

## Community Health Advocates (CHA)

### Request for Proposals for Jefferson, Lewis, New York City, and St. Lawrence County

#### Agencies

2025-2026

#### Introduction

Through this Request for Proposal (RFP), Community Health Advocates ([CHA](#)), a program of the Community Service Society of New York ([CSS](#)), is inviting non-profit community-based organizations located in Jefferson, Lewis, New York City and St. Lawrence Counties to participate in the CHA program network. CSS, seeks to add to the CHA network up to **two** community-based organizations with experience assisting individuals with a wide range of health insurance issues. This funding opportunity is to provide pre and post-enrollment individual consumer assistance and education to individuals regarding health care and health insurance.

New York State contracts with CSS to provide health consumer assistance to New York's consumers. CHA helps New Yorkers navigate the complex health care system by providing individual assistance, outreach, and education to communities throughout New York State. CHA has always been an "all-payer" program, providing one-stop services to consumers with public, private, or no coverage at all.

CHA's structure consists of CSS, three Specialist agencies, and a network of community-based organizations. CSS administers the CHA program, operates the live central toll-free helpline for direct assistance to consumers, and provides technical assistance, data reporting, training and resources, and quality assurance for all advocates who provide CHA services. The Specialist agencies provide legal support, technical assistance and advise advocates on cases. The community-based organizations provide individual assistance to consumers in person and over the phone, conduct outreach and community presentations. Collectively over the past decade, [CHA](#) has served 540,000 New Yorkers through educational workshops and one-on-one counseling sessions in over 25 languages, saving them more than \$230 million in health care costs.

#### 1-Year Funding Opportunity

CHA anticipates awarding up to **two** contracts, one to an organization *providing services* in New York City and/or one organization *providing services* in Jefferson, Lewis, and St. Lawrence Counties to provide pre and post-enrollment individual assistance and education to individuals regarding health care and health insurance. Organizations that serve people who are pregnant are strongly encouraged to apply. The \$60,000-\$80,000 grant award is for an initial 12-month period but will be **pro-rated** based on the contract's actual start date. The contract is expected to be renewed on an annual basis thereafter. CSS also seeks to fund an organization that has expertise providing healthcare information and assistance. The selected applicant(s) will provide services, including walk-in services, free of charge to consumers.

## Eligibility Criteria

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. 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.

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	May 9, 2025
Questions About This RFP Due	May 16, 2025
Answers Posted	May 23, 2025
Application Due	June 6, 2025
Award Announcements	June 16, 2025
Anticipated Service Start Date	July 1, 2025

## 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, including options for telephone, web, email, mail, and in-person assistance:

- 1. 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 consumers 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.

- 2. Community Outreach and Presentations:** Provide community presentations designed to educate consumers, advocates and health care providers about health insurance and their rights as health care consumers.
- 3. Client Stories:** The CHA organization will identify consumers 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.
- 4. Sentinel/Trends:** CSS expects the CHA organization will be ready, willing, and able to collaborate with other CHA organizations to identify trends and issues affecting individuals within the health care and health insurance arenas in New York State.

### 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 a CHA Coordinator and will be responsible for:

- attending program meetings;
- overseeing other program staff at their organization and ensuring high quality services, including reviewing cases and monitoring presentations;
- ensuring that any program staff at their organization is adequately trained and equipped to provide services;
- collecting client stories during the contract period with appropriate media releases;
- remaining current on health policy as it pertains to the services provided;
- encourage consumer participation in any program evaluations, as deemed necessary by CSS, including client satisfaction surveys, presentation participant evaluations, and surveys;
- coordinating with CSS to create and implement corrective action plans, if required; and
- ensuring that appropriate confidentiality procedures for health consumer assistance are followed.

#### **2. Reporting**

The organization will agree to:

- collect and report data, via the cloud-based CSS case management 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.

### **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 is contingent upon an award to CSS and depends upon the scope of work and services proposed by applicants. CSS anticipates awarding a grant from \$60,000 to \$80,000 for a 12-month period. An organization that is awarded a \$80,000 grant will typically commit to serving a minimum of 600 individual consumers during a 12-month contract period through 50 individual assistance cases per month. In the first year, the grants may be prorated due to the shorter funding term. Full 12-month grants are expected to be renewed on an annual basis in subsequent years.

Grantees must provide the following two sets of services:

1. **Baseline:** which refer to the number of individual assistance cases and presentations the CHA organization is contractually obligated to achieve monthly; and
2. **Deliverables:** which include attendance at CSS meetings and presentations, two consumer stories submissions, timely reporting and invoicing, and quality services.

## **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 attestation<sup>1</sup>

#### 5. Proposal Narrative (not to exceed 6 pages).

- a) **Mission:** Describe your organization's mission and experience helping consumers within the target population(s) with health insurance and health care-related issues.
- b) **Population Served:** Describe what population(s) your organization's primarily serves including but not limited to:
  - income status;
  - primary language(s);
  - race/ethnicity;
  - geographic location;
  - 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), and;
  - 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 you serve.
- c) **Staffing and Deliverables:** We would like to know if your organization would be ready to begin providing services at the contract start date of July 1, 2025. Please include information about the following:
  1. **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.
  2. **Deliverables:**
    - a. Provide the number of individual assistance cases your organization will handle per month.
    - b. Provide the number of outreach/training events the organization will provide each year and the number of potential attendees at these events.
- d) **Reporting Experience:** Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
- e) **Advocacy:** Are there any restrictions on the organization's ability to advocate freely and

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<sup>1</sup> 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.

vigorously on behalf of consumers? If so, please describe. 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.

- f) **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 in-person assistance services will be provided.
  - Describe if the organization is accessible via phone, email, web application, and in-person.
  - Describe your organization's language access plan.
  - Are sites where services will be provided 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.
- g) **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 awardee. The contract is reimbursement based and monthly invoicing is required.

- Propose a grant amount for the project period up to \$80,000.
- 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);
  - 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.

## **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 and 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 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 16, 2025, to [charfp@cssny.org](mailto: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](http://www.communityhealthadvocates.org), by 5:00 pm on May 23, 2025.

## **Submission Instructions**

**CSS requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on June 6, 2025. Emailed proposals should be sent to [charfp@cssny.org](mailto: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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Request for Proposals  
Proposal Checklist  
Page 1 of 1**

- ☐ 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:** \_\_\_\_\_

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

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

**Community Health Advocates  
Request for Proposals  
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:** \_\_\_\_\_