The Independent Consumer Advocacy Network (ICAN), a program of the Community Service Society of New York (CSS), invites non-profit community-based organizations to participate in this Request for Proposals (RFP). ICAN is the New York State Ombuds Program for people with Medicaid who need long term care services. ICAN organizations provide education, individual assistance, and advocacy services to eligible consumers and participants in New York State Managed Long-Term Care plans (MLTC), the Fully Integrated Duals Advantage (FIDA) and Fully Integrated Duals Advantage-IDD (FIDA-IDD) demonstration programs, Health and Recovery Plans (HARPs), and beneficiaries of Long-Term Support Services (LTSS) in Mainstream Managed Care (MMC) Programs (hereinafter “Covered Programs”).

Through this RFP, CSS seeks a new partner organization to conduct education and outreach about ICAN and its services to participants in Covered Programs in New York City. Applications will be due on September 15, 2016 and CSS expects to announce awards on September 23, 2016 via the Community Health Advocates and ICAN websites, at www.communityhealthadvocates.org and www.icannys.org. The ICAN subcontract will begin on October 1, 2016 and end on July 31, 2017, with the likelihood of annual renewal August 1, 2017 through 2019, dependent upon performance and program needs. Project grants and dates are contingent upon a State award to CSS.

NYSDOH awarded a multi-year grant to CSS to establish a statewide Ombuds Program to provide education, navigational assistance, care coordination, and advocacy to eligible consumers, plan participants, their caregivers, and advocates. ICAN provides participants in Covered Programs with direct assistance in selecting and using their coverage and in understanding and exercising their rights and responsibilities.

CSS has partnered with a team of Specialists that includes the Medicare Rights Center, the Center for Independence of the Disabled of New York, and New York Legal Assistance Group – as well as a group of community-based organizations – ACR Health, Legal Assistance of Western NY, Neighborhood Legal Services, Westchester Disabled on the Move, Nassau-Suffolk Law Services Committee, Action for Older Persons, Legal Services of the Hudson Valley, and Southern Adirondack Independent Living – to form the ICAN Network. The Network began offering services to participants on December 1, 2014. CSS now seeks to fund additional community-based organization(s) with experience conducting community outreach and education on long-term care options and health insurance, contingent upon the receipt of the funding described above.
CSS seeks to fund organizations that have expertise providing health care information to consumers through community outreach efforts. Selected applicants will conduct outreach and educational presentations about ICAN services to eligible consumers within NYC. CSS seeks to fund organizations that serve diverse populations, including but not limited to those serving consumers from culturally, geographically and linguistically diverse communities, as well as organizations that serve people with mental and physical disabilities.

**Eligibility Criteria**

Applicants must be non-profit organizations located in New York State that have demonstrated experience conducting education and outreach regarding health insurance programs to communities in the five boroughs of New York City, Region 1 of ICAN.

**Region 1-New York City**

1. Bronx  
2. Kings  
3. New York  
4. Queens  
5. Richmond

Applicants that propose to serve an entire region are preferred, however proposals to cover one or more counties will also be considered.

Applicants *must not*:

- have a personal, professional, or financial relationship with any of the Covered Program plans or sponsoring entities; or  
- be co-located with any Covered Program plan, any service provider, any entity funding or administering the Covered Programs, or entity making eligibility or enrollment decisions for participants.

Preferred organizational characteristics include:

- knowledge about Medicaid and Medicare services, such as program benefits and eligibility;  
- knowledge about Medicaid Managed Care and Covered Programs;  
- demonstrated experience working with dual eligible individuals (or similar populations), and educating them about accessing care and services; and;  
- demonstrated experience and skill in conducting outreach with hard-to-reach populations, including racial, cultural, and linguistic minorities; and
• capacity to reach a large number of consumers in communities with a high percentage of MLTC enrollees, including the Bronx, South Brooklyn, Flushing, and Manhattan North of Central Park.

