2026 Medi-Cal Outreach and Navigation Program

CenCal Health

General Instructions

If you have questions about the grant application, grant process, or need support navigating the grants management portal, please contact us at grants@cencalhealth.org and allow 1 to 3 business days for a response.

Tips for Applicants:

- Ensure your responses do not exceed the allowed character limit for each question.
- Save your application periodically to not lose any progress.
- You can collaborate/share this application with colleagues. For instructions on how to collaborate, **click here.**
- All required questions must be answered.
- Upon completion, make sure to click the Submit button.
- An application is considered successfully submitted only if you receive a confirmation email.
- You can check the status of your application on the homepage of the grants management portal. For more information on how to navigate this portal, **click here.**

Section I. Background

Medi-Cal Outreach and Navigation Grant Program

CenCal Health's Medi-Cal Outreach and Navigation Grant Program promotes continuous Medi-Cal coverage to ensure members maintain access to essential health services. The program funds trusted community partners to deliver culturally and linguistically responsive outreach and navigation support to Medi-Cal members in Santa Barbara and San Luis Obispo counties.

Program Goals:

- Increase awareness among Medi-Cal members about renewal requirements to maintain coverage.
- Reduce disenrollment from Medi-Cal due to administrative/procedural reasons through targeted outreach and navigation assistance.
- Prevent disruption in care by assisting Medi-Cal members with re-enrollment during the 90-day cure period.

General Guidelines:

- Medi-Cal Outreach and Navigation Grants must directly support the program goals.
- Proposed projects should be mobilized quickly for rapid impact as funding is intended to be granted for a period not to exceed 12 months.
- Applicants must have expertise in providing outreach and navigation support to Medi-Cal members.
- Applicants must agree to use Medi-Cal renewal communications materials and messaging approved by CenCal Health.
- Applicants must agree to participate in CenCal Health trainings related to Medi-Cal policy changes.
- Applicants must agree to participate in reporting and evaluation activities.
- Applicants must not supplant any existing funding for proposed projects with Medi-Cal Outreach and Navigation Grant funding.
- Each organization is eligible to receive only one Medi-Cal Outreach and Navigation Grant award.

Grant Types:

Applicants may apply for one of the grant types below.

Grant Type	Description	Examples of Grant Activities	Maximum Award Amount per Organization
Outreach Grant	Support community-based outreach efforts that increase Medi-Cal members' awareness of Medi-Cal renewal requirements and available resources.	• Conduct individual or group outreach at community events or workshops to inform members about Medi-Cal renewal requirements • Provide culturally and linguistically responsive education to inform members about maintaining Medi-Cal coverage.	$25,000

		• Establish referral pathway to connect Medi-Cal members to community-based organizations (Navigation Hub partners) for direct assistance with their Medi-Cal renewal.	
Navigation Grant	Support direct, hands-on assistance to Medi-Cal members to ensure successful and timely Medi-Cal renewal	• Provide one-on-one assistance to Medi-Cal members in gathering, completing, and submitting all required Medi-Cal renewal paperwork. • Utilize Benefitscal.com to assist Medi-Cal members with Medi-Cal renewal. • Accept referrals from Medi-Cal Navigation Hub partners and provide direct assistance to support timely and Medi-Cal renewal. • Conduct follow-up with the Department of Social Services to support successful renewal. **Navigation grants can include outreach activities.*	$100,000

About CenCal Health

Founded as the Santa Barbara Regional Health Authority, CenCal Health is the oldest managed care Medicaid health plan of its kind, having launched in 1983. CenCal Health utilizes the County Organized Health System (COHS) model and is the exclusive Medi-Cal health plan in the two county service area, and serves one in four residents in Santa Barbara County and one in five in San Luis Obispo County. We work in partnership with our contracted providers, including with local primary and specialty providers, all hospitals in both counties, county health departments, health systems, Federally-Qualified Health Centers, Indian Health Centers, private

medical groups and individual physicians. CenCal Health has been recognized by the National Committee for Quality Assurance (NCQA) for our innovation and consistently ranks among the top health plans serving Medi-Cal members in California. Our work results in the delivery of innovative community-based health care services, better medical outcomes, and cost savings.

