

28384

**COMMUNITY HEALTH COVERAGE AGREEMENT:
(OUTREACH, ENROLLMENT, RETENTION, AND UTILIZATION SERVICES)**

AMENDMENT NUMBER 2

THIS AMENDMENT is made and entered into this 1st day
of July, 2008,

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 "COMMUNITY HEALTH COVERAGE AGREEMENT: (OUTREACH, ENROLLMENT, RETENTION, AND UTILIZATION SERVICES)" dated July 1, 2003 and further identified as County Agreement Number H-300266 (hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend Agreement and extend its term an additional twelve (12) months, and provide other changes set forth herein;
and

WHEREAS, said Agreement 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 on July 1, 2008.

2. The term of Agreement is hereby extended twelve (12) months and shall expire at midnight on June 30, 2009.

3. Paragraph 2, DESCRIPTION OF SERVICES, shall be revised as follows:

"2. DESCRIPTION OF SERVICES:

A. Contractor shall provide the services described in body of this Agreement and in Exhibits A-2 through A-5, B-2 through B-5, and C-6 (Scopes of Work), and Schedules 1 through 6, which are incorporated herein by reference.

B. Contractor acknowledges that the quality of service(s) provided under this Agreement shall be at least equivalent to that which Contractor provides to all other clients it serves."

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be revised to include Subparagraph "B" as follows:

"B. During the period of July 1, 2008 through June 30, 2009, the maximum obligation of County for all services provided under this Agreement shall not exceed One Hundred Sixty Thousand, Four Hundred Sixty-Seven Dollars (\$160,467). Funding for these services is 100 percent grant funded. Should funding be reduced and/or eliminated by grantor under this agreement the Department of Public Health (DPH) will not be liable for paying any or all cost incurred by Contractor."

5. Paragraph 4, FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS shall be revised as follows:

“4. FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

A. If sufficient monies are available from federal, State, or County funding sources, and upon Director's specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief Deputy, Department of Public Health. If monies are reduced by federal, State, or County funding sources, County may also decrease the applicable County maximum obligation as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed twenty-five percent (25%) of the applicable County maximum obligation, Director may approve such funding changes. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Executive Officer. If the increase or decrease exceeds twenty-five percent (25%) of the applicable County maximum obligation, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement.

B. County and Contractor shall review Contractor's expenditures and commitments to utilize any funds, which are specified in this Agreement for the services hereunder and which are subject to time limitations as determined by Director, midway through each County fiscal year during the term of this Agreement, midway through the applicable time limitation period for such funds if such period is less than a County fiscal year, and/or at any other time or times during each County fiscal year as determined by Director. At least fifteen (15) calendar days prior to each such review, Contractor shall provide Director with a current update of all of Contractor's expenditures and commitments of such funds during such County fiscal year or other applicable time period. If County determines from reviewing Contractor's records of service delivery and billings to County, that a significant underutilization of funds provided under this Agreement will occur over its term, Director or County's Board of Supervisors may reduce the applicable County maximum obligation for services provided hereunder and reallocate such funds to other providers. Director may reallocate a maximum of twenty-five percent (25%) of the applicable County maximum obligation. Director shall provide written notice of such reallocation to Contractor and to County's Chief Executive Officer. Reallocation of funds in excess of the aforementioned amounts shall be approved by County's Board of Supervisors. Any such change in any County maximum obligation shall be effected by an amendment to this

Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement.”

6. Paragraph 7, CONFLICT OF TERMS, shall be revised as follows:

“7. CONFLICT OF TERMS: To the extent there exists any conflict between the language of this Agreement (including its Additional Provisions), and that of any of the Exhibit(s), Scope(s) of Work, Schedule(s), and/or any other documents incorporated herein by reference, the language found within this Agreement shall govern and prevail.”

