

**Independent Consumer Advocacy Network  
MLTC, FIDA, LTSS, FIDA-IDD, and HARP Ombuds Program  
Capital Region  
Request for Proposals  
FY 2016 - 2017**

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 provide ICAN services to participants in Covered Programs in the **Capital Region**. **Applicants may propose to cover smaller geographic regions. However, candidates who cover the entire region will be preferred.** 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](http://www.communityhealthadvocates.org) and [www.icannys.org](http://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 organizations with experience assisting individuals with long-term care and health insurance issues, **contingent upon the receipt of the funding described above.**

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. CSS also seeks to fund organizations that have expertise providing health care information and assistance to consumers. Selected applicants will provide advice and advocacy services over the phone to eligible individuals and provide in-person assistance – including scheduled meetings in their offices and home visits where appropriate.

## **Eligibility Criteria**

Applicants must be non-profit organizations located in New York State that have demonstrated experience serving health care consumers residing in the following ICAN region:

### **Region 6 (Capital District)**

1. Albany
2. Columbia
3. Greene
4. Rensselaer
5. Schenectady
6. Schoharie

Applicants that propose to serve an entire region are preferred, however proposals to serve at least two or more counties may be considered.

Applicants must also have the capacity to provide fair hearing representation for the ICAN clients referred from the community-based organization that serves ICAN Region 9 (Southern Adirondack Independent Living; covering Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington counties). Applicants may submit a proposal as part of a collaboration or partnership of organizations. While we will allow joint applications, CSS will only contract with the lead organization of the partnership, and the lead organization will be responsible for meeting the terms of any contract.

In addition, 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; and
- demonstrated experience working with dual eligible individuals (or similar populations), and helping them access care and services and assisting them to resolve issues in a timely manner; and
- demonstrated experience and skill in negotiation and/or alternative dispute resolution techniques.

### **Important Dates**

<u>EVENT</u>	<u>DATE</u>
Release of RFP	July 25, 2016
Questions About This RFP Due	August 19, 2016
Answers Posted	August 26, 2016
Application Due	September 15, 2016
Award Announcements	September 23, 2016
Awardee training	TBD

### **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](http://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 organizations funded under this RFP will be part of the ICAN network and will provide education and enrollment assistance to New Yorkers eligible for and participating in Covered Programs. These services include:

- Educating participants about the options available to them through the programs;
- Helping participants use or navigate coverage;
- Informing and educating participants about appeal rights for services through their health plans;
- Helping empower participants to access their health coverage and be their own advocates;
- Providing policy feedback to policymakers and other stakeholders.

### 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:

TYPE OF ORGANIZATION	RESPONSIBILITIES
Central Hub: CSS	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.
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.	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.
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 the additional organization(s) 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 Services

ICAN organizations participate in regular trainings and receive ongoing support from CSS. Organizations are expected to provide the following services:

- **Individual Assistance cases:** The organization will counsel and assist Covered Program participants individually on health insurance and health care access issues, helping them use and navigate coverage. Examples include:
  - explaining benefits, coverage, eligibility, and access;
  - explaining participant rights and responsibilities, and helping participants exercise their rights;
  - assisting with accessing covered benefits, such as requesting prior authorizations and obtaining referrals;
  - advising caregivers/providers about the medical necessity requirements relating to plan benefits;

- helping participants to identify and resolve issues related to quality of life or quality of care;
- helping participants understand the role of the MLTC/FIDA/MMC interdisciplinary care planning team and encourage active participation in the coordination of their care;
- assisting with health care decision-making and self-directing care;
- assisting with accessing records from Covered Program plans; and
- explaining and navigating the grievance and appeal process, and providing assistance to participants/caregivers in resolving issues that arise, whether informally or through filing grievances/appeals when necessary.

The level of a network organization's assistance and involvement in a case will vary depending on the circumstances. A case may involve anything from providing basic information to a consumer on eligibility or enrollment, to more complicated representation such as filing grievances with a plan or a formal appeal of a service denial. Assistance provided is to be disability-accessible, culturally and linguistically appropriate, and include options for telephone, web, email, mail, and in-person assistance.

- **Community Outreach and Presentations:** The ICAN organization(s) will provide community presentations designed to educate individual Covered Program participants, consumers, advocates and health care providers about health insurance and their rights and responsibilities as Covered Program participants. 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.
- **Client Stories:** The ICAN organization(s) will identify Covered Program participants who have benefited from ICAN services and are willing to share their stories with the public, and will submit their stories to CSS following CSS protocols.
- **Trend and Issue Spotting:** CSS expects that the ICAN organization(s) chosen through this RFP will be ready, willing, and able to collaborate with other ICAN partners to identify trends and issues affecting individuals within Covered Programs in New York State.

