

33184

**DEPARTMENT OF PUBLIC HEALTH
CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND
RETENTION SERVICES**

Amendment No. 7

THIS AMENDMENT is made and entered into this 1st day
of July, 2016,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

CITY OF LONG BEACH DEPARTMENT OF
HEALTH AND HUMAN SERVICES
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Children's Health Outreach, Enrollment, Utilization and Retention Services ", dated June 4, 2013, and further identified as Contract No. PH-002508, and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, County has been allocated additional funding from the California Department of Health Care Services (DHCS) to promote community based outreach, enrollment, utilization and retention services; and

WHEREAS, it is the intent of the parties hereto to amend this Contract to extend the term, increase the maximum obligation of County, and make other hereafter designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties.

WHEREAS, the Amendment Format has been approved by County Counsel.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on July 1, 2016.

2. Paragraph 2, DESCRIPTION OF SERVICES, Subparagraph A shall be added to read as follows:

“A. Contractor shall provide services in the manner described in Exhibit A.4 (Statement of Work), and Exhibits B-4 and B-5 (Scope of Work) attached hereto and incorporated herein by reference.”

3. Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, Subparagraph H shall be added to read as follows:

“C. Effective July 1, 2016 through June 30, 2017, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Seventy-Six Thousand Five Hundred Fourteen Dollars (\$176,514), as set forth in Exhibit C-7 and C-8, attached hereto and incorporated herein by reference. This amount is comprised of DHCS AB 82 funds, in the amount of One Hundred Thousand Dollars (\$100,000), for the period of July 1, 2016 through June 30, 2017 and DHCS SB 18 funds, in the amount of Seventy-Six Thousand Five Hundred Fourteen Dollars (\$76,514), for the period of July 1, 2016 through June 30, 2017.

4. Effective on the date of this amendment, Exhibits A.4, B-4, B-5, C-7, and C-8 shall be attached hereto and incorporated herein by reference.

5. Except for the changes set forth herein above, Contract shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Interim Director of Public Health, or her designee and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By Cynthia A. Harding
Cynthia A. Harding, M.P.H.
Interim Director

City of Long Beach Department of Health and Human Services

By Patrick H. West
Signature Patrick H. West Assistant City Manager
Title City Manager
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM

July 19, 20 16
CHARLES PARKIN, City Attorney
By Charles Parkin
DEPUTY CITY ATTORNEY

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
MARY C. WICKHAM
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By Patricia Gibson
for Patricia Gibson, Chief
Contracts and Grants Division
#03651

**CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATEMENT OF WORK**

Children's Health Outreach, Enrollment, Utilization and Retention (CHOEUR) Services

AB 82 GRANT / SB 18 GRANT

Term July 1, 2016 - June 30, 2017

1. DEFINITION

Children's Health Outreach, Enrollment, Utilization and Retention (CHOEUR) are comprehensive programs that: develop and utilize a variety of techniques for health coverage outreach and enrollment; provide individual assessments of health coverage eligibility; develop and utilize a variety of techniques to reduce barriers to health coverage enrollment and utilization of benefits; and implement strategies to support health coverage retention. The delivery format of such programs may include, but is not limited to: community outreach and education, presentations, enrollment events, eligibility assessment, application assistance, enrollment verification, utilization assistance and assistance with redetermination.

2. PERSONS TO BE SERVED

- A. CHOEUR services shall be provided in Los Angeles County.
- B. Contractor shall provide services to uninsured children, families and individuals in Los Angeles County who may be eligible for Medi-Cal, Healthy Kids and other no/low-cost health coverage programs (in accordance with Exhibits **B-4** and **B-5**, Scope of Work, attached hereto and incorporated herein by reference).
- C. CHOEUR services shall be provided to individuals who may be eligible for Medi-Cal, Healthy Kids or other no/low-cost health coverage programs who reside in the City of Long Beach within Los Angeles County.

3. SERVICE DELIVERY SITE(S)

Contractor's facility(ies) where services are to be provided hereunder are located at:

2525 Grand Avenue, Long Beach, CA 90815. Greater Long Beach Area

For purposes of this Contract, Contractor shall specify specific cross streets and locations for street outreach activities in monthly reports to the Department of Public Health (DPH). Contractor shall request approval from DPH in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. SERVICES TO BE PROVIDED

- A. Contractor shall provide CHOEUR services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Contract. Additionally, Contractor shall provide such services as described in Exhibits **B-4 and B-5**, Scope of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall obtain written approval from DPH's authorized designee for all educational materials utilized in association with this Contract prior to its implementation.
- C. Contractor shall develop all publicity materials in a professional manner and submit for approval such materials to DPH at least thirty (30) days prior to the projected date of implementation. For the purposes of this Contract, materials may include, but are not limited to, written educational materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).
- D. Failure of Contractor to abide by this requirement may result in Termination for Default as specified in Paragraph 47 of the ADDITIONAL PROVISIONS of this Contract.
- E. Contractor shall utilize funds received from County for the sole purpose of providing CHOEUR services in accordance with Exhibit **C-7 and C-8**, Schedule(s).

