

Community Health Advocates (CHA)

Request for Proposals

2026-2027

Introduction

In this Request for Proposals (RFP), Community Health Advocates ([CHA](#)), a program of the Community Service Society of New York ([CSS](#)), is inviting non-profit legal services organizations to apply for funding to provide individual consumer assistance, training and resources, and technical assistance.

New York State contracts with CSS to provide health consumer assistance to New Yorkers via the CHA Program. CHA's structure consists of CSS, Specialist organizations, and a network of 22 community-based organizations (CBOs). CSS administers the CHA Program, operates the live central toll-free helpline for direct assistance to consumers, and provides technical assistance, data reporting, and quality assurance for the CHA Program. CHA is an "all-payer" program, providing one-stop services to consumers with public, private, or no coverage at all. The program's core mission is to empower New Yorkers to successfully access health care and coverage and to improve health equity across the state. Collectively, CHA has served over 563,000 New Yorkers through educational workshops and one-on-one counseling sessions in over 25 languages, saving them more than \$252 million in health care costs. See <https://communityhealthadvocates.org/who-we-are/our-impact/>.

The CHA Specialist agencies provide legal support, technical assistance, training, resources, and advice to advocates in the network who work at CBOs throughout the state. The CBO Advocates provide individual assistance to consumers in person and over the phone, conduct outreach, and facilitate community presentations.

Through this RFP, CSS intends to add up to two non-profit legal services organizations to the CHA Program to serve as CHA Specialist organizations with expertise in Medicaid and other public insurance programs (other than Medicare).

1-Year Funding Opportunity

Ideally, CSS seeks to contract with **one** organization that provides services and supports CHA Advocates statewide. However, **up to two** contracts can be awarded:

- One to an organization providing services to consumers and supporting advocates in the five boroughs of New York City and the metropolitan region; and/or
- One organization providing services to consumers and supporting advocates in upstate counties.

The up to \$400,000 grant award is for an initial 12-month period, expected to begin on April 1, 2026. The contract is expected, but not guaranteed, to be renewed on an annual basis thereafter, subject to available funding and performance.

Eligibility Criteria

Applicants must be non-profit legal services organizations that have demonstrated experience serving Medicaid and other health care consumers in New York State. 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.¹

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.

Important Dates

| <u>EVENT</u> | <u>DATE</u> |
|--------------------------------|---------------|
| Release of RFP | Jan 16, 2026 |
| Questions About This RFP Due | Jan 26, 2026 |
| Answers Posted | Jan 30, 2026 |
| Application Due | Feb 17, 2026 |
| Award Announcements | March 6, 2026 |
| Anticipated Service Start Date | April 1, 2026 |

Services To Be Provided Under This Contract:

The organization(s) will be expected to provide the following services in an accessible, culturally and linguistically appropriate manner:

1. Individual Assistance

- Counsel and assist consumers individually with health insurance (e.g., Medicaid, Essential Plan, Child Health Plus) and health care access issues via telephone, email, and mail. Individual assistance cases should be high-level advocacy and representation regarding eligibility, benefits or services (e.g. internal and external appeals advice and/or representation,

¹ Organizations receiving Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD) funding cannot count non-marketplace applications as a CHA case.

fair hearing advice and/or representation, NYSOH appeal advice and/or representation). The level of a Specialist's assistance and involvement in a case may vary depending on the circumstances. The bidder should indicate whether it would be willing to respond to live answer CHA Helpline calls in times of excessive call volume— relevant equipment would be provided by CSS.

Examples of cases include:

- Helping consumers understand how to use their health insurance;
- Disputing or appealing coverage denials and eligibility determinations;
- Helping consumers get the most out of their coverage by helping to secure prior authorizations, access to Specialists, and out-of-network services when needed;
- Helping consumers access non-MAGI Medicaid programs, which may include providing information, a referral, or application assistance;
- Resolving medical billing and debt issues that arise because of gaps in coverage or service denials; and
- Accessing affordable health care services, hospitals, and prescription financial assistance programs.

2. Medicaid Training, Workshops, Consultations and Resources to the CHA Program

- Create, update and provide regular trainings to a diverse advocate base, distilling information so that it is easily accessible to advocates of all levels;
- Collaborate with CSS on developing training topics for the CHA Program;
- Proactively keep CSS and the CHA Network apprised of Medicaid policy and administrative developments, through policy updates.
- Offer quarterly advocate workshops to advise on Medicaid appeals, fair hearings, and other Medicaid advanced advocacy case topics;
- Provide one-on-one consultations to CHA agencies, as needed;
- Create case handling resources, including but not limited to templates, one-pagers, and case handling guides that can be referenced and adapted by CHA Advocates; and
- Create resources for Medicaid enrollees.

3. Meeting Attendance

- Attend monthly network meetings to provide updates on relevant public health insurance policy changes, technical assistance, and to conduct trainings, as needed.
- Attend monthly Specialist calls with CSS and other CHA Specialists to provide feedback and updates on relevant policy and advocacy workgroups for policy updates and sentinel reporting (e.g., the Public Programs Workgroup (PPG), Medicaid Matters New York, and the Duals Coalition) and report back to CSS with monthly updates from advocacy groups and workgroup meetings.

4. Technical Assistance

- Provide technical assistance to CHA Advocates with Medicaid-related case or policy questions;
- Advise CSS on the future development and direction of the CHA Program.

5. Sentinel/Trends

- Assist CSS with tracking and identifying trends and issues affecting individuals within the health care and health insurance arenas in New York State.

6. Community Outreach

- Provide community outreach to educate consumers, advocates, and health care providers about access to health coverage and care, upcoming health coverage changes, and CHA services.

