

# Meeting Minutes

## NAVIGATORS PROJECT MONTHLY PARTNER MEETING

**Date:** Thursday, September 21, 2023

**Time:** 10:30 AM – 12:00 PM

<b>Attendees</b>				
Sysvanh Kabkeo	Brandon Roberts	Nancy Ojeda	Tina Coulson	Estephanie Arreola
Danielle Pinto	Genevrah Saelee	Alameda	Butte	Fresno
Kern	Kings	LA DPH	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	Innecare
Kaweah Health Foundation	Marin Community Clinic	Sacramento Covered	San Francisco Community Clinic Consortium	

**10:30 – 10:33**

### **Introductions/Roll Call**

**10:33 – 10:40**

### **Project Deliverables**

- Revised Budget Plan; FY 1 actuals
  - DHCS is reviewing the revised budget plans submitted.
  - DHCS will notify project partners if the Budget Plan is approved.
  - Upon approval, the FY1 actuals approved budget will supersede all previous budget plans submitted.

- Quarterly Progress Report
  - Please make sure to use the correct template for the Quarterly Progress Report. If you do not use the correct template, the report will be returned to you.
  - Do not copy and paste from previous quarterly reports. DHCS refers to the quarterly progress reports as a way to track partner progress, updates, concerns, and feedback for the project.
  - If the quarterly report is copied and pasted, it will be returned to the partners and considered an “outstanding deliverable.”
- July Monthly Data Report Due September 30th
  - Submit the July monthly data report via SFTP.
- Reminder about outstanding deliverables
  - DHCS is reminding partners that invoice payment will be withheld to partners that do not have all deliverables submitted to us on time and in an accurate format.
  - The required deliverables are the:
    - Monthly Data Report
    - Quarterly Invoice
      - DHCS has received supplemental invoices from partners during this SB 154 iteration and due to DHCS’ reporting requirements, we are directing partners to ensure their invoices are complete and include all expenditures for themselves and their subcontractors upon submission.
      - Unless otherwise approved, partners should not submit supplemental invoices.
- Reminder to Partners about their responsibility to read communications from DHCS:
  - DHCS wants to remind partners of their requirement to read all bulletins as soon as they are issued; they are provided via email as a courtesy and are publicly available on the Navigators Project [Announcements/Communication](#) webpage.
  - Bulletins provide guidance and any changes in direction that partners should be taking.
  - Partners should also read and be up to date on any other communication sent to partners, such as emails.

- It is the partners responsibility to read all communications from DHCS to stay apprised of the project's directives and requirements.
- DHCS has received several questions from partners that are addressed in the bulletins recently published.

**10:40-10:50**

### **Data Reporting and Collection**

- DHCS received a request about project partners collecting demographic data, such as race, ethnicity, spoken language, written language, and sex during outreach events.
- DHCS held two data work groups with select county and CBO project partners regarding the request and partners shared their feedback and concerns.
- After considering partner feedback/concerns and internal conversations, DHCS determined demographic data will not be collected during outreach events.
- However, DHCS will ask partners to request demographic data for individuals who are enrolled and retained.
- To assist with this effort, DHCS is proposing new updates and changes to the monthly data report.
- The changes and updates will be removing the required SSN, CIN, city, and DOB fields for the Enrollment and Retention report.
- On the Enrollment and Retention tab (Tab 3) partners will only collect the required information: individual first and last name, the zip code, assistance date, the associated data point, and the associated target populations.
- In addition, DHCS will add 5 columns for demographic data:
  - Race
  - Ethnicity
  - Spoken and written language
  - Sex
- These fields are optional to the degree that partners may not track some of the required demographics information separately; however, DHCS requires project partners to make their best effort with collecting and reporting this information for the individuals identified on the Enrollment and Retention report.

- Since the SSN and CIN fields are removed, DHCS will no longer be validating data. However, partners are required to report true data efforts on the report.
- DHCS intends to provide this new monthly data report in the month of October and begin implementing in November.

**10:50 – 11:30**

### **Medi-Cal Renewal and Discontinuance Lists**

- Lists Updates
  - To assist project partners with the lists, the following data elements were added to each list:
    - Date of Birth
    - Case Number
    - Primary Applicant Indicator
    - Aid Codes
- Survey Responses
  - DHCS is reviewing all survey responses submitted for the August Renewal List and June Discontinued List
  - On September 12<sup>th</sup>, DHCS sent out an email to all project partners notifying partners that a survey will not be due for the month of September. The next survey will be due on October 15<sup>th</sup> for the September Renewal List and the July Discontinued List.
- **Discussion Topic:**
  - DHCS would like to open up the discussion to project partners to share on their successful approaches and strategies with outreaching to individuals on the list and discuss any challenges.

**Orange County:** We shared the list with our subcontractors. The subcontractors group the data by household which reduces the number of contacts. We utilize phone banking (live calls) and text messaging. These approaches are successful. Some challenges: some phone numbers disconnected or incorrect. Customers are hesitant to answer the phone or return the call because they have not been notified by the state that this type of outreach will be conducted.