Important Dates

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Release of RFP</td>
<td>July 25, 2016</td>
</tr>
<tr>
<td>Questions About This RFP Due</td>
<td>August 19, 2016</td>
</tr>
<tr>
<td>Answers Posted</td>
<td>August 26, 2016</td>
</tr>
<tr>
<td>Application Due</td>
<td>September 15, 2016</td>
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<tr>
<td>Award Announcements</td>
<td>September 23, 2016</td>
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<tr>
<td>Awardee training</td>
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About the Lead Agency

For 170 years, CSS, a not-for-profit organization, has been a leader of public policy innovations that advance the economic security of low- and moderate-income New Yorkers by bringing their perspectives to the conversation. CSS’s historic legacy also includes a specific focus on health care, which includes the establishment in 1863 of the Society for the Ruptured and Crippled, which is now known as the Hospital for Special Surgery. In addition to operating ICAN, CSS’s Health Initiatives Department operates the helpline for Community Health Advocates (CHA), New York’s health care consumer assistance program, and is a lead grantee in the Health Care For All New York coalition (www.hcfany.org), which issues policy briefs and reports on health reform and health coverage issues. CSS also leads New York’s largest In-Person Assister/Navigator network, and oversees New York’s Facilitated Enrollment services for the Aged, Blind and Disabled in 38 of New York’s 62 counties, which provides public health insurance application assistance program for eligible individuals.

Independent Consumer Advocacy Network (ICAN)

ICAN helps participants in Covered Programs understand how to use their Medicaid managed care plans to access covered long term care services. ICAN also intervenes to resolve health insurance problems for these participants, and investigate and submit complaints where appropriate. ICAN provides services utilizing a network of Specialists and community-based organizations, which has served more than 18,000 New Yorkers annually through its helpline, education and outreach events, and one-on-one counseling sessions.
The organization(s) funded under this RFP will be part of the ICAN network and will provide education and outreach to New Yorkers eligible for and participating in Covered Programs.

Organizational Structure

ICAN operates via a “hub and spokes” model composed of three types of organizations: CSS’s central hub, ICAN Specialist agencies, and ICAN community-based organizations. The following chart sets forth the workings of this model in detail:

<table>
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<tr>
<th>TYPE OF ORGANIZATION</th>
<th>RESPONSIBILITIES</th>
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<tbody>
<tr>
<td>Central Hub: CSS</td>
<td>Manage and organize RFP process; oversee and provide administrative services; operate live central toll-free helpline for direct assistance to Covered Program participants, advocates, and caregivers; manage ICAN website and ICAN Advocate’s Portal; provide technical assistance and training; perform data collection and quality assurance; develop educational materials and presentations; make program reports to policy makers, administrators, and the State on consumers’ experiences with the health insurance system, particularly as they relate to the implementation of the Covered Programs, as identified by helpline staff, Specialists, and ICAN organizations.</td>
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<tr>
<td>Specialist Agencies: Medicare Rights Center, The Center for Independence of the Disabled of New York, New York Legal Assistance Group. Through a separate RFP, released simultaneously, we are procuring a new Specialist to serve as the primary HARP resource for the ICAN Network.</td>
<td>Provide legal support, technical assistance, and training to ICAN organizations; provide individual assistance to Covered Program participants; conduct outreach and education for participants, caregivers, and advocates; assist with tracking of and advocacy on systemic issues; advise network organizations on cases and take referrals of complex cases; assist network organizations through regular case review meetings; conduct periodic policy updates on relevant issues.</td>
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</table>
Community-Based Organizations:
ACR Health, Legal Assistance of Western NY, Neighborhood Legal Services, Westchester
Disabled on the Move, Nassau-Suffolk Law
Services Committee, Action for Older Persons,
Southern Adirondack Independent Living, and
Legal Services of the Hudson Valley, plus
additional organizations selected via this RFP
process.

| Provide individual assistance to Covered Program participants with their health insurance needs and questions; conduct community presentations on health and long-term care insurance and health care access as a way to identify consumers in need of ICAN services; conduct outreach. |

