RFA # 20278 / Grants Gateway # *DOH01-CAABD-2024*

New York State Department of Health
Office of Health Insurance Programs
Division of Eligibility and Marketplace Integration

Request for Applications
Consumer Assistance for the Aged, Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility

KEY DATES:

Release Date:	**3/14/2023**
Questions Due:	**3/29/2023**
Questions, Answers and Updates Posted (on or about):	**4/12/2023**
Applications Due:	**4/26/2023 by 4:00 PM**

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I. Introduction

The New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), is issuing this Request for Applications (RFA) to provide education, outreach services, and enrollment assistance into government-sponsored health insurance programs to the aged, certified blind, and certified disabled populations and to provide outreach to consumers who are required to apply for Medicare as a condition of their Medicaid eligibility. Under this procurement, $8 million in annual funding, over a period of five years, is available to community-based organizations (CBOs) and government entities for the purpose of providing facilitated enrollment for individuals over age 65, or those who are certified blind or disabled applying for government-sponsored health insurance. NYSDOH anticipates that during the contract period, there will be an effort to transition existing individuals enrolled in Medicaid through local Departments of Social Services (LDSS) to NY State of Health, New York's Health Plan Marketplace. Once the transition of existing populations begins, enrollment staff of awarded Applicants (Grantees) will be expected to assist individuals renewing their enrollment in NY State of Health and with new applications and enrollment for those populations in NY State of Health. In the first year of the contract, it is also anticipated that FE ABD assistors will help individuals over 65 who are undocumented apply for health care coverage into a Medicaid managed care plan, in accordance with a provision in the 2023 New York State budget. In addition, awarded organizations will provide outreach and application assistance to individuals who are required to apply for Medicare as a condition of their Medicaid eligibility. Grantees will also provide assistance to individuals dually eligible for Medicaid and Medicare including individuals currently enrolled in NY State of Health due to the COVID-19 Public Health Emergency (PHE).

The original Consumer Assistance for the Aged, Blind and Disabled (ABD) Program was designed to provide community-based alternatives to the LDSS for individuals applying for health insurance. Since program inception, assistance has been provided on over 51,000 applications. In 2018, the scope of work was expanded to provide outreach to individuals enrolled in Medicaid who appeared Medicare eligible based on age or medical diagnosis as this is a condition of Medicaid eligibility. This RFA builds on the success of the consumer assistance program and expands outreach services. Over 106,000 consumers have received outreach services to complete their Medicare application as a condition of their Medicaid eligibility under this program. On average, outreach is conducted to over 1,000 consumers each month, with an individual agency conducting outreach to 20 – 150 consumers each month, depending on population size in their service area.

In New York State, the 2021 Census figures show nearly 3.4 million residents are 65 years and older, a figure projected to be over 4 million by 2026. According to data from 2021, over 3.2 million adults, or 1 in 5 adults in the state reported having a disability. According to the 2020 Behavioral Risk Factor Surveillance System (BRFSS) adults with disabilities experience health disparities and are more likely to smoke, have depression, obesity, diabetes, and heart disease. The prevalence of disability varies across age groups depending on the type of disability, but is overall higher in those 18-64 years. Individuals with a disability are more likely to live in poverty and have trouble accessing care. Providing ease of access to convenient community-based enrollment assistance, inclusive of home visits, will allow many ABD persons to obtain comprehensive health insurance, improve access to care and health outcomes and thereby improve quality of life.

For this RFA, the RFA Applicant should target consumer assistance/facilitated enrollment to a specific region of the state. Regions, as defined in this RFA include: Capital Region, Finger Lakes, Hudson Valley, Long Island, New York City, North Country, Southern Tier and Western New York.

II. Who May Apply

A. Eligible RFA Applicants

Under Social Services Law §366 subdivision 15**,** the Commissioner may contract with CBOs and other entities that can effectively target outreach and enrollment assistance efforts to aged, blind and disabled persons who may be eligible for coverage. Further, Chapter 57 of the Laws of 2017 included a provision that effective January 1, 2018, individuals must demonstrate that they have applied for Medicare as a condition of Medicaid eligibility. RFA Applicants under this program will provide outreach and enrollment assistance for both programs, whether through their organization or as a Lead Agency on behalf of a subcontractor or consortium of subcontractors.

RFA Applicants must meet the criteria below to be deemed eligible to submit an Application in response to this RFA.

1. RFA Applicant **must be** a public or private not-for-profit 501(c)(3) CBO or Government organization;
2. RFA Applicant must be eligible to do business with New York State; and
3. RFA Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the "Key Dates" set forth on the Cover Page of this RFA.

