



**Medi-Cal Health Navigator Outreach & Enrollment Grant  
Mendocino County Health & Human Services Agency  
Navigators Project Goals and Objectives Plan**  
Attachment 1; 12/6/19



Introduction: This Goal and Objectives form should be used as a guide for navigation planning. Please make sure to provide enough detail so that the selection committee has a clear idea of the organization's mission, target populations<sup>1</sup>, service locations, barriers to current outreach, goals for grant, and specific objectives for grant funding. The Department of Health Care Services (DHCS) has identified ten (10) priority populations to focus health navigation efforts. While priority will be given to organizations who engage with these populations, DHCS will take other selection criteria into consideration when accessing applicants and final allocations.

Mendocino County Health & Human Services Agency currently conducts Medi-Cal navigation services. We have a dedicated unit within our Employment and Family Assistance Services (EFAS) division, called the Outreach Unit. The Outreach Unit does not do eligibility or process applications. The staff are trained as Certified Enrollment Counselors through Covered California. Outreach staff are stationed part-time at a community based Family Resource Center in Ukiah. The staff assist families in applying for and renewing in benefit programs such as Medi-Cal. Outreach staff also travel to a Family Resource Center on the Round Valley Indian Reservation to assist with Medi-Cal enrollment and retention. Applications are submitted online through CalHEERS or by paper and delivered directly to the Ukiah Social Services office. The outreach unit receives calls and referrals for request with Medi-Cal. If the person is unable to travel to a Social Services office and would like to meet with someone in their area, they are referred to a Certified Enrollment Counselor located at a local CBO to assist with navigation efforts within Mendocino County. Our efforts are currently conducted in our Ukiah Social Services office, and two Family Resource Center, and do target specific populations.

In 2005, we formed a coalition of community clinics, Family Resource Centers and County agencies with the goal of ensuring all children in Mendocino County had access to quality affordable health insurance. The scope of this coalition has expanded over the years to include work with parents, seniors and single adults. The Outreach Unit convenes quarterly Outreach Partner meetings with coalition staff. These meetings focus on issues related to Medi-Cal Covered California and CalFresh. At these meetings, staff receive further training and updates from experts in the field. These meetings are vital to maintaining a well trained, knowledgeable group of health insurance navigators county-wide.

In 2016, we collaborated on a project with community clinics and Partnership HealthPlan to reduce Medi-Cal churn. Through this project, Partnership HealthPlan distributed lists to clinics of their assigned patients who were sent a Medi-Cal renewal packet. The clinics would contact the patients to offer assistance with completing their Medi-Cal renewal. This project has fallen away as funding ended. With this grant we would like to revive this successful collaboration to reduce Medi-Cal churn.

This grant would allow us to expand our navigation efforts to include the following targeted populations: persons with mental health disorders and persons who are homeless through a collaboration with the Mendocino County Whole Person Care Project. This grant would allow us

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<sup>1</sup> 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



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to expand our work to provide targeted navigation services at the Ukiah Social Services lobby to aged persons, immigrants, families with mixed immigration status, persons with limited English proficiency, low-wage workers and uninsured children and youth. This grant would help us deepen our collaboration with community clinics to support their navigation efforts with persons who are in county jail as well as the other populations listed above. Clinic staff would provide application assistance at the County Jail as well as on-site at their clinics. This grant would help us deepen our collaboration with community-based Family Resource Centers to support their navigation efforts with low-wage workers and their families. Family Resource center staff would provide application assistance and conduct outreach activities in their community.

It is estimated that Mendocino County has 300 individuals that are eligible but not enrolled in Medi-Cal. We propose to enroll 150 individuals into Medi-Cal through this project. Mendocino County has on average 1,000 due to renew Medi-Cal each month. We propose to assist with the successful renewal of 40%

Rural communities and these target populations have been historically underserved. Therefore it is important to work with local trusted CBOs for Medi-Cal navigation efforts. Mendocino County is a geographically large county with many distinct populations. It is challenging for county Social Services to equitably serve the entire county. The clinics and Family Resource Centers play an integral role in providing services to the hard to reach populations. Our CBOs have been providing Medi-Cal outreach, enrollment and retention services to their populations, often without funding. This work has been important, but difficult without adequate funding to hire and retain qualified staff.