Section II. Project Name

Project Name*

Enter the name of the project for which you are seeking Medi-Cal Outreach and Navigation Grant funding.

Character Limit: 250

What type of organization are you?*

Choices

501(c)(3) Nonprofit
Community group with a 501(c)(3) fiscal agent
Governmental entity
CenCal Health -contracted for-profit (contracted Network Provider)
Other

Fiscal Agent Information

Please list the name of your Fiscal Agent.*

Character Limit: 50

EIN/Tax ID of Fiscal Agent:*

Use format XX-XXXXXXX

Character Limit: 20

Other

Please describe your organization type.*

Character Limit: 250

Section III. Organization Information (10 points)

County Served*

Which county does your organization serve?

Choices

Santa Barbara
San Luis Obispo
Santa Barbara and San Luis Obispo

City or Cities Served*
Which city or cities does your organization serve?

Character Limit: 250

Current Programs*
Tell us about your current programs and services.

Character Limit: 1000

Current Medi-Cal Volume*
What percentage of your organization's clients are CenCal Health members?

Character Limit: 10

Network Status*
Is your organization contracted with CenCal Health to serve the Medi-Cal population?

Choices
Yes
No

Contracted Network Provider

Please specify the services you are contracted with CenCal Health to provide.*
Choices
Primary Care
Behavioral Health
Specialty Care
Enhanced Care Management
Community Supports
Other

Section IV. Proposal Details (30 points)

Proposal Overview*
Please provide an overview of your proposed project. Describe how the project specifically addresses the Medi-Cal Outreach and Navigation Grant Program goals, how grant funds will be used, and how this project will increase your organization's capacity to provide outreach and/or renewal support to Medi-Cal members.

Character Limit: 2000

Proposed Project Start Date*

What is the proposed start date of your project?
If your application is approved, the grant period will begin on the date the funding agreement is fully executed.

Character Limit: 10

Proposed Project End Date*

What is the proposed end date of your project?
Project duration must not exceed 12 months.

Character Limit: 10

Grant Type*

Select the grant type your organization is applying for.

Choices

Outreach Grant
Navigation Grant

Geographic Area and Population to Be Served*

Please describe the specific geographic area and population who will be served by this project.

Character Limit: 1000

Project Activities*

Describe your project in detail, including project activities and how the project aligns with the Medi-Cal Outreach and Navigation Program goals.

Character Limit: 2000

Grant Deliverables

Describe the outreach activities and/or navigation services that will be delivered during the grant period.

Examples:

- *Conduct individual and group outreach at community events in Santa Barbara County to educate Medi-Cal members about Medi-Cal renewal requirements and available resources to support them in maintaining their Medi-Cal coverage, with a focus on engaging Spanish-speaking individuals.*
- *Provide direct, hands-on assistance to Medi-Cal members in San Luis Obispo County in completing their Medi-Cal renewals, including support with document collection and submission through Benefitscal.com.*

Deliverable #1*
Describe the outreach activities and/or navigation services that will be delivered during the grant period.

Character Limit: 250

Deliverable #2*
Describe the outreach activities and/or navigation services that will be delivered during the grant period. *If not applicable, input "N/A"*

Character Limit: 250

Deliverable #3*
Describe the outreach activities and/or navigation services that will be delivered during the grant period. *If not applicable, input "N/A"*

Character Limit: 250

Deliverable #4*
Describe the outreach activities and/or navigation services that will be delivered during the grant period. *If not applicable, input "N/A"*

Character Limit: 250

Section V. Organizational Capacity (15 points)

Organizational Capacity*
Please describe how this project will increase your organization's capacity to provide outreach and/or navigation support to Medi-Cal members.

Character Limit: 1000

Challenges to Implementation*
Please describe any potential challenges your organization may face in the next 12 months that could potentially impact the success of this project and how your organization intends to address those potential challenges. If none, input "N/A".

Character Limit: 1000

Section VI. Project Budget (15 points)

Grant funds may be utilized for expenses directly related to the project. All costs must be reasonable, necessary, and clearly aligned with the goals and activities described in the proposal. Costs incurred prior to approval of the grant application will not be considered.