Any RFA Applicant who does not meet the criteria described above will be disqualified from consideration for review and an award under the program.

B. Preferred Qualifications

Given the complexities of applying for public health insurance coverage, especially when the individual is over the age of 65, certified blind or certified disabled, it is preferred that an Applicant to this RFA have at least five years of prior experience in the provision of consumer assistance services or experience providing programs and services to the aged, certified blind and disabled populations, and experience providing outreach and application assistance to individuals enrolled in Medicaid who appear Medicare eligible.

C. Available Funding

For this RFA, the RFA Applicant should target consumer assistance/facilitated enrollment services to one or more specific region(s) of the state as outlined below in Table 1. An RFA Applicant may apply for more than one region in their application. An RFA Applicant that proposes to provide services in each region of the state (statewide coverage) can apply for all regions, for a maximum funding award of $8,000,000.00 (see each regions maximum award amount below in Table 1). An RFA applicant that proposes to provide services in more than one region, including if applying for statewide coverage, should submit one application that incorporates detailed responses for each region the RFA applicant is applying for. Regions, as defined in this RFA include: Capital Region, Finger Lakes, Hudson Valley, Long Island, New York City, North Country, Southern Tier and Western New York.

Refer to Table 1 for a listing of the regional distribution of awards, including the counties to be served and the maximum award level in each region. The available funding is broken down by need across NYS based on the aged, blind and disabled population in each region.

Table 1: Annual Funding Distribution by Region

Region	**Maximum Award Amount Per Region**
Capital Region (Albany, Columbia, Greene, Schoharie, Fulton, Saratoga, Montgomery, Schenectady, Rensselaer, Washington and Warren)	$465,000.00
North Country (Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego and St. Lawrence)	$415,000.00
Finger Lakes (Livingston, Monroe, Ontario, Seneca, Wayne and Yates)	$465,000.00
Hudson Valley (Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster)	$315,000.00
Long Island (Suffolk and Nassau Counties)	$1,075,000.00
New York City (Bronx, Brooklyn , Manhattan, Queens, Rockland, Staten Island and Westchester)	$4,000,000.00
Southern Tier (Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga and Tompkins**)**	$465,000.00
Western NY (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	$800,000.00

Each region included in the application needs to be indicated (checked off) on **Attachment 4: Grant Application Cover sheet**, including the funding amount requested per region, and described separately in applicable application questions.

Awards will be made to RFA applicants who submit an application to serve one or more region(s) or to an organization that chooses to serve as a lead agency with one or more subcontractor organizations that provide Consumer Assistance services for the Aged, Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility. The NYSDOH encourages RFA applicants to submit applications that demonstrate a collaborative approach serving more than a single region as this model has shown improvements in both program quality and administrative efficiencies.

III. Project Narrative/Work Plan Outcomes

Every region included in the application must be supported by an adequate number of facilitated enrollers from either the RFA Applicants organization, regional or satellite offices or subcontractors. If an agency proposes to provide statewide coverage, facilitated enrollers should be located in each region of the state and must be available to serve persons aged 65 years or older, certified blind individuals and individuals with certified disabilities in each region. The adequate number of facilitated enrollers necessary for each region should be determined by the RFA Applicant. RFA Applicants should include justification for how they determined the adequate number of facilitated enrollers needed to serve each population (e.g., aged 65 years or older, certified blind, and certified disabled) across the entire proposed service area, which includes a description for providing coverage in each proposed region. The RFA Applicant should also indicate how it will dedicate adequate resources to provide outreach services to the population needing assistance in the Medicare referral process and those dually eligible for Medicare and Medicaid who may be eligible to enroll in integrated managed care plans.

The application should target consumer assistance services to each region included in the RFA application with an adequate number of facilitated enrollers with the Applicant organization, or with at least one subcontractor from the lead agency, located in each region of the state in the RFA application. If applicable, lead agencies should clearly identify its network of partnering subcontractors at the time of application submission.

All individuals age 65 or older are eligible to receive Medicare if they meet the financial and other eligibility requirements. Individuals of any age are eligible to receive Medicaid when they are certified blind by the Commission for the Blind and Visually Handicapped, provided they meet the financial and other eligibility requirements. Individuals under the age of 65 who are certified disabled by the Social Security Administration, the State Medicaid Disability Review Team or local Medicaid Disability Review Team, or persons in receipt of Railroad Retirement benefits as, “totally and permanently disabled” are considered disabled for Medicaid purposes and are eligible to receive Medicaid providing they meet all of the financial and other eligibility requirements. Persons who are aged, certified blind or certified disabled are part of the Supplemental Security Income (SSI)-related category of Medicaid. Note: All disability determinations for the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program, as well as for individuals who are age 65 or over and are establishing a pooled trust are performed by the State Medicaid Disability Review Team.

