

DHCS Health Enrollment Navigators Project
Budget Plan Reporting Instructions

Attachment 1

#		Field Name	Definitions
Instructions	Tab 2	Budget Plan Template	<p>Read the definitions for each section below. Based on the definitions, complete Tab 2: The Budget Plan Template and Tab 3: Descriptions</p> <p>Tab 2: Allocate funds appropriately for each line item and each fiscal year (FY) period based on your community-based organization (CBO) and county needs to successfully implement the Health Navigators Project. If you need to add a line item different from the proposed line items on the template, add a row and bold the added line item for DHCS review.</p> <p>Once awarded, any line item increases or decreases that meet or exceed 5% from the approved budget plan will require a revised budget plan for DHCS review and approval. Changes below 5% will not require any approval.</p> <p>Tab 3: The descriptions tab allows partners to provide a detailed breakdown of each line item. For example, identify the individuals working on this project, the intended expenses for each line items, and intended sub-contractors, etc. Provide as much information in the descriptions tab to ensure items intended to purchase are permissible.</p>
Budget Plan Layout	1	SFY 1	Allocated funds throughout the State Fiscal Year (SFY) of July 1, 2022 to June 30, 2023.
	2	SFY 2	Allocated funds throughout the SFY of July 1, 2023 to June 30, 2024.
	3	SFY 3	Allocated funds throughout the SFY of July 1, 2024 to June 30, 2025.
	4	Administrative Close - Out	This column is optional upon partner needs to close out their agreement. If the county or organization does not require funds for wrap up activities, the column should be left blank.
	5	Total Column	This is the overall total by each line item. Throughout the duration of the project, funds can be redistributed to other line items based on partner needs. If the line item amount exceeds by 5%, the partner is required to submit a revised budget plan to DHCS for review and approval of the change. If the line item amount does not exceed by 5%, no review or approval from DHCS is needed.
	6	Grant Total for Each FY Column and Admin Column	This the overall total of each FY and Admin Close out period. Any unspent funds from the previous FY can be rolled over into the following FY and redistributed among line items as necessary. This change will require an annual revised budget plan submitted to DHCS for review and approval before implementing. Partners cannot proceed with the change without DHCS approval.
	7	Grand Total - Overall	This is the overall total requested to fully execute the Health Navigators Project. This amount is what DHCS awarded to your county or organization. This total should match the total displayed on your Health Navigators Project- Allocation Agreement. If awarded, you cannot exceed this total amount at any time during the Health Navigators Project. If you need to increase or decrease this amount for any reason, notify your assigned analyst to receive instructions on the amendment process.

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	#	Field Name	Definitions
Personnel Costs	8	Personnel Staff	Identify all staff working directly on the Health Navigators Project. Provide the name and job title/positions. If you have multiple people of the same job title working on this, please group together in one line item on tab 2 and break it down in tab 3. For example, in Tab 2 state "5 Eligibility Workers." and in Tab 3 identify all 5 Eligibility Workers
	9	Time Base FTEs	The time each staff spends directly working on the Navigators Project. For example; Full Time is (1), Part Time is (.50), and Quarter time (.25). If multiple people of the same job title are spending different amount of time on the project, leave the full time equivalent (FTE) column blank and identify that on Tab 3.
	10	Benefits	Benefits of your personnel staff working on the Health Navigators Project.
Non- Personnel: Direct Operating Costs	11	Office Expenses	Items that are commonly purchased on a frequent basis. For example, pens, pencils, paper, ink, folders, binders, note pad, highlighters, staplers, etc.
	12	Equipment	Tangible items that are functionally necessary for its intended purpose, nonexpendable, and needed for the performance of the agreement. For example: laptop, cell phone, iPad, monitor, keyboard, mouse, scanner, etc. Please contact your liaison to receive guidance prior to proposing or procuring any equipment. Items with a useful lifespan that exceeds the length of your agreement would require preapproval from DHCS prior to purchase.
	13	Travel	Any travel used for outreach efforts only. Anything outside of outreaching within your intended communities cannot be billed
	14	Training	Training specific to Medi-Cal; how to complete an application, enroll individuals, complete renewal packets, etc. Cannot bill for training that is outside the scope of the Navigators Project
	15	Outreach Material	Items that are printable with any Medi-Cal information displayed. For example; flyers, brochures, handouts, cards, signs, etc.
	16	Media Outreach	Media ads used to provide Medi-Cal information. For example: social media ads on various platforms, TV ads, radio ads, movie ads, etc.
	17	Total Budget for All CBOs	Subcontractors expenses who are working on the Health Navigators Project

