printed materials related to this Program prior to dissemination of said materials.
- R. Support the CalAIM Justice-Involved initiative's pre-release program in the following ways.
  - 1) Provide blank applications and basic Medi-Cal information to adult and juvenile inmates.
  - 2) Provide on-site application assistance to adult and juvenile inmates, as allowed through justice-related protocols.
  - 3) Pick up completed pre-release applications from incarceration facilities and submit to County.
  - 4) Collaborate with the Ventura County Sheriff's Office (VCSO) and the Ventura County Probation Agency (VCPA) to manage group and individual enrollment sessions.
- S. 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.
- T. 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.
- U. 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.
- V. 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).

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

### **III. COUNTY RESPONSIBILITIES:**

County shall:

- A. Provide Contractor list(s) of clients who are at risk of Medi-Cal disenrollment, those who have been unenrolled from Medi-Cal and other candidates potentially eligible for Medi-Cal.
- B. Provide training to Contractor staff inclusive of basic Medi-Cal eligibility, forms, processing standards and technological or web-based systems.
- C. Schedule meetings with CSD staff and Contractor to communicate progress, changes, procedural information and other items as needed.
- D. Distribute to Contractor as soon as possible any changes to the reporting format for the monthly data report or quarterly cumulative progress report.
- E. Work closely with Contractor to develop and implement a secure inmate prerelease enrollment process to serve the jail population on-site, as allowed through justice-related protocols.
- F. Provide access to appropriate HSA facility for Navigators working on-site.
- G. Process all appropriate contract modifications.

- H. Review invoices and pay Contractor for services rendered in accordance with the terms and conditions of this contract.
- I. Report to the State on the project outcomes and expenditures, based on reporting and expenditure information provided by Contractor.

#### **IV. PERFORMANCE MEASURES**

- A. Contractor performance on this project will be evaluated based on the total number of persons referred by Contractor who successfully complete and submit to County all required documents and become enrolled in Medi-Cal, who complete documentation to renew their Medi-Cal eligibility, and/or are assisted with retention compliance activities.
- 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 the State and is subject to change by the State 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 \$397,932 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. 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: Interface Children & Family Services                          |               |   |  |
| 2. PROGRAM ACTIVITY/PROJECT NAME: Medi-Cal Health Navigator Outreach & Enrollment |               |   |  |
| 3. PERFORMANCE PERIOD   |               | 4. EFFECTIVE DATES                        |  |
| FROM: 7/1/2023  | TO: 6/30/2024 | INITIAL CONTRACT EFFECTIVE DATE: 7/1/2022 |  |
|   |               | AMENDMENT #: 4                            |  |
| CONTRACT #: C2223.15  |               | 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                           | \$ 233,359     |                 |                                 |
| B. Staff Fringe Benefits                    | \$ 53,789      |                 |                                 |
| C. Program Operating Expenses               | \$ 75,931      |                 |                                 |
| D. Contractual Services                     | \$ -           |                 |                                 |
| E. Client/Participant Direct Costs          | \$ -           |                 |                                 |
| F. Other                                    | \$ -           |                 |                                 |
| SUBTOTAL SECTION I -DIRECT PROGRAM EXPENSES | \$ 363,079     | \$ -            |                                 |
| II. INDIRECT COSTS                          | \$ 34,853      | \$ -            |                                 |
| TOTAL NOT TO EXCEED CONTRACT AMOUNT         | \$ 397,932     | \$ -            |                                 |

