

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA**

State of California – Department of Health Care Services

1. This amendment is entered into between the Department of Health Care Services and the County named below:	
COUNTY OF NAPA	
2. Performance Period: June 4, 2020 through June 30, 2022	
3. Administrative Close-Out Period: July 1, 2022 through August 31, 2022	
4. Prior Agreement Amount: \$606,933.00	
5. Amendment Effective Date: Upon DHCS counter-signature, unless otherwise specified.	
6. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Allocation Agreement and incorporated herein. All other terms and conditions not specifically revised by this amendment shall remain the same.	
<p>I. Purpose of amendment: This Amendment shall be used to increase or decrease the approved Allocation Agreement Budget Plan or to modify the approved Performance Period end date due to approved revisions to the original Work Plan and/or Goals and Objectives. Revisions may be due to the following:</p> <ul style="list-style-type: none"> a. Modifications to work plan activities due to the impacts of COVID-19 and the need to reassess outreach opportunities. b. Additions or reductions to targeted population(s). c. Addition of new activities due to creative workarounds during the pandemic, such as review of Cal-Fresh in-reach cases. d. Addition of new Community-Based Organization (CBO) partnerships. e. Updates to goals and objectives. f. Revisions to projected enrolled and retained numbers. g. Requests for additional funding due to work plan revisions or other necessary considerations. <p>II. Amended Allocation Agreement Documents:</p> <ul style="list-style-type: none"> a. Revised Budget Plan – A1 – Attachment 1 b. Revised Work Plan – A1 – Attachment 2 <p>III. Changes made in this amendment must be made as bold and <u>underline</u> for new additions, while deletions must be made as strikethrough text (i.e. strike).</p>	
REVISED ALLOCATION AMOUNT NOT TO EXCEED \$630,477.00	SIX HUNDRED THIRTY THOUSAND, FOUR HUNDRED SEVENTY-SEVEN DOLLARS
The General and Special Provisions attached are made a part of and incorporated into the Agreement.	
COUNTY OF NAPA	DEPARTMENT OF HEALTH CARE SERVICES STATE OF CALIFORNIA
1195 THIRD STREET, SUITE B10, C/O 2751 NAPA VALLEY CORPORATE DR., BLDG B NAPA, CA 94559	ATTN: HEALTH ENROLLMENT NAVIGATORS SECTION MEDI-CAL ELIGIBILITY DIVISION PO BOX 997417, MS 4607 SACRAMENTO, CA 95899-7417
BY (AUTHORIZED SIGNATURE):	BY (AUTHORIZED SIGNATURE):
☞	☞
PRINTED NAME AND TITLE OF PERSON SIGNING:	PRINTED NAME AND TITLE OF PERSON SIGNING: Sandra Williams, Division Chief
DATE SIGNED:	DATE SIGNED:

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA**

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

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

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA**

State of California – Department of Health Care Services

(1) of this Agreement to closeout or wind down all administrative Health Navigator Project activities.

B. Allocation Execution

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

C. Allocation Costs

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

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

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

D. Payment Documentation

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

Budget Plan, A1 - Attachment 1
Work Plan, A1 - Attachment 2
Navigators Project Quarterly Invoice, Attachment 3
Navigators Project Data Report, Attachment 4
Quarterly Progress Report, Attachment 5

2. **The County shall have 60 days from the end of the Project Performance Period**

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA**

State of California – Department of Health Care Services

stated on page one (1) to close out all its administrative activities. The County shall have 30 days upon the termination of the Administrative Close-Out Period stated on page one (1) to submit their final invoice to be reimbursed for the administrative activities completed during this period. DHCS shall issue final reimbursement within 60 days of receiving the County's timely final invoice for administrative activities.

