

Community Health Advocates (CHA)
Request for Proposals for Kings County Agencies
2021-2022

PURPOSE OF RFP

Community Health Advocates (CHA), 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). CHA anticipates awarding one contract to an organization in Kings County to provide post-enrollment individual assistance and education to individuals and small businesses regarding health care and health insurance. Kings County organizations that serve individuals in Flatbush, East Flatbush, Brownsville, or Bedford Stuyvesant and other neighborhoods and surrounding counties are strongly encouraged to apply. The \$48,000-\$68,000 grant award is for a 12-month period but will be **pro-rated** based on the contract's actual start date. CSS expects to announce the award on June 4, 2021 via the CHA website, www.communityhealthadvocates.org. The CHA contract will likely begin on July 1, 2021 and likely end on March 31, 2022, with the expectation of annual renewal subject to New York State budget appropriations. **Project grant and dates are contingent upon a State award to CSS and receipt of State funding.**

Under the ACA, states have the option to establish a State-operated Exchange, which is an organized marketplace to purchase health insurance. The Exchange in New York State is called the New York State of Health Marketplace (NYSOH). NYSOH has a number of responsibilities, one of which includes responding to consumer requests for assistance. The State contracts with CSS to provide consumer assistance to New York's consumers and small businesses. CHA is an "all-payer" program, providing one-stop services to consumers with public, private, or no coverage at all.

CSS, in partnership with the Empire Justice Center, the Medicare Rights Center and The Legal Aid Society, seeks to add to the CHA network one community-based organization with experience assisting individuals with a wide range of health insurance issues in Kings and the contiguous counties, subject to the receipt of funding. Organizations with experience serving small businesses are encouraged to apply. CSS seeks to fund an organization that serves diverse populations, including but not limited to organizations that serve consumers from culturally, geographically, and linguistically-isolated communities, as well as organizations that serve people with mental and physical disabilities. This RFP specifically seeks an organization that predominantly serves Black/African American communities in Flatbush, East Flatbush, Brownsville, or Bedford Stuyvesant. CSS also seeks to fund an organization that has expertise providing healthcare information and assistance. The selected applicant will provide services, including walk-in services, free of charge to consumers and small employers.

CSS & CHA BACKGROUND

For over 175 years, CSS, a not-for-profit organization, has been a leader of public policy innovations. CSS's mission is to promote policies that advance the economic security of low- and moderate-income New Yorkers by bringing their perspectives to the policy conversation. CSS's historic legacy also includes a specific focus on health care, which includes the 1863 establishment of the Society for the Ruptured and Crippled, now known as the Hospital for Special Surgery and the New York City Children's Health Clinics. CSS also leads an In-Person Assister/Navigator network (CNN), New York's managed long-term care ombudsprogram (ICAN), a Facilitated Enroller for the Aged, Blind, and Disabled program (FE-ABD), and New York's mental health and substance use disorder ombudsprogram, Community Health Access to Addiction & Mental Healthcare Project (CHAMP).

CHA provides services through a network of community-based organizations and small business serving groups. Collectively, CHA has served more than 384,000 New Yorkers through educational workshops and one-on-one counseling sessions in over 11 languages over the past decade. CHA serves consumers seeking access to health care services across all payer types, including: public programs, private individual or employer-sponsored coverage, coverage through the NYSOH Marketplace, and ERISA plans. CHA also helps uninsured consumers access free or low-cost care.

Community Health Advocates (CHA) Organizational Structure

CHA operates under a "hub and spokes" model and is composed of three types of organizations: CSS's central hub; CHA community-based organizations and small business-serving organizations; and Specialist Agencies.

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 consumers, employers and advocates; manage CHA website and CHA 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' and small businesses' experiences with the health insurance system, particularly as they relate to the implementation of the ACA, as identified by

	helpline staff, Specialists, and CHA organizations.
Specialist Agencies: Empire Justice Center, The Legal Aid Society, Medicare Rights Center	Provide legal support, technical assistance, and training; 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	Provide individual assistance to consumers with their health insurance needs and questions including post-enrollment issues and other health insurance issues not handled by Navigators; conduct community presentations on health insurance and health care access as a way to identify consumers in need of CHA services; conduct outreach.
Small Business-Serving Organizations	Provide individualized counseling sessions for small businesses and their employees; conduct education and community presentations on health insurance and care; conduct outreach.