#### 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*

All ICAN organizations (or partnership of organizations) will agree to designate, at minimum, one FTE for the program who will serve as the ICAN 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 reviewing cases and monitoring presentations;
- collecting and reporting data as directed by CSS on a timely basis;
- collecting client stories during the contract period with appropriate media releases;
- 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. The training will be conducted by webinar; travel is not necessary.

### 2. *Reporting*

All organizations will agree to:

- collect and report data, via the secure internet-based ICAN database, about activities performed, Covered Program participants served, issues addressed, 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 reviews of individual assistance services 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 client satisfaction surveys, presentation participant evaluations, and ICAN surveys.

### 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 services;
- 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 the 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 provide individual assistance to Covered Program participants, to provide educational presentations to participants, caregivers and advocates. The responsibilities in Regions 1 and Region 6 differ slightly, as detailed below:

Deliverables will consist of the following:

1. Cases and Presentations: (1) the number of individual assistance cases; and (2) the number of individuals reached through educational presentations that each ICAN organization is contractually obligated to achieve over the grant period. Typically, an organization that is awarded an ICAN grant will commit to handling about 150 individual assistance cases per year and reaching about 200 consumers/caregivers and 200 professionals through educational presentations; and

2. Participation and Reporting: attendance at ICAN meetings and trainings, provision of quality services, and accurate and timely reporting of services provided.
3. Specialist Duties for Region 9: Accept complex case referrals and provide legal support, including representation at fair hearings, for the ICAN organization located in ICAN **Region 9** (Southern Adirondack Independent Living; covering Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington counties).

These case and presentation deliverables are only examples, and groups are welcome to submit different goals and include an explanation in their proposal. For example, groups may propose to handle larger or smaller caseloads, or detail broader or more conservative plans for outreach and education than the example listed above. Once the grant is awarded and the grant agreement with the ICAN provider agency 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 \$80,000.00 to \$120,000.00 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.
- **Advocacy**: The organization demonstrates ability to identify and document systemic problems and to collect clients' stories that can be shared with the public.
- **Reporting**: The organization demonstrates ability to report services promptly.
- **Projected casework**: The organization proposes a number of individual cases that is feasible and that will help ICAN meet the casework goals of the program overall.
- **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 helping consumers with health insurance, and health care-related issues.
2. Tell us which ICAN Region you are proposing to serve.
3. Tell us about the consumers you will serve:
  - Geographic area. Must be able to provide in-person assistance to consumers within the following counties:

- Albany, Columbia, Greene, Rensselaer, Schenectady, Schoharie. Note that for Region 6, the organization must also accept complex case referrals and provide fair hearing support to ICAN Region 9, which will likely require significant travel.
  - 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.
4. 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.
  5. Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers? If so, please describe.
  6. Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
  7. Describe any experience the organization has in advocating for systemic changes on behalf of the service population or constituency. Describe any experience using clients' stories to advocate for systemic changes.
  8. 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:
    - Number of individual assistance cases the organization will handle per month.
    - Number of consumers, caregivers, and/or professionals the organization will reach through educational presentations during the grant period.

- Describe a staffing plan to handle complex case referrals and provide fair hearing support for Region 9.

9. Accessibility:

- Please list all office locations and hours where ICAN services will be provided.
- Please identify at least one location in each county to be served where staff can provide in-person services upon request.
- Describe current practice or proposed policy for providing home visits, where clients cannot otherwise access services in person.
- Is the organization’s site accessible to people with disabilities? What reasonable accommodations are made for people with disabilities so they may access services? Please provide copies of written policies, if any.
- Describe if the organization is accessible via phone, email, web application, and in-person.
- Is the organization’s site accessible to most consumers by public transportation? If not, how do consumers access its services?

9. Outreach Plan:

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

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:
  - Personnel expenses (consistent with staffing listed above);
  - 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.
  - 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 Regional RFP Question.” Common questions (de-identified as to sender) and answers will be posted on the ICAN and CHA websites, [www.icannys.org](http://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, 10<sup>th</sup> 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 Birtwhistle at [abirtwhistle@cssny.org](mailto:abirtwhistle@cssny.org).

**Independent Consumer Advocacy Network**  
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**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

**Independent Consumer Advocacy Network  
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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:** \_\_\_\_\_

**Independent Consumer Advocacy Network  
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**\*\*\*Only fill out this form if organization uses a Fiscal Conduit\*\*\***

**FISCAL CONDUIT (if applicable):**

**Name:**

**Address:**

**Telephone Number:**

**Fax Number:**

**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  
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	Yes	No
Organization abides by all Federal Equal Employment Opportunity regulations, including the Civil Rights Act of 1964 and the Age Discrimination Act of 1975		
Organization abides by the Americans with Disabilities Act of 1990		
Organization abides by the Rehabilitation Act of 1973		
Organization will provide services that are linguistically and culturally appropriate		

I hereby attest that the above is true and accurate.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**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:** \_\_\_\_\_