

Meeting Title: Navigators Project Date: Monday, November 7, 2022

Time: 1:00 pm - 2:30 pm Call in: Teams Meeting

Meeting Purpose: HNP Quarterly

Stakeholder Meeting

		ATTENDEES		
o René Mollow (DHCS)	o Sandra Williams (DHCS)	○ Sysvanh Kabkeo (DHCS)	o Brandon Roberts (DHCS)	Nancy Ojeda (DHCS)
Tina Coulson (DHCS)	Kevin Han (DHCS)	County Partners	CBO Partners	Advocates

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1.	Introduction			
2.	Meeting Purpose			
	- Today, is the first Stakeholders meeting for the Health Navigators Project			
	- These meetings will be held on a quarterly basis			
	- The stakeholder meetings will not be recorded; however, meeting minutes will be sent			
	to all attendees and posted on our webpage for reference			
	- The stakeholder meetings are intended to enhance project communication among			
	DHCS, project partners, and the advocate and other stakeholder community			
	- These meetings will be used as a platform for DHCS and project partners to share at a			
	high level any project information, updates and respond to any questions about the			
	project			
3.	Health Navigators Project (SB 154) Overview Refer to slides 3-5			

Topics

- Similar to AB 74's legislative language, SB 154 requires that county entities be given the first right of refusal to participate in the project, and then provide an opportunity to Community-Based Organizations (CBOs) to participate alongside them
- DHCS has previously encouraged, and continues to encourage, all counties to consider allowing a CBO to work alongside the county. For counties that opted not to open up to CBOs, DHCS has encouraged CBOs interested in participating in the Navigators Project to reach out directly to the designated county partner for possible collaboration as a subcontractor
- DHCS reviewed and approved fully developed proposals demonstrating efforts that aligned with the Navigators Project requirements and overall scope of the project

- The ultimate goal of the Navigators Project is to provide:
 - Multiple avenues for current and potential beneficiaries to obtain and/or retain
 Medi-Cal benefits
 - Provide all available means and support to SB 154 partners to allow them to achieve their stated goals to the greatest extent possible, help partners provide information and resources to current and potential beneficiaries, and provide an opportunity for all individuals to receive and maintain critical medical coverage
- Expectations for reporting Project data were made fully clear during the project application sessions held in June 2022, specifically: all partners are to provide data reports by the posted due dates, and that all partners are required to indicate at least one (1) of the 11 target population indicators for each line (monthly enrolled and retained data) submitted
- Reporting for this project requires partners to identify the number of individuals they were able to successfully enroll or maintain in Medi-Cal coverage as well as identify the number of individuals partners were able to assist with their application, access & utilization, or troubleshooting their coverage
- At this time, some partner Allocation Agreements are still pending back to DHCS from awarded entities
- Once all allocations agreements have been executed, DHCS intends to post partner information on the Health Navigators Webpage, such as: allocation amount, intended target populations, and proposed work efforts.
- DHCS will provide partners support and foster opportunities for success through various approaches, such as monthly partner meetings, partner and stakeholder meetings, best practices forums, posting of information and resources on the Navigators Webpage, etc.

4. Project Partners Proposed Work Efforts: Refer to slide 5

- Alameda County/ Speaker: Juan Ventanilla: Alameda County was a partner during AB74 as of September 2020. Alameda County primarily works with eight (8) CBO contractors. The goal is to assist with enrollment and retention of Medi-Cal benefits. Alameda utilizes media outreach such as radio and TV ads. The main target populations they are targeting are justice involved and the immigrant populations. CBOs have been successful now that there is more opportunity for in person outreach than in the past due to COVID. In-person encounters are a lot more effective and successful. There will be a focus on combating the public charge concern by providing accurate information, continuously meeting with individuals, and answering as many questions as needed. Also aiming to assist with the PHE unwind and the expansion of Medi-Cal coverage.
- California Coverage and Health Initiative (CCHI)/ Speaker: Ema Perez: A non-profit, member-based organization. CCHI is the lead contractor on the project and is serving nine (9) counties throughout California. CCHI works closely with sub contactors to assist with enrolling as many eligible individuals into Medi-Cal. The plan is to reach out to all 12 target populations through radio ads, physical presence, fliers, and booths,