5. STAFFING REQUIREMENTS

- A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Contract, staff shall be defined as paid and volunteer individuals providing services as described in Exhibits **B-4 and B-5**, Scope of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall maintain recruitment records, to include, but not be limited to: 1) job description of all positions funded under this Contract; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with this Contract, if during the term of this Contract an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify DPH's authorized designee in writing prior to filling said vacancy.

6. STAFF DEVELOPMENT AND TRAINING

Contractor shall conduct ongoing and appropriate staff development and training as described in the Scope of Work, attached hereto and incorporated herein by reference.

- A. Contractor shall provide and/or allow access to ongoing staff development and training (for) of CHOEUR staff. Staff Development and training shall include, but not be limited to: DPH approved CORE Comprehensive Training for new staff and refresher training every two years thereafter, which includes training on Medi-Cal Programs, and periodic health coverage program reviews and updates.
- B. Contractor shall participate in annual hands-on CHOI online/webinar database system and forms training.
- C. Contractor shall maintain documentation of staff training in each employee file to include, but, not be limited to: 1) date, time, and location of staff training; 2) name of trainer and title, and training topic(s); 3) certification; 4) and names of attendees and titles.
- D. Contractor shall document training activities in the monthly report to DPH.

7. DPH CHOI DATA SYSTEM

Contractor shall enter data on program participants into the DPH Internet-based data tracking and reporting system. "Enter" is defined as: directly entering required data elements into the DPH data system. Contractor/Subcontractor staff using the DPH CHOI data tracking and reporting system will be given a user identification and password to ensure the security of the system and the confidentiality of client records. In the event that an agency staff person terminates employment with the CHOEUR, Contractor/Subcontractor must delete the user account immediately. In the event that an agency staff person at the administrative level terminates employment with the CHOEUR, Contractor must contact DPH immediately so that DPH can delete this administrative account and assign a new administrative account.

8. PROPRIETARY CONSIDERATIONS

- A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and or modified under this Contract may be used by either Contractor or County both during and subsequent to the term of this Contract.
- B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this Contract. Further, County and Contractor agree to use best efforts to protect all such data,

materials, and information from loss or damage by any cause, including, but not limited to, fire and theft.

9. INVOICES

Contractor shall bill County monthly in arrears. All billings shall include a financial invoice and all required reports and/or data. Monthly invoices are due by the 15th calendar day of the following month.

10. REPORTS

Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Contract attached hereto, Contractor shall submit the following report(s):

- A. Monthly Report: Contractor shall generate a monthly report using the DPH data system and submit this monthly report to DPH no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by DPH or specified report as requested by DPH.
- B. Quarterly Reports: Contractor shall submit to DPH a quarterly report within the time period as directed for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.
- C. Annual Report: Contractor shall submit to DPH an annual report within the time period as directed for each year. Annual reports shall include all the required information and be completed in the correct format.
- D. Any additional reports as required by the Department of Health Care Services Medi-Cal Outreach and Enrollment Grant, if applicable.

11. ANNUAL TUBERCULOSIS SCREENING FOR STAFF

Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

12. QUALITY IMPROVEMENT

Contractor shall develop and submit to DPH within ninety (90) days of the execution of this Contract its written Quality Improvement (QI) Plan. The QIP shall describe a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization,

and retention services.

13. MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

Contractor shall perform Medi-Cal administrative activities on behalf of Los Angeles County to assist in the proper and efficient administration of the Medi-Cal Program by improving the availability and accessibility of Medi-Cal Services to Medi-Cal eligible and potentially eligible individuals and their families. These activities include outreach, facilitating Medi-Cal application, and program planning and policy development. Contractor shall attend mandatory MAA time survey training sessions. Contractor shall complete and submit time surveys and maintain all records to support claim (e.g. CHOI forms, data system printouts, agendas, event summaries, and DPH approved outreach and health education materials) as required by DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

