

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

815



**FROM:** Department of Public Social Services

**SUBMITTAL DATE:**  
March 4, 2014

**SUBJECT:** To accept grant funds from the State of California Department of Health Care Services [Districts-All] [\$1,402,943] [100% State]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Accept the grant funding between DPSS and the State of California Department of Health Care Services in the amount of \$1,402,943 for the Medi-Cal Outreach and Enrollment Allocations for the period of March 12, 2014 through December 31, 2016.
2. Approve and authorize the Chairman of the Board to sign the attached Allocation Agreement with the State of California Department of Health Care Services, in the amount of \$1,402,943 for the period of March 12, 2014 through December 31, 2016.
3. Authorize the Director of the Department of Public Social Services (DPSS) to administer the contract.
4. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to sign amendments that do not change the substantive terms of the agreement.

*Susan von Zabern*  
\_\_\_\_\_  
Susan von Zabern  
Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>

<b>SOURCE OF FUNDS:</b> Federal Funding: 0% State Funding: 100%; County Funding: 0%; Realignment Funding: 0%; Other Funding: 0%	<b>Budget Adjustment:</b> No For Fiscal Year: 13-14
--	--

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Jennifer L. Sargent*  
\_\_\_\_\_  
Jennifer L. Sargent

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Stone, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: April 1, 2014  
xc: DPSS

Kecia Harper-Ihem  
Clerk of the Board  
BY: *Kecia Harper-Ihem*  
\_\_\_\_\_  
Deputy

FORM APPROVED COUNTY COUNSEL  
BY: *Elena M. Boeva* 3-20-14  
ELENA M. BOEVA  
Departmental Concurrence

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: N/A

District: All

Agenda Number:

**3-10**

## **SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

**FORM 11:** To accept grant funds from the State of California Department of Health Care Services [Districts-All] [\$1,402,943] [100% State]

**DATE:** March 4, 2014

**PAGE:** Page 2 of 3

### **BACKGROUND:**

The Federal Affordable Care Act (ACA) authorized States to reduce the number of uninsured individuals by establishing Health Insurance Exchanges, and adopting strategies to facilitate health care enrollment. When fully implemented in 2019, more than two million Californians are projected to be receiving subsidized health coverage for themselves and their families through Covered California and Medi-Cal.

The Department of Health Care Services, in collaboration with The California Endowment, has awarded grants to 36 California counties and county groups to help increase and enhance outreach and enrollment efforts for Medi-Cal. The grant effort will support overall efforts to increase awareness of Medi-Cal for those who are eligible but not yet enrolled, while helping retain current members.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services. Under Medi-Cal, qualified low-income individuals under certain circumstances receive health care services, including specialty mental health services and drug treatment services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.

The funds allocated under this section shall be used only for the Medi-Cal outreach and enrollment activities and may supplement, but shall not supplant, existing local, state, and foundation funding of county outreach and enrollment activities.

In order to achieve outreach and enrollment targets, DPSS will partner with Riverside county agencies and community based organizations. Awards to community based organizations will be made through a competitive bid process. It is anticipated that over 88,000 legal residents in Riverside County will have access to health coverage through this and other program enrollment strategies. This includes our seniors, youth, families, and individuals without children, as it would expand eligibility beyond the existing criteria. Our community based organizations have already begun assisting seniors, emancipated youth, and members of our homeless population by offering assistance from certified enrollment counselors and providing internet access in their centers to complete on-line applications.

### **Impact on Residents and Businesses**

This grant funding will establish outreach programs which seek to increase awareness of Medi-Cal for those who are eligible but not yet enrolled, while helping retain current Medi-Cal members. Emphasis will be on reaching specific populations, including: (1) Persons with mental health disorder needs; (2) Persons with substance use disorder needs; (3) Persons who are homeless; (4) Young men of color; (5) Persons who are in county jail, in state prison, on state parole, on county probation, or under post-release community supervision; (6) Families of mixed-immigration status; and (7) Persons with limited English proficiency.

### **Contract History and Price Reasonableness**

DPSS submitted an application to the State of California Department of Health Care Services to conduct outreach and enrollment with special emphasis targeting specific populations. DPSS has been awarded \$1,402,943. Once funds are received, DPSS intends to partner with the following County Collaborative Partners: Riverside County Regional Medical Center, Riverside County Probation Department, Riverside County Department of Mental Health, and Riverside County Department of Public Health.