ELIGIBILITY CRITERIA

The community-based organization funded under this RFP will be part of the CHA network and will help New Yorkers use their health insurance and access health care. The funded organization will refer clients who need assistance enrolling in health insurance through the New York State of Health (the Marketplace) to Navigators and will accept referrals from Navigators for non-marketplace enrollment services.

Applicants must be able to demonstrate financial viability to carry out CHA services based on information required in this RFP. In addition, any information deemed confidential or proprietary shall be specified as such by applicants. Should a proposal be accepted, however, all claims to confidentiality are subject to the terms of any prime agreement that may be entered into between CSS and the New York State Department of Health (DOH) governing CHA.

Applicants must be non-profit organizations, membership associations, local counties, or other mission-driven organizations that have demonstrated experience serving health care consumers in New York State.

CSS will not fund:

- organizations or individuals that have a conflict of interest, such as individuals or companies that sell insurance or insurance-like products, including discount plans; or
- the provision of direct health care services, including outpatient and specialty visits with a provider.

SCOPE OF WORK

The CHA organization selected will receive regular monthly trainings and support from CSS. Assistance is to be provided in an accessible, culturally, and linguistically appropriate manner, including options for telephone, web, email, mail, and in-person assistance.

The organization will be expected to provide the following services:

- **Individual Assistance:** Counsel and assist consumers individually on health insurance (e.g., Medicaid, Essential Plan, Child Health Plus, Medicare, employer-sponsored) and health care access issues. Examples of cases include:
 - Helping consumers, small employers, and employees understand how to use their health insurance;
 - Resolving medical billing and debt issues that arise as a result of gaps in coverage or service denials;
 - Disputing or appealing coverage denials and eligibility determinations;
 - Helping consumers get the most of their coverage by helping to secure prior authorizations, access to specialists and out-of-network services when needed;
 - Helping access non-MAGI Medicaid programs, which may include providing information, a referral or application assistance; and
 - Accessing affordable health care services and hospital and prescription financial assistance programs.

The level of a network organization's assistance and involvement in a case may vary depending on the circumstances. A case may involve providing basic information to a consumer on coverage options, or help negotiating a billing dispute.

- **Small Business Assistance Cases:** A CHA organization may also counsel and assist small employers on a one-on-one basis on health insurance issues. Examples of cases include: helping a small employer understand and access their health insurance tax credits under the ACA; helping a small employer understand the ACA's employer mandate; educating a small employer about the benefits of offering insurance to its employees; or answering a small business's questions about its obligations under COBRA or under the ACA.

- **Community Outreach and Presentations:** The CHA organization may provide community presentations designed to educate consumers, advocates and health care providers about health insurance and their rights as health care consumers. 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, small businesses, trade organizations, or the CHA organization's sites. Presentation audiences may include mixed audiences of consumers, advocates, and health care providers.
- **Client Stories:** The CHA organization will identify consumers and employers who have benefited from CHA services and are willing to share their stories with the public and will submit their stories to CSS following CSS protocols.
- **Sentinel/Trends:** CSS expects that the CHA organization will be ready, willing, and able to collaborate with other CHA organizations to identify trends and issues affecting individuals and small employers within the health care and health insurance arenas in New York State.

CHA Organization Requirements

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

1. Staffing and Responsibilities

The CHA organization will agree to designate, at minimum, one FTE for the program who will serve as the CHA Coordinator and will be responsible for:

- attending CHA meetings;
- remaining current on health policy as it pertains to the services provided;
- overseeing other CHA staff at his/her organization, 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 CHA staff at his/her organization is adequately trained and competent to provide services.

2. Reporting

The CHA organization will agree to:

- collect and report data, via the cloud-based CHA database (Salesforce), about activities performed, consumers and employers served, health-related issues addressed, and services provided following CSS guidelines in the subcontract and Policies and Procedures Manual. Organizations must currently have computers with internet access, printers, telephone, and email;
- adhere to appropriate confidentiality procedures for health consumer assistance;
- cooperate with monitoring by CSS, which may include site visits, observations of community presentations, and reviews of individual and small business assistance services reported through the database; and
- encourage consumer and small employer participation in any program evaluations, as deemed necessary by CSS, including client satisfaction surveys, presentation participant evaluations, and CHA surveys.