| BUDGET DETAIL                           |                |        |             |            |
|---|----------------|--------|-------------|------------|
| I. DIRECT PROGRAM EXPENSES              |                |        |             |            |
| A. Staff Salaries (List Position/Title) | Monthly Salary | FTE(S) | # of Months | Total      |
| Program officer                         | \$11,611.60    | 0.025  | 12          | \$ 3,483   |
| Director                                | \$7,756.90     | 0.025  | 12          | \$ 2,327   |
| Manager                                 | \$6,419.81     | 0.050  | 12          | \$ 3,852   |
| Supervisor                              | \$6,050.35     | 0.100  | 12          | \$ 7,260   |
| Care Coordinator II                     | \$3,694.60     | 1.000  | 12          | \$ 44,335  |
| Care Coordinator I                      | \$3,430.70     | 4.000  | 12          | \$ 164,674 |
| Technology Manager                      | \$6,147.11     | 0.025  | 12          | \$ 1,844   |
| Outreach & Media Manager                | \$5,786.45     | 0.050  | 12          | \$ 3,472   |
| Outreach & Media Coordinator            | \$3,518.67     | 0.050  | 12          | \$ 2,111   |
|   |                |        |             | \$ -       |
|   |                |        |             | \$ -       |
| A. Subtotal Staff Salaries              | \$3,651.94     | 5.33   | 12          | \$ 233,359 |

| B. Staff Fringe Benefits                                | Rate (%) | Total     |
|---|----------|-----------|
| Payroll Taxes<br>(Social security, Medicare, SUI, etc.) | 7.88%    | \$ 18,389 |
| Health Benefits   | 12.97%   | \$ 30,267 |
| Retirement Contributions                                | 0.10%    | \$ 233    |
| Other (please describe): Workers comp                   | 2.10%    | \$ 4,901  |
| Other (please describe):                                |          | \$ -      |
| B. Subtotal Staff Fringe Benefits                       | 23.05%   | \$ 53,789 |

| C. Program Operating Expenses<br>(Must be verifiable and cannot also be treated as an Indirect Cost.)  | Budget Justification & Calculation Details                        | TOTAL     |
|--|---|-----------|
| Staff Travel, Facility Lease/Mortgage, Telephone/Utilities, Insurance Related to the Program, Office Supplies & Equipment*, Program Outreach, Other Program Costs                  | Use the percentage of program payroll amounts to determine. 32.5% | \$ 75,931 |
|  |   |           |
|  |   |           |
| C. Subtotal Direct Program Operating Expenses  |   | \$ 75,931 |
| (*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: Interface Children & Family Services                          |               |   |  |
| 2. PROGRAM ACTIVITY/PROJECT NAME: Medi-Cal Health Navigator Outreach & Enrollment |               |   |  |
| 3. PERFORMANCE PERIOD   |               | 4. EFFECTIVE DATES                        |  |
| FROM: 7/1/2023  | TO: 6/30/2024 | INITIAL CONTRACT EFFECTIVE DATE: 7/1/2022 |  |
|   |               | AMENDMENT #: 4                            |  |
| CONTRACT #: C2223.15  |               | AMENDMENT EFFECTIVE DATE: 7/1/2024        |  |

| D. CONTRACTUAL SERVICES<br>(List legal entity name for each) | Contract Description & Cost Details | Subaward (S) or<br>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                           |  | \$ -                                       |

|                                   |                   |
|-----------------------------------|-------------------|
| <b>DIRECT PROGRAM COSTS TOTAL</b> | <b>\$ 363,079</b> |
|-----------------------------------|-------------------|

| II. INDIRECT COSTS* (Use one of the options below.)                            |          |                                       |                  |                  |
|--|----------|---------------------------------------|------------------|------------------|
|  | Rate (%) | Cost Base Rate<br>Applied to (Amount) | Cost Base (Type) | Total            |
| 1. Federally Negotiated Indirect Cost Rate<br>(Must attach your approved ICRA) |          |                                       |                  | \$ -             |
| 2. De Minimis 10%  | 10%      | \$ 348,527                            | MTDC **          | \$ 34,853        |
| 3. Other Program Special Rate<br>(May be referenced in RFP, provide details)   |          |                                       |                  | \$ -             |
| <b>INDIRECT COSTS TOTAL</b>  |          |                                       |                  | <b>\$ 34,853</b> |

\*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:**

Indirect costs include expense not readily identified with the project, but are incurred for the joint benefit of all agency activities. Included are the Executive office, HR, Accounting, Finance and general administration functions and related labor, facility, and other expenses. Also includes outside audit and other professional fees.

