33184

DEPARTMENT OF PUBLIC HEALTH
CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES
Amendment No. 9

THIS AMENDMENT is made and entered into this 17th day of July, 2017,

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, on June 16, 2015 County's Board of Supervisors approved amending this Contract to extend the term and increase funding for the provision of Medi-Cal Renewal Assistance Project services and approved related changes including authorizing modifications to or within budget categories; and

WHEREAS, County has been allocated additional funding from the California Department of Health Care Services (DHCS) AB 82, and DHCS Medi-Cal Administrative Activities (MAA) to promote community based outreach, enrollment, utilization and retention services; and

WHEREAS, it is the intent of the parties hereto to amend 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.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective July 1, 2017.

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

"2. DESCRIPTION OF SERVICES:

A. Contractor shall provide services in the manner described in Exhibits A.3, A.4, and A.5 (Statements of Work), and Exhibits B-1, B-2.1, B-3.2, B-4, B-5, B-6 and B-7 (Scopes of Work), attached hereto and incorporated herein by reference."

3. Paragraph 3, TERM OF CONTRACT, first paragraph, shall be revised to read as follows:

"3. TERM OF CONTRACT:

The term of this Contract shall be effective July 1, 2013 and shall continue in full force and effect through June 30, 2018, unless sooner terminated or extended, in whole or in part, as provided in this Contract."

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

"4. MAXIMUM OBLIGATION OF COUNTY:

I. Effective July 1, 2017 through June 30, 2018, the maximum obligation of County for all services provided hereunder shall not exceed

One Hundred Seventy-Six Thousand, Five Hundred Fourteen Dollars ($176,514). This amount is comprised of DHCS AB 82 funds, in the amount of One Hundred Thousand Dollars ($100,000), as set forth in Exhibit C-9, and DHCS MAA funds, in the amount of Seventy-Six Thousand, Five Hundred Fourteen Dollars ($76,514), as set forth in Exhibit C-10, attached hereto and incorporated herein by reference."

5. Effective on the date of this Amendment, Exhibit A.5, Statement of Work, for the term of July 1, 2017 through June 30, 2018 (Year 5) shall be attached hereto and incorporated herein by reference.

6. Effective on the date of this Amendment, Exhibits B-6 and B-7, Scopes of Work, for the term of July 1, 2017 through June 30, 2018 (Year 5) shall be attached hereto and incorporated herein by reference.

7. Effective on the date of this Amendment, Exhibits C-9 and C-10, Budgets, for the term of July 1, 2017 through June 30, 2018 (Year 5) shall be attached hereto and incorporated herein by reference.

8. Effective on the date of this Amendment, Paragraph 14, RECORD RETENTION AND AUDITS, shall be revised to read as follows:

"14. RECORD RETENTION AND AUDITS:

A. Service Records: Contractor shall maintain all service records related to this contract for a minimum period of seven (7) years following the expiration or prior termination of this Contract. Contractor shall provide upon request by County, accurate and complete records of its activities and operations as they relate to the provision of services,

hereunder. Records shall be accessible as detailed in the subsequent sub-paragraph.

B. Financial Records: Contractor shall prepare and maintain on a current basis, complete financial records in accordance with generally accepted accounting principles and also in accordance with written guidelines, standards, and procedures which may from time to time be promulgated by Director. For additional information, please refer to the Los Angeles County Auditor-Controller's Contract Accounting and Administration Handbook. The handbook is available on the internet at http://publichealth.lacounty.gov/cg/docs/AuditorControllerContractingandAdminHB.pdf.

Such records shall clearly reflect the actual cost of the type of service for which payment is claimed and shall include, but not be limited to:

(1) Books of original entry which identifies all designated donations, grants, and other revenues, including County, federal, and State revenues and all costs by type of service.

(2) A General Ledger.

(3) A written cost allocation plan which shall include reports, studies, statistical surveys, and all other information Contractor used to identify and allocate indirect costs among Contractor's various services. Indirect Costs shall mean those costs incurred for a common or joint objective which cannot be identified specifically with a particular project or program.

