BACKGROUND INFORMATION

HEALTHY FAMILIES AND MEDI-CAL FOR CHILDREN OUTREACH

In September 1997, the California State Legislature and Governor Pete Wilson enacted the new Healthy Families and Medi-Cal for Children programs, which will offer no-cost or low-cost health insurance coverage. There is an estimated one million uninsured children in California who meet eligibility criteria for enrollment in these programs.

Health coverage for the children provided through the Healthy Families Program and Medi-Cal for Children allows families an opportunity to establish a relationship with a doctor and health facility. In the past, many of these families have relied on emergency rooms for their health care. Under these programs, families can choose their own health plans and providers.

RHA

Richard Heath and Associates, Inc. (RHA) is a minority-owned enterprise and prime contractor to the private and public sectors, serving California's major utilities, regulatory commissions and governmental agencies. For the past 20 years, RHA's work has focused on program research and development, project management, social marketing and training in the areas of resource conservation and consumer education.

RHA is a project management firm, managing the Community Outreach effort for the Healthy Families and Medi-Cal for Children programs and focusing on the following responsibilities:

- Scheduling and Providing Certification Training
- Providing Technical Assistance
- Monitoring Quality of Enrollment Efforts and Program Processes

Community-based programs, government-funded programs, health care providers and insurance agents will perform outreach for the Healthy Families and Medi-Cal for Children programs. This Invitation to Participate is part of the first phase of the outreach implementation. Your participation is vital to the successful enrollment of California's children.

REGISTRATION

GUIDELINES

- **Please respond as soon as possible.**
- Faxed registrations will not be accepted.
- Complete Parts I, II and III of the Invitation to Participate (ITP) Registration.
- Use space provided only; it is not necessary to attach any additional information.
- We recommend typed registrations with font/pitch size 10 or 12.
- Mail completed ITP (registration and signed agreement) and two (2) copies in a 9x12 envelope to the following address:

Richard Heath and Associates, Inc., 2055 San Joaquin, Fresno, CA 93721

Attention: **INVITATION TO PARTICIPATE (ITP)**

Your organization will be notified by mail within thirty (30) days after receipt of your response with regard to the status of your registration.

You will be notified at that time of the training sessions in your area.

PART I: *ABOUT YOUR ORGANIZATION*

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Authorized Contact Name: _____

Authorized Signature: _____

Tax Identification Number: _____

Telephone Number: _(____)_____Ext. _____

Fax Number: _(____)_____

❑ My Organization Has Internet Access

WHAT TYPE OF ORGANIZATION DO YOU REPRESENT? (Check all that apply.)

- ❑ Community-Based Program
- ❑ Government-Funded Program
- ❑ Health Care Provider
- ❑ Insurance Agent
- ❑ Consortium
- ❑ Faith-Based Organization
- ❑ Non-Profit
- ❑ For-Profit
- ❑ Federal Program
- ❑ Day Care Operator
- ❑ State Program
- ❑ County Agency
- ❑ Primary School
- ❑ Middle School
- ❑ Secondary School
- ❑ Adult School
- ❑ District Office
- ❑ University
- ❑ Indian Reservation
- ❑ Other_____

WHAT IS THE PURPOSE/MISSION OF YOUR PROGRAM? (Optional.)

WHAT ARE YOUR PRIMARY SERVICES? (Check all that apply.)

- ❑ Outreach to Women
- ❑ Gynecology
- ❑ Family Planning
- ❑ Advocacy
- ❑ Social Services
- ❑ Education
- ❑ Outreach to Teens
- ❑ Obstetrics
- ❑ Networking
- ❑ Basic Medical
- ❑ Health Education
- ❑ Support Service
- ❑ Outreach to Ethnic Communities
- ❑ Information/Education
- ❑ Day Care
- ❑ Pediatrics
- ❑ Insurance Sales
- ❑ Other _____

WHAT IS YOUR GEOGRAPHICAL SERVICE AREA? (Check all that apply and list the service area zip codes.)

