

Health Outreach and Enrollment Manager

1. Promote health among individuals and families who lack access to adequate health insurance coverage (for medical, dental and vision care), health access and/or nutrition assistance through CalFresh. (4,6,8)
2. Coordinate participation in outreach and enrollment events with other health care outreach and enrollment entities. (4)
3. Ensure First-5 funded entities are aware of current status and enrollment process of relevant health benefit programs (e.g. Medi-Cal, Medi-Cal Access Program, Covered California) as well as nutrition assistance through CalFresh. (6)
4. Identify, develop, and implement outreach strategies aimed at informing eligible families about Covered California, Medi-Cal and CalFresh. (4)
5. Assist monolingual eligible clients with completing and submitting the Covered California or Medi-Cal application, including assistance with gathering necessary documents and resolving problems, when needed. (8)
6. Act as liaison with the Covered California and Medi-Cal programs by advocating for families as necessary. (4,6,8)
7. Support development and implementation of streamlined Client Benefits Tracking process. (6)
8. Maintain necessary records and forms. Complete and submit Client Benefits Tracking Form (CBT) upon completion of every application. Conduct follow-up and complete CBT monthly reporting forms. (6,8)
9. Work in collaboration with health care providers, agencies and community-based organizations providing information and training regarding referrals for clients requiring assistance for Covered California, Medi-Cal and CalFresh. (6)
10. Act as an interpreter in contacts involving non-English speaking but Spanish speaking clients. (4,6,8 if Medi-Cal related)
11. Assist in training other staff members in insurance programs, systems and software as needed. (19)
12. Prepare Monthly reports as needed. (19 if Medi-Cal related)

13. Oversee the MAA time survey process in coordination with the Director of Finance and Administration and the First 5 Executive Director . (19)
14. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (19)
15. Attends training related to the performance of MAA. (19)

Participant Signature (please sign in blue ink)

Date

Participant Name (printed)