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: To accept grant funds from the State of California Department of Health Care Services [Districts-  
All] [\$1,402,943] [100% State]**

**DATE:** March 4, 2014

**PAGE:** Page 3 of 3

**ATTACHMENTS:**

- A. GRANT AWARD LETTER
- B. GRANT ALLOCATION AGREEMENT

to Riverside County Clerk of the Board, Stop 1010  
East Office Box 1147, Riverside, Ca 92502-1147

**ALLOCATION AGREEMENT**  
**MEDI-CAL OUTREACH AND ENROLLMENT**  
State of California – Department of Health Care Services

<b>COUNTY</b>	Riverside		
<b>PROJECT TITLE</b>	Medi-Cal Outreach and Enrollment		
<b>PERFORMANCE PERIOD</b>	March 12, 2014	through	December 31, 2016

Under the terms and conditions of this Agreement, the County agrees to complete Outreach and Enrollment efforts as described in the project description, and the State of California, through its Director of the Department of Health Care Services pursuant to AB 82, Section 71 agrees to fund the County up to the Allocation Amount.

**PROJECT DESCRIPTION**

The County agrees to provide Medi-Cal outreach and enrollment services and activities pursuant to AB 82, Section 71, with focus on one or more of the seven targeted populations: Persons with mental health disorder needs; Persons with substance use disorder needs; Persons who are homeless; Young men of color; Persons who are in county jail, in state prison, on state parole, on county probation or under post-release community supervision; Families with mixed immigration status; Persons with limited English Proficiency. The County may target other populations as well. The County shall ensure the needs of the targeted populations are understood and provide information and assistance in a culturally and linguistically appropriate method at no cost to the individual, including the provision of oral interpretation of non-English languages and the translation of written documents when necessary or when requested by the individual to ensure effective communication.

**TOTAL ALLOCATION AMOUNT NOT TO EXCEED** \$1,402,943

The General and Special Provisions attached are made a part of and incorporated into the Agreement.

**Riverside DEPARTMENT OF HEALTH CARE SERVICES STATE OF CALIFORNIA**

Department of Public Social Services  
4060 County Circle Drive  
Riverside, CA 92503



BY (AUTHORIZED SIGNATURE):

BY (AUTHORIZED SIGNATURE):

  
PRINTED NAME AND TITLE OF PERSON SIGNING:

Original Signed by Tara Naisbitt  
PRINTED NAME AND TITLE OF PERSON SIGNING:

DATE SIGNED: 4/1/14  
**JEFF STONE CHAIRMAN, BOARD OF SUPERVISORS**

Tara Naisbitt, Division Chief  
DATE SIGNED:

March 12, 2014

**CERTIFICATION OF FUNDING (FOR STATE USE ONLY)**

AMOUNT OF ALLOCATION \$«Allocation_Amount».00	AGREEMENT NUMBER «Allocation_Number»	FUND –		
ADJ. INCREASING ENCUMBERANCE	APPROPRIATION			
ADJ. DECREASING ENCUMBERANCE	FUNCTION			
TOTAL ALLOCATION AMOUNT \$«Allocation_Amount».00	LINE ITEM ALLOTMENT	CHAPTER	STATUTE	FISCAL YEAR
T.B.A NO.	B.R. NO.	INDEX	OBJ.	PCA
PROJECT/WORK PHASE				

I hereby certify upon my personal knowledge that budgeted funds are available for this encumbrance

SIGNATURE OF ACCOUNTING OFFICER	DATE
---------------------------------	------

ATTEST:  
KECIA HARPER-IHEM, Clerk  
BY: 

**ALLOCATION AGREEMENT**  
**MEDI-CAL OUTREACH AND ENROLLMENT**  
**COUNTY OF RIVERSIDE**  
State of California – Department of Health Care Services

**TERMS AND CONDITIONS OF ALLOCATION**

The County shall be responsible for the performance of the work as set forth herein below and for the preparation of deliverables and reports as specified in this Agreement. The County's Project Representative shall promptly notify the State of events or proposed changes that could affect the Work Plan under this Agreement.