NORTH COAST
- ❑ Del Norte
- ❑ Humboldt
- ❑ Mendocino
- ❑ Trinity
- ❑ Lake

NORTH BAY
- ❑ Sonoma
- ❑ Napa
- ❑ Marin

NORTH CENTRAL
- ❑ Siskiyou
- ❑ Shasta
- ❑ Tehama
- ❑ Glenn
- ❑ Colusa
- ❑ Butte

FOOTHILLS/TAHOE
- ❑ Yolo
- ❑ Sutter
- ❑ Yuba
- ❑ Nevada
- ❑ Placer
- ❑ El Dorado
- ❑ Amador
- ❑ Sacramento

NORTHEAST
- ❑ Modoc
- ❑ Lassen
- ❑ Plumas
- ❑ Sierra

BAY AREA
- ❑ San Francisco
- ❑ Solano
- ❑ Contra Costa
- ❑ Alameda

CENTRAL COAST

- ❑ San Mateo
- ❑ Santa Clara
- ❑ Santa Cruz
- ❑ San Benito
- ❑ Monterey

INLAND EMPIRE

- ❑ San Bernardino
- ❑ Kern
- ❑ Riverside

CENTRAL VALLEY

- ❑ San Joaquin
- ❑ Calaveras
- ❑ Tuolomne
- ❑ Stanislaus
- ❑ Merced
- ❑ Mariposa
- ❑ Madera
- ❑ Fresno
- ❑ Kings
- ❑ Tulare

SOUTHERN COAST

- ❑ Los Angeles
- ❑ San Luis Obispo
- ❑ Santa Barbara
- ❑ Ventura

MAMMOTH

- ❑ Alpine
- ❑ Mono
- ❑ Inyo

SOUTHERN BORDER

- ❑ Orange
- ❑ San Diego
- ❑ Imperial

WHAT POPULATION DEMOGRAPHICS DOES YOUR ORGANIZATION SERVE?
(Check all that apply.)

Ethnicity

- ❑ White
- ❑ American Indian
- ❑ Chinese
- ❑ Asian Indian
- ❑ Vietnamese
- ❑ Filipino
- ❑ Japanese
- ❑ Hawaiian
- ❑ Asian
- ❑ Amerasian
- ❑ Korean
- ❑ Guamanian
- ❑ Samoan
- ❑ Laotian
- ❑ Hispanic
- ❑ Black/AfricanAmerican
- ❑ Alaskan Native
- ❑ Cambodian
- ❑ Other_____

Languages

- ❑ English
- ❑ Farsi
- ❑ Cambodian
- ❑ Laotian
- ❑ Chinese (Cantonese)
- ❑ Spanish
- ❑ Armenian
- ❑ Hmong
- ❑ Vietnamese
- ❑ Russian
- ❑ Other _____

Age

- ❑ 0-1yr.
- ❑ 1-6 yrs.
- ❑ 6-19 yrs.
- ❑ 19-21 yrs.
- ❑ 21-65 yrs.
- ❑ Other _____yrs.

Family Size

Average Family Size _____

Family Gross Monthly Income

- ❑ 100% of the Federal Poverty Level
- ❑ 133% of the Federal Poverty Level
- ❑ 200% of the Federal Poverty Level

Geographic Area

- ❑ Rural
- ❑ Urban
- ❑ Suburban
- ❑ Other _____

PART II: *TRAINING*

The certification training is technical in nature and will give information on how to figure income and how to complete the application for Healthy Families and Medi-Cal for Children. An Application and Certification Training Manual will be provided at the certification training. Prior to beginning certification training, your organization will need to sign the Entity and RHA Agreement. While this training is mandatory for your organization to receive the assistance reimbursement, we suggest your organization send a limited number of staff (three or less) to the one-day training. At the end of the one-day training session, a test will be given and successful candidates will become Certified Application Assistants. Upon certification those certified staff can train other members in your organization to assist applicants. To ensure optimal training sessions, please provide us with the following information:

TO WHICH TRAINING IS YOUR ORGANIZATION INTERESTED IN SENDING PARTICIPANTS? (Please check all that apply.)