ICAN Outreach Services

ICAN organizations participate in regular trainings and receive ongoing support from CSS. The organization(s) procured through this RFP are expected to provide the following services:

- **Community Outreach and Presentations:** The ICAN organization(s) will provide community presentations and outreach designed to educate individual Covered Program participants, consumers, advocates, and health care providers about their health insurance options and their rights and responsibilities as Covered Program participants. The outreach efforts will introduce ICAN and its services, and encourage eligible participants to utilize ICAN as a resource that can help them with choosing, utilizing, or troubleshooting their coverage. Venues for these presentations may include but are not limited to: religious institutions, community centers or groups, health centers, community health care providers, social service organizations, schools, chambers of commerce, or the ICAN organization site. Presentations may be tailored to a particular audience (e.g. plan participants), or include mixed audiences of participants, advocates, and health care providers. All presentation materials will be subject to the approval of CSS and NYSDOH.

The organization we are seeking through this RFP will not have all of the responsibilities of our other ICAN network organizations. Instead, we would like organizations in NYC that will focus exclusively on Community Outreach and Presentations.

ICAN Organization Requirements

Agencies selected to join the ICAN network will be provided with a subcontract and a Policies and Procedures Manual for the program. Generally, agencies should expect the following requirements:

1. **Staffing and Responsibilities**
   Successful applicants will agree to designate, at minimum, one-half FTE for the program who will serve as the ICAN Outreach Coordinator and will be responsible for:
• attending ICAN trainings and meetings;
• remaining current on health policy as it pertains to the services provided;
• overseeing other ICAN staff at his/her organization/partnership, including monitoring presentations;
• collecting and reporting data as directed by CSS on a timely basis;
• coordinating with CSS to create and implement corrective action plans, as appropriate; and
• cooperating with CSS to ensure that any ICAN staff at his/her organization/partnership is adequately trained and competent to provide services.

Please note that there will be introductory training for staff for the organization(s) selected through this process soon after the awards are announced. Applicants must plan to be able to have appropriate staff participate in this training if awarded contracts under this RFP.

2. Reporting
All organizations will agree to:
• collect and report data, via the secure internet-based ICAN database, about outreach and education activities conducted and services provided, following CSS guidelines in the subcontract and Policies and Procedures Manual;
• have and maintain computers with internet access, printers, telephone, and email;
• commit and adhere to comprehensive confidentiality protections and procedures for health consumer assistance;
• commit to attending initial and ongoing trainings on Covered Programs;
• cooperate with monitoring by CSS, which may include site visits, observations of community presentations and outreach events, and review of activities reported through the database;
• cooperate with any audits New York State may conduct of financial and other records to ensure compliance with the terms of this grant; and
• encourage consumer participation in any program evaluations, as deemed necessary by CSS, including participant satisfaction surveys and presentation evaluations.

3. Performance Measures for Services
All organizations selected for participation must:
• provide high quality services;
• ensure that data entry accurately and completely reflects services provided;
• adhere to comprehensive confidentiality protections;
• attend initial and ongoing trainings on the Covered Program;
• ensure continuity and appropriateness of staff and organizational competence in providing ICAN outreach;
• comply timely with contractual requirements;
• enter data in a timely fashion; and
• be cost-efficient.

4. Feedback and Assessment
All organizations will agree to:
• provide feedback on consumer and advocate materials, presentations, and other special projects upon CSS’s request in order to advance ICAN goals; and
• participate in evaluations and assessments of ICAN and its components on an as-needed basis.

Applicants must be able to demonstrate financial viability to carry out ICAN services set forth in this RFP. In completing the application, organizations should specify if any information submitted is confidential or proprietary. Please note that if your proposal is accepted, all claims to confidentiality are subject to the terms of any prime agreement that may be entered into between CSS and New York State Department of Health governing ICAN.