**Special Provisions**

1. County shall complete all work in accordance with an approved Work Plan which will be included in this Agreement as Attachment 2.
2. Rights in Data and Reporting: The County agrees that all data and reports produced in the performance of this Agreement are subject to the rights of the State as set forth in this section. The State shall have the right to reproduce, publish, and use all such data and reports, or any part thereof, in any manner and for any purposes whatsoever and to authorize others to do so.

**General Provisions**

**A. Definitions**

1. The term "Allocation" as used herein means the Outreach and Enrollment Allocation funding authorized by AB 82, Section 71.
2. The term "Agreement" as used herein means an allocation agreement between the State and County specifying the payment of Allocation Amount by the State for the performance of Work Plan within the Project Performance Period by the County.
3. The term "County" as used herein means the party described as the County on page one (1) of this Agreement.
4. The term "Allocation Amount" as used herein means funds awarded to the County by the State.
5. The term "Project Performance Period" as used herein means the period of time that the Allocation Amount is available as described on page one (1) of this Agreement.
6. The term "Project Representative" as used herein means the person authorized by the County to be responsible for the Allocation and is capable of making daily management decisions.
7. The term "State" as used herein means the Department of Health Care Services.
8. The term "Community Based Organization," or "CBO," as used herein means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community, and provides educational or related services to individuals in the community, as stated in 20 U.S.C.A § 7801(6).

**B. Allocation Execution**

1. County agrees to complete the Allocation in accordance with the time of the Allocation Performance Period and under the terms and conditions of this Agreement.
2. County shall comply with the provisions of AB 82, Section 71.
3. County agrees to submit in writing any deviation from the attached Work Plan to the State for approval prior to implementation of changes.

**C. Allocation Costs**

Subject to the availability of Allocation Amount, the State hereby grants to the County \$1,402,943 not to exceed the amount stated on page one (1) of this Agreement in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the Work Plan and under the terms and conditions set forth in this Agreement.

The Allocation Amount to be provided to the County, under this Agreement, may be disbursed as follows:

1. To Community Based Organizations (CBOs): County shall disperse at least 50% of the Allocation Amount. The County is required to partner with one or more CBOs to develop, conduct and implement effective tools and methods to expand Medi-Cal outreach, increase Medi-Cal enrollment and contribute efforts to retention for the uninsured, targeted populations. The County is not required to immediately contract with CBOs in light of the timelines that may be necessary for contracting processes. However, the County will need to demonstrate through quarterly reporting activities on the progress of contracting with CBOs.
2. Indirect administrative costs, including planning, plan documentation, and other administrative costs shall not exceed 10% of the Allocation Amount.

**D. Payment Documentation**

1. All payment requests must be submitted by the County on a quarterly basis using a completed Outreach and Enrollment Quarterly Invoice, Attachment 3. The invoice and the deliverables noted below must accompany the invoice as outlined in the Quarterly Invoice, Deliverables and Payment Schedule noted on Page 4.

Budget Plan, Attachment 1  
Work Plan, Attachment 2  
Outreach and Enrollment Quarterly Invoice, Attachment 3  
Quarterly Progress Report, Attachment 4  
Annual Budget Report, Attachment 5

2. County shall submit all documentation for Allocation completion and final reimbursement within 90 days of Allocation completion, but no later than the end of the Project Performance Period as shown on page one (1).
3. Payments shall be on the basis of costs incurred.
4. Advance Allocation payment without an invoice is not allowed.

**QUARTERLY INVOICE, DELIVERABLES AND PAYMENT SCHEDULE**  
2014 / 2015 / 2016

<b>DUE DATE OF DELIVERABLES</b>	<b>COUNTY DELIVERABLES</b>	<b>QUARTER FOR INVOICING EXPENDITURES</b>	<b>DHCS REVIEW DEADLINE</b>	<b>*ESTIMATED PAYMENT DATE</b>
03/27/14	BUDGET / CAP	Invoice for development of Budget Plan	04/03/14	TBD
04/10/14	WORK PLAN	N/A	04/17/14	04/30/14
07/07/14	1 <sup>ST</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	March, April, May, June 2014	07/11/14	08/01/14
10/03/14	INVOICES/ PROGRESS REPORT	July, August, September 2014	10/09/14	10/30/14
01/06/15	INVOICES/ PROGRESS REPORT	October, November, December 2014	01/12/15	02/02/15
04/07/15	INVOICES/ PROGRESS REPORT	January, February, March 2015	04/13/15	05/04/15
07/07/15	2 <sup>ND</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	April, May, June 2015	07/13/15	08/03/15
10/06/15	INVOICES/ PROGRESS REPORT	July, August, September 2015	10/12/15	11/02/15
01/05/16	INVOICES/ PROGRESS REPORT	October, November, December 2015	01/11/16	02/01/16
04/05/16	INVOICES/ PROGRESS REPORT	January, February, March 2016	04/11/16	05/02/16
07/07/16	3 <sup>RD</sup> ANNUAL BUDGET REPORT / INVOICES/ PROGRESS REPORT	April, May, June 2016	07/13/16	08/03/16