3. Performance Measures for Services

The CHA organization must comply with the following:

- provide high quality services;
- ensure that data entry accurately and completely reflects services provided;
- ensure continuity and appropriateness of staff and organization competence in providing CHA services;
- timely compliance with contractual requirements;
- timely data entry; and
- cost-efficiency.

4. Feedback and Assessment

The CHA organization will agree to:

- provide feedback on consumer, small employer, and advocate materials, presentations, and other special projects to advance CHA goals upon CSS's request; and
- participate in evaluations and assessments of CHA and its components on an as-needed basis.

CONTRACT & COMPENSATION

The amount of the grant awarded to the CHA organization is contingent upon an award to CSS and depends upon the scope of work and services proposed by applicants. Grants consist of two components:

1. Baselines, which refer to the numbers of individual assistance cases, including any proposed small business assistance cases, the CHA organization is contractually obligated to achieve on a monthly basis; and

2. Deliverables that include attendance at meetings and presentations, two consumer stories submissions, timely reporting and invoicing, and quality services.

The CHA organization must meet both requirements to receive full payment. CSS anticipates awarding a grant from \$48,000 to \$68,000 on an annualized basis.

Organizations may propose to serve individual consumers only or a combination of individuals and small employers.

An organization that is awarded a \$68,000 grant will typically commit to serving a minimum of 480 individual consumers during the 12-month period through 40 individual assistance cases per month. An organization proposing to serve individuals and small businesses will typically serve 10-15 small businesses and 35 individuals per month for this grant amount.

RFP PROCESS

Evaluation criteria include:

- **Mission:** The mission of the organization aligns with CHA.
- **Diversity:** The organization itself adds to the diversity of the CHA network.
- **Capacity:** The organization will be ready to provide services upon receiving the award.
- **Population Served:** Organization's proposed plan to target Black/African American consumers and/or small employers in Flatbush, East Flatbush, Brownsville, or Bedford Stuyvesant in need of post-enrollment services in the target area, and feasibility of said plan.
- **Health Equity:** Organization demonstrates how they are addressing health care disparities and/or promoting health equity.
- **Advocacy:** Organization's demonstrated ability to identify and document systemic problems and to collect clients' stories that can be shared with the public.
- **Reporting:** Organization's demonstrated ability to report services promptly.
- **Casework:** Proposed number of individual cases and small business cases, if any, and feasibility of said goal.
- **Outreach:** Organization's outreach plan strengthens CHA's recognition in local communities.
- **Sustainability:** The organization expressed willingness to work for CHA's long-term sustainability.

Important Dates

<u>EVENT</u>	<u>DATE</u>
Release of RFP	May 12, 2021
Questions About This RFP Due	May 21, 2021
Answers Posted	May 28, 2021
Application Due	June 4, 2021
Award Announcements	June 15, 2021

Submission Requirements

All items listed in sections A to F below must be included in each proposal 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 (if applicable): (i.e., 501(c) 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, CSS cannot fund organizations that sell insurance or insurance-like products, including discount plans, and/or provide direct health care services. However, if an organization's health care services are incidental to its primary activities and would not create a conflict of interest, it may be funded at CSS's discretion. Any organization that fits this circumstance should complete the enclosed attestation.

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

1. Tell us about your organization's mission and experience helping consumers within the target population with health insurance and health care-related issues.
2. Tell us about the consumers you will serve:
 - Target geographic area;
 - Population description, including: primary languages of consumers or target population (e.g., Black/African American population in Flatbush, East Flatbush, Brownsville, or Bedford Stuyvesant); service to underserved racial, ethnic, or linguistic minorities (describe); and service to people with disabilities, chronic health, or other high medical needs (describe). If you plan on also serving small businesses, describe the types of businesses it will serve, including information about: typical business size; industries; and average employee income. Describe other unique characteristics of the organization's service population (e.g., rural populations, small businesses, artists or other trade groups, LGBT populations, or other underserved constituencies);
 - Health coverage, insurance, or care (e.g., QHPs, hospital financial assistance) they use; and
 - Income status and sources.
3. 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, if any.
4. Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers and small businesses? If so, please describe.
5. Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
6. 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.
7. Describe any experience the organization has in reducing health disparities and promoting health equity in the community you serve.
8. Deliverables and staffing:
 - Number of individual assistance cases and small business assistance cases, if any, your organization will handle per month. Describe the staffing that will be dedicated

to the grant to provide these services, including the background, training, experience, and current duties of any personnel already on staff who will deliver or supervise services under this project.