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

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

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA**

State of California – Department of Health Care Services

DUE DATE OF DELIVERABLES	COUNTY DELIVERABLES	QUARTERLY PERFORMANCE PERIOD	DHCS REVIEW DEADLINE	*ESTIMATED COMPLETION DATE
<u>4/30/2022</u>	<u>QUARTERLY INVOICES/ PROGRESS REPORT</u>	<u>January, February, March 2022</u>	<u>5/30/2022</u>	<u>6/30/2022</u>
<u>7/31/2022</u>	<u>QUARTERLY INVOICES/ ALL REMAINING SFY 2021-22 INVOICE(S)/</u>	<u>April, May, June 2022</u>	<u>8/31/2022</u>	<u>9/30/2022</u>
<u>8/31/2022</u>	<u>QUARTERLY PROGRESS REPORT/ FINAL REPORTING DOCUMENTS/ FINAL DATA REPORTING CORRECTIONS</u>	<u>April, May, June 2022</u>	<u>8/31/2022</u>	<u>9/30/2022</u>
<u>9/30/2022</u>	<u>ADMINISTRATIVE CLOSE-OUT PERIOD INVOICE (FINAL)</u>	<u>July, August 2022</u>	<u>10/31/2022</u>	<u>11/30/2022</u>

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

Budget Plan Attachment 1

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

Work Plan Attachment 2

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

Navigators Project Invoice Attachment 3

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

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

Monthly Data Reporting Attachment 4

County is required to use the Navigators Project Data Report, Attachment 4, or other reporting method as directed by the State. The County is required to submit monthly

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA

State of California – Department of Health Care Services

updates for specific data points regarding the Health Navigators Project, which will be reviewed by the State and subsequently published for public consumption.

Quarterly Progress Report Attachment 5

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

E. Allocation Termination or Withdrawal

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

F. Loss of Allocation Amount

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

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

G. Hold Harmless

1. County agrees to waive all claims and recourse against the State including the right to contribution for loss or damage to persons or property arising from, growing out of or in

ALLOCATION AGREEMENT AMENDMENT 1 (A1)
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
COUNTY OF NAPA

State of California – Department of Health Care Services

any way connected with or incident to this Agreement, except claims arising from the concurrent or sole negligence of State, its officers, agents, and employees.

2. County agrees to indemnify, hold harmless and defend the State, its officers, agents and employees against any and all claims, demand costs, expenses or liability costs arising out of legal actions pursuant to items for which the County has certified. County acknowledges that it is solely responsible for compliance with items to which it has certified.

H. Financial Records

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

I. Audit

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

J. Nondiscrimination

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

**ALLOCATION AGREEMENT AMENDMENT 1 (A1)
 MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
 COUNTY OF NAPA**
 State of California – Department of Health Care Services

2. County shall ensure the security, privacy and confidentiality of each enrollee.

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

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

NAPA COUNTY, a political subdivision of
 the State of California

By _____
 RYAN GREGORY, Chair
 Board of Supervisors

“COUNTY”

<p style="text-align: center;">APPROVED AS TO FORM Office of County Counsel</p> <p>By: <u>Susan B. Altman</u> Deputy County Counsel</p> <p>Date: <u>3/1/2022</u></p>	<p style="text-align: center;">APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____</p> <p>Processed By: _____</p> <p>Deputy Clerk of the Board</p>	<p style="text-align: center;">ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors</p> <p>By: _____</p>
--	--	--

COUNTY OF Napa
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT

BUDGET PLAN

Itemized detail of other costs
 A-87/Agency Costs
 Building Maintenance
 IT
 Copiers
 Memberships

\$	16,638.44	\$	54,569.20
\$	38,030.72	\$	124,729.60
\$	3,565.38	\$	11,693.40
\$	594.23	\$	1,948.90
\$	594.23	\$	1,948.90
\$	59,423.00	\$	194,890.00



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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