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MEASURABLE OBJECTIVE(S)		IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION						
<p>* Service Planning Area(s) must be specified</p> <p>1.1 OUTREACH</p> <p>By June 30, 2017, Contractor (and subcontractor) will have successfully engaged a minimum of 713 of the target population within the City of Long Beach through an outreach/in-reach contact.</p> <p>For Agencies w/ Subcontractors, specify target & SPAs:</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>713</td></tr><tr><td>Total</td><td>713</td></tr></table> <p><u>"Successfully engaged"</u> is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach or in-reach contact" is defined as speaking directly either in person or by telephone with a client or potential client(s) for <u>at least eight (8) minutes</u> to publicize available health care options and services. Outreach contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people who may be clients, potential clients or personnel with access to potential clients (school staff, WIC sites, CBO staff, etc.). Contractor must ensure to not limit outreach activities within own agency/clinic but rather provide appropriate comprehensive outreach efforts outside of own agency to ensure that proposed geographic areas/SPA(s) are targeted accordingly and maximize all outreach opportunities to low income families and their children.</p>		<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	713	Total	713	<p>1.1a Develop, or review and revise, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Medi-Cal, Healthy Kids and other no or low-cost health programs. Submit to County of Los Angeles Department of Public Health (DPH) for approval.</p> <p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p> <p>1.1c Conduct outreach at events (e.g., presentations, fairs, etc.) and complete event summaries. Event summaries to include site, date, name of outreach worker(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p> <p>1.1d Conduct outreach (e.g., telephone outreach, walk-ins, etc.) and maintain contact documentation including but not limited to: sites, dates, name of outreach worker(s), number of individuals contacted, family name/identifier.</p> <p>1.1e Enter documentation of outreach numbers into CHOI database.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>1.1a DPH letters of approval and materials will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DPH</p> <p>1.1c Completed documents will be kept on file and number of participants will be reported to DPH in monthly reports.</p> <p>1.1d Completed documentation will be kept on file and number of participants will be reported to DPH in monthly reports on file.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>
<u>Agency Name</u>	<u>Numbers</u>									
City of Long Beach	713									
Total	713									

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)		IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION						
<p>* Service Planning Area(s) must be specified</p> <p>2.1 APPLICATION ASSISTANCE</p> <p>By June 30, 2017, Contractor (and subcontractor) will have completed applications for a minimum of 342 clients within the City of Long Beach for Medi-Cal and other no/low cost plans. Contractor will also provide clients with referrals to appropriate health programs or health agencies.</p> <p>For Agencies w/ Subcontractors, specify target & SPAs:</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>342</td></tr><tr><td>Total</td><td>342</td></tr></table> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person, telephone assistance or electronic submission. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were unsuccessfully completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. Healthy Way LA, CCS, Community Partners, Health Benefit Exchange, DPH, early detection programs, legal services for health issues, etc.). Does not include referrals for shelter, food, and other non-direct medical needs.</p>		<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	342	Total	342	<p>2.1a Develop, or review and revise, enrollment protocol. Submit to DPH for approval.</p> <p>2.1b Conduct enrollment activities utilizing DPH approved client intake form.</p> <p>2.1c Enter data from DPH approved forms into CHOI data system utilizing appropriate codes.</p> <p>2.1d Develop, or review and revise, referral protocol and submit to DPH for approval.</p> <p>2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form or appropriate DPH approved forms.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.1a DPH letters of approval and materials will be on file.</p> <p>2.1b Completed materials (i.e. client intake and enrollment documents) will be kept on file and number of participants documented in monthly reports to DPH. Printed documents of electronically submitted applications will be made available upon DPH request.</p> <p>2.1c For monthly reports, DPH data system will be queried to generate number of applications submitted.</p> <p>2.1d DPH letters of approval on file.</p> <p>2.1e Maintain client intake forms with services/program referral information.</p>
<u>Agency Name</u>	<u>Numbers</u>									
City of Long Beach	342									
Total	342									

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2017, Contractor (and subcontractor) will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (e.g. MEDS/AEVS/IVR/IEVS). This objective documents agency effort to ascertain enrollment status. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.</p>	<p>2.2a Develop, or review and revise, enrollment verification protocol. Submit to DPH for approval.</p> <p>2.2b Conduct enrollment verification and troubleshooting using DPH approved enrollment verification and troubleshooting forms.</p> <p>2.2c Enter data from DPH approved forms into CHOI data system.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.2a Letter(s) of DPH approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DPH data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DPH.</p>
<p>2.3 By June 30, 2017, Contractor (and subcontractor) will have confirmed enrollment on 75% of client applications assisted with or facilitated by Contractor as measured in Objective 2.1.</p> <p>This objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as: 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DPH approved forms into CHOI database</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b CHOI data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DPH.</p>

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION						
<p>3.1 TROUBLESHOOTING ASSISTANCE</p> <p><u>By June 30, 2017</u>, Contractor (and subcontractor) will provide ongoing assistance to 570 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>570</td></tr><tr><td>Total</td><td>570</td></tr></table> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Assistance may be provided to 1) clients who originally applied with Contractor or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contractor. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.</p>	<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	570	Total	570	<p>3.1a Develop, or review and revise, utilization protocol and submit to DPH for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DPH approved forms into CHOI database.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>3.1a Letter(s) of DPH approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.</p> <p>3.1c CHOI database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DPH.</p>
<u>Agency Name</u>	<u>Numbers</u>								
City of Long Beach	570								
Total	570								
<p>3.2 By June 30, 2017, Contractor (and subcontractor) will offer utilization assistance at 4-6 months to 70% of clients whose applications were assisted or facilitated by Contractor in Objective 2.1 and were confirmed enrolled</p> <p>"Offer utilization assistance" is defined as attempting to contact 100% of clients and making successful contact with 70% of clients either in-person or by telephone to determine whether benefits have been utilized.</p>	<p>3.2a Develop, or review and revise, utilization protocol and submit to DPH for approval.</p> <p>3.2b Conduct utilization assistance and document results on utilization forms using the appropriate codes.</p> <p>3.2c Enter data from DPH approved utilization forms into DPH CHOI database.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>3.2a Letter(s) of DPH approval and materials will be kept on file.</p> <p>3.2b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.</p> <p>3.2c DPH data system will be queried to generate number of clients offered utilization assistance at 4-6 months in monthly reports submitted to DPH.</p>						