(4) Personnel records which show the percentage of time worked providing service claimed under this Contract. Such records shall be corroborated by payroll timekeeping records, signed by the employee and approved by the employee's supervisor, which show time distribution by programs and the accounting for total work time on a daily basis. This requirement applies to all program personnel, including the person functioning as the executive director of the program, if such executive director provides services claimed under this Contract.

(5) Personnel records which account for the total work time of personnel identified as indirect costs in the approved contract budget. Such records shall be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor. This requirement applies to all such personnel, including the executive director of the program, if such executive director provides services claimed under this Contract.

The entries in all of the aforementioned accounting and statistical records must be readily traceable to applicable source documentation (e.g., employee timecards, remittance advice, vendor invoices, appointment logs, client/patient ledgers). The client/patient eligibility determination and fees charged to, and collected from clients/patients must also be reflected therein. All financial records shall be retained by Contractor at a location within Los Angeles

County during the term of this Contract and for a minimum period of five (5) years following expiration or earlier termination of this Contract, or until federal, State and/or County audit findings are resolved, whichever is later. During such retention period, all such records shall be made available during normal business hours within ten (10) calendar days, to authorized representatives of federal, State, or County governments for purposes of inspection and audit. In the event records are located outside Los Angeles County and Contractor is unable to move such records to Los Angeles County, the Contractor shall permit such inspection or audit to take place at an agreed to outside location, and Contractor shall pay County for all travel, per diem, and other costs incurred by County for any inspection and audit at such other location. Contractor shall further agree to provide such records, when possible, immediately to County by facsimile/FAX, or through the Internet (i.e. electronic mail ["e-mail"], upon Director's request. Director's request shall include appropriate County facsimile/FAX number(s) and/or e-mail address(es) for Contractor to provide such records to County. In any event, Contractor shall agree to make available the original documents of such FAX and e-mail records when requested by Director for review as described hereinabove.

C. Preservation of Records: If following termination of this Contract Contractor's facility is closed or if ownership of Contractor

changes, within forty-eight (48) hours thereafter, the Director is to be notified thereof by Contractor in writing and arrangements are to be made by Contractor for preservation of the client/patient and financial records referred to hereinabove.

D. Audit Reports: In the event that an audit of any or all aspects of this Contract is conducted by any federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor shall file a copy of each such audit report(s) with the Chief of the County's Department of Public Health ("DPH") Contract Monitoring Division, and with County's Auditor-Controller (Auditor-Controller's Audit Branch) within thirty (30) calendar days of Contractor's receipt thereof, unless otherwise provided for under this Contract, or under applicable federal or State regulations. To the extent permitted by law, County shall maintain the confidentiality of such audit report(s).

E. Independent Audit: Contractor's financial records shall be audited by an independent auditor in compliance with 45 CFR (Code of Federal Regulations) Part 75. The audit shall be made by an independent auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable federal, State, or County statutes, policies, or guidelines. Contractor shall complete and file such audit report(s) with the County's DPH Contract Monitoring Division no later than the earlier of thirty (30)

days after receipt of the auditor's report(s) or nine (9) months after the end of the audit period.

If the audit report(s) is not delivered by Contractor to County within the specified time, Director may withhold all payments to Contractor under all service agreements between County and Contractor until such report(s) is delivered to County.

The independent auditor's work papers shall be retained for a minimum of three (3) years from the date of the report, unless the auditor is notified in writing by County to extend the retention period. Audit work paper shall be made available for review by federal, State, or County representative upon request.

F. Federal Access to Records: If, and to the extent that, Section 1861 (v) (1) (I) of the Social Security Act [42 United States Code ("U.S.C.") Section 1395x(v) (1) (I)] is applicable, Contractor agrees that for a period of five (5) years following the furnishing of services under this Contract, Contractor shall maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Comptroller General of the United States, or to any of their duly authorized representatives, the contracts, books, documents, and records of Contractor which are necessary to verify the nature and extent of the cost of services provided hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any subcontract with a value or cost of Ten Thousand Dollars ($10,000) or

more over a twelve (12) month period with a related organization (as that term is defined under federal law), Contractor agrees that each such subcontract shall provide for such access to the subcontract, books, documents, and records of the subcontractor.