The 2023 State budget included a provision to raise the income eligibility level for Aged, Blind and Disabled (non-MAGI), Low-Income Families and other medically needy adults to 138% of the FPL. The State budget also included a provision to expand Medicaid eligibility to undocumented individuals over age 65. It is anticipated that these individuals will be eligible to enroll in Medicaid managed care beginning in mid-2023. It is estimated that approximately 25,000 individuals who would otherwise have been uninsured may be eligible under this coverage.

RFA Applicants should describe in detail their past accomplishments and experience in working with the target populations described above. RFA Applicants should present information on previous and/or current challenges and solutions in service provision to the target populations. RFA Applicants should describe the population to be served, and to the extent possible, the level of under or uninsured in the population.

An RFA Applicant may subcontract components of the Work Plan to be performed by the RFA Applicant pursuant to the terms of its Application. If known, the RFA Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. RFA Applicants should note that the lead organization (that is, the successful Applicant, as Grantee) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All applicable subcontractors and subcontracts will be required to be approved by the New York State Department of Health.

A. Eligibility Requirements for Public Health Insurance Programs

The following factors are among those considered when determining eligibility for individuals in the SSI-related category of Medicaid:

- New York State Residency – the health insurance applicants must provide documentation of New York State residency. Documentation must be within six months of the application date;
- Age – the consumer applicant attests to his/her date of birth. A validated Social Security Number (see U.S. Citizenship Status/Identity below) is verification of his/her date of birth;
- Household Income – the health insurance applicant must document the household income for the four weeks prior to application;
- Other Health Insurance – if the health insurance applicant has other health insurance, documentation showing what that coverage includes must be provided;
- U.S. Citizenship Status/Identity – if the health insurance applicant attests that he/she is a U.S. citizen and provides his/her social security number, citizenship will be verified using a data file matching process with the Social Security Administration (SSA). If the match is successful, the applicant does not need to provide proof of U.S. citizenship, identity or date of birth. If the match is not successful or the applicant does not provide his/her social security number, the applicant must provide original citizenship and identity documentation. Certain populations are exempt from the citizenship and identity documentation requirements, including but not limited to individuals receiving Medicare, Social Security Disability Insurance benefits and Supplemental Security Income benefits; and
- Immigration Status (if not a U.S. citizen) – health insurance applicants must document their immigration status.

An additional factor relevant to the eligibility of the SSI-related population is resources. Resources include such things as checking and savings accounts, retirement accounts, certificates of deposit, stocks, mutual funds, annuities, trust accounts, life insurance policies, real property and home equity.

To determine eligibility for Medicaid for SSI-related applicants, available countable resources are compared to a resource test.

Whether resources need to be documented, and for how long a period, is dependent on the services for which an individual is applying. The following briefly outlines the resource reporting required for the different levels of care under Medicaid*:

- Persons applying for Medicaid coverage that does not include community-based long-term care services may attest to the amount of their resources, and are not required to submit documentation.
- For those applying for coverage that includes community-based long-term care services, documentation of the current amount of resources must accompany the application. Community based long-term care services include such things as: adult day health care; private duty nursing; assisted living programs; personal care services; Certified Home Health Agency services; Hospice in the community or in a residence program; and, many other services.
- Institutionalized persons applying for coverage of nursing home care must submit documentation of resources for the past 60 months.

Note: Individuals applying for the Medicare Savings Program (MSP) only do not have a resource test and resources are not considered in determining eligibility for this program.

**Electronic Verification of Assets through Asset Verification System (AVS)* – Notwithstanding whether or not documentation of resources is required for a level of care under Medicaid, federal rules require that an SSI-related applicant or recipient and his or her spouse must authorize the electronic verification of their assets as a condition of Medicaid eligibility (subject to some very limited exceptions for certain individuals). This requirement applies regardless of whether an health insurance aplicant is attesting to the value of resources for community coverage without long-term care or seeking Medicaid coverage of community-based long-term care or nursing home care. This electronic asset verification is done through the Department's electronic AVS, which searches financial account information with national, regional and local banks, and real property information with public records databases. The health insurance applicant or recipient's signature on the Medicaid application and renewal form is sufficient authorization to verify assets through AVS. Supplement A (DOH-4495A) to Access NY Health Care Application (DOH-4220) and several renewal forms obtain a non-applying spouse's authorization to verify assets through AVS. In addition, other forms exist for use in situations where the health insurance applicant or recipient and/or the health insurance applicant or recipient's spouse do not sign the Medicaid application or the renewal form.