- Los Angeles Department of Public Health (LA DPH)/ Speaker: Steve Baldwin: LA DPH has completed this type of work for many years, initially focusing on children but as funding opportunities have come about they are now able to assist the whole family. LA DPH utilizes 17 subcontractors, with the goal to reach every corner of the county. The goal is to assist with outreach, enrollment, retention, utilization of benefits, as well troubleshooting. The subcontractors also follow up with the individuals to ensure they are able to access care and know how to use the coverage. The subcontractors also provide referrals to housing, food, shelter, and other needed services. LA DPH aims to serve young people of color, limited English proficiency individuals, and those benefiting from the expansion through social media outreach, targeted text messages, connection with faith leaders, traditional outreach, and in person events. LA DPH will also work with contractor staff and the LA County Office of Immigrant Affairs on the public charge concern.
- Catholic Charities of California (CCC)/ Speaker: Jenilla Arnold: CCC works with local organizations to provide enrollment and outreach services. Each local agency tailors their approach based off the needs of the community they serve. They will provide education and strengthen relationship through community events, food banks, social media, and toolkits found on the Health Navigators webpage. CCC's focus is to assist with the PHE unwind and lessen the number of individuals that become ineligible. Also leverage case management services like housing offices, shelters, counseling services, and senior and low-income sites. Something learned from past iterations was to work with new staff at local level to provide training.
- Sacramento Covered/ Speaker: Lorena Sanchez: Sacramento Covered has provided outreach, enrollment, retention, and utilization services since 1998. Initial focus was on kids but now provides services to adults as well. The focus is to increase the well-being of the community. Sacramento Covered is a trusted organization trying to minimize the barriers of access to care. Sacramento Covered has navigator staff that speak 19 languages Staff are present in 6 local hospitals providing education and assistance with scheduling appointments for newborn babies. Sacramento Covered has its own internal process to address community needs and plans to serve all target populations through community events and outreach through social media, leveraging funding with CalMESA that targets newly released individuals from local jails. Establishing a walk in location for application assistance. For PHE unwind, will use Salesforce database to reach individuals assisted in the past and will use the DHCS ambassadors call scripts. Sacramento Covered will make sure all support and assistance is funneled through the six (6) organizations that support in person communication and looking to expand services to weekends.
- Trinity County: Speaker Jesse Fergueson Trinity County was a partner in AB 74.
 Trinity County is a small county and designated Navigators Project staff are housed in the eligibility unit. Designated Trinity County eligibility staff conducts the outreach, application assistance, redetermination assistance, and assists with access to care.
 Trinity County is continuing to expand into the outlines of the county. As with AB74, Trinity County will continue to work with justice involved population through the probation department. Trinity County will outreach to other target populations

through the food banks helping the homeless community, do CalFresh inreach, and utilize hospital liaisons so people who are enrolled in Hospital Presumptive Eligibility can receive follow up. Those approaches have been successful strategies in increasing applications and in driving the message of the importance of keeping the Medi-Cal coverage. Some lessons learned from AB 74 to enhance implementation are to explore and utilize technology, utilize QR codes, taking laptops to events, and meeting with people at local assistance spots like shelters. Trinity County would like to create a more robust model to target individuals who are eligible.

5. Q & A:

Q: Cary Sanders (CPEHN): When will the public be able to see each individual county/CBO outreach/enrollment plan and the populations they are trying to reach? **A:** DHCS anticipates providing Project information regarding awarded project partners, grant amounts, intended target populations, and proposed work efforts once all allocation agreements are fully executed. An allocation agreement is deemed "fully executed" after both a partner and DHCS have signed off on it. Currently, all allocation agreements are pending partner signature, with only a few retuned to DHCS for a countersignature.

Q: Lynn Kersey (MCH Access): Is anyone working to get undocumented under 26 year olds enrolled prior to the PHE unwinding so that they don't miss a year of coverage, since state is continuing coverage for 26+ IF enrolled. Any strategies?

A: DHCS opened this question to all partners (county or CBO).

Partner feedback: Attending health fairs and community event, utilize Radio Q&A programs, placed Navigators at the Mexican Consulate, work with FQHC community clinics, provide pro-active outreach by tracking those who fall off Medi-Cal and try to get them re-enrolled before they have a significant gap in coverage. Partnering with local hospitals to outreach to those not insured in the labor and delivery unit and/or emergency departments

Q: LA DPH::For those that use BenefitsCal agency accounts, you know that the system does not allow organizations to process renewal completions through the portal. The previous version Your Benefits Now (YBN) did allow renewals. As of now, only a client account allows for renewals, not an organization account. Would others be interested in requesting this added functionality to BenefitsCal organization accounts?

A: Health Navigators cannot speak to this at this time, but will check internally to see if there are plans to incorporate this functionality for organization accounts.