\*Based on 21 processing days for DHCS' Accounting and the State Controller's Office.

**Budget Plan**

County is required to use the Budget Plan, Attachment 1. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule above, a Budget Plan must be submitted to DHCS in order to receive the initial payment allocation of at least 20% of the Total Allocation Award.

**Work Plan**

County is required to use the Work Plan, Attachment 2. As outlined in the Quarterly Invoice, Deliverable and Payment Schedule noted above, a Work Plan must be submitted to DHCS in order to receive the second quarterly payment. The Work Plan shall include strategies, milestones, and time frames for outreach, enrollment and retention activities completed by the County and its contracted CBOs.

**Outreach and Enrollment Quarterly Invoice**

County is required to use the Outreach and Enrollment Quarterly Invoice, Attachment 3. Invoices must be submitted by the County on a quarterly basis as outlined in the Quarterly Payment and Deliverable Schedule noted above. The Invoice must include detailed budget activity and expenditures for the specific quarter.

Please note: To receive the initial payment allocation of at least 20% of the Total Allocation Award, County must submit a Budget Plan and an Invoice. The Invoice will reflect the time needed to develop the Budget Plan.

### **Quarterly Progress Report**

County is required to submit a Quarterly Progress Report, Attachment 4. As outlined in the Quarterly Invoice, Deliverables and Payment Schedule noted above, Quarterly Progress reports will be required starting with the third quarter reporting period. The County must provide a progress report to measure and document progress-to-date on the work plan objectives and performance goals. The State reserves the right to require reports more frequently than on a quarterly basis if necessary, but no more than once a month.

### **Annual Budget Report**

County is required to submit an Annual Budget Report, Attachment 5, at the end of every State fiscal year as outlined in the following schedule:

- Due July 15, 2014 – Report period March 1, 2014 through June 30, 2014
- Due July 15, 2015 – Report period July 1, 2014 through June 30, 2015
- Due July 15, 2016 – Report period July 1, 2015 through June 30, 2016

### **E. Allocation Termination or Withdrawal**

1. County may withdraw from the Outreach and Enrollment Allocation Funding by notifying the State in writing at any time of the request to withdraw from further participation. Once the withdraw request is received, the State will contact the County to complete close out tasks.
2. County may unilaterally rescind this Agreement at any time prior to the commencement of the Allocation. After Allocation commencement this Agreement may be rescinded, modified or amended by mutual agreement in writing.
3. Failure by the County to comply with the terms of this Agreement may be cause for terminating all obligations of the State for additional Allocation payments.

### **F. Loss of Allocation Amount**

The following actions may result in a loss or part of all Allocation Amount allocated to the County.

1. A County fails to return a signed Agreement to DHCS within 60 days of receipt of the Agreement.
2. A County fails to produce satisfactory Invoices and Deliverables as outlined in the Quarterly Invoice and Deliverable Schedule noted on Page 5.
3. A County withdraws from the Allocation Agreement.
4. A County fails to submit a satisfactory Corrective Action Plan (CAP).
  - i. This action shall result in a 50% reduction of the total Allocation Amount.

### **G. Hold Harmless**

1. County agrees to waive all claims and recourse against the State including the right to contribution for loss or damage to persons or property arising from, growing out of or in any way connected with or incident to this Agreement except claims arising from the concurrent or sole negligence of State, its officers, agents, and employees.
2. County agrees to indemnify, hold harmless and defend the State, its officers, agents and employees against any and all claims, demand costs, expenses or liability costs arising out of legal actions pursuant to items to which the County has certified. County acknowledges that it is solely responsible for compliance with items to which it has certified.