B. Overview of Government-Sponsored Health Insurance Programs

Applicants for this RFA should have experience and a detailed knowledge of the public health insurance programs available to individuals who are aged, blind and disabled including: Medicaid, the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program, the Medicaid Excess Income (Spenddown) program, the MSP, Medicaid for Institutional Care in a Nursing Home including spousal impoverishment provisions and transfer of assets provisions, and a basic understanding of trusts.

1. Medicaid

Medicaid is a health insurance program that offers fully eligible persons complete coverage for all their health care needs. Individuals enrolled in Medicaid can visit Medicaid participating doctors, health centers, clinics and hospitals to receive their health care. Most adults enrolled in Medicaid must join a Medicaid managed care health plan that has its own network of participating providers including doctors and health centers.

The Affordable Care Act of 2010 (ACA) made significant changes to the Medicaid program. It provides that states offer a health insurance marketplace where individuals and families can apply for health insurance, including Medicaid. New York operates a state-based, integrated marketplace called NY State of Health. Individuals can apply for public health insurance programs including Medicaid, Essential Plan (New York's basic health program), Child Health Plus (CHPlus) and Qualified Health Plans with or without cost sharing.

Effective 1/1/2014, Medicaid applicants who are required to have eligibility determined based on modified adjusted gross income (MAGI) budgeting methodology will have eligibility determined through NY State of Health. This is primarily pregnant women, children, parents and caretaker relatives and adults ages 19 to 64 who are not in receipt of Medicare. The LDSS will continue to determine eligibility for individuals in non-MAGI eligibility groups, including the SSI-related category until such time as the NY State of Health is prepared to process these applications. It is anticipated that the process to transition non-MAGI enrollees enrolled in coverage through a LDSS to NY State of Health will occur during the term of this contract and that FE ABD agencies will assist in this transition. It is also anticipated that FE ABDs will assist dually eligible individuals who have remained enrolled in NY State of Health during the PHE through the PHE unwinding process.

Additionally, aged, blind and disabled individuals who apply at NY State of Health under a MAGI eligibility group who are determined financially ineligible for Medicaid may be referred to the LDSS to have eligibility determined under SSI-related eligibility rules, including the Excess Income program. These individuals will receive application forms to complete for submission to the LDSS and may require assistance in filling out the application.

NYSDOH is planning the expansion of the NY State of Health to allow redeterminations using the SSI-related budgeting for certain MAGI members who are already enrolled through NY State of Health and who are moving into a non-MAGI category, such as those MAGI members who are approaching age 65, or who gain Medicare due to disability. The redetermination in NY State of Health will be made in lieu of referring those members to the LDSS. For these cases, the members will renew directly in NY State of Health, and may require assistance to supplement and update the information already on record in NY State of Health. Later phases of NY State of Health expansion will allow new non-MAGI applications in NY State of Health to determine eligibility under SSI-related budgeting, for MSP and for the Excess Income Program.

a. MAGI Medicaid eligibility groups are:

- Pregnant women
- Infants and Children under 19 years of age
  - Infants less than 1 year
  - Child 1-5 years of age
  - Child 6–18 years of age
- Adult Group – Childless Adults, which include individuals who
  - are not pregnant
  - are age 19-64
  - do not have Medicare
  - could be certified disabled but do not have Medicare yet
- Parents/Caretaker Relatives;
- Children in Foster Care (Chaffee)
- Family Planning Benefit Program

Note: A caretaker relative may be over 65 and included in the MAGI eligibility group even if he/she has Medicare coverage.

b. Non-MAGI Medicaid eligibility groups are:

- Medically Needy
  - Supplemental Security Income (SSI) recipients
  - SSI-related individuals - includes those who
    - are aged (65 years of age and older)
    - certified blind
    - certified disabled
  - Aid to Families with Dependent Children program (ADC)-related individuals are those who
    - are under 21 years of age; and
    - for reasons other than income, individuals who would meet the eligibility requirements of the ADC program
- Foster Care
  - (IV-E or Non-IV-E)
  - Individual under 26 years of age who was in foster care and in receipt of Medicaid on their eighteenth (18th) birthday
- Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program applicants

2. Medicaid Buy-In for Working People with Disabilities (MBI-WPD) Program

The MBI-WPD program offers Medicaid coverage to people with disabilities who are working and earning more than the allowable limits for regular Medicaid. This program allows working people with disabilities to earn more without the risk of losing vital health care coverage.