**Marin Community Clinic (MCC):** Prescreening patients is successful. We let them know what documents they need to bring to the appointment. Some challenges: patients did not receive the renewal packets and we have to contact the county, and the wait times take a long time.

**Sacramento Covered:** Individuals who have email addresses, we did a blanket email and received text message responses. We send out mailers for those without the email and phone number. Some challenges: not having enough staff to respond to all inquiries or provide assistance.

**Los Angeles Department of Public Health (LADPH):** Recently launched a text messaging campaign. Unfortunately, we found that a lot of messages were not delivered. We are unsure if the numbers were disconnected. We are sending an email that indicates it is from the county, which is very helpful. That led to a high open rate for emails which targeted the top 5 threshold languages. Some challenges: a lot of fraud text messaging. One message that individuals received was charging individuals to renew.

**Merced County:** Automated texts are being sent through Cal SAWS. In addition, the managed care providers are calling. 15 percent of individuals on the discontinued list responded and/or wanted a packet sent. However, a vast majority are displeased and overwhelmed with the amount of outreach.

**California Coverage & Health Initiatives (CCHI):** We are implementing a text messaging campaign. Twenty-three percent of the people we sent a text to are replying, and it seems to be really effective.

**Kaweah Delta Health Foundation:** We are focusing on calling individuals on the Discontinued Lists. Sending postcards and emails for individuals on the Renewal Lists. Some challenges: phone numbers are disconnected, no voicemails set up, some individuals are very distrustful and disrespectful. The number of people seeking assistance has increased.

**San Francisco Community Clinic Consortium (SFCCC)-** We sort the lists by clinic (sorting against other data we have from the clinics) and send to our partner clinics. They review it with their doctors/providers to prioritize the patients who most need to renew/reapply based on medical conditions and necessary medical prescriptions.

**San Luis Obispo County:** We have some challenges with the packets. We have helped individuals complete them in My Benefits CalWIN if they do not have a packet. We are mailing notices out to our Renewal Lists and calling those on our discontinued list. Adding the date of birth will be helpful! The

managed care providers in our county are calling and texting participants, so individuals are overwhelmed with many calls and texts.

**Kings County:** We subcontract out which is successful. We have similar challenges, individuals not wanting to answer questions and fear of scam. Out of 260 cases, we had 9 appointments that were scheduled, but unfortunately the individuals did not follow through. A lot of work goes into the report before we share with the CBO and the success to not successful is very low.

**Catholic Charities of California/Santa Rosa :** Automated text messages is working well for us.

**Ventura County:** We have experienced similar responses from individuals that they are receiving 2 to 3 calls.

**Bonita Family Resource Center (BFRC):** One of our approaches is massive email with a 60 percent response. Direct contact is still our best practice and is going well.

**Stanislaus County:** We are currently focusing on the renewal list the first two weeks out of the month, and the discontinued list the last two weeks of the month. At this time our contractor is connecting with customers via phone.

**Community Service Solutions (CSS):** The lists are great to have. We have found that calls aren't answered, but we have had some call back. We've been able to direct about 20 clients to Department of Social Service (DSS) who did not receive their renewal packets, which is pretty good for our small county. There have been some calls to DSS reporting that we might be scammers, so we had to adjust our introduction messaging so that recipients know we are working hand-in-hand with Mono County DSS. The text messages have not been very successful thus far. Our texting gets suspended for 24 hours when we are reported as scam.

**Ampla Health:** We are sending emails out and making calls. This is working well for us as we are booking appointments and assisting with renewing. Similar challenges, phone numbers are disconnected and/or no voicemail set up

**1:30 – 11:45**

**Discussion Topic:** Renewal Events and Medi-Cal Expansion

- DHCS would like to open up the discussion to project partners to share on any updates with hosting or participating in Renewal Events in their communities and county.

**Kaweah Delta Health Foundation-** We have a lot of cultural events and health fairs happening in our county. We partner with different organizations. We will be attending a Latino Event in September that focuses on nutritional activity. On the flyer we put that renewal assistance will be available. We partner with a social justice group, where we attended a Filipino Independence Day celebration. The same group is working on a health initiative in different farm labor centers. We make sure we have flyers, business cards, and “Keep Your Medi-Cal” flyer and the affordable connectivity flyer.

**Kern County-** Clinica Sierra Vista sponsored many outreach events in the month of August. We provide a lot of outreach outside of the clinic, but we make sure that all the clinic staff, nurses and doctors, are up to date with the Medi-Cal Renewal campaign. This approach is very successful because the providers and nurses are trustworthy. One of the areas we target is farm workers. We go to the fields every Thursday, bring them lunch during lunchtime, and talk to them about renewals during that time to let them know we are there to assist. In addition, we team up with local radio stations. We collaborate with two mobile clinics that assist the homeless population. In addition, we assist the college population and seniors. In August, we had 1,580 individuals complete the renewal process, with a completion rate of 85 percent.