## **H. Financial Records**

1. County agrees to maintain satisfactory financial accounts, documents and records for the Allocation and to make them available to the State for auditing at reasonable times. County also agrees to retain such financial accounts, documents and records for three years following Allocation termination or completion.
2. County and State agree that during regular office hours each of the parties hereto and their duly authorized representative shall have the right to inspect and make copies of any books, records or reports of the other party pertaining to this Agreement or matters related thereto. County agrees to maintain and make available for inspection by the State accurate records of all of its costs, disbursements and receipts with respect to its activities under this Agreement.
3. County agrees to use a generally accepted accounting system.

## **I. Community Based Organizations (CBOs)**

1. As mandated in AB 82, Section 71(e)(1), "The funds allocated under this section shall be used only for the Medi-Cal outreach and enrollment activities and may supplement, but shall not supplant, existing local, state, and foundation funding of county outreach and enrollment activities."
2. AB 82, Section 71(g), requires that "Under terms of the approved allocation for the outreach and enrollment program, funded entities under this section shall not receive payment for in-person assister payments for assisting potential Medi-Cal enrollees."
3. In working with the CBOs for Medi-Cal outreach and enrollment, the counties will need to provide documentation clearly delineating how their partnering CBOs will separate the enrollment work under this allocation from the enrollment work of the CBO's Certified Enrollment Counselors (CECs) and Certified Insurance Agents (CIAs) for which they would be paid \$58 per enrolled application.
  - i. Example: If a CBO, in partnership with a county agency through this funding source, sends out a CEC to an outreach and enrollment activity at a substance use disorder clinic and enrolls some of the population at the clinic or makes an appointment with them and enrolls them later, the CBO cannot claim the \$58 per approved Medi-Cal application for this same person. The CBO is already receiving funds for this purpose through the county.

## **J. Audit**

1. Allocations are subject to audit by the State for three years following the final payment of Allocation Amount. The purpose of this audit is to verify that Allocation expenditures were properly documented. Counties will be contacted at least 30 days in advance of an audit.
2. Audit will include all books, papers, accounts, documents, or other records of the County, as they relate to the Allocation for which the State authorized Allocation Amount. The County shall have the Allocation records, including the sources documents and cancelled warrants, readily available to the State.
3. County must also provide an employee having knowledge of the Allocation and the accounting procedure or system to assist the State's auditor. The County shall provide a copy of any document, paper, record, or the like requested by the State.
4. All Allocation records must be retained for at least one year following an audit or final disputed audit findings.

**K. Nondiscrimination**

1. County shall not discriminate against any person on the basis of sex, race, color, national region, age, religion, ancestry, or physical handicap when conducting outreach and enrollment efforts pursuant to this Agreement and in compliance with the Americans with Disabilities Act.
2. County shall ensure the security, privacy and confidentiality of each enrollee.

**L. Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)**

1. Counties shall ensure security of privacy and confidentiality of each consumer application and comply with HIPAA requirements as set forth by law.



TOBY DOUGLAS  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

March 19, 2014

Ann Barnes-Dansby  
Department of Public Social Services  
4060 County Circle Drive  
Riverside, CA 92503

MEDI-CAL OUTREACH AND ENROLLMENT ALLOCATIONS

Dear Ms. Barnes-Dansby:

Congratulations! The Department of Health Care Services (DHCS) is pleased to inform you that your county agency/department has been chosen as a recipient for a Medi-Cal outreach and enrollment (O&E) grant authorized by Assembly Bill 82 (Budget Act of 2013) Section 71.

Your county's grant award amount is **\$1,402,943**. The receipt of the grant funding also requires that you allocate 50 percent (**\$701,472**) of your total award to community-based organizations that you will use to assist in the outreach and enrollment strategies as specified in your submitted application.

If your county agency/department would like to accept this grant funding offer, please send your acceptance correspondence to: [OEworkgroup@dhcs.ca.gov](mailto:OEworkgroup@dhcs.ca.gov). If your county declines this offer of funding, or DHCS does not receive your affirmation of acceptance within two weeks of the date of this letter, this grant funding offer will be rescinded and the aforementioned award amount will be redistributed amongst the awardees, who accept their grant offers.

A DHCS O&E county allocation liaison will be assigned to your county and will contact you in the near future regarding next steps for contract execution and distribution schedule of the allocated grant award. In the meantime, if you have any questions please contact the DHCS O&E staff by email at [OEworkgroup@dhcs.ca.gov](mailto:OEworkgroup@dhcs.ca.gov).