To be eligible for the MBI-WPD program, an individual must:

- Be a resident of New York State;
- Be at least 16 but not yet 65 years of age;

- Have a disability as defined by the Social Security Administration;
- Be engaged in paid work (includes part-time and full-time work);
- **Have gross income that does not exceed 250% of the Federal Poverty Level.
- Have non-exempt resources that do not exceed $20,000 for a one-person household and $30,000 for a two-person household.

Note: Retirement accounts are disregarded as a resource in determining eligibility for this program. Retirement accounts that are disregarded are annuities or work-related plans for providing income when employment ends, including but not limited to: pensions; Individual Retirement Accounts (IRAs); 401(k) plans and Keogh plans.

**Eligibility for this program is determined using an SSI-related budget (pre-ACA rules), including all applicable disregards. Individuals may have gross income that is greater than 250% FPL, but due to deductions allowed for earned income in SSI-Related budgeting the individual may still be eligible for the program.

The program covers single individuals and married couples, if both are working and disabled, but it does not offer family coverage.

Additional information on the program can be found using this link:
https://www.health.ny.gov/health_care/medicaid/program/buy_in/docs/working_people_with_disabilities.pdf

3. Medicaid Spenddown Program

An individual who is age 65 or older or who is certified blind or certified disabled and has countable income that is over the Medicaid level, may still be able to get Medicaid coverage under the Excess Income or Spenddown Program. For SSI-related individuals, certain deductions are taken from the monthly household income. The most common deductions for individuals who are disabled or over 65 years of age is a $20 deduction from unearned or earned income and from earned income, the first $65 and one-half the remainder. The cost of monthly health insurance premiums such as Medicare Part B is also deducted from income. Any child support received is counted as income.

The amount of income remaining after subtracting any deductions is compared to the medically needy income level for the individual's household size. If the individual's monthly income is over the medically needy level, the amount the income is over is called excess income. It is like a deductible that goes toward the cost of medical bills. If medical bills equal the excess income amount in a particular month, Medicaid pays the additional medical bills beyond the excess income amount for the rest of that month. This includes payment for care provided outside a hospital, doctor and dental visits, lab tests, prescription drugs and long-term care in the community such as home care and assisted living. Inpatient hospital care and services may be covered if an individual has medical bills, paid or unpaid, that are at least equal to the monthly excess income amount for six months. This program also has a Pay-In Option, where an individual can pay the monthly excess income amount for any month directly to the local department of social services to receive Medicaid outpatient coverage for that month.

4. Medicare Savings Program (MSP)

The MSP assists individuals and couples in paying for their Medicare premiums. If applicants apply for MSP only they may complete the NYSDOH-4328 (Medicare Savings Program application). Several changes were made to the MSP in the 2023 State budget to help vulnerable seniors and individuals with disabilities access Medicare. The following programs fall within the MSP:

- **Full Medicaid for Dual Eligibles:** (Individuals eligible for both Medicare and Medicaid) This program pays for a wide range of medical care, services and supplies as well as premiums, coinsurance and deductible payments for Medicare beneficiaries.
- **Qualified Medicare Beneficiary (QMB)**: Income below 138% of the FPL. This program can pay for the Medicare Part A (hospital) and B premium (outpatient services), coinsurance and deductible amounts. An individual can be eligible for QMB only or for QMB and Medicaid. There is no resource test for this program.
- **Qualifying Individual (QI)** – Income below 186% FPL. This program pays for the Medicare Part B (outpatient services) premium only. Individuals cannot be eligible for QI and Medicaid. The health insurance applicant must have Medicare Part A. States are allotted money for this program on a yearly basis. There is no resource test for this program.
- **Qualified Disabled and Working Individual (QDWI)** – Income below 200% FPL + $20. This program pays for the Medicare Part A premium only, not Part B. The health insurance applicant must be a disabled worker under age 65 who lost Part A benefits because of return to work, is not receiving medical assistance from the state, and meets required income and resource limits.

Enrollment in any MSP also automatically enrolls a Medicare beneficiary into the Part D Low-Income Subsidy (LIS) or Extra Help Program which helps pay prescription drug costs. Approximately 66,000 individuals participating in the Elderly Pharmaceutical Insurance Coverage Program (EPIC) will qualify for LIS Extra Help due to the expansion of MSP to 186% of the FPL.