Activity 1 – Program Planning and Startup

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

OBJECTIVE Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	MILESTONE Detail of milestone in objective's strategic plan	STRATEGIES AND ACTIVITIES What strategies/activities will be used to achieve these goals and objectives?	TARGET POPULATIONS See below ¹	COMPLETION DATE	RESPONSIBILITY List organization responsible, and staff position responsible.	GOAL Indicate the number of individuals or increase by percentage each objective plans to reach. <i>(i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).</i>
<p>Napa County staff will identify and develop strategies to reach out to an estimated 2,800 2,400 within the targeted populations.</p>	<p>Develop and maintain a list of all potential Community Partners and other county departments to coordinate outreach activities.</p>	<p>Establish communication with potential Community Partners and other county departments to explore and coordinate outreach activities.</p>	<ul style="list-style-type: none"> • Persons with mental health and substance use disorder needs • Aged persons • Persons who are homeless • Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision • Immigrants and families of mixed immigration status 	<p>March 2020 July 2020 March 2021</p>	<p>Self Sufficiency Services Division (SSSD) – Deputy Director of Self Sufficiency Services, Self Sufficiency Manager, Staff Services Analyst. Napa County Health and Human Services Agency (HHSA) - Other County Departments. Community Partners/CBO's</p>	<p>Increase the number of Community Partners and other agency departments we work with by 100%. Currently we work with 7 agencies including: Probation Department, Community Health Initiative (CHI), Abode, Ole Health, Family Resource Centers and On the Move.</p>

¹ Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; 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



Napa County Health and Human Services Agency
 NAVIGATORS PROJECT WORK PLAN

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



	<p>Meet with partner groups and brainstorm strategies to best reach target populations they serve. The partner groups include but are not limited to:</p> <ul style="list-style-type: none"> • CBO's • Mental Health/Alcohol and Drug • Probation/Jail • Homeless Shelters • Ole Health Clinic • New Re-Entry Center set to open November 2019 • Napa Valley Unified School District (NVUSD) • Small businesses 	<p>Review strategies for identifying and reaching out to appropriate Community Partners/CBO's.</p>	<p>Same as above</p>	<p>Persons with limited English proficiency</p> <ul style="list-style-type: none"> • Low-wage workers and their families or dependents 	<p>both existing and newly identified.</p>	<p>Identify strategies to meet with additional groups through the existing partnerships we have.</p>
<p>Develop strategies to target uninsured Napa County residents in targeted populations that are served by each community group and other county department.</p>				<p>June 2020 July 2020 March 2021</p>	<p>SSSD – Deputy Director of Self Sufficiency, Self Sufficiency Manager and Staff Services Analyst, Community Partners/CBO's</p>	



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

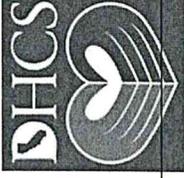
Attachment 2; Submit to DHCS no later than 10/11/2019

<ul style="list-style-type: none"> Senior Centers 	<p>Develop informational Medi-Cal material to distribute to <u>Community Partners/CBO's</u> during outreach events and develop presentations for the <u>for Community Partners/CBO's</u> <u>focusing on</u> targeted populations. This includes but is not limited to providing information material on the various avenues to apply process for Medi-Cal (In-person, by mail, over the phone, by fax or online (C4yourself.com) or (CoveredCA.com)).</p>	<p>Identify the appropriate informational material that would reach the majority of the targeted populations.</p>	<p>Identify the populations to be targeted at outreach events and the information material format that would best suit the those populations.</p>	<p>Same as above</p>	<p>April-2020 September-2020 <u>March 2021</u></p>	<p>SSSD – Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide, Community Partners/CBO's</p>	<p>To produce quality material for distribution at outreach events and identify a plan for outreach activities and an outreach strategy.</p>
--	---	---	---	----------------------	---	--	--

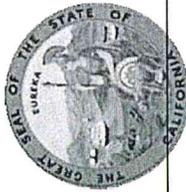


Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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



Train SSSD staff on developed strategies.	Develop training of strategies.	Create strategies related to tracking of outreach, enrollment assistance and retention activities.	Same as above	<p>May 2020 September 2020 <u>January – March 2021</u></p>	SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide	To develop strategies related to tracking outreach activities and train staff on the strategies.
---	---------------------------------	--	---------------	--	---	--