9. Accessibility:

- Is the organization's site accessible to most consumers by public transportation? If not, how do consumers access its services?
- 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.
- Please list all office locations and hours where CHA services will be provided.

10. Outreach:

- Please describe how the organization will market and do outreach to promote CHA services to the target population.
- Please describe any media experience your organization may have.

11. Sustainability:

- Please tell us about your organization's ability to participate in sustainability activities like educating community leaders about the need for CHA services in your community.

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 awardee.

- Propose a grant amount for the project period.
- Provide a line-item budget for a 12-month term, describing how the amount proposed will be used for this project. (This will be pro-rated for the first year, which is expected to be 10 months.) Include:
 - Personnel expenses (consistent with staffing listed above);
 - Other than personnel expenses; and
- Note: Organizations may be required to return any equipment purchased with grant funds to New York State at the end of the contract period.
 - In-kind or other organizational contributions.
- Provide a detailed budget narrative. If you propose a significantly higher or lower cost as compared to the typical grant in relation to services proposed, explain the cost difference.

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.

Submission Instructions

CSS requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on June 4, 2021. Emailed proposals should be sent to charfp@cssny.org.

The proposal should be signed by the appropriate individuals (see Contents of the Proposal, Cover Form). Electronic signatures are allowed. Please use 12-point font, one-inch margins and double spacing, unless otherwise indicated.

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. The organization 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 contingent on the award and availability of funds provided by New York State.

QUESTIONS

Questions about this RFP should be **emailed** by 5:00 pm on May 21, 2021, to charfp@cssny.org. The subject line should be “CHA RFP Question”. Responses to common questions will be posted on the CHA website, www.communityhealthadvocates.org, by 5:00 pm on May 28, 2021.

**Community Health Advocates
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 (if applicable)
- ___ 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 (if applicable)
- ___ Proposal Narrative (not to exceed 6 pages)
- ___ Proposed 12-month program budget (not to exceed 1 page)
- ___ Proposed program budget narrative (not to exceed 2 pages)
- ___ Two Letters of Reference (each not to exceed 1 page, single-spaced)

**Community Health Advocates
Request for Proposals
Cover Form
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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: _____

**Community Health Advocates
Request for Proposals
Cover Form
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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: _____

**Community Health Advocates
Request for Proposals
Anti-Discrimination Compliance Attestation
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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: _____

**Community Health Advocates
Request for Proposals
Conflict of Interest Attestation Form
Page 1 of 2**

NAME OF ORGANIZATION:

1. Describe the organization's primary activities.
2. Does the organization sell any insurance products or insurance-like products, including discount plans?
3. Does the organization receive any direct or indirect consideration from a health insurer? If yes, then please describe the terms and conditions for receipt of such consideration.
 - a. Explain why the organization's provision of services or products, or the relationship described will not create a conflict of interest or potential for non-objective performance of CHA activities.
4. Is the organization a provider entity that provides direct health care services to consumers, including outpatient and specialty visits with a provider?
5. If applicable, describe the health care services or products that the organization currently provides or anticipates providing. If the organization has a fiscal or legal relationship with a health care provider, state the name of the provider and describe the relationship with the applicant organization.
 - a. Explain why the organization's provision of services or products, or the relationship described will not create a conflict of interest or potential for non-objective performance

of CHA activities. Additionally, the organization will also want to demonstrate that primary activities of the organization do not include provision of medical care, health services or products; and limited provision of health care, services or products is performed as an incidental adjunct to the primary activities of the organization.

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

Signature: _____

Name: _____

Title: _____

Date: _____