G. Program and Audit/Compliance Review: In the event County representatives conduct a program review and/or an audit/compliance review of Contractor, Contractor shall fully cooperate with County's representatives. Contractor shall allow County representatives access to all records of services rendered and all financial records and reports pertaining to this Contract and shall allow photocopies to be made of these documents utilizing Contractor's photocopier, for which County shall reimburse Contractor its customary charge for record copying services, if requested. Director shall provide Contractor with at least ten (10) working days prior written notice of any audit/compliance review, unless otherwise waived by Contractor.

County may conduct a statistical sample audit/compliance review of all claims paid by County during a specified period. The sample shall be determined in accordance with generally accepted auditing standards. An exit conference shall be held following the performance of such audit/compliance review at which time the result shall be discussed with Contractor. Contractor shall be provided with a copy of any written evaluation reports.

Contractor shall have the opportunity to review County's findings on

Contractor, and Contractor shall have thirty (30) calendar days after receipt of County's audit/compliance review results to provide documentation to County representatives to resolve the audit exceptions. If, at the end of the thirty (30) calendar day period, there remains audit exceptions which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit, or sample, shall be applied to the total County payment made to Contractor for all claims paid during the audit/compliance review period to determine Contractor's liability to County. County may withhold any claim for payment by Contractor for any month or months for any deficiency(ies) not corrected.

H. Audit Settlements:

(1) If an audit conducted by federal, State, and/or County representatives finds that units of service, actual reimbursable net costs for any services and/or combinations thereof furnished hereunder are lower than units of service and/or reimbursement for stated actual net costs for any services for which payments were made to Contractor by County, then payment for the unsubstantiated units of service and/or unsubstantiated reimbursement of stated actual net costs for any services shall be repaid by Contractor to County. For the purpose of this paragraph an "unsubstantiated unit of service" shall mean a unit of service for which Contractor is unable to adduce proof of performance of that unit of service and "unsubstantiated reimbursement of stated actual

net costs" shall mean a stated actual net costs for which Contractor is unable to adduce proof of performance and/or receipt of the actual net cost for any service.

(2) If an audit conducted by federal, State, and/or County representatives finds that actual allowable and documented costs for a unit of service provided hereunder are less than the County's payment for those units of service, the Contractor shall repay County the difference immediately upon request, or County has the right to withhold and/or offset that repayment obligation against future payments.

(3) If within thirty (30) calendar days of termination of the Contract period, such audit finds that the units of service, allowable costs of services and/or any combination thereof furnished hereunder are higher than the units of service, allowable costs of services and/or payments made by County, then the difference may be paid to Contractor, not to exceed the County maximum obligation.

(4) In no event shall County be required to pay Contractor for units of services that are not supported by actual allowable and documented costs.

(5) In the event that Contractor's actual allowable and documented cost for a unit of service are less than fee-for-service rate(s) set out in the budget(s), the Contractor shall be reimbursed

for its actual allowable and documented costs only. Regardless of the amount of costs incurred by contractor, in no event will the County pay or is obligated to pay contractor more than the fees for the units of service provided up to the contract maximum obligation.

I. Failure to Comply: Failure of Contractor to comply with the terms of this Paragraph shall constitute a material breach of contract upon which Director may suspend or County may immediately terminate this Contract."

9. Paragraph 61, COMPLIANCE WITH COUNTY'S ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING, shall be added to the ADDITIONAL PROVISIONS to read as follows:

"61. COMPLIANCE WITH COUNTY'S ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING:

A. Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

B. If a contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or member of Contractor's staff be removed immediately from performing services under the Contract. County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

C. Disqualification of any member of Contractor's staff pursuant to this paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract."