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.1 By June 30, 2017, Contractor (and subcontractor) will offer redetermination assistance at 11-12 months to 65% of clients whose applications were assisted or facilitated by Contractor in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 65% of clients either in-person or by telephone to determine whether redetermination assistance is desired. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.	4.1a Develop, or review and revise, redetermination protocol and submit to DPH for approval.	7/1/16-6/30/17	4.1a Letter(s) of DPH approval and materials will be kept on file.
	4.1b Conduct redetermination assistance and document results on redetermination forms using the appropriate codes.	7/1/16-6/30/17	4.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH via CHOI database.
	4.1c Enter data from DPH approved redetermination forms into CHOI database.	7/1/16-6/30/17	4.1c CHOI data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 REDETERMINATION ASSISTANCE By June 30, 2017, Contractor (and subcontractor) will provide redetermination assistance to: <ol style="list-style-type: none"> 1. Clients who submitted their original application elsewhere, but have requested redetermination assistance from Contractor and/or 2. Clients who submitted their original application with the Contractor and have already renewed that coverage at least one time since their original enrollment confirmation date. <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification/renewal paperwork.</p>	4.2a Conduct redetermination assistance and document on DPH approved Intake Form into CHOI database. 4.2b Enter data from CHOI approved Intake Form into CHOI database data system.	7/1/16-6/30/17 7/1/16-6/30/17	4.2a Completed forms will be kept on file. 4.2b CHOI data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>5.1 By June 30, 2017, Contractor (and subcontractor) will have a minimum of 65% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate" is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a defined period (month and guidelines to be determined by DPH) who are contacted by Contractor 14 months later to determine enrollment status.</p>	<p>5.1a Develop, or review and revise, retention protocol. Submit to DPH for approval</p> <p>5.1b Conduct retention activities and document results on retention verification documents.</p> <p>5.1c Submit data from retention verification documents to DPH.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>DPH will determine the date to conduct the 14-month Retention Survey</p>	<p>5.1a Letters of DPH approved materials will be kept on file.</p> <p>5.1b Completed retention verification document will be kept on file and results submitted to DPH as required.</p> <p>5.1c DPH will compute contractor retention rate and report summary of results to Contractor.</p>

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2017, Contractor (and subcontractor) will enter data on program participants into CHOI database system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p><i>Please note: For clients assisted through various funds, Contractor (and subcontractor) will enter data in the CHOI database system under the appropriate Funding Sources.</i></p> <p>"Enter data" is defined as directly entering required data elements into the DPH web-based data system available to all contractors.</p>	<p>6.1a Contractor will install any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Ensure that appropriate staff are trained on data entry AND participate in all DPH required and uninitiated data meetings, updates, and discussions.</p> <p>6.1c Enter data into CHOI database</p> <p>6.1d Run monthly report and send signed copy to DPH.</p> <p>6.1e Ensure DPH-approved latest forms and documents are utilized and on file.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>6.1a Contractor will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training and issuance of username and password for data input.</p> <p>6.1c CHOI Database</p> <p>6.1d Maintain copies of signed monthly reports on file.</p> <p>6.1e Maintain latest forms and documents on file.</p>

