



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Continuous Coverage Enrollment Navigator Program

October 4, 2023

**Integrity**

**Accountability**

**Collaboration**

**Trust**

**Respect**

# Webinar Housekeeping

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## Grants Online Content

- Click this link: [Enrollment Navigator Program Grant](#) to access the grants materials

## Technical Difficulties

- Submit technical difficulty comments/questions via chat feature for assistance.

## Q&A

- We will take Q&As after the presentation.

## Webinar Posting

- This webinar is being recorded, and the recording will be posted under the Grants section of the GCHP website.

## Contact Email

- [Grants@goldchp.org](mailto:Grants@goldchp.org)

# Agenda

1. Request For Application Overview

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2. Enrollment Navigator Program Overview

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3. Grant Timeline

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4. Enrollment Navigator Application Process

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5. Enrollment Navigator Selection Process

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6. Q&A

# Today's Presenters

**Marlen  
Torres**

Executive  
Director,  
Strategy &  
External Affairs

**Calley  
Griffith**

Communications  
Specialist II

**Adriana  
Sandoval-  
Jimenez**

Community  
Relations  
Manager

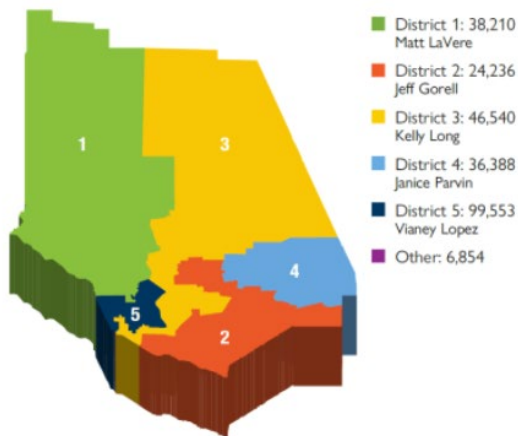
**Alison  
Armstrong**

Government  
Relations  
Manager

# About Gold Coast Health Plan

GCHP is a public entity that oversees the Medi-Cal program in Ventura County and provides health care services to Medi-Cal beneficiaries. The Ventura County Board of Supervisors created GCHP in 2011 to serve the county. It is governed by a publicly appointed board of Commissioners.

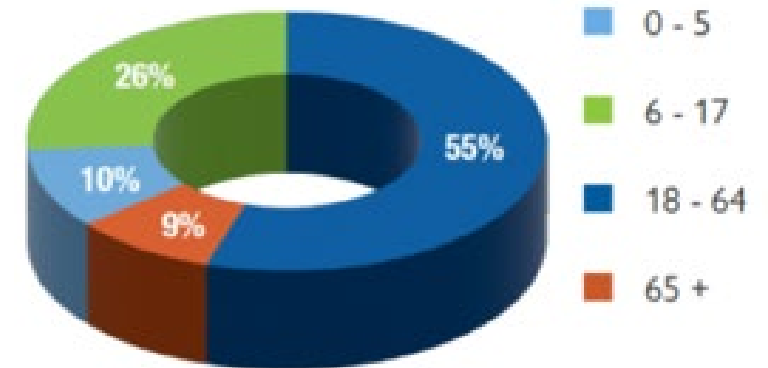
## Membership by Supervisorial District



Members: 251,781



## Membership by Age



# Our Mission, Vision, and Values

We deliver health care services with a member-first focus that reflects a commitment to our community.



## Our Mission

To improve the health of our members through the provision of high quality care and services.



## Our Vision

Compassionate care, accessible to all, for a healthy community.



## Our Values

Integrity,  
Accountability,  
Collaboration,  
Trust, and Respect.

# Request for Applications (RFA) Overview

The purpose of this RFA is to solicit applications from interested organizations to participate in GCHP's Enrollment Navigator Program (ENP) to support Medi-Cal retention and enrollment goals.

- During the COVID-19 pandemic, Medi-Cal disenrollments were postponed, allowing new and existing Medi-Cal beneficiaries to stay on Medi-Cal.
- On April 1, 2023, normal processes to redetermine Medi-Cal eligibility began impacting vulnerable populations the most.

The RFA is a critical mechanism in administering and delivering support to hard to reach, underserved, and vulnerable populations in targeted activities for retention and enrollment goals.