10. Paragraph 62, ENCRYPTION STANDARDS, shall be added to the ADDITIONAL PROVISIONS to read as follows:

"62. ENCRYTION STANDARDS:

A. Stored Data: Contractors' and subcontractors' workstations and portable devices that are used to access, store, receive, and/or transmit County PI, PHI or MI (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with: (1) Federal Information Processing Standard Publication (FIPS) 140-2; (2) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management- Part 1: General (Revision 3); (3) NIST Special Publication 800-57. Recommendation for Key Management - Part 2: Best Practices for Key Management Organization; and (4) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

Contractors' and subcontractors' use of remote servers (e.g. cloud storage, Software-as-a-Service or SaaS) for storage of County PI, PHI and/or MI shall be subject to written pre-approval by the County's Chief Executive Office.

B. Transmitted Data: All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with: (1) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (2) NIST Special Publication 800-57 Recommendation for Key Management - Part 3: Application- Specific Key Management Guidance.

Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit."

11. Except for the changes set forth hereinabove, all terms and conditions of the Contract shall remain the same.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its 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 _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

City of Long Beach Department of Health and Human Services
Contractor

Tom Modica
Assistant City Manager

By _____
Signature

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

Patrick H. West
Printed Name

Title City Manager

(AFFIX CORPORATE SEAL)

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

APPROVED AS TO FORM
6/28, 2017
CHARLES PARKIN, City Attorney
By _____
LINDA T. VU
DEPUTY CITY ATTORNEY

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Public Health

By _____
Patricia Gibson, Chief
Contracts and Grants Division

DA#03981

MCAH CHOEUR PH-002508-9

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 / CHOI MAA FUND

Term July 1, 2017 - June 30, 2018

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-6 and B-7**, Scopes 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 where services are to be provided hereunder is 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 and/or before commencing services at any other location.

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-6 and B-7**, Scopes 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, TERMINATION FOR DEFAULT, 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-9 and C-10**, Budgets

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-6 and B-7**, Scopes 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 supervisorial 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 Exhibits **B-6 and B-7**, Scopes, 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 Children's Health Outreach Initiatives (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 Paragraph 40, REPORTS, 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 PLAN

Contractor shall develop and submit to DPH within ninety (90) days of the execution of this Contract its written Quality Improvement Plan (QIP). 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