Range of Awards

Both the issuance and the amount of the grant awarded to each ICAN organization is contingent upon an award from New York State to CSS, and the amount is also contingent upon the scope of work and services proposed by applicants. Organizations must propose to conduct educational presentations and outreach to participants, caregivers and advocates.

Deliverables will consist of the following:
1. Presentations: Educational Presentations consist of in-person events where a presenter speaks for at least 15 minutes on a substantive topic to a designated audience. Deliverables would consist of the number of individuals an organization commits to reaching through educational presentations over the grant period. We would expect an organization under this RFP to reach in the range of 1,000-5,000 consumers, caregivers, and professionals per year through educational presentations;
2. Outreach: Outreach consists of activities to promote awareness of the ICAN program among eligible individuals or potential referral sources. This could include staffing a table at a health fair, distributing brochures after church services, or drop-in visits to senior centers or to informally introduce staff and visitors to the ICAN program. Deliverables would consist of the number of people exposed to the outreach activity (e.g., number of people attending the health fair, size of the congregation, etc.) We would expect an organization under this RFP to reach in the range of 10,000-20,000 consumers, caregivers, and professionals per year through outreach activities; and
3. **Participation and Reporting:** Deliverables include attendance at ICAN meetings and trainings, provision of quality services, and accurate and timely reporting of services provided.

These deliverables are only examples, and groups are welcome to submit different goals and include an explanation in their proposal. Once the grant is awarded and the grant agreement is signed, awardees must fulfill all requirements to receive full payment.

Depending on grant funding received from the State, and proposals received, CSS anticipates awarding initial grants ranging from $40,000 to $120,000 to selected organizations (or partnership of organizations). If State funding is available for future years’ work, an extension or renewal of the initial grant may be negotiated based upon projected deliverables and program needs at the time of renewal.

**Evaluation criteria**

Applications will be evaluated based on the following criteria:
- **Mission:** The mission of the organization aligns with the missions of CSS and ICAN.
- **Diversity:** The organization itself and/or the clients it works with will add to the diversity of the ICAN network.
- **Experience:** The organization has demonstrated experience and success reaching consumers and educating them about health-related topics.
- **Reporting:** The organization demonstrates ability to report ICAN activities promptly.
- **Outreach:** The organization’s outreach plan strengthens ICAN’s recognition in local communities.
- **Capacity:** The organization will be ready to provide services October 1, 2016.
- **Sustainability:** The organization expresses willingness to work for ICAN's long-term sustainability.

**Content of Proposal**

All items listed in sections A to F below must be included in each proposal for it to be deemed complete. Proposals missing any component will not be considered.

**A. Cover Form (Form Attached)**

Complete and submit the cover form, signed and dated by: (1) the organization’s Executive Director or (2) the President or Leader of the organization’s Board of Directors or governing board (and of the organization’s fiscal sponsor, if applicable). Include the organization’s Employer Identification Number (EIN).
B. Letter of Commitment from the organization’s Executive Director or President of the Board of Directors

C. Financial Statements & Legal Documents

- Proof of not-for-profit status: (i.e., 501(c) 3 tax-exempt verification
- A copy of the organization’s most recent audited financial statement with the management letter from the auditors;
- A copy of the organization’s most recent CHAR500 and proof of filing (if available);
- A copy of the organization’s most recent IRS Form 990 and proof of filing (if available);
- Anti-discrimination attestation;
- Conflict of Interest attestation: As noted above, to be eligible for consideration, organizations must not:
  - have a personal, professional, or financial relationship with any of the Covered Program plans;
  - be co-located with any Covered Program plan, service provider, entity funding or administering the Covered Programs, or any entity making eligibility or enrollment decisions for participants.

D. Proposal Narrative (not to exceed 6 pages):

1. Tell us about your organization’s mission and experience reaching and educating consumers about health insurance and health care-related issues.

2. Please describe how the organization will market and conduct outreach to promote and increase awareness of ICAN services.