- Focus on targeted populations with:
  - Application Assistance
  - Enrollment Assistance
  - Retention Assistance
  - Outreach and education activities
  - Assistance with trouble shooting and accessing health care services

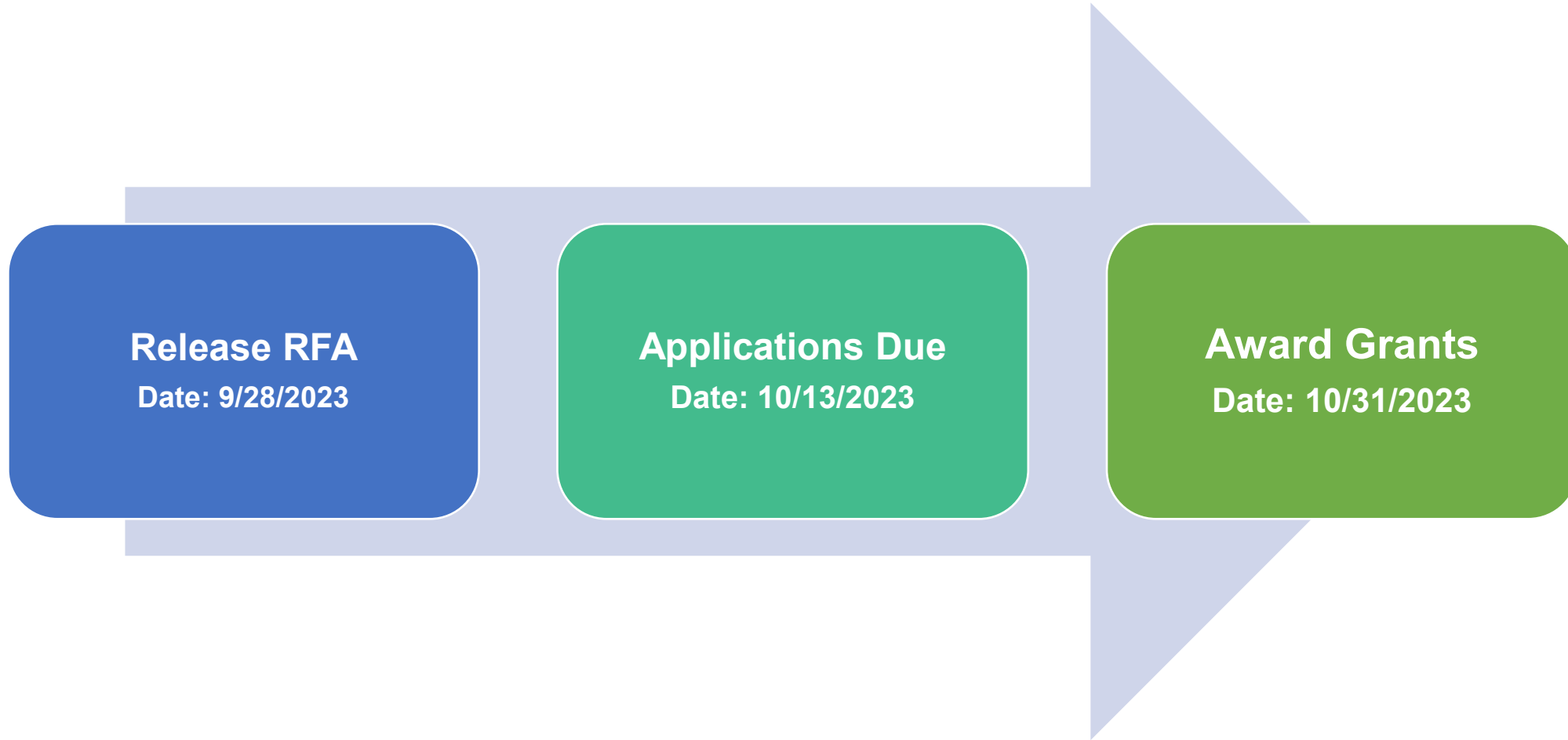
# Enrollment Navigator Program (ENP)

GCHP's Enrollment Navigator Program is a partnership with community based organizations across Ventura County who have experience in reaching and assisting diverse population and have demonstrated success in retention and enrollment of Medi-Cal eligible beneficiaries.