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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

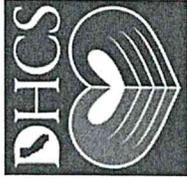


<p>Coordinated planning, collaboration, monitoring and assessment related to outreach strategies. This includes developing an outreach calendar and establishing a reporting schedule.</p>	<p>Implement and provide training for monitoring tools and tracking logs.</p>	<p>Design monitoring tool, tracking logs, reporting structure and develop outreach material.</p>	<p>Same as above</p>	<p>March 2020 September 2020 <u>January –</u> <u>March 2021</u></p>	<p>Self Sufficiency Services Division (SSSD) – Deputy Director of Self Sufficiency Services, Self Sufficiency Manager, Staff Services Analyst, Community Partners/CBO's.</p>	<p>To continuously track and monitor our outreach strategies.</p>
--	---	--	----------------------	--	--	---



Napa County Health and Human Services Agency
 NAVIGATORS PROJECT WORK PLAN

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



Activity 2 – Navigation Activities

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

OBJECTIVE	MILESTONE	STRATEGIES AND ACTIVITIES	TARGET POPULATIONS	COMPLETION DATE	RESPONSIBILITY	GOALS VS. ACTUALS
<p>Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.</p>	<p>Detail of milestone in objective's strategic plan</p>	<p>What strategies/activities will be used to achieve these goals and objectives?</p>	<p>See below²</p>		<p>List organization responsible, and staff position responsible.</p>	<p>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).</p>
<p>Provide target populations with a better understanding of Medi-Cal benefits and eligibility criteria. and access to medical care.</p>	<p>Increase both the number of community events we participate in and the number of the completed presentations to our partners both internal and external.</p>	<p>Providing information Medi-Cal presentations to internal and external partners.</p>	<p>Persons with mental health and substance use disorder needs, Aged persons, Persons who are homeless, Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision, Immigrants and families of mixed immigration status, Persons with limited</p>	<p>March-2020 September-2020 <u>March-2022</u> <u>June 2022</u></p>	<p>SSSD – Eligibility Specialist and Community Aide</p>	<p>To provide 6-8 2-3 "Medi-Cal Roadshow" presentations per month to other county departments and Community Partners.</p>

² Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color; 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.



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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

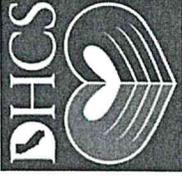


<p>Participate in an average of 4-6 monthly informal and/or formal sponsored community events.</p>	<p>Participate in community sponsored events where we will focus on at least one target population group.</p>	<p>Identify community sponsored events related to the targeted populations.</p>	<p>English proficiency, Low-wage workers and their families or dependents.</p>	<p>March 2020 – December 2021</p>	<p>SSSD – Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide</p>	<p>Increase our participation in community events.</p>
<p>To provide place based services of enrolling in the Medi-Cal program and outreach activities where it is identified there is a need within the targeted populations. This could include but is not limited to in home assistance, scheduled on-site presence at Community Partner locations and implementing a streamline</p>	<p>Develop a calendar of where and when an Eligibility Specialist or Community Aide will be collocated. <u>Develop a streamline application process with our community partners.</u></p>	<p>Develop a referral process to coordinate the availability of the staff who will be able to provide place based services. at collocated locations.</p>	<p>Same as above</p>	<p>July 2020 – September 2020 – <u>August 2021</u></p>	<p>SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide, Community Partners/CBO's</p>	<p>To increase our presence in the community where hard to reach populations are located including: schools, senior centers, Calistoga, small businesses, Aldea and Queen of the Valley Medical Center.</p>



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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



