Coverage Retention Collaborative: Medi-Cal Outreach Grants Reporting Template

- Reports are due at after months two and five of the initial grant term and will be due five (5) business days after the end of the reporting period.
- A specific reporting schedule with due dates will be attached to the grant agreement for awarded organizations.
- This form is a sample of the type of information to be reported. Grantee reporting will be through VHF's on-line grant management portal - Submittable.

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Organization:
Submitter Name:
Submitter Title:

1. **Achievement of Grant Goals** (for designated reporting period)
    a. Number of individuals contacted through outreach activities.
    b. Number of unique individuals provided one-on-one Medi-Cal coverage assistance.
    c. Number of unique Medi-Cal enrollments or renewals submitted via CalSAWs or BenefitsCal (if applicable)
2. **Narrative Progress Report**
    a. Describe outreach activities to include specific strategies utilized, outcomes achieved and any modifications to strategies implemented to improve effectiveness.
    b. Describe individual support activities to include specific strategies utilized, outcomes achieved, common client questions/barriers and any modifications to strategies implemented to improve effectiveness.
    c. Describe enrollment activities in CalSAWs or BenefitsCal to include any observations or trends on post-enrollment case navigation, documentation support or denials for submitted applications and any resource needs, recommendations or procedure modifications implemented to improve effectiveness (if applicable).
    d. Describe any general program accomplishments.
    e. Describe how grant funds have been expended during this past month including any major expenses.
3. **Observations, Lessons Learned and Recommendations**
    a. Summary of staff observations and field notes to include recurring client barriers, emerging concerns, service delivery issues, common

client requests for resources or referrals or other information to inform system responses to client needs.

b. Document effective outreach approaches, educational strategies, culturally responsive practices, and enrollment assistance methods that contribute to successful coverage retention outcomes that can be shared with peer grantees or system partners.
c. Identify any resources or supports requested that can be provided by VHF, peer grantees, members of the Medi-Cal Coverage Retention Collaborative, or included in the grantee toolkit by the coordinator.
d. Identify any policy, systems change or advocacy issues that would improve client access to Medi-Cal coverage or related services that should be prioritized by the Medi-Cal Coverage Retention Collaborative.

4. **Project Community Impact** (Optional)
    a. (Optional) Share any quotes or stories that help illustrate the impact of your project on community members. Testimonials shall not include Personally Identifiable Information (PII).