

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Community Services Agency

BOARD AGENDA # \*B-7

Urgent

Routine

AGENDA DATE April 29, 2014

CEO Concurs with Recommendation YES  NO

(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Approval for the Community Services Agency to Accept a Grant of \$344,573 from the Department of Health Care Services (DHCS) for Medi-Cal Outreach and Enrollment Funding, to Sign the Corresponding Medi-Cal Outreach and Enrollment Agreement, and Authorize the General Services Agency to Issue a Request for Proposal for Medi-Cal Outreach and Enrollment Services

STAFF RECOMMENDATIONS:

1. Accept a \$344,573 Grant from the Department of Health Care Services (DHCS) for Medi-Cal Outreach and Enrollment Funding.
2. Authorize the Community Services Agency Director, or her Assistant Director Designee, to sign the Medi-Cal Outreach and Enrollment Strategies Agreement with the Department of Health Care Services (DHCS) not to exceed the total contract amount of \$344,573 for the period of March 12, 2014 through December 31, 2016.

Continued on Page 2

FISCAL IMPACT:

The total amount of the grant award is \$344,573. The awarded funding is available beginning March 12, 2014 through December 31, 2016. The Department is requesting to issue a Request for Proposal (RFP) to solicit community based organizations to provide Medi-Cal Outreach and Enrollment services. The Department anticipates issuing an RFP in the first 6 months of Fiscal Year 2014-2015 with an expectation that contract awards will begin effective January 1, 2015 through the June 30, 2016.

Continued on Page 2

BOARD ACTION AS FOLLOWS:

No. 2014-182

On motion of Supervisor Chiesa, Seconded by Supervisor Monteith

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, Monteith, and Chairman De Martini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:

ATTEST:

CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval for the Community Services Agency to Accept a Grant of \$344,573 from the Department of Health Care Services (DHCS) for Medi-Cal Outreach and Enrollment Funding, to Sign the Corresponding Medi-Cal Outreach and Enrollment Agreement, and Authorize the General Services Agency to Issue a Request for Proposal for Medi-Cal Outreach and Enrollment Services  
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**STAFF RECOMMENDATIONS: Continued**

3. Authorize the Community Services Agency to work with the General Services Agency to develop and issue a Request for Proposal to contract the grant funds to community based organizations.

**FISCAL IMPACT: Continued**

As a result, appropriations and corresponding revenues will be included in the Community Services Agency's Fiscal Year 2014-2015 Final Budget submission. Department of Health Care Services (DHCS) Medi-Cal Outreach and Enrollment Services funding is 100% Federal grant funding with no County share requirement; therefore, there is no cost to the County General Fund.

**DISCUSSION:**

On October 7, 2013, Department of Health Care Services issued a memo, notifying counties of a Medi-Cal Outreach and Enrollment (O&E) Grant (Assembly Bill 82) opportunity. These funds are to "conduct O&E strategies targeting newly eligible hard to reach populations". The funding will cover a period ending no later than June 30, 2016. DHCS encourages each county agency to partner with other county agencies/ departments to complete a single "survey" to indicate a desire to participate in this funding opportunity. On November 8, 2013, representatives from Community Services Agency StanWORKs Division, Health Services Agency, Chief Executive Office, Behavioral Health and Recovery Services, Probation, and Sheriff's Department all met to share and discuss potential uses for this funding; On November 8, 2013, Stanislaus County submitted the Medi-Cal O&E Survey to Department of Health Care Services. The survey describes potential strategies to be used in Stanislaus County.

In Stanislaus County, the DHCS Medi-Cal O&E Grant Funds requested will focus primarily on Medi-Cal outreach, enrollment and retention for the following "hard to reach targeted populations":

- 1) Persons with mental health disorder needs
- 2) Persons with substance use disorder needs
- 3) Persons who are homeless
- 4) Persons who are on state parole, on county probation, or under post-release community supervision
- 5) Persons with limited English proficiency

Approval for the Community Services Agency to Accept a Grant of \$344,573 from the Department of Health Care Services (DHCS) for Medi-Cal Outreach and Enrollment Funding, to Sign the Corresponding Medi-Cal Outreach and Enrollment Agreement, and Authorize the General Services Agency to Issue a Request for Proposal for Medi-Cal Outreach and Enrollment Services

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On January 28, 2014, Stanislaus County was notified that the Agency has been chosen as a recipient for the Medi-Cal O&E grant authorized by AB 82, Section 71. Pending Board of Supervisors approval to accept the award, our county's grant amount is \$344,573.