3. Deliverables and staffing: Describe the staffing that will be dedicated to the grant to provide these services, including the background, experience, and current duties of any personnel already on staff who will deliver or supervise services under this project, including detail about the following:
   a. Number of consumers, caregivers, and/or professionals the organization will reach through educational presentations during the grant period.
   b. Number of consumers, caregivers, and/or professionals the organization will reach through outreach activities during the grant period.
4. Tell us about the consumers you will serve:
   • Geographic area. Must be able to provide in-person education and outreach to consumers within one or more of the following counties:
     o Bronx, Kings, New York, Queens, and Richmond;
   • Population description, including: primary languages of service population; service to racial, ethnic, or linguistic minority (describe); and service to seniors or people with disabilities, chronic health or other high medical needs (describe). Describe other unique characteristics of the organization’s service population (e.g. rural populations or other underserved constituencies);
   • Health coverage, insurance or care they use; and
   • Consumers’ income status and sources.

5. If applicable, please describe the organization’s policy regarding confidentiality and protecting health-related information as required under the Health Insurance Portability and Accountability Act (HIPAA). Please provide copies of written policies or forms, if any.

6. Can the organization report data to funders in a timely fashion? Describe current data tracking capacity.
7. Accessibility:
   • Describe how the organization will ensure that its outreach events and activities are accessible to people with disabilities. What reasonable accommodations will be sought for people with disabilities so they may attend? Please provide copies of written policies, if any.

10. Expansion / Enhancement of Services:
   • Please highlight how funding under this RFP would allow the organization to increase, supplement, or improve services already provided.

E. Budget (1 page) & Budget Narrative (1 to 2 pages)

The information requested in this section will be used to evaluate your proposal’s cost-effectiveness, as compared to proposals from other applicants. CSS reserves the right to negotiate these terms with individual awardees.

   • Propose a grant amount for the project period.
   • Provide a line item budget for a 10-month term, describing how the amount proposed will be used for this project. Include:
     o Personnel expenses (consistent with staffing listed above);
     o Other than personnel expenses; and
   • Note: Organizations will be required to return any equipment purchased with these grant funds to New York State at the end of the contract period.
     o In-kind or other organizational contributions.
   • Provide a detailed budget narrative.

F. Two Letters of Reference (not to exceed one page, single-spaced)

Each applicant must provide two reference letters from persons or organizations familiar with the organization and its work.

Conditions

CSS reserves rights to postpone or cancel this RFP; reject all proposals; request additional information; negotiate with applicants individually; modify the number of awardees and dollar amounts of grants; amend specifications; eliminate requirements; accept only those proposals that serve the best interests of the program; terminate subcontracts for poor performance or in the best interest of the program; and amend terms of subcontracts to serve best interests of the program. All organizations selected will be
asked to provide evidence of general liability insurance, workers compensation, disability, and errors and omissions insurance upon signing a subcontract with CSS.

**Organization subcontracts awarded through this RFP are subject to the award and availability of funds provided to CSS by the New York State Department of Health.**

**Questions**

Questions about this RFP should be emailed by 5:00 pm on August 19, 2016 to Carrie Zoubul, czoubul@cssny.org. The subject line should be “ICAN NYC Outreach Partner RFP Question.” Common questions (de-identified as to sender) and answers will be posted on the ICAN and CHA websites, www.icannys.org and http://www.communityhealthadvocates.org, on August 26, 2016.

**Instructions for Submission**

- **Hard copy.** Applicants should submit one proposal marked ORIGINAL and signed by the appropriate individuals (see Contents of the Proposal, Cover Form). Mailed proposals must be postmarked by September 15, 2016, and hand delivered proposals must be received by CSS no later than 5:00 pm on September 15, 2016. Proposals may be stapled but should not be bound. Please use 12-point font, one-inch margins and double spacing, unless otherwise indicated.