7. Paragraph 14, COUNTY’S OBLIGATION FOR FUTURE FISCAL YEARS,

shall be added to the Agreement, as follows:

“14. COUNTY’S OBLIGATION FOR FUTURE FISCAL YEARS:

Notwithstanding any other provisions of this Agreement, County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's fiscal years (July 1 - June 30) unless and until County's Board of Supervisors appropriates funds for this Agreement in County's Budget for each fiscal year. If County's Board of Supervisors fails to appropriate funds for any fiscal year, this Agreement shall be deemed to have terminated June 30th of the prior fiscal year. County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.”

8. Effective as of July 1, 2008, Exhibit C-6 shall be attached hereto and incorporated herein by reference.

9. Effective as of July 1, 2008, wherever in the Agreement it states County's "Department of Health Services" shall now read County's "Department of Public Health".

10. Effective as of July 1, 2008, wherever in the Agreement it states "Chief Administrative Officer" shall now read "Chief Executive Officer".

11. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

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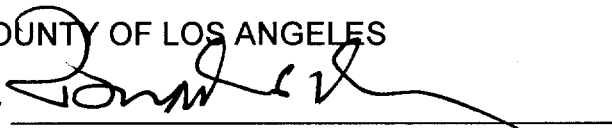
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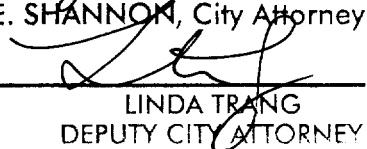
IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Director of Public Health, and Contractor has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES
By 
Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

CITY OF LONG BEACH DEPARTMENT
OF HEALTH AND HUMAN SERVICES
Contractor

By  Assistant City Manager
Signature
for Patrick H. West
Print Name


Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
July 28, 2008
ROBERT E. SHANNON, City Attorney
By 
LINDA TRANG
DEPUTY CITY ATTORNEY

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER, JR.
County Counsel

**EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.**

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health
By 
Gary T. Izumi, Chief
Contracts and Grants Division

#00363

SCHEDULE 6

CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY HEALTH COVERAGE AGREEMENT:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES

	<u>Budget Period</u>
	July 1, 2008 through <u>June 30, 2009</u>
Full-Time Salaries	\$ 52,124
Employee Benefits @ 40%	\$ <u>20,850</u>
Total Full-Time Salaries and Employee Benefits	\$ 72,974
Part-Time Salaries	\$ 0
Employee Benefits @0	\$ <u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$ 72,974
Operating Expenses	\$ 15,753
Equipment	\$ 2,688
Rent	\$ 3,840
Subcontracts	\$ 60,000
Indirect Cost @ 10% of Sub-Total FT Salaries	\$ <u>5,212</u>
TOTAL PROGRAM BUDGET	\$160,467

During the term of this Agreement, 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.

**EXHIBITC-6
 SCOPE OF WORK
 Community Health Coverage Agreement: (Outreach, Enrollment, Utilization, and Retention Services)
 FISCAL YEAR 2008-2009**

Goal: To increase access to health care by assisting children and their families 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>1.1 By June 30, 2009, Contractor will have successfully engaged a minimum of <u>10,000</u> of the target population in the City of Long Beach through an outreach/in-reach contact.</p> <table border="1" data-bbox="201 669 703 867"> <thead> <tr> <th>Agency</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>City of Long Beach (Lead)</td> <td>6,000</td> </tr> <tr> <td>The Children's Clinic (Subcontract)</td> <td>4,000</td> </tr> <tr> <td>TOTAL</td> <td>10,000</td> </tr> </tbody> </table> <p>"Successfully engaged" 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 for <u>at least five 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 (teachers, CBO staff, etc.).</p>	Agency	Numbers	City of Long Beach (Lead)	6,000	The Children's Clinic (Subcontract)	4,000	TOTAL	10,000	<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 Families 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>8/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</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 report 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.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>
Agency	Numbers										
City of Long Beach (Lead)	6,000										
The Children's Clinic (Subcontract)	4,000										
TOTAL	10,000										

