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| Catholic Charities of CaliforniaDHCS Medi-Cal Navigators ProjectApplication Assistance Observation Tool  |
| **Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Observer(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Assister Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Service Duration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Observation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Site Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**County:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Service Language:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Key: S = Satisfactory, NI = Needs Improvement, N/A = Item was either not addressed or did not apply.

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| **Site Considerations** | **S** | **NI** | **N/A** |  **Comments** |
| 1. There are adequate handicap parking spaces available. |  |  |  |  |
| 2. There is a ramp or elevator available wherever there is a flight of stairs. |  |  |  |  |
| 3. The site location was convenient for clients. |  |  |  |  |
| 4. The service was provided in a welcoming and comfortable environment. |  |  |  |  |
| **Service Preparation** | **S** | **NI** | **N/A** |  **Comments** |
| 1. The Assister was well prepared for the service activity (had all necessary materials, applications, and other assistance tools ready before the service began). |  |  |  |  |
| 2. The service began on time. |  |  |  |  |
| 3. A pre-screening tool was used to ensure basic eligibility requirements prior to the application assistance, and the Assister had the tool available during the assistance to refer to information already provided during prescreening. |  |  |  |  |
| **Client Considerations**  | **S** | **NI** | **N/A** |  **Comments** |
| 1. The scheduled service time was convenient for the client. |  |  |  |  |
| 2. The Assister created a respectful environment in which the client felt comfortable answering questions and sharing information, including speaking in a calm and clear manner. |  |  |  |  |
| 3. Client language needs were addressed appropriately. |  |  |  |  |
| **Application Assistance Best Practices** | **S** | **NI** | **N/A** |  **Comments** |
| 1. The Assister introduced themselves when meeting the client/clients. |  |  |  |  |
| 2. The Assister begin by explaining their purpose in being there and what to expect. |  |  |  |  |
| 3. The Assister explained what Medi-Cal is and asked if the client had received it before. If the client answered yes, the Assister followed-up with further questions to determine if a renewal application was needed. |  |  |  |  |
| 4. The Assister provided a clear outline of what is going to happen next during each section of questions.  |  |  |  |  |
| 5. The Assister confirmed every answer after the client provided it, and asked for clarifications if needed. |  |  |  |  |
| 6. The Assister offered that it is okay for the client to select the option that they prefer not to answer for some more sensitive questions around personal demographics. |  |  |  |  |
| 7. The Assister explained the applicable income and deductions, gave examples of each, and allowed for client questions. |  |  |  |  |
| 8. The Assister demonstrated expertise in eligibility, enrollment, and basic program specifications. |  |  |  |  |
| **Use of Materials & Handouts** | **S** | **NI** | **N/A** |  **Comments** |
| 1. If prescreening occurred, the current program eligibility chart was used.  |  |  |  |  |
| 2. Handouts were provided in languages and literacy-level appropriate for the client.  |  |  |  |  |
| 3. Handouts and resources were available for client questions and concerns that arose (public charge facts, SSI, etc.) |  |  |  |  |
| 4. If an affidavit document was needed to lieu of verification documents, the assister had a template available and was well-versed in how to complete a successful affidavit with the client.  |  |  |  |  |
| **Service Conclusion** | **S** | **NI** | **N/A** |  **Comments** |
| 1. The Assister informed the client of next steps in the application process and what to expect, including required follow-up reporting.  |  |  |  |  |
| 2. The Assister explained what verification documents will need to be submitted, and gave clear examples of the type of documents. |  |  |  |  |
| 3. The Assistor helped client navigate the right and responsibilities portion of the application prior to signature, taking care to ease any discomfort caused by legal language. |  |  |  |  |
| 4. Sufficient time was allotted for questions and answers. |  |  |  |  |
| 5. The Assister encouraged the client to write down their name and phone number and/or appropriate county contact for needed follow-up. |  |  |  |  |
| 6. At completion of application, the Assister gave the option for the client to create their own account to check the status of their application, and assisted with the account creation. |  |  |  |  |
| **Confidentiality Considerations** | **S** | **NI** | **N/A** |  **Comments** |
| 1. The Assister obtained the necessary oral or written authorizations for the clients release of information. |  |  |  |  |
| 2. The Assister explained that all information regarding the client(s) personal information would be kept confidential and only shared for purposes of the submitting the application. |  |  |  |  |

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| **Additional Comments** |
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| **Best Practices (Areas Done Well)** |
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| **Recommendations (Areas Needing Improvement)** |
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| **Corrections (Areas Requiring Immediate Action)** |
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