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

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Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
7.1 By June 30, 2017, Contractor (and subcontractor) will ensure that 100% of enrollment staff, including staff at subcontracting agencies, are fully trained to provide outreach, enrollment, utilization, and retention services. "Fully trained" is defined as participation in DPH required and approved trainings and any pertinent programmatic updates for staff providing services. Additional DPH process trainings (e.g., DPH forms and data system updates) may be required as necessary.	7.1a Attend all required DPH approved trainings. A list of required trainings will be provided to Contractors by DPH. 7.1b Contractor and subcontractor enrollment staff shall attend update trainings for new or changed initiatives/programs as required or at a minimum, every 2 years.	7/1/16-6/30/17 7/1/16-6/30/17	7.1a Maintain certificates of attendance in employee files. Document names of new staff attending the required trainings in the monthly reports to DPH. 7.1b Maintain certificates of attendance in employee files. Document names of staff attending updated trainings in the monthly reports to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
8.1 By June 30, 2017, Contractor will participate in a minimum of 80% of the convened contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend Contractors' meetings.	7/1/16-6/30/17	8.1a Document names of individuals attending monthly Contractor meeting in monthly reports to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2017, Contractor (and subcontractor) will support, implement, and participate in 100% of the outreach, enrollment, utilization, and retention required evaluation activities including assisting in routine and/or piloted data and tracking projects related to the CHOI data system or other electronic application submission system(s).	9.1a Contractor and subcontractor staff shall work with DPH for compilation of data, review of outreach efforts, and tracking subcontractors' activities and special projects.	7/1/16-6/30/17	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
	9.1b Contractor and subcontractor staff shall attend DPH training on CHOI data system and other electronic application submission system(s) implemented in Los Angeles county.	7/1/16-6/30/17	9.1b Document attendance in monthly reports submitted to DPH
	9.1c Contractor and subcontractor staff shall utilize CHOI data system and work with DPH to identify implementation barriers.	7/1/16-6/30/17	9.1c Document utilization and participation in monthly reports submitted to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
10.1 By June 30, 2017, Contractor (and subcontractor) will conduct 100% of Quality Improvement Plan (QIP) Activities	10.1a Develop, or review and revise, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services.	7/1/16-6/30/17	10.1a Submit QIP to DPH for approval. Letter of QIP approval will be maintained on file.
	10.1b Conduct QIP activities.	7/1/16-6/30/17	10.1b Document QIP activities in monthly reports to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 AB 82 GRANT

Term July 1, 2016 – June 30, 2017

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
For Contractors with Subcontractors: 11.1 By June 30, 2017, Contractor will conduct a minimum of one site visit and one annual contract monitoring to each subcontractor.	11.1a Schedule site visits and maintain list of site, dates, and times.	7/1/16-6/30/17	11.1a Completed materials will be kept on file. Schedule of site visit shall be submitted with monthly reports to DPH.
	11.1b Conduct site visit utilizing check list provided by DPH and maintain monitoring visit check list.	7/1/16-6/30/17	11.1b Completed materials will be kept on file including sign-in sheets and completed DPH monitoring visit check list.
	11.1c Conduct annual contract monitoring	7/1/16-6/30/17	11.1c Completed contract monitoring tools and documentation will be kept on file.
	11.1d Prepare Reports of Findings and approve subcontractors' corrective action responses.	7/1/16-6/30/17	11.1d Completed documentation of correction action materials will be kept on file.

Scope of Work
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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>12.1 By June 30, 2017, Contractor will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program, as allowed by law.</p> <p>Contractor (and subcontractor) staff funded through this County agreement will attend MAA training(s) as scheduled and complete MAA time survey(s) as allowed/required by the State or County.</p>	12.1 Schedule contractor staff members for DPH MAA training(s).	As Scheduled	12.1 Verification of MAA training for contractor staff members will be kept on file.
	Ensure that contractor staff members attend DPH MAA training(s).	As Scheduled	A listing of trained staff and a copy of training materials will be kept on file.
	Ensure that contractor staff members' complete MAA time survey(s) as required by the State.	Ongoing	A copy of time survey forms will be kept on file.
	Monitor staff's time completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents.	Ongoing	A copy of time survey forms, time cards, and time card correction forms will be kept on file.
	Approve MAA time surveys. Submit the following to DPH: the survey form, employee time card and time card correction form, Time Survey Packet Review Form, Secondary Documentation Forms and supporting verification documents (e.g., CHOI forms, data system printouts, agendas, event summaries); and DPH approved outreach and health education materials as required by CHOI.	Ongoing	Copies of time survey forms, time cards, time card correction forms, Time Survey Packet Review Forms, Secondary Documentation Forms and supporting verification documents (e.g., CHOI forms, data system printouts, agendas, event summaries); and DPH approved outreach and health education materials will be kept on file.
	Attend scheduled DPH meetings to discuss the MAA federal reimbursement program (project manager/coordinator).	Ongoing	Meeting agendas and notes will be kept on file.
	Participate in MAA audit, as scheduled by State and federal agencies.	Ongoing	Contractor staff members will be available for interviews during audit period.