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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>* Service Planning Area(s) must be specified</p> <p>2.1 June 30, 2009, Contractor will have completed applications for a minimum of 800 clients in the City of Long Beach for Medi-Cal, Healthy Families and other no/low cost plans. Contractor will also provide clients with referrals to appropriate health programs or health agencies.</p> <table border="1" data-bbox="226 740 730 938"> <thead> <tr> <th>Agency</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>City of Long Beach (Lead)</td> <td>200</td> </tr> <tr> <td>The Children's Clinic (Subcontract)</td> <td>600</td> </tr> <tr> <td>TOTAL</td> <td>800</td> </tr> </tbody> </table> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were 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. CSPAP, CCS, PPP/DPH, early detection programs, legal services for health issues, etc.). A referral must include an explanation of the program and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>	Agency	Numbers	City of Long Beach (Lead)	200	The Children's Clinic (Subcontract)	600	TOTAL	800	<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>8/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>8/1/08-ongoing</p> <p>7/1/08-ongoing</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>
Agency	Numbers										
City of Long Beach (Lead)	200										
The Children's Clinic (Subcontract)	600										
TOTAL	800										

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SCOPE OF WORK
Community Health Coverage Agreement: (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
<p>2.2 By June 30, 2009, 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.</p> <p><u>"Investigated enrollment status"</u> 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). This objective documents agency effort to ascertain enrollment status.</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>8/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</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, 2009, Contractor 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><u>"Confirmed enrollment"</u> 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>7/1/08-ongoing</p> <p>7/1/08-ongoing</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>

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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION												
<p>3.1 By June 30, 2009, Contractor will provide ongoing assistance to <u>300</u> clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <table border="1" data-bbox="228 630 732 826"> <thead> <tr> <th>Agency</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>City of Long Beach (Lead)</td> <td>100</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>The Children's Clinic (Subcontract)</td> <td>200</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>300</td> </tr> </tbody> </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.</p>	Agency	Numbers	City of Long Beach (Lead)	100			The Children's Clinic (Subcontract)	200			TOTAL	300	<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>8/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</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>
Agency	Numbers														
City of Long Beach (Lead)	100														
The Children's Clinic (Subcontract)	200														
TOTAL	300														
<p>3.2 By June 30, 2009, 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</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 Conduct utilization assistance and document results on utilization forms using the appropriate codes.</p> <p>3.2b. Enter data from DPH approved utilization forms into DPH database.</p>	<p>8/1/08-ongoing</p> <p>7/1/08-ongoing</p>	<p>3.2a. Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH.</p> <p>3.2b. 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>												

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 SCOPE OF WORK
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 FISCAL YEAR 2008-2009**