Contractor shall perform Medi-Cal Administrative Activities (MAA) 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 (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
1.1 OUTREACH **By June 30, 2018** for the AB 82 Grant (DHCS #1), Contractor will have successfully engaged a minimum of **713** of the target population within the City of Long Beach through an outreach/in-reach contact. **Agency Name** — **Numbers** City of Long Beach — 713 **Total** — **713** "Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c) 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 at least eight (8) minutes 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.	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.	7/1/17-6/30/18	1.1a DPH letters of approval and materials will be kept on file.
	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/1/17-6/30/18	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DPH
	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.	7/1/17-6/30/18	1.1c Completed documents will be kept on file and number of participants will be reported to DPH in monthly reports.
	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.	7/1/17-6/30/18	1.1d Completed documentation will be kept on file and number of participants will be reported to DPH in monthly reports.
	1.1e Enter documentation of outreach numbers into CHOI database.	7/1/17-6/30/18	1.1e Data system will be queried to generate outreach numbers.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
2.1 APPLICATION ASSISTANCE **By June 30, 2018** for the AB 82 Grant (DHCS #1), Contractor will have completed applications for a minimum of **342** clients within the City of Long Beach for Medi-Cal, Healthy Kids and other no/low cost plans. Contractor will also provide clients with referrals to appropriate health programs or health agencies **Agency Name** — **Numbers** City of Long Beach — 342 **Total** — **342** "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. "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.	2.1a Develop, or review and revise, enrollment protocol. Submit to DPH for approval.	7/1/17-6/30/18	2.1a DPH letters of approval and materials will be on file.
	2.1b Conduct enrollment activities utilizing DPH approved client intake form.	7/1/17-6/30/18	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.
	2.1c Enter data from DPH approved forms into CHOI data system utilizing appropriate codes.	7/1/17-6/30/18	2.1c For monthly reports, DPH data system will be queried to generate number of applications submitted.
	2.1d Develop, or review and revise, referral protocol and submit to DPH for approval.	7/1/17-6/30/18	2.1d DPH letters of approval on file.
	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form or appropriate DPH approved forms.	7/1/17-6/30/18	2.1e Maintain client intake forms with services/program referral information.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
2.2 By June 30, 2018, Contractor 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. "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.	2.2a Develop, or review and revise, enrollment verification protocol. Submit to DPH for approval.	7/1/17-6/30/18	2.2a Letter(s) of DPH approval and materials will be kept on file.
	2.2b Conduct enrollment verification and troubleshooting using DPH approved enrollment verification and troubleshooting forms.	7/1/17-6/30/18	2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
	2.2c Enter data from DPH approved forms into CHOI data system.	7/1/17-6/30/18	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.
2.3 By June 30, 2018, Contractor will have confirmed enrollment on 75% of client applications assisted with or facilitated by Contractor as measured in Objective 2.1. This objective documents **enrollment outcome.** "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.	2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.	7/1/17-6/30/18	2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
	2.3b Enter data from DPH approved forms into CHOI database	7/1/17-6/30/18	2.3b CHOI data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DPH.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
3.1 TROUBLESHOOTING ASSISTANCE **By June 30, 2018** for the AB 82 Grant (DHCS #1), Contractor will provide ongoing assistance to **570** clients experiencing problems with enrollment, utilizing benefits, or retention. **Agency Name** — **Numbers** City of Long Beach — 570 **Total** — **570** "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.	3.1a Develop, or review and revise, utilization protocol and submit to DPH for approval.	7/1/17-6/30/18	3.1a Letter(s) of DPH approval and materials will be kept on file.
	3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.	7/1/17-6/30/18	3.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.
	3.1c Enter data from DPH approved forms into CHOI database.	7/1/17-6/30/18	3.1c CHOI database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DPH.
3.2 By June 30, 2018, Contractor 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 "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.	3.2a Develop, or review and revise, utilization protocol and submit to DPH for approval.	7/1/17-6/30/18	3.2a Letter(s) of DPH approval and materials will be kept on file.
	3.2b Conduct utilization assistance and document results on utilization forms using the appropriate codes.	7/1/17-6/30/18	3.2b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.
	3.2c Enter data from DPH approved utilization forms into DPH CHOI database.	7/1/17-6/30/18	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.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT (DHCS #1)
Term July 1, 2017 – June 30, 2018

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, 2018, Contractor 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.	7/1/17-6/30/18	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.	7/1/17-6/30/18	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.	7/1/17-6/30/18	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 (DHCS #1)
Term July 1, 2017 – June 30, 2018