- ❑ **(A)** Certification Training - To become a Certified Application Assistant (CAA). (Comprehensive and mandatory for assistance reimbursement and training others in your organization.)
- ❑ **(B)** How to Train - Optional, but recommended for presentation guidance.
- ❑ **(C)** Administrative - To better understand administrative policies and procedures. (Optional and you do not have to be a CAA to attend.)

WHO WILL YOU SEND TO THE TRAINING SESSIONS? (We suggest your organization send a limited number of staff, and those staff who become Certified Application Assistants train others in your organization. Please list your participants in priority.)

Name	Title	Session	Scale*
1.			
2.			
3.			
4.			
5.			

***On a scale of one to five (1-5), one being minimal experience and five being extensive experience, what amount of experience does each of the above named individuals have with government program applications, income calculation, eligibility programs or application assistance (e.g. Medi-Cal or AIM)?**

IF YOU ARE NOT INTERESTED IN THE CERTIFICATION TRAINING, WHAT OTHER ROLE WOULD YOUR ORGANIZATION LIKE TO CONSIDER?

- ❑ Provide outreach assistance
- ❑ Provide an application assistor location
- ❑ Provide translators
  Language _____
- ❑ Provide sign language translation (ASL)
- ❑ Other (Please specify.)
  _____
  _____

PART III: *RHA COMMUNITY SUPPORT*

Please help us to serve your community by providing your best estimate in response to the next two questions. These questions are not mandatory yet they support our efforts in helping your application assistance program. The following questions assist RHA in determining the level of service in your community. Your response will help ensure that families have ready access to assistance. In addition, your estimates will be used to approximate the need for scheduling and training in your service area.

HOW MANY FAMILIES DO YOU ANTICIPATE ENROLLING BETWEEN JULY 1, 1998 THROUGH JUNE 30, 1999?

_____

HOW MANY HEALTHY FAMILIES AND MEDI-CAL FOR CHILDREN APPLICATIONS AND HEALTHY FAMILIES PROGRAM HANDBOOKS WILL YOUR ORGANIZATION NEED TO BEGIN THE ENROLLMENT PROCESS?

❑ 400 ❑ 1600 ❑ Other _____
❑ 800 ❑ 2400

HOW MANY FAMILIES DO YOU ANTICIPATE ENROLLING ON A MONTHLY BASIS?
(This is needed to anticipate the volume of Healthy Families and/or Medi-Cal for Children applications that will be submitted each month. If you anticipate any fluctuations in your monthly enrollment patterns, due to the characteristics of your target population, please note this in the chart below.)

July 98		Oct. 98		Jan. 99		Apr. 99	
Aug. 98		Nov. 98		Feb. 99		May 99	
Sept. 98		Dec. 98		Mar. 99		June 99	

IF YOUR ORGANIZATION IS INTERESTED IN PROVIDING A CERTIFICATION TRAINING SITE, PLEASE CHECK "YES" OR "NO".

❑ Yes, we would like to provide a certification training site.
(If you are interested, please complete (a) and (b).)

(a) Maximum Capacity _____

(b) Advanced notice needed:
- ❑ 1 Week
- ❑ 2 Weeks
- ❑ 1 Month
- ❑ Other _____

❑ No, we cannot provide a certification training site.

ENTITY AND RHA AGREEMENT

The following document serves as an Agreement between Richard Heath and Associates, Inc. (RHA) and the Enrollment Entity (EE) for the Healthy Families and Medi-Cal for Children programs (HFP&M-CFC):

1. RHA Responsibilities

RHA agrees to the following:

a) Provide collateral materials and HFP&M-CFC blank applications to EE.
b) Provide the Certification Training
c) Provide training guidance via how to train Workshops.
d) Provide all Application Assistants with a certificate upon successful completion of the certification training, which will include the Organization Number and Certified Application Assistant Number.
e) Provide an Application and Certification Training Manual and a Healthy Families Program Handbook designed for the HFP&M-CFC to each Certified Application Assistant.