5. Medicaid Coverage of Nursing Home Care

There are specific Medicaid income, resource, and transfer of asset rules for Medicaid coverage of nursing home care. Generally, individuals who seek this level of Medicaid coverage are those who are admitted to certain types of medical facilities. If the individual is admitted to such a facility and is not expected to return home, the institutionalized individual is considered to be in “permanent absence status,” in Medicaid terms. When a permanently institutionalized individual is determined to have resources below $16,800, for 2022 and is income eligible, and there are no asset transfers, chronic care budgeting rules are applied to determine the amount of income that must be contributed toward the cost of nursing home care. An institutionalized individual presumed to be in permanent absence status can be someone who:

- Is admitted to a nursing home or intermediate care facility,
- Is receiving an alternate level of care in a hospital, or
- Remains in an acute care hospital for more than six calendar months.

Note: Adequate medical evidence may overcome the permanent absence status presumption.

For institutionalized individuals who are considered to be in permanent absence status and are found financially eligible for Medicaid coverage of nursing home care, Medicaid chronic care budgeting rules are applied the first day of the month following the establishment of permanent absence. Under this budgeting methodology, the institutionalized individual can retain $50 a month in income, with the remaining income after certain allowable deductions being contributed monthly toward the cost of care in the nursing home. When an institutionalized individual has a community spouse, spousal impoverishment rules apply.

Please note, the change to the Medically Needy Income Level to 138% of the FPL effective January 1, 2023, results in an increase to the resource level for aged, blind, and disabled individuals to $28,133, effective January 1, 2023.

a. Spousal Impoverishment Rules

When the institutionalized individual is married, and their spouse remains in community Medicaid "spousal impoverishment" rules provide for a resource allowance and an income allowance for the spouse living in the community (the "community spouse").

(i) Community Spouse Resource Allowance:

The community spouse may keep a certain amount of the couple's resources, known as the community spouse resource allowance, which is the greater of:

- $74,820, the State minimum spousal resource standard (2022), or
- One-half of the couple's resources up to a maximum of $137,400 (2022)

This spousal share is an amount equal to one-half of the total value of the couple's countable resources as of the date of the first continuous period of institutionalization of the institutionalized spouse. If the couple's combined resources are less than the State minimum allowance, the community spouse may retain all of the couple's resources. When the combined resources exceed the maximum amount, the excess is considered available to the institutionalized spouse. The institutionalized spouse is allowed the Medicaid resource level for one ($16,800 for 2022).

(ii) Minimum Monthly Maintenance Needs Allowance:
In determining whether an institutionalized spouse will need to contribute monthly income toward the cost of nursing home care, spousal impoverishment rules allow for a contribution to the community spouse when the community spouse's income is below the Minimum Monthly Maintenance Needs Allowance (MMMNA). For 2022, the MMMNA is $3,435. Income of the institutionalized spouse can be used to bring the community spouse's income up to the MMMNA. When the health insurance applicant has a

dependent family member living with the community spouse, a family member allowance is made available. The family member allowance is first made up from an excess income of the community spouse. If the community spouse's income is insufficient to cover the family member allowance, the remainder is deducted from the institutionalized spouse's income.

Spousal impoverishment rules also apply to couples with a spouse participating in a home and community-based waiver (HCBS) program and to couples with a spouse enrolled in a Managed Long-Term Care (MLTC) plan.

Note: When a single individual is admitted to a nursing home on a temporary basis, community budgeting rules apply.

6. Transfer of Assets Rules

For Medicaid coverage of nursing home care, the transfer of assets rules apply to institutionalized individuals who are subject to a resource test and who are in permanent placement or whose care exceeds 29 days of short term rehabilitation, and their spouses. These rules include a review of assets during the look-back period (a period of 60 months prior to the month the otherwise eligible institutionalized individual is seeking coverage for nursing home care) to determine whether uncompensated transfers of assets have been made. Any uncompensated transfers may result in a period of ineligibility for Medicaid coverage of nursing home care. There are several exceptions when transfer penalties are not imposed.