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, 2018, Contractor will provide redetermination assistance to: 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. **By June 30, 2018** for the AB 82 Grant (DHCS #1) and CHOI MAA Funding, Contractor will provide redetermination and renewal assistance to **700** clients needing assistance with their renewal/redetermination documents. **Agency Name** — **Numbers** City of Long Beach — 700 **Total** — **700** "Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification/renewal paperwork.	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.	7/1/17-6/30/18 7/1/17-6/30/18	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 (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
5.1 By June 30, 2018, Contractor 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) "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.	5.1a Develop, or review and revise, retention protocol. Submit to DPH for approval 5.1b Conduct retention activities and document results on retention verification documents. 5.1c Submit data from retention verification documents to DPH.	7/1/17-6/30/18 DPH will determine the date to conduct the 14-month Retention Survey	5.1a Letters of DPH approved materials will be kept on file. 5.1b Completed retention verification document will be kept on file and results submitted to DPH as required. 5.1c DPH will compute contractor retention rate and report summary of results to Contractor.
6.1 By June 30, 2018, Contractor will enter data on program participants into CHOI database system to monitor, facilitate, and evaluate health insurance enrollment and retention. *Please note: For clients assisted through various funds, Contractor will enter data in the CHOI database system under the appropriate Funding Sources.* "Enter data" is defined as directly entering required data elements into the DPH web-based data system available to all contractors.	6.1a Contractor will install any necessary computer hardware or software in order to access the Internet. 6.1b Ensure that appropriate staff are trained on data entry AND participate in all DPH required and uninitiated data meetings, updates, and discussions. 6.1c Enter data into CHOI database 6.1d Run monthly report and send signed copy to DPH. 6.1e Ensure DPH-approved latest forms and documents are utilized and on file.	7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18	6.1a Contractor will demonstrate the ability to access the Internet. 6.1b Documentation of training and issuance of username and password for data input. 6.1c CHOI Database 6.1d Maintain copies of signed monthly reports on file. 6.1e Maintain latest forms and documents on file.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
AB 82 GRANT (DHCS #1)
Term July 1, 2017 – June 30, 2018

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, 2018, Contractor 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 enrollment staff shall attend update trainings for new or changed initiatives/programs as required or at a minimum, every 2 years.	7/1/17-6/30/18 7/1/17-6/30/18	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.
8.1 By June 30, 2018, 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.	7/1/17-6/30/18	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 (DHCS #1)
Term July 1, 2017 – June 30, 2018

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
9.1 By June 30, 2018, Contractor 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 staff shall work with DPH for compilation of data, review of outreach efforts, and tracking subcontractors' activities and special projects.	7/1/17-6/30/18	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
	9.1b Contractor staff shall attend DPH training on CHOI data system and other electronic application submission system(s) implemented in Los Angeles county.	7/1/17-6/30/18	9.1b Document attendance in monthly reports submitted to DPH
	9.1c Contractor staff shall utilize CHOI data system and work with DPH to identify implementation barriers.	7/1/17-6/30/18	9.1c Document utilization and participation in monthly reports submitted to DPH.
10.1 By June 30, 2018, Contractor 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.	7/1/17-6/30/18	10.1a Submit QIP to DPH for approval. Letter of QIP approval will be maintained on file.
	10.1b Conduct QIP activities.	7/1/17-6/30/18	10.1b Document QIP activities in monthly reports to DPH.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
CHOI MAA Funding
Term July 1, 2017 – June 30, 2018

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
1.1 **OUTREACH** **By June 30, 2018** for the Children's Health Outreach initiatives (CHOI) Medi-Cal Administrative Activities (MAA) Funding, Contractor will have successfully engaged a minimum of **1,075** of the target population within the City of Long Beach through an outreach/in-reach contact. **Agency Name** — **Numbers** City of Long Beach — 1,075 **Total** — **1,075** "Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c) 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 at least eight (8) minutes 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.	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.	7/1/17-6/30/18	1.1a DPH letters of approval and materials will be kept on file.
	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/1/17-6/30/18	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DPH
	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.	7/1/17-6/30/18	1.1c Completed documents will be kept on file and number of participants will be reported to DPH in monthly reports.
	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.	7/1/17-6/30/18	1.1d Completed documentation will be kept on file and number of participants will be reported to DPH in monthly reports.
	1.1e Enter documentation of outreach numbers into CHOI database.	7/1/17-6/30/18	1.1e Data system will be queried to generate outreach numbers.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
CHOI MAA Funding
Term July 1, 2017 – June 30, 2018