Term July 1, 2016 – June 30, 2017

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MCAH CHOEUR-LB PH-002508-7 FY16/17

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION						
<p>* Service Planning Area(s) must be specified</p> <p>2.1 APPLICATION ASSISTANCE</p> <p>By June 30, 2017, Contractor (and subcontractor) will have completed applications for a minimum of 258 clients within the City of Long Beach for Medi-Cal and other no/low cost plans. Contractor will also provide clients with referrals to appropriate health programs or health agencies.</p> <p>For Agencies w/ Subcontractors, specify target & SPAs:</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>258</td></tr><tr><td>Total</td><td>258</td></tr></table> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person, telephone assistance or electronic submission. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were unsuccessfully completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. Healthy Way LA, CCS, Community Partners, Health Benefit Exchange, DPH, early detection programs, legal services for health issues, etc.). Does not include referrals for shelter, food, and other non-direct medical needs.</p>	<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	258	Total	258	<p>2.1a Develop, or review and revise, enrollment protocol. Submit to DPH for approval.</p> <p>2.1b Conduct enrollment activities utilizing DPH approved client intake form.</p> <p>2.1c Enter data from DPH approved forms into CHOI data system utilizing appropriate codes.</p> <p>2.1d Develop, or review and revise, referral protocol and submit to DPH for approval.</p> <p>2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form or appropriate DPH approved forms.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.1a DPH letters of approval and materials will be on file.</p> <p>2.1b Completed materials (i.e. client intake and enrollment documents) will be kept on file and number of participants documented in monthly reports to DPH. Printed documents of electronically submitted applications will be made available upon DPH request.</p> <p>2.1c For monthly reports, DPH data system will be queried to generate number of applications submitted.</p> <p>2.1d DPH letters of approval on file.</p> <p>2.1e Maintain client intake forms with services/program referral information.</p>
<u>Agency Name</u>	<u>Numbers</u>								
City of Long Beach	258								
Total	258								

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2017, Contractor (and subcontractor) will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (e.g. MEDS/AEVS/IVR/IEVS). This objective documents agency effort to ascertain enrollment status. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.</p>	<p>2.2a Develop, or review and revise, enrollment verification protocol. Submit to DPH for approval.</p> <p>2.2b Conduct enrollment verification and troubleshooting using DPH approved enrollment verification and troubleshooting forms.</p> <p>2.2c Enter data from DPH approved forms into CHOI data system.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.2a Letter(s) of DPH approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DPH data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DPH.</p>
<p>2.3 By June 30, 2017, Contractor (and subcontractor) will have confirmed enrollment on 75% of client applications assisted with or facilitated by Contractor as measured in Objective 2.1.</p> <p>This objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as: 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DPH approved forms into CHOI database</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b CHOI data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DPH.</p>

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
SB 18 GRANT

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION						
<p>3.1 TROUBLESHOOTING ASSISTANCE</p> <p><u>By June 30, 2017</u>, Contractor (and subcontractor) will provide ongoing assistance to 430 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>430</td></tr><tr><td>Total</td><td>430</td></tr></table> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Assistance may be provided to 1) clients who originally applied with Contractor or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contractor. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.</p>	<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	430	Total	430	<p>3.1a Develop, or review and revise, utilization protocol and submit to DPH for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DPH approved forms into CHOI database.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>3.1a Letter(s) of DPH approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.</p> <p>3.1c CHOI database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DPH.</p>
<u>Agency Name</u>	<u>Numbers</u>								
City of Long Beach	430								
Total	430								
<p>3.2 By June 30, 2017, Contractor (and subcontractor) will offer utilization assistance at 4-6 months to 70% of clients whose applications were assisted or facilitated by Contractor in Objective 2.1 and were confirmed enrolled</p> <p>"Offer utilization assistance" is defined as attempting to contact 100% of clients and making successful contact with 70% of clients either in-person or by telephone to determine whether benefits have been utilized.</p>	<p>3.2a Develop, or review and revise, utilization protocol and submit to DPH for approval.</p> <p>3.2b Conduct utilization assistance and document results on utilization forms using the appropriate codes.</p> <p>3.2c Enter data from DPH approved utilization forms into DPH CHOI database.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>3.2a Letter(s) of DPH approval and materials will be kept on file.</p> <p>3.2b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.</p> <p>3.2c DPH data system will be queried to generate number of clients offered utilization assistance at 4-6 months in monthly reports submitted to DPH.</p>						

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.1 By June 30, 2017, Contractor (and subcontractor) will offer redetermination assistance at 11-12 months to 65% of clients whose applications were assisted or facilitated by Contractor in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 65% of clients either in-person or by telephone to determine whether redetermination assistance is desired. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.	4.1a Develop, or review and revise, redetermination protocol and submit to DPH for approval.	7/1/16-6/30/17	4.1a Letter(s) of DPH approval and materials will be kept on file.
	4.1b Conduct redetermination assistance and document results on redetermination forms using the appropriate codes.	7/1/16-6/30/17	4.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH via CHOI database.
	4.1c Enter data from DPH approved redetermination forms into CHOI database.	7/1/16-6/30/17	4.1c CHOI data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