7. Treatment of Trusts

In general, a trust is a legal instrument by which an individual gives control over his/her assets to another (the trustee) to disburse according to the instructions of the individual creating the trust. The trustee has the duty of administering the trust assets for the benefit of the beneficiary of the trust. A trust can contain cash or other liquid assets including income, and real or personal property that could be turned into cash. There are a number of different types for trusts. For Medicaid eligibility purposes, trusts must be evaluated to determine if there is any countable income and/or resources and to determine if there has been a transfer for less than fair market value. As a general rule, if an individual's assets are used to establish a trust on or after January 1, 2020, all or part of the trust assets will be counted as the individual's resource for purposes of determining the individual's Medicaid eligibility. Exceptions are made for certain trusts created for the benefit of a disabled Medicaid applicant or recipient using the applicant/recipient's assets.

a. Revocable Trust

A revocable trust is a trust created by an individual, which the individual has the right to revoke or terminate. When an SSI-related Medicaid applicant/recipient has created a revocable trust, the entire value of the trust is considered an available resource, since the individual can revoke or terminate the trust at any time and have the assets returned. All payments made from the trust to or for the benefit of an applicant/recipient of any category, or the applicant/recipient's spouse, are considered income in the month received. All payments made from the trust to a person other than the SSI-related applicant/recipient or the applicant/recipient's spouse are considered to be assets transferred for less than fair market value for purposes of the transfer of assets rules.

b. Irrevocable Trust

An irrevocable trust is a trust created by an individual, over which the individual may or may not be able to exercise some control, but which may not be cancelled under any circumstances. The availability of assets held in an irrevocable trust depends on the trustee's authority, under the terms of the trust, to make payments to or for the benefit of the applicant/recipient. When the terms of the trust stipulate that no payment of principal or income generated by trust principal may be made to or for the benefit of the applicant/recipient or the applicant/recipient's spouse, assets used to fund the trust may be treated as an uncompensated transfer under the transfer of assets rules. Payments made from the trust to or for the benefit of the applicant/recipient of any category of eligibility, or the applicant/recipient's spouse, are considered available income in the month received. Any portion of the principal of the trust, or the income generated from the trust, which can be paid to or for the benefit of the SSI-related applicant/recipient, or the applicant/recipient's spouse, is considered an available resource. If the language of the trust specifies that the money can be made available for a specific event, that amount is considered an available resource to an SSI-related applicant/recipient, whether or not that event has occurred.

c. Third-Party and Testamentary Trusts

A third-party trust is a trust established with the funds of someone other than the applicant/recipient. A third-party trust may or may not be a supplemental needs trust, as defined under New York's estates, powers and trust law. For the purposes of determining the Medicaid eligibility of an applicant/recipient who is a beneficiary of a third-party trust, the principal and accumulated income are not considered available to the applicant/recipient. But any distributions of trust assets actually made to an applicant/recipient of any category are counted as income in the month received.

A testamentary trust is any trust established by a will. Testamentary trusts are third party trusts.

d. Supplemental Needs Trust

A supplemental needs trust, as defined under New York's estate, powers and trusts law, is an irrevocable trust created for the benefit of an individual of any age with a severe and chronic or persistent impairment. These trusts are designed to supplement government benefits for which the individual is otherwise eligible. Under the terms of such a trust: (i) the beneficiary does not have the power to assign, encumber, direct, distribute, or authorize distributions from the trust; and (ii) the trust document generally prohibits the trustee from expending funds in any way that would diminish the beneficiary's eligibility for or receipt of any type of government benefit. If a supplemental needs trust conforms to the rules of an exception trust, the trust is not counted for the purpose of determining the Medicaid eligibility of the applicant/recipient who is the beneficiary of the trust.

e. Exception Trust

Exception trusts are trusts which are required to be disregarded as available income and resources for purposes of determining Medicaid eligibility pursuant to New York's Medicaid eligibility statute. Exception trusts generally will conform to the definition of a supplemental needs trusts. Medicaid will not count the assets in an exception trust if the trust meets the required criteria. Income directly diverted to one of these trusts or received and then placed into the trust is not counted as income under Medicaid community budgeting rules. This income exclusion does not apply when chronic care budgeting is used. Verification that the income was placed into the trust is required. Any trust assets distributed to the disabled individual are counted as income.

There are two (2) types of exception trusts:

A. "special needs trust" (sometimes referred to as a "supplemental needs trust") created for the benefit of a disabled person under the age of 65. It must:

- be created with the individual's own assets;
- be created by the disabled individual, or the disabled individual's parent, grandparent of legal guardian, or by a court; and
- include language specifying that upon the death of the disabled individual, the State will receive all amounts remaining in the trust, up to the amount of Medicaid paid out on behalf of the individual.

  Once established, additional funds can be added to the trust until the disabled individual reaches age 65. Any additions to the trust made after the person reaches age 65 would be treated as a transfer of assets and may require the imposition of a penalty period.