  Proposals should be addressed to:
  
  David Silva, Esq.
  Program Director
  Independent Consumer Advocacy Network
  Community Service Society of New York
  633 Third Avenue, 10th Floor
  New York, NY 10017

- **Electronic Copy.** CSS also requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on September 15, 2016, in addition to mail or hand delivery. Emailed proposals should be sent to Amelia Birtwistle at abirtwhistle@cssny.org.
Independent Consumer Advocacy Network
MLTC, FIDA, FIDA-IDD, LTSS MMC, HARP Ombuds Program
New York City Outreach Partner
Request for Proposals
Proposal Checklist
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___ Cover Form, signed and dated by organization’s Executive Director or leader of its Board of Directors
___ Letter of Commitment from the organization’s Executive Director or leader of its Board of Directors
___ Proof of Not-for-Profit Status
___ Organization’s board-approved budget and actuals for the current fiscal year
___ Organization’s most recent audited financial statement(s) with the management letter from the auditors
___ Copy of the organization’s most recent CHAR500 and proof of filing (if available)
___ Copy of the organization’s most recent IRS Form 990 and proof of filing (if available)
___ Anti-Discrimination Compliance Attestation
___ Conflict of Interest Attestation
___ Proposal Narrative (not to exceed 6 pages)
___ Proposed 10-month program budget (not to exceed 1 page)
___ Proposed program budget narrative (not to exceed 2 pages)
___ Two Letters of Reference
Please note that this form must be signed by the organization’s Executive Director or equivalent operational leader (and fiscal conduit, if applicable) and the President or leader of the Board of Directors or governing board (and the fiscal conduit, if applicable). This form and the entire original application are due by the due date indicated in the Important Dates section.

NAME OF ORGANIZATION:

Address:

Telephone Number:

Fax Number:

Email Address:

EIN:

EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title:

Name: ________________________________
Title: ________________________________

Signature: ____________________________
Date: ________________________________

PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title

Name: ________________________________
Title: ________________________________

Signature: ____________________________
Date: ________________________________
***Only fill out this form if organization uses a Fiscal Conduit***

<table>
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<tr>
<th>FISCAL CONDUIT (if applicable):</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone Number:</td>
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<td>Fax Number:</td>
</tr>
</tbody>
</table>

| EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title: |
| Name: __________________________ |
| Title: __________________________ |
| Signature: _____________________ |
| Date: __________________________ |

| PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title |
| Name: __________________________ |
| Title: __________________________ |
| Signature: _____________________ |
| Date: __________________________ |
Independent Consumer Advocacy Network  
MLTC, FIDA, FIDA-IDD, LTSS MMC, HARP Ombuds Program  
New York City Outreach Partner  
Request for Proposals  
Anti-Discrimination Compliance Attestation  
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<table>
<thead>
<tr>
<th>Organization abides by all Federal Equal Employment Opportunity regulations, including the Civil Rights Act of 1964 and the Age Discrimination Act of 1975</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Organization abides by the Americans with Disabilities Act of 1990</td>
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<tr>
<td>Organization abides by the Rehabilitation Act of 1973</td>
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<tr>
<td>Organization will provide services that are linguistically and culturally appropriate</td>
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I hereby attest that the above is true and accurate.

Name: ________________________________  
Title: ________________________________

Signature: ________________________________  
Date: ________________________________
NAME OF ORGANIZATION:

1. The organization’s primary activities are as follows [DESCRIBE]:

2. The organization is located in and conducting business in New York State.

3. The organization is a not-for-profit corporation.

4. The organization does not have a personal, professional, or financial relationship with any of the MLTC, FIDA, FIDA-IDD, LTSS MMC, or HARP plans.

5. The organization is not co-located with any MLTC, FIDA, FIDA-IDD, LTSS MMC, or HARP plan, any service provider, any entity funding or administering the MLTC, FIDA, FIDA-IDD, LTSS MMC, or HARP program, or any entity making eligibility or enrollment decisions for participants.

By signing below, I represent that the above statements are factually correct, and that I am authorized to sign and bind my respective organization to the statements herein.

Signature: __________________________
Name: ______________________________
Title: _______________________________
Date: ______________________________