



Meeting Title: Navigators Project Monthly Partner Meeting
Date: Thursday, March 16, 2023
Time: 11:00AM – 12:00 PM
Location: Teams (1-279-895-6425) 250840766#
Next Meeting: Thursday, April 20, 2023

ATTENDEES				
Sysvanh Kabkeo	Brandon Roberts	Nancy Ojeda	Tina Coulson	Estephanie Arreola
Alameda	Butte	Colusa	Fresno	Kern
Kings	LA DPH	Lake	Madera	Merced
Napa	Nevada	Orange	Placer	Riverside
San Bernardino	San Diego	San Luis Obispo	San Mateo	Stanislaus
Trinity	Tuolumne	Ventura	Ampla Health	Bonita Family Resource Center
California Coverage and Health Initiative	Catholic Charities of California	Center for Human Development	Community Service Solutions	Harwood Memorial Park/Family Resource Center Network
Innecare	Kawah Health Foundation	Marin Community Clinic	Sacramento Covered	San Francisco Community Clinic Consortium

1.	Introduction/Roll Call
2.	<p>Project Updates</p> <p><u>Health Navigators Project Website</u></p> <ul style="list-style-type: none"> – On Friday, March 3rd, DHCS sent out a “News Release” regarding the awards of the Health Navigators Project SB 154 funds. – The news release shared information about the project and the counties being served – Following the news release, DHCS posted the award allocations for each project partner participating in the project on the Navigators Website – DHCS would like to remind project partners, various project and partner information will be posted on the website to the public. <ul style="list-style-type: none"> ○ Information may include, but not limited to, partner work plans, partner and subcontractor contact information, contact information for local resources, etc.

- Information posted is intended to assist those interested in this project and provide transparency about the project

Project Deliverables

- January 2023 Data is due on March 31, 2023
- Partners who have no data to report for the reporting month, should notify DHCS of such.
- Partners who have no enrollment/retention data to report but aggregate data, please submit a monthly data report for the month of January.
- Any issues accessing the SFTP, reach out to the Navigators Inbox for assistance
- Monthly Data Reporting Expectations
 - As a reminder (referenced on Page 6 of your signed Allocation Agreement), when completing the monthly data report, partners are required to submit accurate and complete monthly data reports for specific data points, defined on the Monthly data report template. Please review and refer to the instructions tab of the Monthly data report for specifics
 - Each monthly data report must include (at a minimum) the following pieces of data for every individual submitted as either enrolled or retained on the “Enrollment and Retention” tab, Tab 3: First and last name, date of birth, social security number (SSN) and/or client identification number (CIN), status of either enrolled or retained, and at least one or more of the 12 identified target populations.
 - We are noticing some partners are submitting incomplete data reports; mainly not providing either a SSN or CIN of those who were enrolled and retained for the reporting month.
 - Please make sure the report is completed accurately prior to submitting to DHCS
 - If your subcontractor is completing the form, prior to submitting to DHCS make sure the form is completed correctly.

Follow-Up Action Items

Q: We face weather challenges, such as hot temperatures; can we continue assisting over the phone?

A: [MEDIL I 20-16](#) allows assistors such as an Exchange Navigator to submit applications through the Statewide Automated Welfare System (SAWS) Portals provided the applicant, provided the applicant has designated and confirmed the assister or other individual to be an authorized representative with limited authority to sign and submit the application on their behalf. During the Public Health Emergency (PHE), the authorization does not require a signed authorized form; however, the applicant must still provide authorization. This flexibility is allowed only during PHE. Outside of PHE, an Authorized Representative form, such as the MC 382 or the application itself, must be on file with the county.

3.	Reporting Expectations Beneficiaries' Testimonials
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	<ul style="list-style-type: none"> - On Tuesday, March 7th, DHCS requested testimonials from partners who can provide contact information of any beneficiaries who were or will benefit from the Medi-Cal expansion of full coverage for all, regardless of their citizenship/immigration status. - Throughout the duration of this project, DHCS requests partners to attempt to obtain testimonials of those they assisted with any Medi-Cal efforts - These testimonials can be used to show the success and outcomes of this project - DHCS is hoping to obtain these testimonials frequently. - Testimonials can be submitted in written or audio and/or video format. For the audio and/or video format, please notify your Navigators Analyst, and we will provide instructions on how to submit the file. Examples are as follows, and can be viewed on the Navigators landing page <ul style="list-style-type: none"> o "I had to have emergency surgery and was granted hospital presumptive eligibility. I am also on dialysis and have been figuring out how to pay for it out of pocket. Family members helped me, but I can no longer work due to my condition. I was starting to worry about how to continue my treatment. Thankfully, I was able to get full Medi-Cal benefits. Now a huge weight has been lifted and I can continue my treatment."- Juan S. o "I am diabetic and have to pay for insulin out of pocket. I was also recently temporarily laid off, cannot afford private insurance, and do not qualify for Covered California insurance. Now with the Medi-Cal expansion for older Californians, I qualify for full coverage and can get my insulin." - Maria E. - We want to provide testimonials so the public can see the impact of the project. These testimonials may encourage some people to apply for Medi-Cal as their health coverage needs.
4.	<p>Outreach Discussion</p> <p><u>Outreach Survey Responses</u></p> <ul style="list-style-type: none"> - On March 7th, DHCS sent out a survey regarding Outreach efforts for this project - A summary of the responses received: <ul style="list-style-type: none"> o Partners participate in community events, such as: festivals, parish events, resource fairs, community meetings, swap meets, school events sporting events, food, distribution events, etc. o CBO partners integrate outreach into other services, such as: COVID vaccine/testing sites, housing assistance, immigration and translation assistance, etc. o Utilize care message as a way to text message specific patient groups and individuals can respond back or click for more information o Social media posts with a direct link to website to submit contact information o Having office hours and walk ins available and at convenient times for clients o Utilize social media, eblast, banners, streaming, prints, flyers, billboards, bus stop ads, radio and TV ads.