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	#	Field Name	Definitions
Non- Personnel: Direct Operating Costs	18	Other Cost: - <i>Incentives</i>	<p>Any other items not identified above.</p> <p>For example: Rent, utilities, etc.</p> <p>This line item can also be used for any incentive(s) purchased.</p> <p>Incentives are small nominal items used in order to reach individuals or a specific group. Items preferable under \$5. Mainly used in outreach events and campaigns to grab an individual or groups attention.</p> <p>For example: pens, pencils, highlighters, erasers, small notepads, candy, bottle water, small hand sanitizers, face masks, stickers, keychains, etc.</p> <p>Before purchasing, this may require DHCS approval of the requested item. Contact your Navigators Analyst prior to purchasing any items if you are unsure if they will be eligible for reimbursement. Also, refer to the Permissible & Excluded Activities bulletins (2020-001 and 2020-002) on the Navigators website for more information.</p>
Non- Personnel: Indirect Costs	19	Indirect costs	<p>Cost that are overhead expenses of your personnel.</p> <p>For example, general and administrative expenses, department costs, legal expenses, additional benefits, etc.</p>
	20	Health Benefits	<p>Additional benefits of your personnel.</p>
	21	Indirect Percent	<p>the cost billed to your indirect is a percentage of your personnel costs. If you identify on the budget your indirect cost rate is 15%, your indirect costs allocated in your budget plan should be 15% of your personnel costs.</p> <p>Your indirect cost rate should be no more than 15%. If your organization uses a rate higher than 15%, it may not be approved. Contact your Health Navigators Analyst for guidance on proposed rates higher than this amount.</p>

COUNTY OF _____
MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT
BUDGET PLAN

Upon a fully signed and executed Allocation Agreement (Agreement), the county or organization is authorized to use funds for its approved purposes. Any proposed changes to this approved funding agreement requires written approval by DHCS prior to implementing the changes.

Cumulative transfers among annual budget line items are allowed as long as the amount does not exceed five percent (5%) of the current total approved budget.

Medi-Cal Navigators Project (AB 74)	Time Base (FTEs)	SFY 1	SFY 2	SFY 3	Administrative Close-Out	Amount
		03/01/23 – 6/30/23	7/1/23 – 6/30/24	7/1/24 – 6/30/25	7/1/25 – 6/30/26	
Personnel Staff						
Eligibility Specialist	1.0	\$ 13,703.58	\$ 41,942.11	\$ 43,189.15	\$ -	\$ 98,834.84
						\$ -
						\$ -
						\$ -
Benefits		\$ 1,329.25	\$ 4,068.38	\$ 4,189.35		\$ 9,586.98
Total Personnel Expenses	1.0	\$ 15,032.83	\$ 46,010.49	\$ 47,378.50	\$ -	\$ 108,421.82
Non-Personnel – Direct Costs						
Office Expenses						\$ -
Equipment					\$ -	\$ -
Travel						\$ -
Training						\$ -
Outreach Material						\$ -
Media Outreach						\$ -
Total Budget for All CBOs						
Other Costs <i>[itemize expenses in an attachment]</i>						\$ -
- Incentives		\$ 2,511.16	\$ 7,533.48	\$ 7,533.48		\$ 17,578.12
Total Direct Costs		\$ 2,511.16	\$ 7,533.48	\$ 7,533.48	\$ -	\$ 17,578.12
Non-Personnel – Indirect Costs						
-Health Insurance						\$ -
-Other Costs <i>[itemize expenses in an attachment]</i>		\$ -	\$ -		\$ -	\$ -
Total Indirect Costs		\$ -	\$ -	\$ -	\$ -	\$ -
Total Personnel Expenses		\$ 15,032.83	\$ 46,010.49	\$ 47,378.50	\$ -	\$ 108,421.82
Total Direct Costs		\$ 2,511.16	\$ 7,533.48	\$ 7,533.48	\$ -	\$ 17,578.12
Total Indirect Costs @ 15.0%		\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total		\$ 17,543.99	\$ 53,543.97	\$ 54,911.98	\$ -	\$ 125,999.94

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#	Field Name	Description
Instructions	Tab 3	Budget Plan Line Items
		For the Personnel section of your budget plan; state the staff, the time spent on the project, job title, and the role the individual will serve during the Health Navigators Project.
		For the Direct operating costs, state what your county or organization intends to bill toward each line item.
		Once awarded, If you plan to bill something different then what was previously stated, please notify DHCS for approval before purchasing. If you do not seek approval prior to purchasing and the item(s) is not permissible, DHCS will not reimburse the item(s) purchased.
Personnel Staff	FTE	Name/Job Title or Position
	1	Eligibility Specialist
Non- Personnel: Direct Operating Costs	Equipment	
	Travel	
	Training	
	Outreach Material	Budget includes Budget includes \$627.79 per month for the production of outreach materials in FY 2023-24 and 2024-25.

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#			Field Name	Description
Non- Personnel: Direct Operating Costs			Media Outreach	
			Total Budget for All CBOs	
			Other Cost: - <i>Incentives</i>	Budget includes \$627.79 per month for small incentives to encourage interaction with us during outreach tabling. Many children's events we attend require an activity for the children in order for us to table at the event.