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<p>4.2 REDETERMINATION ASSISTANCE By June 30, 2017, Contractor (and subcontractor) will provide redetermination assistance to:</p> <p>1. Clients who submitted their original application elsewhere, but have requested redetermination assistance from Contractor and/or</p> <p>2. Clients who submitted their original application with the Contractor and have already renewed that coverage at least one time since their original enrollment confirmation date.</p> <p><u>By June 30, 2017</u>, Contractor (and subcontractor) will provide redetermination and renewal assistance to 700 clients needing assistance with their renewal/redetermination documents.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>City of Long Beach</td><td>700</td></tr><tr><td>Total</td><td>700</td></tr></table> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification/renewal paperwork.</p>	<u>Agency Name</u>	<u>Numbers</u>	City of Long Beach	700	Total	700	<p>4.2a Conduct redetermination assistance and document on DPH approved Intake Form into CHOI database.</p> <p>4.2b Enter data from CHOI approved Intake Form into CHOI database data system.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>4.2a Completed forms will be kept on file.</p> <p>4.2b CHOI data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DPH.</p>
<u>Agency Name</u>	<u>Numbers</u>								
City of Long Beach	700								
Total	700								

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>5.1 By June 30, 2017, Contractor (and subcontractor) will have a minimum of 65% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate" is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a defined period (month and guidelines to be determined by DPH) who are contacted by Contractor 14 months later to determine enrollment status.</p>	<p>5.1a Develop, or review and revise, retention protocol. Submit to DPH for approval</p> <p>5.1b Conduct retention activities and document results on retention verification documents.</p> <p>5.1c Submit data from retention verification documents to DPH.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>DPH will determine the date to conduct the 14-month Retention Survey</p>	<p>5.1a Letters of DPH approved materials will be kept on file.</p> <p>5.1b Completed retention verification document will be kept on file and results submitted to DPH as required.</p> <p>5.1c DPH will compute contractor retention rate and report summary of results to Contractor.</p>

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Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2017, Contractor (and subcontractor) will enter data on program participants into CHOI database system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p><i>Please note: For clients assisted through various funds, Contractor (and subcontractor) will enter data in the CHOI database system under the appropriate Funding Sources.</i></p> <p>"Enter data" is defined as directly entering required data elements into the DPH web-based data system available to all contractors.</p>	<p>6.1a Contractor will install any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Ensure that appropriate staff are trained on data entry AND participate in all DPH required and uninitiated data meetings, updates, and discussions.</p> <p>6.1c Enter data into CHOI database</p> <p>6.1d Run monthly report and send signed copy to DPH.</p> <p>6.1e Ensure DPH-approved latest forms and documents are utilized and on file.</p>	<p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p> <p>7/1/16-6/30/17</p>	<p>6.1a Contractor will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training and issuance of username and password for data input.</p> <p>6.1c CHOI Database</p> <p>6.1d Maintain copies of signed monthly reports on file.</p> <p>6.1e Maintain latest forms and documents on file.</p>

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
7.1 By June 30, 2017, Contractor (and subcontractor) will ensure that 100% of enrollment staff, including staff at subcontracting agencies, are fully trained to provide outreach, enrollment, utilization, and retention services. "Fully trained" is defined as participation in DPH required and approved trainings and any pertinent programmatic updates for staff providing services. Additional DPH process trainings (e.g., DPH forms and data system updates) may be required as necessary.	7.1a Attend all required DPH approved trainings. A list of required trainings will be provided to Contractors by DPH. 7.1b Contractor and subcontractor enrollment staff shall attend update trainings for new or changed initiatives/programs as required or at a minimum, every 2 years.	7/1/16-6/30/17 7/1/16-6/30/17	7.1a Maintain certificates of attendance in employee files. Document names of new staff attending the required trainings in the monthly reports to DPH. 7.1b Maintain certificates of attendance in employee files. Document names of staff attending updated trainings in the monthly reports to DPH.

Scope of Work
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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
8.1 By June 30, 2017, Contractor will participate in a minimum of 80% of the convened contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend Contractors' meetings.	7/1/16-6/30/17	8.1a Document names of individuals attending monthly Contractor meeting in monthly reports to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
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Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2017, Contractor (and subcontractor) will support, implement, and participate in 100% of the outreach, enrollment, utilization, and retention required evaluation activities including assisting in routine and/or piloted data and tracking projects related to the CHOI data system or other electronic application submission system(s).	9.1a Contractor and subcontractor staff shall work with DPH for compilation of data, review of outreach efforts, and tracking subcontractors' activities and special projects.	7/1/16-6/30/17	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
	9.1b Contractor and subcontractor staff shall attend DPH training on CHOI data system and other electronic application submission system(s) implemented in Los Angeles county.	7/1/16-6/30/17	9.1b Document attendance in monthly reports submitted to DPH
	9.1c Contractor and subcontractor staff shall utilize CHOI data system and work with DPH to identify implementation barriers.	7/1/16-6/30/17	9.1c Document utilization and participation in monthly reports submitted to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

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Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
10.1 By June 30, 2017, Contractor (and subcontractor) will conduct 100% of Quality Improvement Plan (QIP) Activities	10.1a Develop, or review and revise, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services.	7/1/16-6/30/17	10.1a Submit QIP to DPH for approval. Letter of QIP approval will be maintained on file.
	10.1b Conduct QIP activities.	7/1/16-6/30/17	10.1b Document QIP activities in monthly reports to DPH.