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
2.1 APPLICATION ASSISTANCE By June 30, 2018 for the CHOI MAA Funding, Contractor will have completed applications for a minimum of 258 clients within the City of Long Beach for Medi-Cal, Healthy Kids and other no/low cost plans. Contractor will also provide clients with referrals to appropriate health programs or health agencies **Agency Name** — **Numbers** City of Long Beach — 258 **Total** — **258** "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. "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.	2.1a Develop, or review and revise, enrollment protocol. Submit to DPH for approval.	7/1/17-6/30/18	2.1a DPH letters of approval and materials will be on file.
	2.1b Conduct enrollment activities utilizing DPH approved client intake form.	7/1/17-6/30/18	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.
	2.1c Enter data from DPH approved forms into CHOI data system utilizing appropriate codes.	7/1/17-6/30/18	2.1c For monthly reports, DPH data system will be queried to generate number of applications submitted.
	2.1d Develop, or review and revise, referral protocol and submit to DPH for approval.	7/1/17-6/30/18	2.1d DPH letters of approval on file.
	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form or appropriate DPH approved forms.	7/1/17-6/30/18	2.1e Maintain client intake forms with services/program referral information.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
CHOI MAA Funding
Term July 1, 2017 – June 30, 2018

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
2.2 By June 30, 2018, Contractor 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. "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.	2.2a Develop, or review and revise, enrollment verification protocol. Submit to DPH for approval.	7/1/17-6/30/18	2.2a Letter(s) of DPH approval and materials will be kept on file.
	2.2b Conduct enrollment verification and troubleshooting using DPH approved enrollment verification and troubleshooting forms.	7/1/17-6/30/18	2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
	2.2c Enter data from DPH approved forms into CHOI data system.	7/1/17-6/30/18	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.
2.3 By June 30, 2018, Contractor will have confirmed enrollment on 75% of client applications assisted with or facilitated by Contractor as measured in Objective 2.1. This objective documents **enrollment outcome**. "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.	2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.	7/1/17-6/30/18	2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
	2.3b Enter data from DPH approved forms into CHOI database	7/1/17-6/30/18	2.3b CHOI data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DPH.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
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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
3.1 TROUBLESHOOTING ASSISTANCE By June 30, 2018 for the CHOI MAA Funding, Contractor will provide ongoing assistance to 430 clients experiencing problems with enrollment, utilizing benefits, or retention. Agency Name — Numbers City of Long Beach — 430 Total — 430 "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.	3.1a Develop, or review and revise, utilization protocol and submit to DPH for approval.	7/1/17-6/30/18	3.1a Letter(s) of DPH approval and materials will be kept on file.
	3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.	7/1/17-6/30/18	3.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.
	3.1c Enter data from DPH approved forms into CHOI database.	7/1/17-6/30/18	3.1c CHOI database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DPH.
3.2 By June 30, 2018, Contractor 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 "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.	3.2a Develop, or review and revise, utilization protocol and submit to DPH for approval.	7/1/17-6/30/18	3.2a Letter(s) of DPH approval and materials will be kept on file.
	3.2b Conduct utilization assistance and document results on utilization forms using the appropriate codes.	7/1/17-6/30/18	3.2b Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.
	3.2c Enter data from DPH approved utilization forms into DPH CHOI database.	7/1/17-6/30/18	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.

Scope of Work
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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, 2018, Contractor 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.	7/1/17-6/30/18	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.	7/1/17-6/30/18	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.	7/1/17-6/30/18	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
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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
4.2 REDETERMINATION ASSISTANCE By June 30, 2018, Contractor will provide redetermination assistance to: 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. **By June 30, 2018**, for the AB 82 Grant (DHCS #1) and CHOI MAA Funding, Contractor will provide redetermination and renewal assistance to **700** clients needing assistance with their renewal/redetermination documents. **Agency Name** — **Numbers** City of Long Beach — 700 **Total** — **700** "Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification/renewal paperwork.	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.	7/1/17-6/30/18 7/1/17-6/30/18	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
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CHOI MAA Funding
Term July 1, 2017 – June 30, 2018