The plan is to contract with The Alliance for Rural Community Health (ARCH) and the Family Resource Center Network to meet the goals of this funding proposal. ARCH is the clinic consortium for five clinics located throughout Mendocino County. The Family Resource Center (FRC) network is made up of eight FRCs located throughout Mendocino County.

**Goal 1**

**New Medi-Cal navigator program ready to begin July 1, 2020.**

Objectives:

1. Plan navigator project partnership with CBOs.
2. Execute navigator project contract with CBOs.
3. Plan navigator project partnership with the Whole Person Care Project.

**Goal 2**

**Increase Medi-Cal enrollment by 10% for hard to reach populations.**

Objectives:

1. Alliance for Rural Community Health will provide Medi-Cal application assistance at County jail.
2. Alliance for Rural Community Health will provide Medi-Cal application assistance and navigation at community health clinics.



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3. Family Resource Center Network will provide Medi-Cal application assistance and navigation at community based family resource centers.
4. Train CBO staff assigned to navigator project activities on working with target populations.
5. Train CBO staff assigned to navigator project activities on Medi-Cal and how best to provide application assistance.

**Goal 3**

**Decrease Medi-Cal churn through CBOs actively reaching out to Medi-Cal enrollees who have a renewal due.**

**Objectives:**

1. Collaborate with Mendocino County Whole Person Care project to ensure all Whole Person Care enrollees maintain their Medi-Cal coverage.
2. Support the ability of clinics to contact Medi-Cal patients to offer application assistance with their upcoming Medi-Cal renewal.
3. Support the ability of Clinics and Family Resource Centers to provide Medi-Cal renewal assistance to targeted populations.

**Tracking and Reporting Measures**

1. Are you capable of identifying and tracking the performance measures listed below? If no, please see question 2.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Target Population (based on DHCS identified priority populations) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Age, race, gender, income of target population                    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Outreach and enrollment strategy effectiveness-                   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | How many individuals did your organization target,                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | How many individuals enrolled in Medi-Cal,                        |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | How many individuals retained Medi-Cal coverage, etc.             |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Location of targeted population (region, county, and/or city)     |

Comments: Please enter any additional information needed to expand on specific items.

2. What are the organization's barriers to tracking and reporting such information?  
The majority of this funding will be contracted to CBOs who have varying abilities to track their work. Applications will be submitted through multiple pathways such as CalHEERS, C4Yourself and paper applications.

## **Attachment A**

### **Applicability to Allocation Agreement**

This Business Associate Addendum (BAA) has been prepared for use solely in connection with the "Allocation Agreement – Medi-Cal Health Enrollment Navigators Project between County and the Department of Health Care Services (DHCS). The following conditions apply, to the extent that performance of the Allocation Agreement by County results in County having access to or gathering Protected Health Information or Personal Information as defined in paragraph 4.1 below:

- A. If the county business unit entering into the Allocation Agreement on behalf of County is the same county business unit that performs Medi-Cal eligibility services on behalf of DHCS, and County has made a separate Privacy and Security Agreement with DHCS, then this BAA does not apply, and the Allocation Agreement shall instead be subject to the provisions of the Privacy and Security Agreement.
- B. If the county business unit or other entity entering into the Allocation Agreement is not the same county business unit that performs Medi-Cal eligibility services on behalf of DHCS, or County has not made a separate Privacy and Security Agreement with DHCS, then the following BAA does apply to the Allocation Agreement.