**Placer County –** Continue to attend as many community events as possible in our county. We have a table, display Medi-Cal brochures, and partner resources. We have tablets to assist individuals we encounter. Sometimes we encourage individuals to complete the renewal and/or application through their own cell phone so they know how to do it on their own and they are more willing to do it. To date, we participated in a child resource fair, PRIDE event, senior resource fairs, the Rocklin Community Festival. We attended Sierra college “Welcome Back” event to connect with students. At every event we have an eligibility specialist to get the renewals started and take in applications. We have an outreach business card that we take to events with an outreach email and phone number.

**San Francisco Community Clinic Consortium (SFCCC):** We have partners planning to conduct outreach at Day of the

Dead/ Dia de Los Muertos festivals and parades. Also, clinics are running flu and COVID vaccine clinics this fall which will include outreach and assistance from our staff.

**Innecare:** We are having an upcoming event, The Flying Doctors, free medical, dental and vision for our uninsured community members. We will have DPSS there along with our team providing information on the Medi-Cal Expansion and assisting with Renewals.

**Ampla Health:** We participate at several community outreach events monthly. We also have our Promotoras who are out in the community and at farm agricultural fields a couple of times a week. We have a good relationship with partner agencies who refer people to us all the time. We have certified enrollment counselors (CEC)s who have gone out to school night meetings to present. We had our National Health Center Week events at all 13 of our clinics, and currently planning to have Bi-national event in a couple of weeks as well.

**11:45 – 11:55**

**Discussion Topic:** Co-location

**11:55 – 12:00**

- Through onsite visits and the quarterly progress reports submitted, some partners shared that their subcontractors co-locate in county or medical offices to assist with this effort.
- This effort is not a requirement for all project partners but something to consider when leveraging CBOs/subcontractors.

**California Coverage & Health Initiatives (CCHI):** Colocation started with having the Navigator’s Project funding. Once awarded, we were able to start working on establishing this collaboration and getting the memoranda of understanding (MOU)s in place. Having key partners like directors, managers, eligibility officers, and members of the Board of Supervisors to support collaboration and colocation is helpful. The eligibility workers provide support. Benefits of colocation are that individuals are receiving direct assistance with applications and other needs. Applications are being completed and accurate. We also avoid duplication of applications. We can receive member information from the county through data sharing agreements. This collaboration does not happen overnight; it can be a process, but it may be



possible with a lot of communication and support from key partners.

**Catholic Charities of California (Santa Rosa):** We have a great relationship with social services and rely on each other. Having a warm hand off and clients know there is someone who can assist them is key. Some challenges: not having access to Benefits Cal to view a client's information. We are working with the county to help us assist the clients.

**Catholic Charities of California (Lake)** We have a collaboration with Lake Behavioral Health and with peer support centers. We are able to reach a lot of individuals in the rural areas. We have established relationships with the county in other divisions so we can reach more people. We also have a mobile outreach program to assist those who are unable to make it to the county office.

## **Q&A**

**Q: Is an electronic or digital signature acceptable on the update monthly data report template?**

A: Yes, electronic signatures are acceptable.

**Q: Will we continue to use the old monthly data template for reporting this month and next month?**

A: Yes. Currently, there is no anticipated release date for the new monthly data template. DHCS is aiming to provide partners the monthly data template by the first week of October so partners can use the updated template to report data for November. Please continue to use the current monthly data report that was sent to all project partners July 31<sup>st</sup>.

**Q: Will the Client Identification Number (CIN) still be provided on the Renewal List?**

A: Yes. The CIN will still be provided on the Renewal List DHCS sends to partners.

**Q: Just want to confirm that the aggregate data tab is not cumulative? Partners should be entering aggregate numbers for the month, correct?**

A: Yes, the data captured on the monthly data template for the Aggregate Data and Enrollment/Retention Data should be for the specific reporting month. Not cumulative.

**Q: Is it possible to have the new monthly data template start in January 2024, rather than two different templates in the Oct-Dec Quarter?**

A: Since the updates to the monthly data template will require less information we will require partners to use the appropriate data templates according to the effective dates. We do want to note that the pending newer template requires less information than the current template, so partners are able to delete any unnecessary fields before sending the monthly file to DHCS while they work to implement any necessary changes to their programs.

**Q: Are the events on the DHCS website a rolling opportunity, can we send them after today?**

A: Yes. Earlier this week, DHCS requested all project partners to provide DHCS with any upcoming events for the rest of the year. Our goal is to update the website with current information. Partner can update DHCS at any time with event information as it becomes known.

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**Next Meeting: Thursday, October 19, 2023**

**NOTE:**

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services  
Health Enrollment Navigators Project 1501  
Capitol Avenue, Sacramento, CA 95814  
[healthnavigators@dhcs.ca.gov](mailto:healthnavigators@dhcs.ca.gov)

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting or event.