Q: Anthony Ly (Long Beach Public Health): Thank you everyone for sharing your successful and best practices. Moving forward, are there any discussion around adding the Annual Redetermination to BenefitsCal for agency users, this would be excellent tool once the PHE is lifted. Currently, BenefitsCal agencies users cannot complete renewals within the portal.

A: DHCS will have to take this question back to see if there are plans to incorporate this functionality for organization accounts.

Q: Cary Sanders (CPEHN): For groups developing trainings (e.g. on public benefits etc.) what is the process to share resources/trainings with other awardees? I'm curious if DHCS is collecting these trainings to share with other awardees.

A: This suggestion is something for DHCS to consider. LA DPH recommends to start a Listserv or message board where partners could pose questions/get help from one another.

Q: Cary Sanders (CPEHN): Can DHCS share their thoughts regarding potential topics for future stakeholder meetings? For example, now that folks have outreach plans in place, how will you measure success? If folks have suggestions for future meeting topics can they email you directly if not in regular contact with you?

A: The Stakeholder agenda and topics will be developed via the Navigators Project premeets which is comprised of a small group of representatives from the advocate and partner groups. We want to make sure this meeting is for all interested groups and it helps hearing trusted voices out in community. We encourage those who are working out in the community to participate in these meetings to relay project information. DHCS is always opened to proposed topics of discussion from the public, advocate community, and partners. Any proposed topics of discussion can be emailed to the Health Navigators inbox: HealthNavigators@dhcs.ca.gov and will be considered

Recommend future topics: The perinatal coverage, Connecting to Covered CA providers for people are redetermined to be over Medi-Cal income threshold.

Q: Doreena Wong (Asian Resources): Is there an evaluation plan for the Navigator Plan? **A:** On a quarterly basis, the Health Navigators Project require partners to submit a quarterly progress report. The quarterly progress report contains prompted questions regarding what the partners implemented during the quarter, any successes or challenges identified, and what they intend to do for the upcoming quarter. DHCS will utilize these reports as an evaluation tool to ensure project successes and/or address any challenges. uses

Q: Andrea Mackey (CPHEN): Will you be able to publish the annual county summary reports to the public?

A: What DHCS has learned from the AB 74 iteration is to be more communicative and transparent on project information. DHCS welcomes any suggestions and requests regarding public reports. *From Rene Mollow* (DHCS-Deputy Director): It is important to share the success and good work that is being done but at the same time, wanting to share challenges. The team is committed to sharing and reporting information but still looking on how to share that information. Again, transparency is really important. Not just for the advocates and stakeholders but for the legislative group that invested into our program.

Q: Adriane Sawyer (Access Dental Plan): Would Medi-Cal Health Enrollment Navigators Project work in conjunction with the proposed Community Health Workers (CHW) Services?

A: From DHCS Deputy Director Rene Mollow: We think it would be a great relationship linking with community health agencies; however, we must recognize that there are specific requirements for CHW reimbursement.

Q: LA DPH: Could we please have more information on how we are to measure and report Medi-Cal retention for this grant period? We know of a process of making telephone calls, but is there a process where we could do it all with data? **A:** DHCS needs to take this question back for further discussions.

Q: Liz Ramirez (Maternal and Child Health Access): Do you know what the percentage is of those cases auto-renewed?

A: Prior to the PHE, the average auto-renewal rate was 40-60%, but the percentage does depend on the federal hub and the information relayed to it. It is unknown what the auto-renewal rate will be during the PHE unwind period. DHCS Deputy Director Rene Mollow mentioned to keep in mind the flexibilities in place that have been secured due to the PHE.

Q: Merrill Buice (SFCCC): Can you give more specifics on those flexibilities at some point soon. Do they include the continuation for the zero income beneficiaries?

A: The Navigators team will take this issue back to the MCED staff most familiar with this

information in order to provide an accurate and robust response.

Q: LA DPH: When will the next Health Navigators Project Stakeholder Meeting be? **A:** The Stakeholder Meetings will be held quarterly. DHCS anticipates to hold the next Stakeholder meeting on Tuesday, February 7th at 1:00PM – 2:30PM. Once DHCS confirms this date, a meeting invite will be sent to all invitees.

ACTION ITEMS					
Description		Due Date	Responsible		
1.	Agency access in BenefitsCal: When will that access be allowed?		DHCS		
2.	Trainings: How can partners receive, access, share trainings on different topics such as PHE unwind and redetermination.		DHCS		

3	How to measure and report Medi-Cal retention for this grant period: DHCS to connect with partners posing this question to obtain clarification of need prior to providing an answer.	DHCS
4	More information on flexibilities established as a result of PHE requested, DHCS to look into that topic further prior to providing an answer.	DHCS