### **Business Associate Addendum**

1. This Agreement has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy and security regulations at 45 Code of Federal Regulations, Parts 160 and 164 (collectively, and as used in this Agreement)
2. The term "Agreement" as used in this document refers to and includes both this Business Associate Addendum and the contract to which this Business Associate Agreement is attached as an exhibit, if any.
3. For purposes of this Agreement, the term "Business Associate" shall have the same meaning as set forth in 45 CFR section 160.103.
4. The Department of Health Care Services (DHCS) intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute Protected Health Information (PHI) and/or confidential information protected by Federal and/or state laws.
  - 4.1 As used in this Agreement and unless otherwise stated, the term "PHI" refers to and includes both "PHI" as defined at 45 CFR section 160.103 and Personal Information (PI) as defined in the Information Practices Act at California Civil Code section 1798.3(a). PHI includes information in any form, including paper, oral, and electronic.
  - 4.2 As used in this Agreement, the term "confidential information" refers to information not otherwise defined as PHI in Section 4.1 of this Agreement, but to which state and/or federal privacy and/or security protections apply.
5. Contractor (however named elsewhere in this Agreement) is the Business Associate of DHCS acting on DHCS's behalf and provides services or arranges, performs or assists in the performance of functions or activities on behalf of DHCS, and may create, receive, maintain, transmit, aggregate, use or disclose PHI (collectively, "use or disclose PHI") in order to fulfill Business Associate's obligations under this Agreement. DHCS and Business Associate are each a party to this Agreement and are collectively referred to as the "parties."

6. The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms in HIPAA. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.

7. **Permitted Uses and Disclosures of PHI by Business Associate.** Except as otherwise indicated in this Agreement, Business Associate may use or disclose PHI only to perform functions, activities or services specified in this Agreement on behalf of DHCS, provided that such use or disclosure would not violate HIPAA if done by DHCS.

7.1 **Specific Use and Disclosure Provisions.** Except as otherwise indicated in this Agreement, Business Associate may use and disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI for this purpose if the disclosure is required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.

## 8. Compliance with Other Applicable Law

8.1 To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, more protective) privacy and/or security protections to PHI or other confidential information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

8.1.1 To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the individuals whose information is concerned; and

8.1.2 To treat any violation of such additional and/or more protective standards as a breach or security incident, as appropriate, pursuant to Section 18. of this Agreement.

8.2 Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or confidential information, as defined in Section 4. of this Agreement, include, but are not limited to the Information Practices Act, California Civil Code sections 1798-1798.78, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Welfare and Institutions Code section 5328, and California Health and Safety Code section 11845.5.

8.3 If Business Associate is a Qualified Service Organization (QSO) as defined in 42 CFR section 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 CFR section 2.11.

## 9. Additional Responsibilities of Business Associate

9.1 **Nondisclosure.** Business Associate shall not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as required by law.

### 9.2 Safeguards and Security.

9.2.1 Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this Agreement. Such safeguards shall be, at a minimum, at Federal Information Processing Standards (FIPS) Publication 199 protection levels.

9.2.2 Business Associate shall, at a minimum, utilize an industry-recognized security framework when selecting and implementing its security controls, and shall maintain continuous compliance with

its selected framework as it may be updated from time to time. Examples of industry-recognized security frameworks include but are not limited to

**9.2.2.1** NIST SP 800-53 – National Institute of Standards and Technology Special Publication 800-53

**9.2.2.2** FedRAMP – Federal Risk and Authorization Management Program

**9.2.2.3** PCI – PCI Security Standards Council

**9.2.2.4** ISO/IEC 27002 – International Organization for Standardization / International Electrotechnical Commission standard 27002

**9.2.2.5** IRS PUB 1075 – Internal Revenue Service Publication 1075

**9.2.2.6** HITRUST CSF – HITRUST Common Security Framework

**9.2.3** Business Associate shall maintain, at a minimum, industry standards for transmission and storage of PHI and other confidential information.

**9.2.4** Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other confidential information may be used.

**9.2.5** Business Associate shall ensure that all members of its workforce with access to PHI and/or other confidential information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.

**9.2.6** Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 CFR Part 164, Subpart C.

**9.3 Business Associate's Agent.** Business Associate shall ensure that any agents, subcontractors, subawardees, vendors or others (collectively, "agents") that use or disclose PHI and/or confidential information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI and/or confidential information.