This grant funding further requires that we allocate at least 50 percent of our total award to community-based organizations to assist in the O&E strategies. Upon Board of Supervisor approval, with oversight by the Stanislaus County CEO, the Community Services Agency, StanWORKs Division will collaborate/partner with the General Services Agency (GSA) to develop a Request for Proposal (RFP) with the goal of contracting the Outreach and Enrollment services in the community and utilize their resources to create opportunities and develop processes with our partner agencies to enroll these harder to serve populations where they currently reside, gather, and/or receive health care services.

Enrolling these individuals in Medi-Cal, will eventually shift to retention services of the same individuals in the Medi-Cal program. The RFP will require contract services to assist with follow-up on Medi-Cal discontinuances and renewals within these targeted populations.

The following Performance Matrix outlines some of our **expected** outcomes:

PERFORMANCE MATRIX		
Outcomes:	Activities:	Outputs:
Increased Enrollment and Retention in health coverage for the newly Medi-Cal eligible population under the Affordable Care Act.	<ul style="list-style-type: none"> <li>* Hosting enrollment events in the community where identified targeted populations groups/individuals are invited to attend. Appointments and application assistance available.</li> <li>* Stationing CBOs at pharmacies, clinics, shelters, and hospitals to take applications</li> <li>* Stationing CBOs at the County Jail to take Medi-Cal applications for individuals prior to or as part of their release.</li> <li>* Stationing CBOs at the Probation office to take Medi-Cal applications for individuals, as part of their check-in appointments.</li> </ul>	<ul style="list-style-type: none"> <li>1) 5,000 of the aforementioned targeted populations will be educated through outreach efforts.</li> <li>2) 1000 individuals of the targeted population will be successfully enrolled in the Medi-Cal program.</li> <li>3) 800 of the identified targeted population will retain Medi-Cal eligibility through the renewal process.</li> </ul>

Approval for the Community Services Agency to Accept a Grant of \$344,573 from the Department of Health Care Services (DHCS) for Medi-Cal Outreach and Enrollment Funding, to Sign the Corresponding Medi-Cal Outreach and Enrollment Agreement, and Authorize the General Services Agency to Issue a Request for Proposal for Medi-Cal Outreach and Enrollment Services  
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**Conclusion:**

The Affordable Care Act has expanded access to high-quality care for those with limited income and resources. The DHCS Medi-Cal O&E allocation will be used to provide Medi-Cal outreach, enrollment and retention for targeted population groups newly eligible to this no-cost Medi-Cal coverage in Stanislaus County. We are confident that upon receipt of these O&E funds, our collective efforts to reach the targeted population groups of the newly Medi-Cal eligible will meet their need for essential health benefits.

It is recommended that the Board of Supervisors authorize the acceptance of this grant for the grant period of March 12, 2014 through December 31, 2016 and authorize a Request for Proposal process for contract services.

**POLICY ISSUES:**

Acceptance of this grant supports the Board's priorities of A Safe Community, Effective Partnerships and Efficient Delivery of Public Services by supporting collaboration to provide Medi-Cal outreach, enrollment and retention for targeted population groups newly eligible to this no-cost Medi-Cal coverage in Stanislaus County.


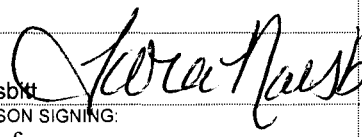
**STAFFING ISSUES:**

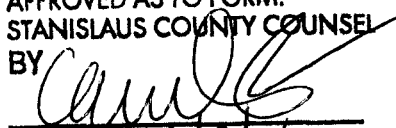
Community Services Agency staff are available to support the collaboration efforts resulting from the Department of Health Care Services Medi-Cal Outreach and Enrollment grant.