Scope of Work
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
 SB 18 GRANT

Term July 1, 2016 – June 30, 2017

Goal: To increase access to health care by assisting children, families and individuals in Los Angeles county to enroll in health coverage programs and utilize and retain these benefits.
Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
For Contractors with Subcontractors: 11.1 By June 30, 2017, Contractor will conduct a minimum of one site visit and one annual contract monitoring to each subcontractor.	11.1a Schedule site visits and maintain list of site, dates, and times.	7/1/16-6/30/17	11.1a Completed materials will be kept on file. Schedule of site visit shall be submitted with monthly reports to DPH.
	11.1b Conduct site visit utilizing check list provided by DPH and maintain monitoring visit check list.	7/1/16-6/30/17	11.1b Completed materials will be kept on file including sign-in sheets and completed DPH monitoring visit check list.
	11.1c Conduct annual contract monitoring	7/1/16-6/30/17	11.1c Completed contract monitoring tools and documentation will be kept on file.
	11.1d Prepare Reports of Findings and approve subcontractors' corrective action responses.	7/1/16-6/30/17	11.1d Completed documentation of correction action materials will be kept on file.

Scope of Work
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 Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DPH.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>12.1 By June 30, 2017, Contractor will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program, as allowed by law.</p> <p>Contractor (and subcontractor) staff funded through this County agreement will attend MAA training(s) as scheduled and complete MAA time survey(s) as allowed/required by the State or County.</p>	12.1 Schedule contractor staff members for DPH MAA training(s).	As Scheduled	12.1 Verification of MAA training for contractor staff members will be kept on file.
	Ensure that contractor staff members attend DPH MAA training(s).	As Scheduled	A listing of trained staff and a copy of training materials will be kept on file.
	Ensure that contractor staff members' complete MAA time survey(s) as required by the State.	Ongoing	A copy of time survey forms will be kept on file.
	Monitor staff's time completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents.	Ongoing	A copy of time survey forms, time cards, and time card correction forms will be kept on file.
	Approve MAA time surveys. Submit the following to DPH: the survey form, employee time card and time card correction form, Time Survey Packet Review Form, Secondary Documentation Forms and supporting verification documents (e.g., CHOI forms, data system printouts, agendas, event summaries); and DPH approved outreach and health education materials as required by CHOI.	Ongoing	Copies of time survey forms, time cards, time card correction forms, Time Survey Packet Review Forms, Secondary Documentation Forms and supporting verification documents (e.g., CHOI forms, data system printouts, agendas, event summaries); and DPH approved outreach and health education materials will be kept on file.
	Attend scheduled DPH meetings to discuss the MAA federal reimbursement program (project manager/coordinator).	Ongoing	Meeting agendas and notes will be kept on file.
	Participate in MAA audit, as scheduled by State and federal agencies.	Ongoing	Contractor staff members will be available for interviews during audit period.

SCHEDULE

**CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION
SERVICES**

AB 82 GRANT (DHCS #1)

	<u>Budget Period</u> July 1, 2016 through June 30, 2017
Full-Time Salaries	\$ 59,194
Employee Benefits @ <u>42.906%</u>	\$ <u>25,398</u>
Total Full-Time Salaries and Employee Benefits	\$ 84,592
Part-Time Salaries	\$ 0
Employee Benefits @ <u>0%</u>	\$ <u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$ 84,592
Operating Expenses	\$ 9,489
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ <u>10%</u> of Salaries	\$ <u>5,919</u>
TOTAL PROGRAM BUDGET	\$ 100,000

Per Paragraph 4, Section C and Paragraph 6, Section A of the Children's Health Outreach, Enrollment, Utilization and Retention Services Contract, during the term of this Contract, any variation to the above budget must have prior written approval of the Department of Public Health Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION
 SERVICES

SB 18 GRANT (DHCS #2)

	<u>Budget Period</u> July 1, 2016 through June 30, 2017
Full-Time Salaries	\$ 50,040
Employee Benefits @ <u>42.906%</u>	\$ 21,470
Total Full-Time Salaries and Employee Benefits	\$ 71,510
Part-Time Salaries	\$ 0
Employee Benefits @ <u>0%</u>	\$ 0
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$ 71,510
Operating Expenses	\$ 0
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ <u>10%</u> of Salaries	\$ 5,004
TOTAL PROGRAM BUDGET	\$ 76,514

Per Paragraph 4, Section C and Paragraph 6, Section A of the Children's Health Outreach, Enrollment, Utilization and Retention Services Contract, during the term of this Contract, any variation to the above budget must have prior written approval of the Department of Public Health Director or his designee. Funds shall only be utilized for eligible program expenses.