**10. Mitigation of Harmful Effects.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI and other confidential information in violation of the requirements of this Agreement.

**11. Access to PHI.** Business Associate shall make PHI available in accordance with 45 CFR section 164.524.

**12. Amendment of PHI.** Business Associate shall make PHI available for amendment and incorporate any amendments to protected health information in accordance with 45 CFR section 164.526.

**13. Accounting for Disclosures.** Business Associate shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.

**14. Compliance with DHCS Obligations.** To the extent Business Associate is to carry out an obligation of DHCS under 45 CFR Part 164, Subpart E, comply with the requirements of the subpart that apply to DHCS in the performance of such obligation.

**15. Access to Practices, Books and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to DHCS upon reasonable request, and to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR Part 164, Subpart E.

**16. Return or Destroy PHI on Termination; Survival.** At termination of this Agreement, if feasible, Business Associate shall return or destroy all PHI and other confidential information received from, or created or



received by Business Associate on behalf of, DHCS that Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate shall extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

**17. Special Provision for SSA Data.** If Business Associate receives data from or on behalf of DHCS that was verified by or provided by the Social Security Administration (SSA data) and is subject to an agreement between DHCS and SSA, Business Associate shall provide, upon request by DHCS, a list of all employees and agents and employees who have access to such data, including employees and agents of its agents, to DHCS.

**18. Breaches and Security Incidents.** Business Associate shall implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:

**18.1 Notice to DHCS.**

**18.1.1** Business Associate shall notify DHCS **immediately** upon the discovery of a suspected breach or security incident that involves SSA data. This notification will be provided by email upon discovery of the breach. If Business Associate is unable to provide notification by email, then Business Associate shall provide notice by telephone to DHCS.

**18.1.2** Business Associate shall notify DHCS **within 24 hours by email** (or by telephone if Business Associate is unable to email DHCS) of the discovery of:

**18.1.2.1** Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

**18.1.2.2** Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;

**18.1.2.3** Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or

**18.1.2.4** Potential loss of confidential data affecting this Agreement.

**18.1.3** Notice shall be provided to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office (collectively, "DHCS Contacts") using the DHCS Contact Information at Section 18.6. below.

Notice shall be made using the current DHCS "Privacy Incident Reporting Form" ("PIR Form"; the initial notice of a security incident or breach that is submitted is referred to as an "Initial PIR Form") and shall include all information known at the time the incident is reported. The form is available online at

<http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx>.

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

**18.1.3.1** Prompt action to mitigate any risks or damages involved with the security incident or breach; and

**18.1.3.2** Any action pertaining to such unauthorized disclosure required by applicable Federal and State law.

**18.2 Investigation.** Business Associate shall immediately investigate such security incident or confidential breach.

**18.3 Complete Report.** To provide a complete report of the investigation to the DHCS contacts within ten (10) working days of the discovery of the security incident or breach. This "Final PIR" must include any applicable additional information not included in the Initial Form. The Final PIR Form shall include an assessment of all known factors relevant to a determination of whether a breach occurred under HIPAA and other applicable federal and state laws. The report shall also include a full, detailed corrective action plan, including its implementation date and information on mitigation measures taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that requested through the PIR form, Business Associate shall make reasonable efforts to provide DHCS with such information. A "Supplemental PIR" may be used to submit revised or additional information after the Final PIR is submitted. DHCS will review and approve or disapprove Business Associate's determination of whether a breach occurred, whether the security incident or breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective action plan.

**18.3.1** If Business Associate does not complete a Final PIR within the ten (10) working day timeframe, Business Associate shall request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the Final PIR.

**18.4 Notification of Individuals.** If the cause of a breach is attributable to Business Associate or its agents, Business Associate shall notify individuals accordingly and shall pay all costs of such notifications, as well as all costs associated with the breach. The notifications shall comply with applicable federal and state law. DHCS shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.