**CONTACT PERSON:**

Kathryn M. Harwell, Director 558-2500

**ALLOCATION AGREEMENT  
MEDI-CAL OUTREACH AND ENROLLMENT**  
State of California – Department of Health Care Services

<b>COUNTY</b>	Stanislaus		
<b>PROJECT TITLE</b>	Medi-Cal Outreach and Enrollment		
<b>PERFORMANCE PERIOD</b>	March 12, 2014	through	December 31, 2016
Under the terms and conditions of this Agreement, the County agrees to complete Outreach and Enrollment efforts as described in the project description, and the State of California, through its Director of the Department of Health Care Services pursuant to AB 82, Section 71 agrees to fund the County up to the Allocation Amount.			
<b>PROJECT DESCRIPTION</b>			
The County agrees to provide Medi-Cal outreach and enrollment services and activities pursuant to AB 82, Section 71, with focus on one or more of the seven targeted populations: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons who are homeless; Young men of color; Persons who are in county jail, in state prison, on state parole, on county probation or under post-release community supervision; Families with mixed immigration status; Persons with limited English Proficiency. The County may target other populations as well. The County shall ensure the needs of the targeted populations are understood and 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.			
<b>TOTAL ALLOCATION AMOUNT NOT TO EXCEED</b>	\$344,573		
The General and Special Provisions attached are made a part of and incorporated into the Agreement.			
<b>Stanislaus</b>	<b>DEPARTMENT OF HEALTH CARE SERVICES STATE OF CALIFORNIA</b>		
Community Services Agency Stanworks Division P.O. Box 42 Modesto, CA 95353			
BY (AUTHORIZED SIGNATURE): 	BY (AUTHORIZED SIGNATURE): 		
PRINTED NAME AND TITLE OF PERSON SIGNING: <b>Kathryn M. Harwell, Director</b>	Original Signed by Tara Naisbitt PRINTED NAME AND TITLE OF PERSON SIGNING: <b>Tara Naisbitt, Division Chief</b>		
DATE SIGNED: <b>5/5/14</b>	DATE SIGNED: March 12, 2014		
<b>CERTIFICATION OF FUNDING (FOR STATE USE ONLY)</b>			
AMOUNT OF ALLOCATION \$«Allocation Amount».00	AGREEMENT NUMBER «Allocation Number»	FUND –	
ADJ. INCREASING ENCUMBERANCE	APPROPRIATION		
ADJ. DECREASING ENCUMBERANCE	FUNCTION		
TOTAL ALLOCATION AMOUNT \$«Allocation Amount».00	LINE ITEM ALLOTMENT	CHAPTER	STATUTE FISCAL YEAR
T.B.A NO.	B.R. NO.	INDEX	OBJ. PCA PROJECT/WORK PHASE
I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance			
SIGNATURE OF ACCOUNTING OFFICER		DATE	

APPROVED AS TO FORM:  
STANISLAUS COUNTY COUNSEL  
BY   
DATE: 4/9/14

**ALLOCATION AGREEMENT  
MEDI-CAL OUTREACH AND ENROLLMENT  
COUNTY OF STANISLAUS**  
State of California – Department of Health Care Services

**TERMS AND CONDITIONS OF ALLOCATION**

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

**Special Provisions**

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

**General Provisions**

**A. Definitions**

1. The term "Allocation" as used herein means the Outreach and Enrollment Allocation funding authorized by AB 82, Section 71.
2. The term "Agreement" as used herein means an allocation agreement between the State and County specifying the payment of Allocation Amount by the State for the performance of Work Plan within the Project Performance Period by the County.
3. The term "County" as used herein means the party described as the County on page one (1) of this Agreement.
4. The term "Allocation Amount" as used herein means funds awarded to the County by the State.
5. The term "Project Performance Period" as used herein means the period of time that the Allocation Amount is available as described on page one (1) of this Agreement.
6. The term "Project Representative" as used herein means the person authorized by the County to be responsible for the Allocation and is capable of making daily management decisions.
7. The term "State" as used herein means the Department of Health Care Services.
8. The term "Community Based Organization," or "CBO," as used herein means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community, and provides educational or related services to individuals in the community, as stated in 20 U.S.C.A § 7801(6).

**B. Allocation Execution**

1. County agrees to complete the Allocation in accordance with the time of the Allocation Performance Period and under the terms and conditions of this Agreement.
2. County shall comply with the provisions of AB 82, Section 71.
3. County agrees to submit in writing any deviation from the attached Work Plan to the State for approval prior to implementation of changes.