**Health Enrollment Navigators  
Monthly Data Report**

| #                            | Field Name   | Description   | When to Indicate  |
|------------------------------|--|---|---|
| AGGREGATE DATA REPORTING TAB | <b>Instructions</b>  | <p><b>Below identifies the fields, field definitions, requirements and expectations of the 'Aggregate Data Reporting' Tab.</b></p> <p><b>If the report is not completed properly, the report will be sent back to the partner for correction and revisions.</b></p>   |   |
|                              | 1 Partner Name   | Name of the Partner submitting the Monthly Data Report.   | This field must be completed.   |
|                              | 2 County Name  | Name of the county where services are rendered.   | This field must be completed.   |
|                              | 3 Reporting Period   | Month and Year for which the Monthly Data Report is being submitted.  | This field must be completed.   |
|                              | 4 DP 1: Enrolled   | This field is used to indicate if the individual encountered was enrolled into/approved for Medi-Cal as a result of submitting their application package. For purposes of this Project, "enrolled" is defined as <i>"Individuals enrolled into Medi-Cal as a direct result of being educated by or receiving assistance from the Navigators Project."</i>   | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount. Each individual's identifying data should be included on the Enrollment and Retention Rpt tab. |
|                              | 5 DP 2: Retained   | This field is used to indicate if the individual encountered was approved for re-enrollment by the renewal date or within the 90 cure period, or able to continue their enrollment in Medi-Cal by proactively submitting the required documents, as part of the annual redetermination process. For purposes of this Project, "retained" is defined as <i>"Individuals continued to be enrolled for on-going Medi-Cal benefits as a direct result of the Navigators Project."</i> | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount. Each individual's identifying data should be included on the Enrollment and Retention Rpt tab. |
|                              | 6 DP 3: Direct Outreach  | This field is used to indicate if the individual was directly encountered as part of the outreach activities. For purposes of this Project, "outreach" is defined as <i>"Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits, if eligible."</i> Example activities include community events, handing out flyers, and direct calls, direct emails, and text messages.  | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount   |
|                              | 7 DP 4: Media Outreach   | This field is used to indicate if the individual was encountered through various media platforms as part of the outreach activities. For purposes of this Project, "outreach" is defined as <i>"Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits, if eligible."</i> Example activities include radio ads, bill board ads, and an Instagram post.   | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount. The total for Media Outreach is an estimate based on the visibility of the publication.        |
|                              | 8 DP 5: Assisted with Application                                | This field is used to indicate if the individual encountered was assisted in completing any or all parts of the Medi-Cal application package. For purposes of this Project, "assisted with application" is defined as <i>"Individuals receiving assistance on how to apply for Medi-Cal, fill out an application, and/or submit required substantiating documentation."</i>   | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount   |
|                              | 9 DP 6: Assisted with Accessing & Utilizing Health Care Services | This field is used to indicate if the individual encountered was assisted with resolving any problems or requesting assistance in order to utilize their existing Medi-Cal benefits. For purposes of this Project, "assisted with accessing & utilizing health care services" is defined as <i>"Medi-Cal recipients receiving assistance in accessing and utilizing health care services such as dental or medical office visits or routine medical care."</i>                    | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount   |
|                              | 10 DP 7: Assisted with Troubleshooting                           | This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with their being enrolled into or keeping their existing Medi-Cal benefits. For purposes of this Project, "assisted with troubleshooting" is defined as <i>"Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits."</i>  | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount   |