**18.5 Responsibility for Reporting of Breaches to Entities Other than DHCS.** If the cause of a breach of PHI is attributable to Business Associate or its subcontractors, Business Associate is responsible for all required reporting of the breach as required by applicable federal and state law.

**18.6 DHCS Contact Information.** To direct communications to the above referenced DHCS staff, the Contractor shall initiate contact as indicated here. DHCS reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

DHCS Program Contract Manager	DHCS Privacy Office	DHCS Information Security Office
See the Scope of Work exhibit for Program Contract Manager information. If this Business Associate Agreement is not attached as an exhibit to a contract, contact the DHCS signatory to this Agreement.	Privacy Office c/o: Office of HIPAA Compliance Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413  Email: <a href="mailto:incidents@dhcs.ca.gov">incidents@dhcs.ca.gov</a>  Telephone: (916) 445-4646	Information Security Office DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413  Email: <a href="mailto:incidents@dhcs.ca.gov">incidents@dhcs.ca.gov</a>

**19. Responsibility of DHCS.** DHCS agrees to not request the Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

## 20. Audits, Inspection and Enforcement



- 20.1** From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to the DHCS Privacy Officer in writing. Whether or how DHCS exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.
- 20.2** If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement, or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify DHCS unless it is legally prohibited from doing so.

## 21. Termination

- 21.1 Termination for Cause.** Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCS may in its discretion:
- 21.1.1** Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within the time specified by DHCS; or
  - 21.1.2** Terminate this Agreement if Business Associate has violated a material term of this Agreement.
- 21.2 Judicial or Administrative Proceedings.** DHCS may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

## 22. Miscellaneous Provisions

- 22.1 Disclaimer.** DHCS makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other confidential information.
- 22.2. Amendment.**
- 22.2.1** Any provision of this Agreement which is in conflict with current or future applicable Federal or State laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.
  - 22.2.2** Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 shall constitute a material violation of this Agreement.
- 22.3 Assistance in Litigation or Administrative Proceedings.** Business Associate shall make itself and its employees and agents available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.
- 22.4 No Third-Party Beneficiaries.** Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.
- 22.5 Interpretation.** The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.

**22.6 No Waiver of Obligations.** No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

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**Mendocino County HHSA  
NAVIGATORS PROJECT WORK PLAN**  
Attachment 2; Submit to DHCS no later than 11/15/2019



## Activity 1 – Program Planning and Startup

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

<b>OBJECTIVE</b> Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	<b>MILESTONE</b> Detail of milestone in objective's strategic plan	<b>STRATEGIES AND ACTIVITIES</b> What strategies/activities will be used to achieve these goals and objectives?	<b>TARGET POPULATIONS</b> See below <sup>1</sup>	<b>COMPLTION DATE</b>	<b>RESPONSIBILITY</b> List organization responsible, and staff position responsible.	<b>GOAL</b> 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&amp;E efforts by X).</i>
<b>Plan navigator project partnership with the Alliance for Rural Community Health (ARCH)</b>	<b>Meeting held with leadership at the Alliance for Rural Community Health (ARCH)</b>	<b>Schedule and facilitate meeting with ARCH leadership to plan outreach activities, application assistance and navigation</b>	Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children	<b>6/30/20</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator &amp; CBO: ARCH</b>	<b>New Medi-Cal navigator program ready to begin 7/1/20</b>
<b>Execute navigator project contract with the Alliance for Rural</b>	<b>Sub-contract executed with ARCH</b>	<b>Draft and execute sub-contract with ARCH</b>	Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons,	<b>6/30/20</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator</b>	<b>New Medi-Cal navigator program ready to begin 7/1/20</b>