2. EE Responsibilities

EE agrees to the following:

a) Provide all labor, facilities, office supplies, general and administrative costs to perform outreach to potential enrollees for the HFP&M-CFC.
b) Provide storage and accountability for inventory of collateral materials and blank HFP&M-CFC applications provided by RHA.
c) Ensure the confidentiality of all applications, records and information received in written, graphic, oral or other tangible forms.
d) Ensure that all Application Assistants are certified through the State-approved certification training.
e) Ensure that all HFP&M-CFC applications are complete and accurate as outlined in the Application and Certification Training Manual and the Healthy Families Program Handbook provided by RHA. Each Assistant will be provided with a manual upon attendance of the one-day training.
f) Ensure that all Certified Application Assistants adhere to the assistance acknowledgment.

3. Assistance Acknowledgment

The EE and Certified Application Assistant must:

a) Remain impartial when assisting families to chose a health plan.
b) Never coach or recommend one plan/provider over another.
c) Never accept money or premium payments from applicants.
d) Never coach on what information to include on the application regarding income, residency, alienage and other eligibility rules.

3. Assistance Acknowledgment (continued)

e) Sign the form signature block as "Persons Helping Applicant Fill Out the Form".
f) Comply with Department of Health Services fraud prevention policies and safeguards against fraudulent actions.
g) Not divulge to any unauthorized person, any information obtained while assisting individuals with their applications.

4. Terms of Agreement

This Agreement shall be in effect commencing on (BEGINNING DATE) and shall continue until (STOP DATE), unless sooner terminated as provided herein.

5. Payment

EE will receive $25 for every application, which results in an enrolled family. Once RHA receives the Reimbursement Request and matches it with the enrollment file to verify enrollment, RHA will issue payment within thirty (30) days. All payments are contingent on the availability of funding from the legislature. Payment shall not be provided in the event that the allocation for such is exceeded in any fiscal year.

6. Records and Audits

EE shall maintain accurate and complete records of the Reimbursement Requests as identified in the Application and Certification Training Manual, which has been supplied by RHA. EE shall retain these records for a period of three (3) years starting from the date of fiscal payment from RHA.

7. Non-Assignment

RHA acknowledges that EE may be part of a consortium, which will have overall responsibility for this Agreement. EE shall not assign this Agreement or any interest herein without RHA's prior written approval.

8. Termination and Cancellation

Either party may terminate this Agreement without cause or reason upon giving thirty (30) days prior written notice thereof to the other. Upon termination, all unused inventory of collateral materials and applications provided by RHA must be returned to RHA.

9. Amendments and Waivers

No provision of this Agreement shall be considered waived, amended, or modified by either party without prior written and signed authorization from either representative.

10. No License Granted

No license, expressed or implied, under any copyrights are granted hereunder to EE.

11. Release and Waiver of Liability

The Healthy Families and Medi-Cal for Children Application Assistance Program will be comprised of enrollment entities (EE) that will be assisting families in filling out the HFP&M-CFC application. This waiver pertains to the EE as undersigned, his/her personal representatives and Certified Application Assistants. EE is not affiliated with RHA. EE agrees to obey all city, county and state laws and assumes full responsibility for any risk, injury, death or property damage related to the HFP&M-CFC application assistance whether caused by EE's negligence or otherwise. EE hereby releases, waives, discharges, and covenants not to sue RHA, its originators, participants, members, volunteers, consultants, contractors or sub-contractors for liability, loss, injury, death or property damage arising out of or related to the EE's participation in the HFP&M-CFC application assistance, whether caused by EE's negligence or otherwise.

12. Independent Performance

EE and the officers, agents and employees of the EE shall act in an independent capacity and not as officers or employees or agents of RHA in the performance of this Agreement.

13. The Agreement

This Agreement and all documents attached to or inferred to herein, including the Application and Certification Training Manual, the Healthy Families Program Handbook and the EE's Registration of the Invitation to Participate, constitutes the entire Agreement between the EE and RHA.

(ENROLLMENT ENTITY)	(RICHARD HEATH AND ASSOC., INC.)
_____	_____
Print Name	David Wear, Controller/Business Manager
_____	_____
Signature	Signature
_____	_____
Date	Date