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
5.1 By June 30, 2018, Contractor 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) "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.	5.1a Develop, or review and revise, retention protocol. Submit to DPH for approval 5.1b Conduct retention activities and document results on retention verification documents. 5.1c Submit data from retention verification documents to DPH.	7/1/17-6/30/18 DPH will determine the date to conduct the 14-month Retention Survey	5.1a Letters of DPH approved materials will be kept on file. 5.1b Completed retention verification document will be kept on file and results submitted to DPH as required. 5.1c DPH will compute contractor retention rate and report summary of results to Contractor.
6.1 By June 30, 2018, Contractor will enter data on program participants into CHOI database system to monitor, facilitate, and evaluate health insurance enrollment and retention. *Please note: For clients assisted through various funds, Contractor will enter data in the CHOI database system under the appropriate Funding Sources.* "Enter data" is defined as directly entering required data elements into the DPH web-based data system available to all contractors.	6.1a Contractor will install any necessary computer hardware or software in order to access the Internet. 6.1b Ensure that appropriate staff are trained on data entry AND participate in all DPH required and uninitiated data meetings, updates, and discussions. 6.1c Enter data into CHOI database 6.1d Run monthly report and send signed copy to DPH. 6.1e Ensure DPH-approved latest forms and documents are utilized and on file.	7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18 7/1/17-6/30/18	6.1a Contractor will demonstrate the ability to access the Internet. 6.1b Documentation of training and issuance of username and password for data input. 6.1c CHOI Database 6.1d Maintain copies of signed monthly reports on file. 6.1e Maintain latest forms and documents on file.

Scope of Work
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services
CHOI MAA Funding
Term July 1, 2017 – June 30, 2018

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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, 2018, Contractor 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 enrollment staff shall attend update trainings for new or changed initiatives/programs as required or at a minimum, every 2 years.	7/1/17-6/30/18 7/1/17-6/30/18	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.
8.1 By June 30, 2018, 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.	7/1/17-6/30/18	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, 2018, Contractor 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 staff shall work with DPH for compilation of data, review of outreach efforts, and tracking subcontractors' activities and special projects.	7/1/17-6/30/18	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
	9.1b Contractor staff shall attend DPH training on CHOI data system and other electronic application submission system(s) implemented in Los Angeles county.	7/1/17-6/30/18	9.1b Document attendance in monthly reports submitted to DPH
	9.1c Contractor staff shall utilize CHOI data system and work with DPH to identify implementation barriers.	7/1/17-6/30/18	9.1c Document utilization and participation in monthly reports submitted to DPH.
10.1 By June 30, 2018, Contractor 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.	7/1/17-6/30/18	10.1a Submit QIP to DPH for approval. Letter of QIP approval will be maintained on file.
	10.1b Conduct QIP activities.	7/1/17-6/30/18	10.1b Document QIP activities in monthly reports to DPH.

SCHEDULE

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES

DHCS AB 82

	Budget Period July 1, 2017 through June 30, 2018
Full-Time Salaries	$ 59,702
Employee Benefits @ **40%**	$ 23,881
Total Full-Time Salaries and Employee Benefits	$ **83,583**
Part-Time Salaries	$ 0
Employee Benefits @ **0%**	$ 0
Total Part-Time Salaries and Employee Benefits	$ 0
Total Salaries and Employee Benefits	$ **83,583**
Operating Expenses	$ 10,447
Equipment	$ 0
Rent	$ 0
Subcontracts	$ 0
Indirect Cost @ **10%** of Salaries	$ 5,970
TOTAL PROGRAM BUDGET	$ **100,000**

SCHEDULE

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES

DHCS MAA

	Budget Period July 1, 2017 through June 30, 2018
Full-Time Salaries	$ 52,026
Employee Benefits @ **40%**	$ 20,810
Total Full-Time Salaries and Employee Benefits	$ **72,836**
Part-Time Salaries	$ 0
Employee Benefits @ **0%**	$ 0
Total Part-Time Salaries and Employee Benefits	$ 0
Total Salaries and Employee Benefits	$ **72,836**
Operating Expenses	$ 0
Equipment	$ 0
Rent	$ 0
Subcontracts	$ 0
Indirect Cost @ **7.07%** of Salaries	$ 3,678
TOTAL PROGRAM BUDGET	$ **76,514**