Organization Requirements

The organization(s) selected 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 organization will agree to designate at least one full-time devoted staff person (CHA Coordinator) to work with the CHA Program, and will be responsible for:

- Attending CHA network and Specialist meetings;
- Ensuring that Specialist agency staff provide high-quality services (e.g., reviewing cases, training, resource creation, timely technical assistance and referral requests, and community outreach);
- Ensuring that any program staff at their organization is adequately trained and equipped to provide CHA services;
- Remaining current on health policy as it pertains to the services provided and updating CSS and the CHA Network;
- Ensuring that appropriate confidentiality procedures for health consumer assistance cases are followed.

The organization can add additional staffing as needed to support program deliverables.

2. Reporting

The organization will agree to:

- Collect and report data, via the cloud-based CSS case management database (Salesforce), about activities performed, consumers served, health-related issues addressed, and services provided following CSS guidelines in the subcontract and Policies and Procedures Manual.

3. Feedback and Assessment

The organization will agree to:

- Provide feedback on consumer and advocate materials, presentations, and other special projects to advance program goals upon CSS's request; and
- Participate in evaluations and assessments of the program and its components on an as-needed basis.

Range of Award

The amount of the grant awarded to the organization(s) is contingent upon an award to CSS and depends upon the scope of work and services proposed by applicants. CSS anticipates awarding a grant between \$100,000 to \$400,000 for a 12-month period.

An organization that is awarded the maximum grant will provide services statewide and typically

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commit to serving:

- A minimum of 600 individual consumers during a 12-month contract period through 50 individual assistance cases per month;
- Provide up to 12 trainings and case handling resources for CHA Advocates;
- Provide up to four targeted workshops for CHA Advocates;
- Provide technical assistance to CHA Advocates;
- Be ready and willing to accept a mutually agreed upon number of referrals from CSS and other CHA organizations;
- Conduct educational outreach; and
- Attend program meetings.

Proposal Submission

Please include the following in your proposal submission. Proposals missing any component will not be considered.

- 1. Proposal Checklist (Attached):** Please fill out and submit the attached checklist to ensure that your application is complete.
- 2. Cover 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).
- 3. Letter of Commitment from the organization's Executive Director or President of the Board of Directors**
- 4. 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;
 - A copy of the organization's most recent IRS Form 990;
 - Anti-discrimination attestation;
 - Conflict of Interest attestation²
- 5. Proposal Narrative (not to exceed 6 pages).**
 - a) Mission:** Describe your organization's mission and experience helping consumers

² 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.

within the target population(s) with health insurance and health care-related issues.

- b) **Population Served:** Describe what population(s) your organization primarily serves, including but not limited to:
- Income status;
 - Primary language(s);
 - Race/ethnicity;
 - Unique populations served (e.g. historically marginalized populations, individuals in recovery, people with substance use disorder and/or mental illness, rural populations, veterans, formerly incarcerated, LGBTQ+ populations);
 - Health coverage, insurance, or care (e.g. commercial insurance; public insurance such as Medicaid, Medicare, the Essential Plan, or Child Health Plus, hospital financial assistance) they use;
 - Describe any experience the organization has in reducing health disparities and promoting health equity in the community it serves;
 - Describe any experience the organization has in training or providing presentations to consumers, providers, advocates, and other professionals.
- c) **Geographic Area:** Geographic area your organization proposes to serve.
- d) **Staffing and Deliverables:** Your organization should be ready to begin providing services at the contract start date of April 1, 2026. Please include information about the following:
1. **Staffing:** The Specialist organization will provide at least one full-time staff member devoted to the CHA Program. 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.
 2. **Deliverables:**
 - a. Provide the number of individual assistance cases your organization will handle per month.
 - b. Provide the number of trainings and resources the organization will provide.
 - c. Provide the number of outreach events the organization will provide each year and the number of potential attendees at these events.
 - d. Provide the number of referrals your organization will be willing to accept monthly.
- e) **Training and Resource Creation:** Please provide a sample training and resource created for advocates and a sample resource created for consumers.
- f) **Reporting Experience:** Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
- g) **Advocacy:** Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers? If so, please describe them. Describe the policy advocacy and workgroups the organization participates in. Describe any experience the organization has in advocating for systemic changes on behalf of the service population or constituency, and any experience using clients' stories to advocate for systemic changes.
- h) **Accessibility:** Please provide information about where the organization will provide individual assistance and how assistance will be provided, including:
- List all office locations and hours where services will be provided;

- Describe if the organization is accessible via phone, email, web application, and/or in-person; and
 - Describe your organization's language access plan.
- i) **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.

6. 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 the awardee. The contract is reimbursement based, and monthly invoicing is required.

- Propose a grant amount for the project period up to \$400,000.
- Provide a line-item budget for a 12-month term, describing how the amount proposed will be used for this project. The budget should include:
 - Personnel expenses (consistent with staffing listed above);
 - Non-personnel expenses; and
 - In-kind or other organizational contributions.
 - Note: Organizations may be required to return any equipment purchased with grant funds to New York State at the end of the contract period.
- 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.

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

Each applicant must provide two reference letters from people or organizations familiar with the organization, its work and its capacity to educate and serve health consumers.

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 the best interests of the program. The organization(s) selected will be asked to provide evidence of general liability insurance, workers' compensation, disability, a Vendor Responsibility Questionnaire, and errors and omissions of 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 January 26, 2026, 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 January 30, 2026.

Submission Instructions

CSS requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on February 17, 2026. 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.

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Proposal Checklist
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- ☐ 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)
- ☐ Cover Form, signed and dated by the organization's Executive Director or the 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)
- ☐ Two Letters of Reference (each not to exceed 1 page, single-spaced)

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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: _____

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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: _____

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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: _____

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Conflict of Interest Attestation Form
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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. If yes, 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. If applicable, 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: _____