**C. Allocation Costs**

Subject to the availability of Allocation Amount, the State hereby grants to the County \$344,573 not to exceed the amount stated on page one (1) of this Agreement in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the Work Plan and under the terms and conditions set forth in this Agreement.

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

1. To Community Based Organizations (CBOs): County shall disperse at least 50% of the Allocation Amount. The County is required to partner with one or more CBOs to develop, conduct and implement effective tools and methods to expand Medi-Cal outreach, increase Medi-Cal enrollment and contribute efforts to retention for the uninsured, targeted populations. The County is not required to immediately contract with CBOs in light of the timelines that may be necessary for contracting processes. However, the County will need to demonstrate through quarterly reporting activities on the progress of contracting with CBOs.
2. Indirect administrative costs, including planning, plan documentation, and other administrative costs shall not exceed 10% of the Allocation Amount.

**D. Payment Documentation**

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

Budget Plan, Attachment 1  
Work Plan, Attachment 2  
Outreach and Enrollment Quarterly Invoice, Attachment 3  
Quarterly Progress Report, Attachment 4  
Annual Budget Report, Attachment 5

2. County shall submit all documentation for Allocation completion and final reimbursement within 90 days of Allocation completion, but no later than the end of the Project Performance Period as shown on page one (1).
3. Payments shall be on the basis of costs incurred.
4. Advance Allocation payment without an invoice is not allowed.

<b>QUARTERLY INVOICE, DELIVERABLES AND PAYMENT SCHEDULE</b> 2014 / 2015 / 2016				
<b>DUE DATE OF DELIVERABLES</b>	<b>COUNTY DELIVERABLES</b>	<b>QUARTER FOR INVOICING EXPENDITURES</b>	<b>DHCS REVIEW DEADLINE</b>	<b>*ESTIMATED PAYMENT DATE</b>
03/27/14	BUDGET / CAP	Invoice for development of Budget Plan	04/03/14	TBD
04/10/14	WORK PLAN	N/A	04/17/14	04/30/14
07/07/14	1 <sup>ST</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	March, April, May, June 2014	07/11/14	08/01/14
10/03/14	INVOICES/ PROGRESS REPORT	July, August, September 2014	10/09/14	10/30/14
01/06/15	INVOICES/ PROGRESS REPORT	October, November, December 2014	01/12/15	02/02/15
04/07/15	INVOICES/ PROGRESS REPORT	January, February, March 2015	04/13/15	05/04/15
07/07/15	2 <sup>ND</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	April, May, June 2015	07/13/15	08/03/15
10/06/15	INVOICES/ PROGRESS REPORT	July, August, September 2015	10/12/15	11/02/15
01/05/16	INVOICES/ PROGRESS REPORT	October, November, December 2015	01/11/16	02/01/16
04/05/16	INVOICES/ PROGRESS REPORT	January, February, March 2016	04/11/16	05/02/16
07/07/16	3 <sup>RD</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	April, May, June 2016	07/13/16	08/03/16

\*Based on 21 processing days for DHCS' Accounting and the State Controller's Office.

**Budget Plan**

County is required to use the Budget Plan, Attachment 1. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule above, a Budget Plan must be submitted to DHCS in order to receive the initial payment allocation of at least 20% of the Total Allocation Award.

**Work Plan**

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

**Outreach and Enrollment Quarterly Invoice**

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

Please note: To receive the initial payment allocation of at least 20% of the Total Allocation Award, County must submit a Budget Plan and an Invoice. The Invoice will reflect the time needed to develop the Budget Plan.



### **Quarterly Progress Report**

County is required to submit a Quarterly Progress Report, Attachment 4. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule noted above, Quarterly Progress reports will be required starting with the third quarter reporting period. The County must provide a progress report to measure and document progress-to-date on the work plan objectives and performance goals. The State reserves the right to require reports more frequently than on a quarterly basis if necessary, but no more than once a month.