# Grants Timeline



**Grant Contract Period: Calendar Year 2023-2024**  
**Project begin date: November 2023**

# ENP Participant Eligibility

Be a 501(c)(3) tax-exempt organization with a 509(a) designation indicating that the organization is not a private foundation, or

Be a public or government entity, and

Provide high quality health care and/or health enhancing supportive services primarily to Medi-Cal recipients and to other medically indigent population within Ventura County.

# ENP Application Process

Complete PDF Application Forms and submit via email or by next day mail.

- Form 1: Application Narrative
- Form 2: Workplan - Attachment A
- Form 3: Budget - Attachment B (includes three tabs)
- Form 4: Acknowledgement - Attachment C

# Form 1: Application Narrative

Includes a cover page, selection of population(s) of focus, and fillable responses to questions on:

1. Organizational background and capacity.
2. Targeted area and population.
3. Statement of need and alignment with GCHP.
4. Proposed request.
5. Project benchmarks.
6. Collaborative partners.
7. Key staff and responsibilities.
8. Potential challenges.
9. Sustainability.
10. Evaluation.
11. Benefit to GCHP members.
12. Acknowledgement of GHCP funding.



Integrity • Accountability • Collaboration • Trust • Respect

## COMMUNITY HEALTH INVESTMENTS 2023-2024 Enrollment Navigator Program Application Form

**I. APPLICANT INFORMATION**

Complete your application using the space provided.

Name of Organization: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Name of Fiscal Agent, if applicable: \_\_\_\_\_

Tax ID Number (fiscal agent if using such): \_\_\_\_\_

Street Address (include fiscal agent if not the same): \_\_\_\_\_

City and State: \_\_\_\_\_ 9-digit Zip Code: \_\_\_\_\_ - \_\_\_\_\_ (Req.)

Name and title of President, Executive Director, or Chief Executive Officer: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name and title of project contact, if different from above: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Type of Organization:**

Select One:  501(c)(3)  
 Public or government entity

State Type of Entity: \_\_\_\_\_

Project Name: \_\_\_\_\_

Geographic Area(s) Served: \_\_\_\_\_

Population(s) Served: \_\_\_\_\_

Organizational Budget: \$ \_\_\_\_\_ Project Budget: \$ \_\_\_\_\_ GCHP Request: \$ \_\_\_\_\_

Does your organization meet ALL the criteria outlined in the request for application?  Yes  No

# Summary of Request

## 1. Organizational Background and Capacity to Address Selected Population (s) of Focus

- State your organization's overall mission and goals, and describe the current programs and activities most relevant to the proposed project. Describe your organization's experience and qualifications in the Population(s) of Focus selected.

## 2. Targeted Geographic Area and Population: Does your proposed project target the diverse populations and contribute to geographic equity in Ventura County?

- Describe the geographic area(s) and population(s) that will benefit from the proposed effort. Provide available demographic data when possible.

## 3. Statement of Need and Alignment with GCHP Selected Priorities

- Describe the needs, problems or issues to be addressed through the proposed project. Identify and describe, in detail, the specific population(s) of focus that you have selected to target. Explain how the selected population(s) target GCHP members. Provide specific data whenever possible to justify the need. Explain how your proposal is aligned with GCHP's project priorities.

# Summary of Request Cont.

## 4. Proposed Request

- Explain, in detail, how you propose to target the particular population(s) of focus. Indicate why you have selected the proposed strategies and what evidence there is that shows that implementation of the proposed approach will lead to retention and enrollment of Medi-Cal members. Describe how the program will be implemented over the 12-month grant period. Your proposal design must be sound and feasible.

## 5. Project Benchmarks

- Describe your project goals, objectives, and outcomes. These must be specific, measurable and attainable. What will success look like? (Must be consistent with attached workplan).

## 6. Collaborative Partners

- Identify any collaborative partnerships that you have already established or that will be established for the successful implementation of the proposed effort. Describe the roles and responsibilities of identified partners and how they will contribute to the proposal.

## 7. Key Staff and Responsibilities

- List key project staff and volunteers and describe their roles and responsibilities. Indicate their level of expertise in addressing the targeted populations.

## 8. Potential

- Identify any potential challenges that might be encountered while implementing the proposed project and describe how each of these challenges will be overcome.

# Fiscal Information

## Financial Sustainability

- Explain how you will programmatically and financially sustain this project. Identify any additional funds raised in support of this effort. Indicate the sources of funds raised, as well as the specific amounts. If there is a funding gap, explain your plan to close that gap.