<p>application flow for our clients through our Community Partners.</p>						
<p>Schedule coordinated outreach activities & presentations to uninsured residents, other county departments and Community Partners.</p>	<p>Create a master schedule for the outreach activities and presentations.</p>	<p>Determine the schedule for each county department partner, our schedule and the schedules of Community Partners.</p>	<p>Same as above</p>	<p>May-2020 September-2020— <u>March 2021</u> and <u>continuously updated</u></p>	<p>SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide, Community Partners/CBO's</p>	<p>To increase our communication regarding outreach activities and presentations throughout Napa County.</p>
<p>Conduct coordinated outreach-activities/ presentations to uninsured residents, other county departments and Community Partners.</p>	<p>Train staff and create presentations tailored to the intended targeted populations.</p>	<p>Identify outreach opportunities directed to the targeted populations we intend to reach.</p>	<p>Same as above</p>	<p>June-2020 September-2020 <u>March-2021</u> <u>March-2022</u> <u>March 2021 – June 2022</u></p>	<p>SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide</p>	<p>Conduct <u>4-6 2-3</u> outreach activities/ presentations monthly.</p>



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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



Activity 3 – Retention

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

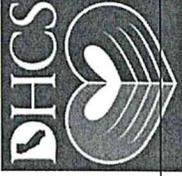
OBJECTIVE Use the objectives indicated in the "Navigators Project Goals and Objectives" form to outline each partner's responsibility.	MILESTONE Detail of milestone in objective's strategic plan	STRATEGIES AND ACTIVITIES What strategies/activities will be used to achieve these goals and objectives?	TARGET POPULATIONS See below ³	COMPLETION DATE	RESPONSIBLE ENTITY and LOCATION List responsible organization and location.	GOALS VS. ACTUALS Indicate the number of individuals or increase by percentage each objective plans to reach. (i.e. Increase the number of Medi-Cal eligible clients targeted by O&E efforts by X).
Produce and disseminate messaging about retention and renewal assistance through social media online, mailings <u>and/or outreach events.</u>	Develop messaging about retention and renewal assistance.	Disseminating the developed messaging at outreach events and presentations.	Persons with mental health and substance use disorder needs, Aged persons, Persons who are homeless, Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision, Immigrants and	May-2020 September-2020 March-2022 <u>June 2022</u>	SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide	Increase retention in the Medi-Cal program by 7,600 4,500 <u>840</u> .

³ Priority target populations are: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons with other disabilities; Aged persons; Homeless persons; Young people of color; 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



Napa County Health and Human Services Agency
 NAVIGATORS PROJECT WORK PLAN

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

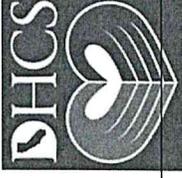


<p><u>Visit locations where target groups Identify locations targeted populations</u> gather and provide comprehensive and culturally appropriate renewal information, encouragement and support. Places may include but are not limited to schools, restaurants, wineries, vineyards, family and community resource centers, jails, the re-entry program, county departments, partner agencies,</p>		<p>Establish communication with Community Partners to coordinate outreach opportunities regarding renewal and retention activities.</p>	<p>Same as above</p>	<p><u>May-2020</u> <u>September 2020</u> <u>August 2021</u></p>	<p>SSSD – Deputy Director of Self Sufficiency Services, Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide, Community Partners/CBO's</p>	<p>Increase the number of Community Partners we work with in order to widen our reach and increase the retention of Medi-Cal in the community.</p>
--	--	---	----------------------	---	--	--



Napa County Health and Human Services Agency
 NAVIGATORS PROJECT WORK PLAN

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



<p>events and health centers.</p>						
<p>Provide one-on-one retention services including but not limited to assistance with, understanding of and completion of Medi-Cal annual renewals and reminder phone calls with special focus on reaching targeted populations.</p>	<p>Consistently participating in outreach efforts.</p>	<p>Utilizing the outreach and opportunities including assistance with understanding and completing Medi-Cal annual renewals with special focus on reaching target populations.</p>	<p>Same as above</p>	<p>May-2020 September-2020 March-2022 <u>June 2022</u></p>	<p>SSSD - Self Sufficiency Manager, Staff Services Analyst, Eligibility Specialist, Community Aide Partners/CBO's,</p>	<p>To increase the knowledge of the renewal completion options within the targeted populations in Napa County.</p>