### **Annual Budget Report**

County is required to submit an Annual Budget Report, Attachment 5, at the end of every State fiscal year as outlined in the following schedule:

- Due July 15, 2014 – Report period March 1, 2014 through June 30, 2014
- Due July 15, 2015 – Report period July 1, 2014 through June 30, 2015
- Due July 15, 2016 – Report period July 1, 2015 through June 30, 2016

### **E. Allocation Termination or Withdrawal**

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

### **F. Loss of Allocation Amount**

The following actions may result in a loss or part of all Allocation Amount allocated to the County.

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

### **G. Hold Harmless**

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

## **H. Financial Records**

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

## **I. Community Based Organizations (CBOs)**

1. As mandated in AB 82, Section 71(e)(1), "The funds allocated under this section shall be used only for the Medi-Cal outreach and enrollment activities and may supplement, but shall not supplant, existing local, state, and foundation funding of county outreach and enrollment activities."
2. AB 82, Section 71(g), requires that "Under terms of the approved allocation for the outreach and enrollment program, funded entities under this section shall not receive payment for in-person assister payments for assisting potential Medi-Cal enrollees."
3. In working with the CBOs for Medi-Cal outreach and enrollment, the counties will need to provide documentation clearly delineating how their partnering CBOs will separate the enrollment work under this allocation from the enrollment work of the CBO's Certified Enrollment Counselors (CECs) and Certified Insurance Agents (CIAs) for which they would be paid \$58 per enrolled application.
  - i. Example: If a CBO, in partnership with a county agency through this funding source, sends out a CEC to an outreach and enrollment activity at a substance use disorder clinic and enrolls some of the population at the clinic or makes an appointment with them and enrolls them later, the CBO cannot claim the \$58 per approved Medi-Cal application for this same person. The CBO is already receiving funds for this purpose through the county.

## **J. Audit**

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

**K. Nondiscrimination**

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

(COUNTY)

**MEDI-CAL OUTREACH & ENROLLMENT 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. Fiscal Year 1 = 03/01/14 – 06/30/14; Fiscal Year 2 = 07/01/14 – 06/30/15; Fiscal Year 3 = 07/01/15 – 02/28/16). 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 Outreach and Enrollment Budget (AB 82)</b>	<b>Time Base</b>	<b>FY 1 3/1/14 – 6/30/14</b>	<b>FY 2 7/1/14 – 6/30/15</b>	<b>FY 3 7/1/15 – 6/30/16</b>	<b>Total Amounts</b>
<b>Personnel Staff</b>					
-		\$	\$	\$	\$
-		\$	\$	\$	\$
-		\$	\$	\$	\$
-		\$	\$	\$	\$
-		\$	\$	\$	\$
-		\$	\$	\$	\$
<b>Benefits</b>		\$	\$	\$	\$
<b>Total Personnel Expenses</b>		\$	\$	\$	\$
<b>Non-Personnel – Direct Costs</b>					
-Office Expenses		\$	\$	\$	\$
-Equipment		\$	\$	\$	\$
-Travel		\$	\$	\$	\$
-Training		\$	\$	\$	\$
-Conference/Meetings		\$	\$	\$	\$
-Outreach Material		\$	\$	\$	\$

-Total Budget for All CBOs		\$	\$	\$	\$
-Other Costs [itemize expenses in an attachment]		\$	\$	\$	\$
<b>Total Direct Costs</b>		\$	\$	\$	\$
<b>Non-Personnel – Indirect Costs</b>					
-Health Insurance		\$	\$	\$	\$
-Other Costs [itemize expenses in an attachment]		\$	\$	\$	\$
<b>Total Indirect Costs</b>		\$	\$	\$	\$
<b>Total Personnel Expenses</b>		\$	\$	\$	\$
<b>Total Direct Costs</b>		\$	\$	\$	\$
<b>Total Indirect Costs @ %</b>		\$	\$	\$	\$
<b>Grand Total</b>		\$	\$	\$	\$

## Activity 1 – Program Planning and Startup

**Activity 1: Identify major O&E planning and startup milestones, strategies, and activities. Identify the AB 82 population groups each effort will target and for each targeted group (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), how many you intend to enroll (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).**

<p><b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to enroll into Medi-Cal.</p>	<p><b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?</p>
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MILESTONES	STRATEGIES/ACTIVITIES	AB 82 POPULATION GROUP(S)	TIMELINE	WHO IS RESPONSIBLE