<sup>1</sup> 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



## Mendocino County HHSA NAVIGATORS PROJECT WORK PLAN

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<b>Community Health (ARCH)</b>			<b>homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>			
<b>Plan navigator project partnership with the Family Resource Center (FRC) Network</b>	<b>Meeting held with leadership at the Family Resource Center (FRC) Network</b>	<b>Schedule and facilitate a meeting with FRC leadership to plan outreach activities, application assistance and navigation</b>	<b>Immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>	<b>6/30/20</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator &amp; CBO: FRC Network</b>	<b>New Medi-Cal navigator program ready to begin 7/1/20</b>
<b>Execute navigator project contract with the Family Resource Center (FRC) Network</b>	<b>Sub-contract executed with the FRC Network</b>	<b>Draft and execute sub-contract</b>	<b>Immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>	<b>6/30/20</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator</b>	<b>New Medi-Cal navigator program ready to begin 7/1/20</b>
<b>Plan navigator project partnership with the Whole Person Care Project</b>	<b>Meeting held with Whole Person Care leadership</b>	<b>Schedule and facilitate a meeting with Whole Person Care leadership to plan collaboration</b>	<b>Persons with mental health disorders, Persons with substance use disorders, Homeless persons</b>	<b>6/30/20</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator &amp; Whole Person Care Program Administrator</b>	<b>New Medi-Cal navigator program ready to begin 7/1/20</b>



## Mendocino County HHSA NAVIGATORS PROJECT WORK PLAN

Attachment 2; Submit to DHCS no later than 11/15/2019



### Activity 2 – Navigation Activities

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

<b>OBJECTIVE</b> Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	<b>MILESTONE</b> Detail of milestone in objective's strategic plan	<b>STRATEGIES AND ACTIVITIES</b> What strategies/activities will be used to achieve these goals and objectives?	<b>TARGET POPULATIONS</b> See below <sup>2</sup>	<b>COMPLETION DATE</b>	<b>RESPONSIBILITY</b> List organization responsible, and staff position responsible.	<b>GOALS VS. ACTUALS</b> 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).
<b>Train CBO staff on working with persons with mental health disorders</b>	<b>CBOs will attend a training on working with persons with mental health disorders</b>	<b>CBOs will seek and attend a training on working with persons with mental health disorders</b>	<b>Persons with mental health disorders</b>	<b>6/30/2021</b>	<b>CBOs: Alliance for Rural Community Health (ARCH) and the Family Resource Center (FRC) Network</b>	<b>Increase Medi-Cal enrollment 10% for hard to reach populations.</b>
<b>Train CBO staff on working with immigrants and persons with limited English proficiency</b>	<b>CBOs will attend a training on working with immigrants and persons with limited English proficiency</b>	<b>CBOs will seek and attend a training on working with immigrants and persons with limited English proficiency</b>	<b>Immigrants and persons with limited English proficiency</b>	<b>6/30/2021</b>	<b>CBOs: ARCH and the FRC Network</b>	<b>Increase Medi-Cal enrollment by 10% for hard to reach populations.</b>

<sup>2</sup> 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.



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Train CBO staff on Medi-Cal rules, regulations, changes and how to best provide application assistance	CBOs will attend at least three Outreach Partners Meetings	Plan quarterly meetings, invite CBOs	Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children	12/31/2021	Mendocino County HHSA, ARCH and the FRC Network	Increase Medi-Cal enrollment by 10% for hard to reach populations.
Provide Medi-Cal application assistance at County jail.	Medi-Cal applications completed	Target population assisted with the Medi-Cal application	Persons who are in county jail	12/31/2021	ARCH	Increase Medi-Cal enrollment by 10% for hard to reach populations.
Provide Medi-Cal application assistance at community health clinics.	Medi-Cal applications completed	Target population assisted with the Medi-Cal application	Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children	12/31/2021	ARCH	Increase Medi-Cal enrollment by 10% for hard to reach populations.
Provide Medi-Cal application assistance at community based family resource centers.	Medi-Cal applications completed	Target population assisted with the Medi-Cal application	Immigrants, persons with limited English proficiency, low-wage workers, uninsured children	12/31/2021	FRC Network	Increase Medi-Cal enrollment by 10% for hard to reach populations.