Examples of eligible expenses include:

- Personnel expenses (salary and benefits) for staff with direct responsibilities for carrying out grant-funded activities
- Staff training and development necessary for effective project implementation
- Equipment and/or technology dedicated to grant activities
- Programmatic costs required to implement project
- Indirect costs may be included in project budget for Navigation grants only.

Examples of ineligible expenses include:

- Vehicle purchases
- Ongoing subscriptions for technology
- Reimbursement for services covered by CenCal Health

Total Funding Request*

How much grant funding are you requesting?
The maximum award amount for Outreach Grants is $25,000 per organization, and the maximum award amount for Navigation Grants is $100,000 per organization.

Character Limit: 20

Detailed Project Budget*

Download the **BUDGET TEMPLATE**. Complete budget template for this project and upload using the button below.

File Size Limit: 5 MB

Project Budget Narrative*

Please describe how your organization intends to use grant funds and the proposed timeline for using the grant funds over the project period. All expenses should relate clearly to the project as outlined in your proposal. Please ensure that the budget narrative accurately reflects your detailed project budget.

Character Limit: 2000

Section VII. Key Performance Metrics (30 points)

Outreach Grant Metrics

The following metrics apply to Outreach Grants. If your organization is **NOT** applying for an Outreach Grant, input "N/A" in the cells below.

Outreach Grant Metrics	Provide the metrics that will be achieved by the end of the grant period.
1. Number of outreach activities	
2. Number of Medi-Cal members reached through outreach efforts	
3. Number of Medi-Cal members referred to Navigation Hub partners for renewal support	
4. Additional metric identified by applicant	
5. Additional metric identified by applicant	
6. Additional metric identified by applicant	

Navigation Grant Metrics

The following metrics apply to Navigation Grants. If your organization is **NOT** applying for a Navigation Grant, input "N/A" in the cells below.

Navigation Grant Metrics	Provide the metrics that will be achieved by the end of the grant period.
1. Number of referrals received from Navigation Hub partners	
2. Number of Medi-Cal members assisted with renewal support utilizing Benefitscal.com	

3. Number of Medi-Cal members assisted with completing paper renewal packets	
4. Number of Medi-Cal members whose coverage was successfully renewed during renewal period	
5. Number of Medi-Cal members whose coverage was successfully renewed during 90-day cure period	
6. Number of outreach activities (if not applicable, input "N/A")	
7. Number of Medi-Cal members reached through outreach efforts (if not applicable, input "N/A")	
8. Additional metric identified by applicant	
9. Additional metric identified by applicant	
10. Additional metric identified by applicant	

Section VIII. Attachments

Upload your organization's cash flow statement*

File Size Limit: 20 MB

Upload your organization's audited financial statements*

File Size Limit: 20 MB

Upload your organization's current operating budget*

File Size Limit: 20 MB

Upload your organization's signed W-9 form for the purposes of grant payment, if awarded.*

File Size Limit: 10 MB

You may upload a document with supplemental information, if needed.

If there is anything else you would like to share with us, please upload here.

File Size Limit: 20 MB

Section IX. Verification and Signature

First and Last Name*

Character Limit: 100

Job Title*

Character Limit: 100

Electronic Signature*

Choices

By checking this box and entering my name above, I am electronically signing this application.

Do you have authority to submit this application on your organization's behalf?*

Choices

Yes

No

CenCal Health requests that applicants refrain from issuing any press releases or public announcements regarding an award of funding until a legal agreement has been fully executed. Additionally, any use of CenCal Health's name and logo, including for press releases and public announcements, requires prior written approval from CenCal Health.

Click **SAVE** to save a draft of your application and return to it at any time before the application due date.
Click **SUBMIT** when you complete your application and wish to submit it to CenCal Health. You will not be able to make any changes to your online application after it has been submitted.
Click **Application Packet** (top of page) to download a PDF of your application at any time (during draft mode and/or after it has been submitted).

If you need assistance, please contact us at grants@cencalhealth.org.

Section X. Process Feedback

This section is optional and strictly for learning purposes.

CenCal Health values community feedback. Your response to this section will not impact the evaluation of your application. Please share your thoughts on the grant application process to help us improve the applicant experience.

Character Limit: 500