## Activity 2 – Outreach and Enrollment Activities

**Activity 2: Identify major O&E activities. Identify the AB 82 population groups each effort will target and for each targeted group (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), how many you intend to enroll (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).**

<b>MILESTONES</b>	<b>STRATEGIES/ACTIVITIES</b>	<b>LOCATION</b>	<b>TARGET POPULATION AND NUMBER OF ENROLLEMENTS</b>	<b>TIMELINE</b>	<b>WHO IS RESPONSIBLE</b>

## Activity 3 – Retention

**Activity 3: Identify major O&E retention activities. Identify the AB 82 population groups each effort will target and for each targeted group (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency), how many you expect to re-enroll (i.e. Increase the number of targeted Medi-Cal enrollees who retain their Medi-Cal eligibility by X).**

<p><b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to retain into Medi-Cal.</p>	<p><b>DESCRIPTION OF STRATEGY/ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?</p>
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MILESTONES	STRATEGIES/ACTIVITIES	LOCATION	TARGET POPULATION AND NUMBER OF ENROLLEMENTS	TIMELINE	WHO IS RESPONSIBLE



## Activity 4 – Tracking and Reporting

**Activity 4 :** Identify your intent and list the AB 82 population groups that you will contract to target. Identify for each targeted group, how many you intend to enroll (i.e. Increase the number of Medi-Cal eligible clients in XXX County who receive outreach, education and information regarding the AB 82 targeted populations (e.g., persons with mental health disorder needs, persons with substance use disorder needs, homeless, young men of color, persons in jails, prison, parole probation or post release community supervision, families of mixed immigration, and person with limited English proficiency).

<p><b>MILESTONE:</b> For each objective, list each partner separately and indicate the number of individuals that they plan to enroll into Medi-Cal.</p>	<p><b>DESCRIPTION OF ACTIVITY:</b> Describe below what and or how each partner plans on achieving their goals that are identified in the adjacent milestones. What methods/means will be used to achieve these goals and objectives?</p>	<p><b>Beginning &amp; Ending Dates:</b> Identify the timeframe for each partner to achieve their goals and objectives.</p>
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STRATEGIES/ACTIVITIES	LOCATION	TARGET POPULATION AND NUMBER OF ENROLLEMENTS	TIMELINE	WHO IS RESPONSIBLE

## Outreach & Enrollment Quarterly Invoice



County: \_\_\_\_\_  
 Fiscal Year: \_\_\_\_\_  
 Billing Period: \_\_\_\_\_

O&E Authorization #: AB 82 Sec. 71  
 Invoice #: OE  
 County/CBO Name: \_\_\_\_\_  
 Vendor #: \_\_\_\_\_

BUDGET CATEGORIES (per contract)	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter	Amount Expended to Date	Remaining Balance
<b>PERSONNEL EXPENSES</b>					
Full-Time Staff					
Part-Time Staff					
Benefits _____%					
<b>TOTAL PERSONNEL EXPENSES</b>					

<b>OPERATING EXPENSES</b>					
Office Expenses					
Equipment					
Travel					
Training					
Conferences/Meetings					
Outreach Materials					
Other Costs [itemize each expense]					
Total Budget for all CBO's					
Indirect Costs _____%*					
<b>TOTAL OPERATING EXPENSES</b>					

\* Cannot exceed 15% of total funds allocated

BUDGET CATEGORIES (per contract)	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter		Amount Expended to Date	Remaining Balance
-------------------------------------	--------------------	-----------------------------	------------------------------------	--	-------------------------------	----------------------

OTHER EXPENSES						
CBO Name						
CBO Name						
CBO Name						
CBO Name						
CBO Name						
CBO Name						
<b>TOTAL OTHER EXPENSES</b>						

<b>TOTAL OF ALL EXPENSES</b>						
------------------------------	--	--	--	--	--	--

I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

<b>Sign in blue ink only</b>	
_____	_____
<b>County O&amp;E Project Financial Officer (print)</b>	<b>Signature</b>

<b>Sign in blue ink only</b>	
_____	_____
<b>O&amp;E Project Director (print)</b>	<b>Signature</b>

AB 82 SEC. 71. (a) (1) The State Department of Health Care Services shall accept funding from private foundations in the amount of at least \$12.5 million to provide allocations for the management and funding of Medi-Cal outreach and enrollment plans specific to the provisions contained in this section. (2) The department shall seek necessary federal approval for purposes of obtaining federal funding for activities conducted under this section.