# Evaluation

## Evaluation of Project

- Describe how you will evaluate the success of the proposed project. Describe what measures and metrics will be used to demonstrate that you successfully achieved the project objectives and outcomes. (Must be consistent with attached workplan.)





# Strategic Benefit to GCHP Members

## GCHP Member Benefit

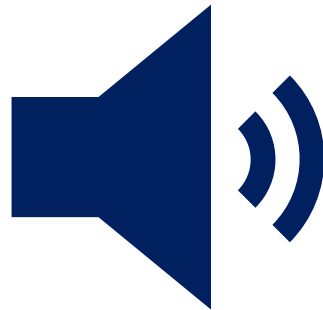
- Explain how the proposed effort will benefit GCHP members directly. Estimate the number of GCHP members that might benefit from your efforts.



# Strategic Benefit to GCHP Members Cont.

## Public Recognition

- Specifically outline any type(s) of public recognition that GCHP will receive if your project is funded that are not already listed in the Acknowledgment Checklist (Attachment C).



# Organizational Financial /Legal / Licensure

## Litigation

- List any current or previous (within five years) pending material litigation brought against your organization.
- If your organization is tax-exempt, list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status




# Form 2: Workplan


**Program Goal – A broad, brief statement about what the program or project intends to achieve.**

<b>Month</b>	<b>Activities</b>	<b>Outputs, Outcomes / Impacts</b>	<b>Evaluation</b>
<ul style="list-style-type: none"><li>• Key strategies that the project will undertake and intends to accomplish.</li><li>• Steps contributing to the goal.</li><li>• Must be tangible specific, measurable, and achievable in a specified time period.</li><li>• Must be achievable within the requested budget.</li></ul>	<p>The concrete and specific activities, tasks, and methods that will be undertaken that produce outputs and, over time, contribute to outcomes.</p>	<p>Output – A quantitative result that describes the number of people who participated, or the number of goods or services produced or delivered, a written report, etc.</p> <p>Outcomes – Qualitative results that describe the benefit or transformation that will result from your proposed work. Outcomes should be measurable and include a time frame, target population and reach.</p>	<p>Indicate how you will measure the success of your program. Examples include tests, surveys, interviews, or other measurement tools that track and document goals met.</p>

# Form 3: Budget - Attachment B, Tab 1

BUDGET TEMPLATE				
 <b>Gold Coast Health Plan</b> <small>A Public Entity</small>	<b>Community Health Investments 2023-2024</b> <b>Enrollment Navigator Program</b> <b>Attachment B</b>			
	Organization Name:			
	Project Title:		Date:	
	Request from GCHP	In-Kind Contribution	Other Sources of Income	TOTAL BUDGET
<b>PERSONNEL/STAFF EXPENSES</b> (List title and % on project)				
				\$ -
				\$ -
				\$ -
<b>Subtotal, Personnel/Staff</b>	\$ -	\$ -	\$ -	\$ -
<b>Personnel/Staff Benefits</b>				
<b>TOTAL, PERSONNEL</b>	\$ -	\$ -	\$ -	\$ -
<b>DIRECT/OPERATING EXPENSES</b>				
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL, DIRECT</b>	\$ -	\$ -	\$ -	\$ -
<b>OTHER EXPENSES</b>				
				\$ -
				\$ -
<b>TOTAL, OTHER</b>	\$ -	\$ -	\$ -	\$ -
<b>INDIRECT/OVERHEAD</b>				
<b>10% of Salaries and Wages</b>				\$ -
<b>TOTAL, INDIRECT</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENSES</b> (Personnel + Program + Indirect)	\$ -	\$ -	\$ -	\$ -

# Form 3: Budget - Attachment B, Tab 2

 <b>Community Health Investments 2023-2024</b> <b>Enrollment Navigator Program</b> <b>Budget Narrative</b>	
<b>Personnel Expenses</b>	<b>Amount</b>
<i>Total Personnel and Staffing</i>	0
<b>Direct Operating Expenses</b>	
<i>Total Direct Expenses</i>	0
<b>Other Expenses</b>	
<i>Total Other Expenses</i>	0
<b>Indirect Expenses</b>	
<i>Total Indirect Expenses</i>	0
<b>TOTAL PROJECT EXPENSES</b>	<b>0</b>