- 17% of the responses, partners said they had to make changes and shifts to their outreach approaches.
- 41% of partners stated they have outreach approaches or activities they would like to implement but are unable to due to limitations. Most of those limitations reported were due to limited staff funding, and limited staff availability.
- Most partner responses stated they are using or intend to use the DHCS toolkits, GMMB messaging, or DHCS ambassador toolkits for outreach.
- Based on the survey responses received, DHCS would like to pose some follow up questions:
 - *What are some reasons you had to make changes to your outreach approaches? Did making those changes help?*
 - *For those that responded, what are the activities and/or approaches you would like to do but are unable to?*
 - *What would be needed (i.e., staff, funding, other?) in order to implement those approaches/activities?*
 - *For those that are using or intend to use the outreach material, how do you intend to use it? Where? Any specific target populations?*
 - *For those that do not plan on using the outreach toolkits, what other outreach material are you using?*
 - *Any outreach barriers?*

Partner feedback and responses:

Alameda: “We try to integrate the toolkit wording in the outreach materials developed as part of our multimedia marketing campaign”

Partner: “Our Medi-Cal team began promoting in-home appointments for enrollments and this has been very popular for our communities that have children and need to be home with their family after work, or the elderly who do not have transportation, and immigrant farm workers who carpool to work and do not have transportation. During the home visits, we wear masks and keep logical safe practices. This service is greatly appreciated”

Trinity: “We partner up with our IHHS/APS team to conduct in-home visits to do intake medical application and assistance.”

Marin Community Clinic: “We have used the toolkits to create a website landing page, create posters for exam rooms, and rack card handouts for distribution at our weekly food banks and to community partner. They are placed at the front of our office”

Stanislaus: “We are utilizing the toolkit materials for all communications including sharing it with partners, Interactive Voice Response (IVR) messages, Lobby messaging, and online use. We recently updated our website and starting March 20th, we will begin with some media outreach in our county media sites such as twitter and Facebook utilizing the toolkit.”

Kaweah: “We are planning redetermination events at each of our Rural Health clinics. Using toolkit for promotional materials. We also do home visits by appointment.”

Innerecare: “We are making appointments with our self-care patients. We provide enrollment in our office, at the health fairs, over the phone, and in our clinics. We assist our migrant workers after hours and with our school district partnership.”

SFCCC: “Some bigger community events are limiting the number of tables and/or amount of time for the event, which has limited some opportunities.”

SFCCC: “We are sharing the toolkits with our CHW’s. We have new CHWs at partner clinics across the city who are receiving training and will add this to their binders of materials.”

SFCCC: “A barrier we encounter, the Medi-Cal phone waits are too long. All Navigators should get a direct line to their county Medi-Cal office.”

Innerecare: “We outreach with local school districts to do presentations and do follow up with applicants we assist. We will help them here at our office as well as at health fairs. We have mobile computers to do applications there and we do it over the phone. We do assist a lot of migrant workers who get home from work late. It is important to be available at all times. Barriers we experience are time frames in rural areas and weather has been a big barrier.”

Trinity: “Originally we intended to have a dedicated hotline for Medi-Cal questions for renewals. However, due to staffing shortages, we have not been able to implement.”

Partner: “When we call the county for assistance, we are on hold. If we have 4 questions for 4 different clients, we are expected to hang up and call in again for each question.”

Partner: “We handout brochures that provide steps and we ask questions to make sure the individual understands the information we provided. As of now we are using some materials we developed, but we are intending to use outreach material from DHCS. Depends on whatever is easier for the individuals to understand.

San Diego: “We have added a Medi-Cal redetermination branch on our phone line for our call center to send those out of the main queue. We also have a CBO line especially for those agencies to not have as long a wait and they have the opportunity to ask about multiple customers.”