Ann Barnes-Dansby  
Page 2  
March 19, 2014

DHCS will also be issuing additional policies and procedures which will be available on the Medi-Cal O&E website at the following link:  
(<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OEworkgroup.aspx>).

Thank you for applying and supporting this initiative to increase Medi-Cal enrollment in your community. It is greatly appreciated.

Sincerely,

Original signed by:

Toby Douglas  
Director



State of California—Health and Human Services Agency  
Department of Health Care Services



March 17, 2014

Ann Barnes-Dansby  
Department of Public Social Services  
4060 County Circle Drive  
Riverside, CA 92503

**SUBJECT: DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL OUTREACH AND ENROLLMENT ALLOCATION AGREEMENT**

Dear Ms. Barnes-Dansby:

As a recipient of the Department of Health Care Services (DHCS), Medi-Cal Outreach and Enrollment Allocation (Allocation) funding authorized by Assembly Bill (AB) 82 (Chapter 23, Statutes 2013), Section 71, your organization is required to sign and comply with the attached Medi-Cal Outreach and Enrollment Agreement (Agreement).

The Agreement is being utilized in lieu of a formal, state contract. The Allocation funds will be paid to your organization utilizing an allocation process. In order to receive Allocation funds, your organization is not required to obtain Board of Supervisor's Approval unless that is the prescribed protocol for accepting allocation funding. The Agreement outlines the requirements and provisions of the Allocation Funding, required deliverable templates and the timeframes for submitting required deliverables.

Please contact your DHCS Outreach and Enrollment Liaison at [oworkgroup@dhcs.ca.gov](mailto:oworkgroup@dhcs.ca.gov) upon receipt of the Agreement to provide details regarding the process that your organization is required to follow in order to obtain allocation approval. You must sign and electronically return Page 1 of the Agreement to [oworkgroup@dhcs.ca.gov](mailto:oworkgroup@dhcs.ca.gov) upon receipt. Once that information is provided, your liaison will work with you directly in regards to the Quarterly Invoice and Deliverable Schedule.

We look forward to working with your organization and appreciate your commitment to Medi-Cal Outreach and Enrollment efforts in your community. If you have additional questions or need clarification regarding the Agreement, please contact your DHCS Outreach and Enrollment Liaison.

Sincerely,

*Tara Naisbitt*

Division Chief  
Department of Health Care Services



TOBY DOUGLAS  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

January 28, 2014

Ann Barnes-Dansby  
Department of Public Social Services  
4060 County Circle Drive  
Riverside, CA 92503

### MEDI-CAL OUTREACH AND ENROLLMENT ALLOCATIONS

Dear Ms. Barnes-Dansby:

Congratulations! The Department of Health Care Services (DHCS) is pleased to inform you that your county agency/department has been chosen as a recipient for a Medi-Cal outreach and enrollment (O&E) grant authorized by Assembly Bill 82 (Budget Act of 2013) Section 71.

Your county's grant award amount is **\$1,402,943**. The receipt of the grant funding also requires that you allocate 50 percent (**\$701,472**) of your total award to community-based organizations that you will use to assist in the outreach and enrollment strategies as specified in your submitted application.

If your county agency/department would like to accept this grant funding offer, please send your acceptance correspondence to: [OEworkgroup@dhcs.ca.gov](mailto:OEworkgroup@dhcs.ca.gov). If your county declines this offer of funding, or DHCS does not receive your affirmation of acceptance within two weeks of the date of this letter, this grant funding offer will be rescinded and the aforementioned award amount will be redistributed amongst the awardees, who accept their grant offers.

A DHCS O&E county allocation liaison will be assigned to your county and will contact you in the near future regarding next steps for contract execution and distribution schedule of the allocated grant award. In the meantime, if you have any questions please contact the DHCS O&E staff by email at [OEworkgroup@dhcs.ca.gov](mailto:OEworkgroup@dhcs.ca.gov).

Ann Barnes-Dansby  
Page 2  
March 19, 2014

DHCS will also be issuing additional policies and procedures which will be available on the Medi-Cal O&E website at the following link:  
(<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OEworkgroup.aspx>).

Thank you for applying and supporting this initiative to increase Medi-Cal enrollment in your community. It is greatly appreciated.

Sincerely,

Original signed by:

Toby Douglas  
Director