<b>Explanation of Adjustments/Corrections or Revisions (please bold any adjustments, corrections, or revisions for ease of identification):</b>

Please submit invoices from CBOs if applicable.  
O&E Q Invoice (03/14)

## O&E Quarterly Progress Report Outreach, Enrollment, and Retention

County: \_\_\_\_\_

Quarter: \_\_\_\_\_

**Instructions:** Report the progress your county achieved during the quarter and year-to-date (YTD) towards each work plan objective. This report is comprised of a brief narrative and completion of the chart described below for each O&E objective.

**Narrative** (2-10 pages depending on the complexity of your O&E efforts):

- Describe the activities carried out this reporting period to meet the objectives, as described in your work plan. Briefly describe indicators or benchmarks used and progress to date. If you worked with any community-based organizations (CBOs), please indicate who they are and what did they do for the project.
  - What did you accomplish during this reporting period? Did you use indicators or benchmarks to determine your progress? How many Medi-Cal enrollments resulted from your Medi-Cal O&E efforts?
- Describe any practices or innovative strategies that were successful and can serve as a model for others or that your county can build upon.
- Describe project activities or successes not identified in the work plan that were a spin off of work plan activities.
- Describe which, if any, proposed activities were not completed.
  - If the activities completed differ from your proposal, what caused these changes? Were activities delayed and if so, why? Will these activities be completed? When and how? Are there any activities you will not be able to complete during the course of your grant?
- Describe any products developed and data sources used.
- Describe AB 82 population group impacted by your O&E efforts.
- Describe any challenges or barriers encountered and proposed solutions.
- Describe whether your department/agency or partnering organizations received funding from other foundations, corporations, or government bodies for the Medi-Cal O&E efforts currently being supported by this allocation funding opportunity.
  - If applicable, please give each funder's name, the amount of funding provided, and when it was provided. If the support is in-kind and you can estimate the dollar amount, provide that figure; if it is in-kind and you cannot estimate the amount, do not include it.
- Describe whether DHCS assisted or failed to assist you in any way during this time period.
  - Have DHCS' instructions and messages been consistent or have you gotten different messages from different DHCS staff?
- If you chose to do so, describe anything else you would like to share with DHCS pertaining to this Medi-Cal O&E initiative.
  - Please include an addendum to the report, if needed. Feel free to tell us about any other unexpected issues, concerns, or successes you have had during this reporting period.

**Exhibit 1**

- Using your approved work plan as a blueprint, discuss the progress made on each of your objectives. Quantify your progress whenever possible (e.g., number of people enrolled, enrollment percentages, etc).
- Indicate whether the information provided in this attachment pertains to Outreach, Enrollment, Retention, or any combination of the three, efforts accomplished or attempted during the reporting period.

**Exhibit 2**

- Provide information for all items that apply to the progress made during the current quarter.
- Provide year-to-date totals.

**O&E Quarterly Progress Report Template  
Outreach, Enrollment, and Retention**

<b>County:</b>	<b>Reporting Period:</b>
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Check the appropriate box to identify the O&E objective (you may check one or more box below):

Outreach
  Enrollment
 Retention

<b>Major Deliverables and Activities</b>	<b>AB 82 Target Population Reached</b>	<b>Materials</b>	<b>Staff and/or CBO's Used</b>	<b>Status</b>	<b>Performance Measures and Data Collection</b>
<i>Include reference to the major outcome objectives indicated in your work plan</i>	<i>Specify target audience</i>	<i>Specify all materials developed, finalized, or distributed (radio/TV/print ads; brochures, flyers, etc.) using allocation funds</i>	<i>Indicate staff responsible and/or CBO's used</i>	<i>Indicate the completion date. If not completed, indicate the projected completion date. Provide a reason if date is different than on the approved work plan.</i>	<i>Provide achievements, percentages, and numbers for the quarter and YTD that document achievements.</i>