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## Activity 3 – Retention

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

<b>OBJECTIVE</b> Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	<b>MILESTONE</b> Detail of milestone in objective's strategic plan	<b>STRATEGIES AND ACTIVITIES</b> What strategies/activities will be used to achieve these goals and objectives?	<b>TARGET POPULATIONS</b> See below <sup>3</sup>	<b>COMPLETION DATE</b>	<b>RESPONSIBLE ENTITY and LOCATION</b> List responsible organization and location.	<b>GOALS VS. ACTUALS</b> 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&amp;E efforts by X).</i>
<b>Support the ability of clinics to provide Medi-Cal renewal assistance to target populations.</b>	<b>Clinics will contact Medi-Cal patients to offer application assistance with their upcoming renewal.</b>	<b>Clinics will work with Partnership HealthPlan to target outreach to patients due for Medi-Cal renewal.</b>	Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children	<b>12/31/2021</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator</b>	<b>Outreach letters mailed to all Medi-Cal patients sent renewal packets.</b>
<b>Provide Medi-Cal renewal</b>	<b>Medi-Cal renewal applications completed</b>	<b>CBOs will assist targeted population with</b>	Persons with mental health disorders, persons with substance	<b>12/31/2021</b>	<b>CBOs: ARCH and the FRC Network</b>	<b>Provide active Medi-Cal renewal assistance to 20% of</b>

<sup>3</sup> 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



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<b>application assistance</b>		<b>the Medi-Cal renewal application</b>	<b>use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>			<b>Medi-Cal patients assigned to clinic.</b>
<b>Collaborate with the Whole Person Care (WPC) Project to ensure clients retain Medi-Cal</b>	<b>WPC client lists reviewed every six months</b>	<b>Review WPC client list to ensure active enrollment and facilitate renewal process</b>	<b>Homeless Persons, Persons with substance use disorders</b>	<b>12/31/2021</b>	<b>Mendocino County HHSA, Outreach Unit Administrator &amp; Whole Person Care Program Administrator</b>	<b>Increase or maintain the percentage of WPC clients enrolled in Medi-Cal.</b>
<b>Establish a dedicated Outreach &amp; Navigation room at the Ukiah Social Services office to provide renewal assistance and navigation services to targeted populations</b>	<b>Outreach &amp; Navigation room is set-up for clients and in active use</b>	<b>Facilitate the opening of the Outreach &amp; Navigation room in the Ukiah Social Services Lobby</b>	<b>Immigrants and families with mixed immigration status, Persons with limited English proficiency, low wage workers and their families, uninsured children, Aged persons</b>	<b>12/31/2021</b>	<b>Mendocino County HHSA, Outreach Unit Program Administrator</b>	<b>Increase or maintain the number of Medi-Cal enrollees from targeted populations.</b>



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## Activity 4 – Tracking and Reporting

**Activity 4: Identify major Navigators tracking and reporting measures. Identify target population groups<sup>4</sup>. Identify the initial and final reporting measures and % change of each measure. Please include data source.**

<b>TRACKING and REPORTING MEASURE</b> Include a description of each measure, and assumptions	<b>LOCATION</b>	<b>TARGET POPULATION</b> See below <sup>4</sup>	<b>INITIAL</b>	<b>FINAL</b>	<b>% CHANGE</b>	<b>REPORTING PERIOD</b>	<b>COMPLETION DATE</b> Date reported to DHCS	<b>RESPONSIBLE ENTITY</b> List responsible organization
<b>Number of Medi-Cal renewal assistance contacts.</b>	<b>Mendocino County</b>	<b>Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>						<b>ARCH</b>

<sup>4</sup> 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



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<b>Number of renewal or application assistance interactions with persons in the county jail</b>	<b>Mendocino County</b>	<b>Persons who are in county jail</b>						<b>ARCH</b>
<b>Proof of attendance at a training on working with persons with mental health disorders</b>	<b>California</b>	<b>Persons with mental health disorders</b>						<b>ARCH</b>
<b>Proof of attendance at a training on working with immigrants and persons with limited English proficiency</b>	<b>California</b>	<b>Immigrants and persons with limited English proficiency</b>						<b>ARCH</b>
<b>Attendance of a staff member from participating clinics at three Outreach Partners Meetings</b>	<b>Mendocino County</b>	<b>Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency,</b>						<b>ARCH</b>