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN
 Attachment 2: Submit to DHCS no later than 10/11/2019



Activity 4 – Tracking and Reporting

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

TRACKING and REPORTING MEASURE Include a description of each measure, and assumptions	LOCATION	TARGET POPULATION See below ⁴	INITIAL	FINAL	% CHANGE	REPORTING PERIOD	COMPLETION DATE Date reported to DHCS	RESPONSIBLE ENTITY List responsible organization
The number of Individuals reached by Outreach & Enrollment efforts	Napa County	Persons with mental health and substance use disorder needs, Aged persons, Persons who are homeless, Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision, Immigrants	0	2,800 <u>2,400</u> estimated individuals	100%	03/01/2020 <u>07/01/2020</u> – <u>12/31/2024</u> 03/31/2022 <u>June 2022</u> Ongoing through the end of the grant period according to the required reporting schedule	December 2024 March 2022 <u>June 2022</u>	SSSD – Eligibility Specialist, Community Aide and Staff Services Analyst

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



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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

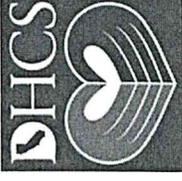


<p>Individuals assisted with enrollment into Medi-Cal</p>	<p>Napa County</p>	<p>and families of mixed immigration status, Persons with limited English proficiency, Low-wage workers and their families or dependents</p>	<p>0</p>	<p>2400- 4,800 <u>1,200</u> Individuals</p>	<p>100%</p>	<p>03/01/2020 <u>07/01/2020</u> - 12/31/2024 03/31/2022 <u>June 2022</u> Ongoing through the end of the grant period according to</p>	<p>December 2024 March 2022 <u>June 2022</u></p>	<p>SSSD – Eligibility Specialist, Community Aide, Staff Services Analyst and CBO's</p>
<p>Number of beneficiaries assisted with annual eligibility renewal and/or Medi-Cal renewal</p>	<p>Napa County</p>	<p>Same as above</p>	<p>0</p>	<p>2,000- 4,500 <u>840</u> Individuals</p>	<p>100%</p>	<p>03/01/2020 <u>07/01/2020</u> - 12/31/2024 03/31/2022 <u>June 2022</u> Ongoing through the end of the grant period according to the required reporting schedule</p>	<p>December 2024 March 2022 <u>June 2022</u></p>	<p>SSSD – Eligibility Specialist, Community Aide, Staff Services Analyst and CBO's</p>



Napa County Health and Human Services Agency
NAVIGATORS PROJECT WORK PLAN

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



<p>Number of beneficiaries that retained Medi-Cal coverage as a result of the O&E efforts</p>	<p>Napa County</p>	<p>Same as above</p>	<p>0</p>	<p>1,600 1,500 <u>840</u> Individuals</p>	<p>100%</p>	<p>03/01/2020 <u>07/01/2020</u> – 12/31/2021 03/31/2022 <u>June 2022</u> Ongoing through the end of the grant period according to the required reporting schedule</p>	<p>December 2021 March 2022 <u>June 2022</u></p>	<p>SSSD – Eligibility Specialist, Community Aide, Staff Services Analyst</p>
<p>Number of beneficiaries reached with a reminder phone call for their Medi-Cal</p>	<p>Napa County</p>	<p>Same as above</p>	<p>8,000 Households</p>	<p>10,400 <u>9,800</u> Households</p>	<p>30% <u>22.5%</u></p>	<p>03/01/2020 <u>07/01/2020</u> – 12/31/2021 03/31/2022 <u>June 2022</u> Ongoing through the end of the grant period according to the required reporting schedule</p>	<p>December 2021 March 2022 <u>June 2022</u></p>	<p>SSSD – Eligibility Specialist, Community Aide, Staff Services Analyst and CBO's</p>