Goal: To increase access to health care by assisting children and their families 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>4.1 By June 30, 2009, 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.</p> <p>"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.</p>	<p>4.1a Develop, or review and revise, redetermination protocol and submit to DPH for approval.</p> <p>4.1b. Conduct redetermination assistance and document results on redetermination forms using the appropriate codes.</p> <p>4.1c. Enter data from DPH approved redetermination forms into CHOI database.</p>	<p>8/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p>	<p>4.1a Letter(s) of DPH approval and materials will be kept on file.</p> <p>4.1b. Completed forms will be kept on file and number of participants will be documented in monthly reports to DPH via database.</p> <p>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.</p>
<p>4.2 By June 30, 2009, Contractor will provide redetermination assistance to clients who submitted their original application elsewhere, but have requested redetermination assistance from Contractor.</p> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.</p>	<p>4.2a Conduct redetermination assistance and document results on redetermination forms using the appropriate codes.</p> <p>4.2b Enter data from CHOI approved Intake Form into CHOI web-based data system.</p>	<p>7/1/08-ongoing</p> <p>7/1/08-ongoing</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>
<p>5.1 By June 30, 2009, 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)</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 one-month period (month 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>7/1/08 – ongoing</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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MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2009, Contractor will enter data on program participants into CHOI web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention.</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 is trained on data entry.</p> <p>6.1c Enter data into CHOI web-based data system.</p> <p>6.1d Run monthly report and send signed copy to DPH.</p>	<p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</p> <p>7/1/08-ongoing</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>7.1 By June 30, 2009, Contractor will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services.</p> <p>"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.</p>	<p>7.1a Attend all required DPH approved trainings. A list of required trainings will be provided to Contractors by DPH.</p>	<p>7/1/08-ongoing</p>	<p>7.1a Maintain certificates of attendance in employee files. Document names of new staff attending the required trainings in the monthly report to DPH.</p>
<p>8.1 By June 30, 2009, Contractor will participate in a minimum of 80% of the convened monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from the contracting agency.</p>	<p>8.1a Attend Contractors' monthly meetings.</p>	<p>7/1/08-ongoing</p>	<p>8.1a Document names of individuals attending monthly Contractor meeting in monthly reports to DPH.</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
9.1 By June 30, 2009, 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	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.	7/1/08-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2009, 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. 10.1b Conduct QIP activities.	8/1/08-ongoing 7/1/08-ongoing	10.1a Submit QIP to DPH for approval. Letter of QIP approval will be maintained on file. 10.1b Document QIP activities in monthly reports to DPH.
11.1. By June 30, 2009, Contractor will conduct a minimum of one site visit each to subcontractor.	11.1a Schedule site visits and maintain list of site, dates, and times. 11.1b Conduct site visit utilizing checklist provided by DPH and maintain monitoring visit checklist. 11.1c Follow-up with subcontractor for corrective action as appropriate. 11.1d Schedule quarterly meetings, maintain sign-in sheet, minutes and distribute to subcontractor. 11.1e Contractor and subcontractor will meet no less than quarterly to review goals, progress, best practices, etc. and will maintain sign-in sheet and minutes of meeting.	10/1/08-6/30/09 10/1/08-6/30/09 10/1/08-6/30/09 10/1/08-6/30/09 10/1/08-6/30/09	11.1a Completed materials will be kept on file. Schedule of site visit shall be submitted with monthly reports to DPH. 11.1b Completed materials will be kept on file including sign-in sheets and completed DPH monitoring visit check list. 11.1c Completed materials will be kept on file. 11.1d Completed materials will be kept on file including sign-in sheets and completed DPH monitoring visit check list. 11.1e Completed materials will be kept on file.

**EXHIBITC-6
SCOPE OF WORK
Community Health Coverage Agreement: (Outreach, Enrollment, Utilization, and Retention Services)
FISCAL YEAR 2008-2009**

Goal: To increase access to health care by assisting children and their families 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.

<p>12.1 By June 30, 2009, Contractor will ensure that 100% of funded staff participates in the Medical Administrative Activities (MAA) reimbursement program.</p> <p>Contractor and subcontractor staffs funded through this County agreement will attend annual MAA training and complete an annual MAA time survey</p>	<p>12.1 Schedule contractor staff members for DPH MAA training.</p> <p>Ensure that contractor staff members attend DPH MAA training.</p> <p>Ensure that contractor staff members complete MAA time surveys.</p> <p>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.</p> <p>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.</p> <p>Attend scheduled DPH meetings to discuss the MAA federal reimbursement program (project manager/coordinator).</p> <p>Participate in MAA audit, as scheduled by State and federal agencies.</p>	<p>By 08/31/08</p> <p>By 9/30/08</p> <p>10/01/08 - 10/31/08</p> <p>10/1/08 - 10/31/08</p> <p>By 11/10/08</p> <p>Ongoing</p> <p>Ongoing</p>	<p>12.1 Verification of MAA training for contractor staff members will be kept on file.</p> <p>A listing of trained staff and a copy of training materials will be kept on file.</p> <p>A copy of time survey forms will be kept on file.</p> <p>A copy of time survey forms, time cards, and time card correction forms will be kept on file.</p> <p>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.</p> <p>Meeting agendas and notes will be kept on file.</p> <p>Contractor staff members will be available for interviews during audit period.</p>
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