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		low-wage workers, uninsured children						
<b>Number of applications completed through CalHEERS, C4Yourself or a paper application</b>	<b>Mendocino County</b>	<b>Persons with mental health disorders, persons with substance use disorders, persons with disabilities, aged persons, homeless, persons who are in county jail, immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>						<b>ARCH &amp; FRC Network</b>
<b>Attendance of one staff member from participating FRCs at three Outreach Partners Meetings</b>	<b>Mendocino County</b>	<b>Immigrants, persons with limited English proficiency, low-wage workers, uninsured children</b>						<b>FRC Network</b>
<b>Percentage of Whole Person Care clients who remained enrolled in Medi-Cal</b>	<b>Mendocino County</b>	<b>Persons with mental health disorders, Persons with substance use disorders, Homeless persons</b>						<b>Mendocino County HHSA, Whole Person Care Project</b>



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## Mendocino County HHSA

**MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT BUDGET PLAN**

- 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. State Fiscal Year 1 = 01/01/20 – 06/30/20; State Fiscal Year 2 = 07/01/20 – 06/30/21; State Fiscal Year 3 = 07/01/21 – 12/31/21. 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) and identify the percentage, and the Grand Total amounts.

<b>Medi-Cal Navigators Project (AB 74)</b>	<b>Time Base</b>	<b>SFY 1 1/01/20 – 6/30/20</b>	<b>SFY 2 7/1/20 – 6/30/21</b>	<b>SFY 3 7/1/21 – 12/31/21</b>	<b>Total Amount</b>
<b>Personnel Staff</b>					
-Lily Caravello Outreach Unit Program Administrator	0.2	\$7,500	\$15,000	\$7,500	\$30,000
-Heather Criss Whole Person Care Program Administrator	0.1	\$3,800	\$7,600	\$3,800	\$15,200
Benefits	40%	\$4,520	\$9,040	\$4,520	\$18,080
<b>Total Personnel Expenses</b>		<b>\$15,820</b>	<b>\$31,640</b>	<b>\$15,820</b>	<b>\$63,280</b>
<b>Non-Personnel – Direct Costs</b>					
-Office Expenses		\$	\$		\$
-Equipment		\$	\$		\$
-Travel		\$	\$		\$
-Training		\$	\$		\$
-Conference/Meetings		\$	\$		\$

-Outreach Material		\$4,000	\$8,000	\$4,000	\$16,000
-Total Budget for All CBOs		\$0	\$200,000	\$100,000	\$300,000
-Other Costs [itemize expenses in an attachment]		\$	\$		\$
<b>Total Direct Costs</b>		<b>\$4,000</b>	<b>\$208,000</b>	<b>\$104,000</b>	<b>\$316,000</b>
<b>Non-Personnel – Indirect Costs</b>					
-Health Insurance		\$	\$		\$
-Other Costs: Fiscal & Admin	10%	\$1,982	\$23,964	\$11,982	\$37,928
<b>Total Indirect Costs</b>		<b>\$1,982</b>	<b>\$23,964</b>	<b>\$11,982</b>	<b>\$37,928</b>
<b>Total Personnel Expenses</b>		<b>\$15,820</b>	<b>\$31,640</b>	<b>\$15,820</b>	<b>\$63,280</b>
<b>Total Direct Costs</b>		<b>\$4,000</b>	<b>\$208,000</b>	<b>\$104,000</b>	<b>\$316,000</b>
<b>Total Indirect Costs @ 10%</b>		<b>\$1,982</b>	<b>\$23,964</b>	<b>\$11,982</b>	<b>\$37,928</b>
<b>Grand Total</b>		<b>\$21,802</b>	<b>\$263,604</b>	<b>\$131,802</b>	<b>\$417,208</b>