**Health Enrollment Navigators  
Monthly Data Report**

|                         |   |   |  |
|-------------------------|---|---|--|
|                         | <b>DP 8:</b> Assisted with Redetermination  | This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with keeping their existing Medi-Cal benefits. For purposes of this Project, <i>"assisted with redetermination"</i> is defined as <i>"Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits. This assistance is exclusively for Medi-Cal renewal or re-determination related services provided by the Navigators Project."</i> Example activities include assistance with renewal application, obtaining the required documents for renewal, and reminding beneficiaries of an upcoming renewal. | If the individual(s) encountered was assisted for this purpose, then provide the overall total amount  |
|                         | <b>11</b> Partner Signature and Date  | By signing and dating the bottom of the report submitted, the partner acknowledges on behalf of the agency, that the information identified on the report is true and correct to the best of their knowledge. Additionally, discovery of falsified data reports will result in termination of the project partner's Allocation Agreement. As all monthly data reports are subject to review and audit upon the discretion of the Department of Health Care Services.  | <p>This field must be completed.</p> <p>Electronic Signatures are acceptable.</p> <p>Partners can electronically sign however Excel allows</p> |
|                         | <b>Instructions</b>   |   |  |
|                         | Below identifies the fields, field definitions, requirements and expectations of the 'Enrollment and Retention Rpt' Tab.  |   |  |
|                         | If the report is not completed properly, the report will be sent back to the partner for correction and revisions.  |   |  |
|                         | <b>1</b> Person Encountered (Last Name)   | This is the last name of the individual encountered as part of the approved Project activities.   | This field must be completed.  |
|                         | <b>2</b> Person Encountered (First Name)  | This is the first name of the individual encountered as part of the approved Project activities.  | This field must be completed.  |
|                         | <b>3</b> Date of Birth (DOB)  | This is the actual date of birth (MM/DD/YYYY) of the individual encountered as part of the approved Project activities. This information is individual specific and must be reported as such.   | This field must be completed.  |
|                         | <b>4</b> Zip Code Address   | This is the current (or last known) home zip code of the individual encountered as part of the approved Project activities. Please enter the first 5 digits   | This field must be completed.  |
|                         | <b>5</b> Assistance Date (MM/DD/YY)   | The date the assistance was provided to the individual by the partner.  | This field must be completed if either enrollment or retention activities were completed.  |
| <b>6</b> DP 1: Enrolled | <p>For enrollment activities, it would be the date the Medi-Cal application was completed by the partner or submitted to the county by the partner.</p> <p>For retention activities, it would be the date the renewal package was completed by the partner or the date it was submitted to the county by the partner.</p> <p>This field is used to indicate if the individual encountered was enrolled into/approved for Medi-Cal <b>as a result of</b> submitting their application package. For purposes of this Project, <i>"enrolled"</i> is defined as <i>"Individuals enrolled into Medi-Cal as a direct result (outcome) of receiving assistance from the Navigators Project."</i></p>                   | <p>If the individual encountered was assisted for this purpose, then all applicable informational data and TPs 1-12 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> <p>*Only <b>one</b> DP should be indicated per individual. The total DP1 indicated on this tab should be reported on the Aggregate Data Reporting tab for DP1.</p>  |  |
| <b>7</b> DP 2: Retained | This field is used to indicate if the individual encountered was: 1) approved for re-enrollment within their renewal period and/or the 90-day cure period, or 2) able to continue their enrollment in Medi-Cal <b>as a result of</b> proactively submitting the required documents, as part of the annual redetermination process. For purposes of this Project, <i>"retained"</i> is defined as <i>"Individuals continued to be enrolled for on-going Medi-Cal benefits as a direct result of the Navigators Project efforts."</i> *Please note that for purposes of this project, the terms, retained, retention, renewal, and redetermination, are all used interchangeably and refer to the same activity.* | <p>If the individual encountered was assisted for this purpose, then all applicable informational data and TPs 1-12 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> <p>*Only <b>one</b> DP should be indicated per individual. The total DP2 indicated on this tab should be reported on the Aggregate Data Reporting tab for DP2.</p>  |  |

**Health Enrollment Navigators  
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**ENROLLMENT AND RETENTION REPORT**

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|--|---|---|
| <b>8 TP 1:</b> Mental Health Disorders                                     | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>9 TP 2:</b> Substance Use Disorders                                     | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>10 TP 3:</b> Other Disabilities   | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>11 TP 4:</b> Aged Persons (65+)   | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>12 TP 5:</b> Homeless   | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>13 TP 6:</b> Young People of Color (21 and under)                       | <p>This field indicates that an individual encountered belongs to this target population. Young is defined as 21 and under.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p> | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>14 TP 7:</b> Immigrants & Families of Mixed Immigration Status          | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>15 TP 8:</b> Limited English Proficiency                                | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>16 TP 9:</b> Low-Wage Workers and their Families or Dependents          | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>17 TP 10:</b> Uninsured Children or Youth Formerly Enrolled in Medi-Cal | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p>                                   | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |

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| <b>18 TP 11:</b> Persons who are in County Jail, State Prison, on State Parole, on County Probation, or under Post-Release Community Supervision | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p> | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>19 TP 12:</b> Populations affected by the Medi-Cal eligibility expansions   | <p>This field indicates that an individual encountered belongs to this target population.</p> <p>*At least one TP should be indicated for each individual. More than one and all that apply can be indicated.</p> | <p>If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.</p> |
| <b>20</b> Race   | <p>This information is self-identified by the individual encountered. For this data, race would refer to an individual's ancestry.</p>  | <p>This information should be reported if it is available to the partner. If partners are not tracking Race separate from Ethnicity leave this field blank. Use one of the options from the drop down list. If the option is not on the list, manual type-in is available.</p>  |
| <b>21</b> Ethnicity  | <p>This information is self-identified by the individual encountered. For this data, Ethnicity would refer to an individual's belonging to a group or subgroup who share a common culture.</p>                    | <p>This information should be reported if it is available to the partner. If partners are not tracking Ethnicity separate from Race leave this field blank. Use one of the options from the drop down list. If the option is not on the list, manual type-in is available.</p>  |
| <b>22</b> Spoken Language  | <p>This information is self-identified by the individual encountered. This data is to identify the preferred language the individual would like to be verbally communicated with.</p>                             | <p>This information should be reported if it is available to the partner. If the identified language is not available on the drop down list, please select other. Use one of the options from the drop down list. If the option is not on the list, manual type-in is available.</p>  |
| <b>23</b> Written Language   | <p>This information is self-identified by the individual encountered. This data is to identify the preferred language the individual would like to receive printed communication in.</p>                          | <p>This information should be reported if it is available to the partner. If the identified language is not available on the drop down list, please select other. Use one of the options from the drop down list. If the option is not on the list, manual type-in is available.</p>  |
| <b>24</b> Sex  | <p>This information is self-identified by the individual encountered. This data is to identify if the individual's sex assigned at birth. is biologically male or female.</p>                                     | <p>This information should be reported if it is available to the partner. This is not to report what sex/gender the individual identifies with or the individual's sexual orientation. If the individual declines to state, indicate as such from the drop down list.</p>   |

## Health Enrollment Navigators Monthly Data Report

**Partner Name:** \_\_\_\_\_  
**County Name:** \_\_\_\_\_  
**Reporting Period:** \_\_\_\_\_

### Normal Operations

|              |   |   |
|--------------|---|---|
| <b>DP 1:</b> | <b>Enrolled</b>   | 0 |
| <b>DP 2:</b> | <b>Retained</b>   | 0 |
| <b>DP 3:</b> | <b>Direct Outreach</b>  | 0 |
| <b>DP 4:</b> | <b>Media Outreach</b>   | 0 |
| <b>DP 5:</b> | <b>Assisted with Application</b>                                    | 0 |
| <b>DP 6:</b> | <b>Assisted with Accessing &amp; Utilizing Health Care Services</b> | 0 |
| <b>DP 7:</b> | <b>Assisted with Troubleshooting</b>                                | 0 |
| <b>DP 8:</b> | <b>Assisted with Redetermination</b>                                | 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. I understand that, pursuant to the Health Navigators Project Allocation Agreement, Section D, Monthly Data Report Attachment 4, partners are required to submit accurate and complete monthly data reports. Additionally, pursuant to the Health Navigators Project Allocation Agreement, Section E3, failure to comply with the terms of the Allocation Agreement may be cause for termination of any and all obligations of the State under the Allocation Agreement, including any subsequent Allocation payments. Further, I understand that all monthly data reports are subject to review and audit upon the discretion of the Department of Health Care Services, and discovery of falsified data reports will result in termination of the project partner's Allocation Agreement.

|   |   |
|---|---|
| County or CBO Navigators<br>Project Authorized Designee<br>(Print Name) | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1;">Signature</div> <div style="flex-grow: 1;">Date</div> </div> |
|---|---|



## Health Enrollment Navigators

# Monthly Data Report

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## Health Enrollment Navigators

# Monthly Data Report

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