Sacramento Covered: “We are adding a website landing page on Medi-Cal information on the upcoming renewals and have a contact from available to be filled out if someone needs assistance. Messaging used from the toolkits.”

Additional Information and Resources

5.

GMMB updates

- As a reminder, Phase II of the statewide outreach campaign is still underway.
- Phase II is encouraging beneficiaries to update contact information and report any changes in personal circumstances.
- Partners can utilize customizable tool kits and materials to encourage beneficiaries to update their contact information and prepare beneficiaries to check their mail for upcoming renewal packets they will receive by mail. These materials are located at the bottom of the [Medi-Cal Continuous Coverage Requirement](#) webpage through the [Phase 2 DHCS Coverage Ambassador website](#).
- As a reminder, below are the following Medi-Cal expansions that DHCS has implemented, or is planning to implement:
 - Medi-Cal Eligibility Regardless of Immigration Status (including young adults, older adults, and 26-49)
 - Elimination of the “Senior Penalty” for the Aged and Disabled Program
 - Phase-out of the Asset Test for non-MAGI Medi-Cal Eligibility

Medi-Cal Program Updates

- DHCS would like to call out a few MEDILs that have been put together and can help partners field questions and be a resource when assisting individuals.
 - [MEDIL I23-12](#) covers the ability to call and text beneficiaries regarding the renewal and unwinding activities in relation to the Telephone Consumer Protection Act.
 - [MEDIL I23-05](#) covers the Phase 2 outreach mailer to beneficiaries and the guidance to counties on how to process returned mail.
 - [MEDIL I23-09](#) covers timeframes for waivers and temporary flexibilities during the Continuous Coverage Unwinding period.

Onsite Visits

- For this iteration of the Health Navigators Project, DHCS would like to implement virtual and/or in-person onsite visits to help us understand what our partners are doing in their counties and communities
- DHCS would like to learn and observe from our partner’s first-hand the efforts they are providing along with challenges they are facing and accomplishments they’ve achieved.
- In addition, we’d like to provide a one-on-one opportunity for us to share thoughts, comments, suggestions, or recommendations.
- We will provide an update with more detailed information in a future meeting once we have identified various topics and processes that we want to delve into.

Recommended Discussion and Training Topics

- DHCS is opened to hear any discussion or recommended training topics partners would like during our monthly partner meetings.
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SFCCC: “We have staff who would love to have training about how to complete a new and a retained application – a walkthrough of the application.”

6. Unwind Plan: [Medi-Cal COVID-19 PHE and Continuous Coverage Operational Unwinding Plan](#)

	<p>– DHCS will provide resources and additional information in the meeting minutes for partners to reference to</p>
7.	<p>Q&A</p> <p>Q: Can you clarify how renewals are counted for CBOs? A: Renewals are counted if the individual who received a renewal assistance from a Navigators Project’s partner or the partner’s sub-grantees can be confirmed via a data validation that their benefits have been renewed for another cycle.</p> <p>Q: CIN numbers are difficult to get from the county, and many undocumented do not have SSN’s. What other options can we submit if both numbers are not available to us? A: If there are problems that CBOs are encountering with obtaining information in order to submit a complete and accurate report, please contact the Navigators inbox: HealthNavigators@dhcs.ca.gov , and we will reach out to you to further understand the specifics of your issue(s) and we will see how we can best assist.</p> <p>Q: Can you provide examples of the testimonials videos? A: At this time, we do not have any examples of testimonial videos, only written examples. Should we find an example, we’ll share as soon as possible.</p> <p>Q: We have written testimonials, who do we send them to? A: Written testimonials can be submitted to the Health Navigators Inbox. If you intend to submit an audio or visual testimonials, please notify DHCS for other sending options. We will also provide written instructions (via a bulletin) in the coming weeks to standardize this process.</p> <p>Q: Is it okay to submit Testimonial videos in Spanish? A: Whatever language the individual speaks would be accepted.</p> <p>Q: Is DHCS only interested in testimonials provided in this format? We get client success stories from our subcontractors, but they are more in a narrative form, not a direct statement from the client. A: Any format we will accept.</p> <p>Q: Are the renewal packets really coming out in bright yellow envelopes? A: Yes.</p> <p>Q: Any chance we can record the monthly partner meetings in the future? A: DHCS would look into this suggestion.</p> <p>Q: Do most counties have out-stationed eligibility workers? We haven’t had any in San Francisco for years and would love to get them back in our partner clinics. Any way DHCS can help? A: Whether or not to have out-stationed eligibility workers is a county function.</p> <p>Q: How did the hearing go last Thursday for an additional \$60 million in Navigator funding for the next budget year?</p>

A: DHCS will notify project partners as soon as we are aware of anything that is relevant to this project.

ACTION ITEMS

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Description		Due Date	Responsible
1.	January 2023 Data	March 31, 2023	Project County/CBO Partners
2.	Testimonials examples and format information	April Partner Meeting	DHCS
3.			
4.			