**O&E Quarterly Progress Report  
Outreach, Enrollment, and Retention**

County: \_\_\_\_\_ Quarter: \_\_\_\_\_

**Numbers Specific to O&E Activities ONLY**

	<b>Current Quarter</b>	<b>Year-to-date</b>
Amount Billed		
Number of AB 82 individuals reached by O&E efforts		
Number of AB 82 individuals assisted with enrollment into Medi-Cal		
Number of approved Medi-Cal applications resulting from Medi-Cal O&E efforts		
Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination		
Number of AB 82 beneficiaries that retained Medi-Cal coverage as a result of the O&E efforts		
Number of CEC's and CIA's used in O&E efforts		
Number of CAAs used in O&E efforts		

(COUNTY)

**Annual Budget Report**  
**Fiscal Year 1**  
 (03/01/2014 through 06/30/2014)

**Personnel** [Itemize all expenses]

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
<b>Total Salary</b>				\$ _____
<b>Fringe Benefits (____%)</b>				\$ _____
<b>Total Personnel</b>				\$ <input type="text"/>

**Office Expenses** [Itemize all expenses]

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Total Operating Expenses</b>		\$ <input type="text"/>

**Equipment** [Itemize equipment expenses i.e., items with a Unit cost of \$5,000 or more]

_____	\$ _____	
_____	\$ _____	
<b>Total Equipment Expenses</b>		\$ <input type="text"/>

**Travel**

**Total Travel** \$

**Community-Based Organizations (CBOs)** [List all CBOs and their itemized budgets, add additional CBOs as necessary]

CBO Name: \_\_\_\_\_

Personnel	Office Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Total CBOs** \$

**Other Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Other Costs</b>		\$ <input type="text"/>

**Indirect Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Indirect Costs</b>		\$ <input type="text"/>

**Annual Budget Total** \$



(COUNTY)

**Annual Budget Report**  
**Fiscal Year 2**  
 (07/01/2014 through 06/30/2015)

**Personnel** [Itemize all expenses]

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
<b>Total Salary</b>				\$ _____
<b>Fringe Benefits (____%)</b>				\$ _____
<b>Total Personnel</b>				\$ _____

**Office Expenses** [Itemize all expenses]

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Total Operating Expenses</b>		\$ _____

**Equipment** [Itemize equipment expenses i.e., items with a Unit cost of \$5,000 or more]

_____	\$ _____	
_____	\$ _____	
<b>Total Equipment Expenses</b>		\$ _____

**Travel**

**Total Travel** \$ \_\_\_\_\_

**Community-Based Organizations (CBOs)** [List and itemize budget for all CBO's]

CBO Name: \_\_\_\_\_

Personnel	Office Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total CBOs</b>						\$ _____

**Other Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Other Costs</b>		\$ _____

**Indirect Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Indirect Costs</b>		\$ _____

**Annual Budget Total** \$ \_\_\_\_\_

(COUNTY)

**Annual Budget Report**  
**Fiscal Year 3**  
 (07/01/2015 through 06/30/2016)

**Personnel** [Itemize all expenses]

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
_____	_____	\$XXX,XXX - \$XXX,XXX	____%	\$ _____
<b>Total Salary</b>				\$ _____
<b>Fringe Benefits (____%)</b>				\$ _____
<b>Total Personnel</b>				\$ _____

**Office Expenses** [Itemize all expenses]

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Total Operating Expenses</b>		\$ _____

**Equipment** [Itemize equipment expenses i.e., items with a Unit cost of \$5,000 or more]

_____	\$ _____	
_____	\$ _____	
<b>Total Equipment Expenses</b>		\$ _____

**Travel**

**Total Travel** \$ \_\_\_\_\_

**Community-Based Organizations (CBOs)** [List and itemize budget for all CBO's]

CBO Name: \_\_\_\_\_

Personnel	Office Expenses	Travel	Equipment	Indirect Costs	Other Costs	Total Costs
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Total CBOs** \$ \_\_\_\_\_

**Other Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Other Costs</b>		\$ _____

**Indirect Costs** [Itemize each expense]

_____	\$ _____	
_____	\$ _____	
<b>Total Indirect Costs</b>		\$ _____

**Annual Budget Total** \$ \_\_\_\_\_