# Form 3: Budget - Attachment B, Tab 3

Community Health Investments 2023-2024		Amount
Enrollment Navigator Program		
Other Sources of Support		
<b>A.</b>	<b>Total Project Costs</b>	
<b>B.</b>	<b>Funds Committed to Date:</b>	
✓ 1.		
✓ 2.		
✓ 3.		
	<b>Total Committed</b>	<b>\$0</b>
<b>C.</b>	<b>Pending requests and expected date of approval:</b>	
✓ 1.	<b>GCHP Request (date)</b>	
✓ 2.		
✓ 3.		
	<b>Total Requested</b>	<b>\$0</b>
<b>D.</b>	<b>Gap Funding Balance (A-B-C)</b>	<b>\$0</b>



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# Form 4: Acknowledgement - Attachment C

Name of Organization: _____		
Project Contact and Phone Number: _____		
<p><b>General Rule: Use Gold Coast Health Plan or GCHP.</b>          Never refer to Gold Coast Health Plan as Gold Coast. In all written materials, use Gold Coast Health Plan (GCHP) on first textual reference and GCHP on subsequent references.</p>		
<p><b>Where applicable, please indicate with a ✓ whether your organization can carry out the items suggested below to acknowledge and communicate a grant award.</b></p>		
<input type="checkbox"/>	1.	In all written materials for public distribution prepared in accordance with project activities funded by this grant, the Grantee will include the following statement: <i>"This project is funded in part by Gold Coast Health Plan (GCHP) and will benefit primarily Medi-Cal recipients and other underserved populations residing in Ventura County."</i>
<input type="checkbox"/>	2.	During the term of this grant, the Grantee will name GCHP as grantor in all communications relating to this project and can acknowledge GCHP at all related fundraising events as a sponsor of this project.
<input type="checkbox"/>	3.	If applicable to the grant, permanent signage recognizing GCHP will be posted in a conspicuous location at or near the entrance of any site that uses GCHP funds to improve its physical plant; this signage will recognize GCHP as a funding donor or language to that effect.
<input type="checkbox"/>	4.	GCHP and the Grantee will prepare and issue joint press releases that recognize GCHP's contribution.
<input type="checkbox"/>	5.	Plaques and/or decals recognizing GCHP's contribution will be prepared and attached to any specialized equipment purchased as part of GCHP's grant.
<input type="checkbox"/>	6.	Grantee and direct project partners will be asked to include information (in a form approved by GCHP) regarding this grant on their external websites and on any associated or affiliated websites, and include a link to GCHP's website.
<input type="checkbox"/>	7.	Grantee will include GCHP as a presenter at Grantee events relating to new or enhanced programs or services that have used GCHP's funds (e.g., dedication ceremony, program kick-off, etc.).
<input type="checkbox"/>	8.	GCHP will seek to participate in any Grantee outreach opportunities related to efforts funded by this grant.
<input type="checkbox"/>	9.	Grantee will report on all the above listed activities in the grant reports required by and in accordance with the schedule set forth in a grant agreement.
<input type="checkbox"/>	10.	Are there other forms of acknowledgement and communication that you plan to use to publicize the grant? If yes, please list here: _____ _____ _____



# Enrollment Navigator Selection Process

A review committee made up of GHCP staff will review each application and consider the following criteria, including, but not limited to:

Organizational background and capacity

Sound and feasible approach

Availability of in-kind or matching funds

Ventura County's diverse population

Measurable and attainable benchmarks

Evidence of sustainability beyond the grant period

Need and alignment with GCHP priorities

Benefiting the majority of GCHP members

Evaluation capacity

Appropriate budget

# Use of Funds

Funds CAN be used for:

- Project costs (ongoing and start up).
- Direct services.
- Systemic change.
- Capital and equipment (Limit is \$50,000 and only for the last funds needed to complete a capital renovation. Use of renovated structure must commence within nine months of the grant award).

Funds CANNOT be used for:

- Providing direct medical care to the uninsured.
- Paying for medical services billable to other payers.
- Research.
- Endowments and annual fund drives.
- Deficit or debt retirement.
- “Miscellaneous” line items.

# Next Steps

For questions email: [Grants@goldchp.org](mailto:Grants@goldchp.org)

Office hours: TBD

Grant application deadline: Oct. 13, 2023

Link to recording: under community tab

Resources: [ENP Application Check List](#), [ENP Workplan Guidance and Sample](#)

# Q&A