B. "pooled trust", which is a trust created for benefit of a disabled person of any age, as described as follows:

- the trust is established and managed by a non-profit association;
- the trust maintains separate accounts for each person whose assets are included in the pooled trust, but pools these accounts for purposes of investment and management of trust funds;
- the disabled individual's account in the pooled trust must be established by the disabled individual, by the disabled individual's parent, grandparent, or legal guardian, or by a court;
- the trust must include language specifying that upon the death of the individual, funds remaining in the disabled individual's account not retained by the non-profit organization will go to the State, up to the amount Medicaid paid out on behalf of the individual.

  The pooled trust will be disregarded for Medicaid eligibility purposes regardless of the age of the individual when the pooled trust account is established, or when assets are added to the pooled trust account. However, there is no exception to the transfer rules for transfers of assets to these trusts created for the benefit of persons 65 years of age or older.

8. Medicare

Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS). Individuals apply for Medicare at the Social Security Administration (SSA). Medicare consists of the following parts: Hospital Insurance (Part A), Outpatient Care (Part B), Medicare Advantage Plans (Part C) and Pharmacy (Part D). Part A provides hospital insurance to the elderly, age 65 and over, who are eligible for Social Security or Railroad Retirement Benefits. Part A also provides insurance to persons who have been in receipt of Social Security disability benefits for twenty-four (24) consecutive months, suffer from chronic renal (kidney) disease, or have Amyotrophic Lateral Sclerosis (ALS). Persons entitled to Part A are automatically enrolled in Part B unless they decline coverage. In addition, all citizens and lawfully admitted aliens having resided in the U.S for five (5) years, who are age 65 or older, are eligible for Part B. A person age 65 or older is eligible for Part B, whether he or she is eligible for Social Security or Railroad Retirement benefits, as long as they have met all the eligibility requirements for Part B.

It is common for Medicaid beneficiaries to have one or more additional sources of coverage for health services. Third Party Liability (TPL) refers to the legal obligation of third parties (e.g., certain individuals, entities, insurers, or programs) to pay for part or all of the expenditures for medical assistance Medicaid furnished under a Medicaid state plan. By law, all other available third-party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid.

Individuals who appear to meet the criteria of eligibility for Medicaid are required to apply for Medicare as a condition of eligibility for Medicaid. NYSDOH identifies recipients of Medicaid who appear eligible for Medicare and mails a letter informing the individual about Medicare benefits. The letter advises the individual where to apply for Medicare, that it is a condition of Medicaid eligibility to apply for Medicare benefits, and that Medicaid may pay for the cost of the Medicare premiums. This process was suspended during the Public Health Emergency but will resume in accordance with the passage of the Consolidated Appropriations Act of 2023.

Initial data analysis of NYS Medicaid recipients indicated there were approximately 30,000 existing Medicaid recipients over the age of 65 who may have qualified for Medicare benefits that were not yet enrolled in Medicare, and there were approximately 2,500 Medicaid recipients diagnosed with end stage renal disease who may also qualify for Medicare and were not yet enrolled. Additionally, approximately 1,700 Medicaid recipients turn 65 each month.

The State receives Medicare enrollment information from the Centers for Medicare and Medicaid Services (CMS) via a weekly Medicare Modernization Act (MMA) or a monthly Territory Batch Query (TBQ) file. Lead agencies and their subcontractors (if applicable) will be required to follow program procedures for providing outreach to individuals identified on the list, including how the list should be prioritized. Lead agencies and their subcontractors (if applicable) will need to track the outcome of the outreach performed by Facilitated Enrollers, coordinate with the LDSS on consumers that successfully apply for Medicare and receive proof of application and report outcomes back to NYSDOH each month. Lead agencies and their subcontractors (if applicable) will also need to track outreach that requires follow up and when contact is not made.

As NY State of Health capabilities are expanded to accommodate non-MAGI members, and for existing MAGI members in NY State of Health who are eligible for Medicare, similar assistance will be needed to outreach to members and to track the Medicare application process.

C. Medicaid Application Submission Process

RFA Applicants should propose a comprehensive process and workplan for meeting with aged, blind, and disabled individuals, including those over 65 who are undocumented. This process should discuss how applications will be completed as well as the methods that will be used to complete a quality review of each application originating with consumer assistance facilitated enrollment staff, whether employed by the RFA applicant directly or by a subcontractor agency. The plan should detail the operating procedures which will be put in place to assure complete, timely and highly accurate applications, and include the submission of completed applications to the LDSS.

RFA Applicants should describe how they and their subcontractor network (if applicable) will ensure compliance with the Americans with Disabilities Act (ADA). Specifically, how they intend to make the ABD Consumer Assistance Program readily accessible to and usable by individuals with disabilities, including but not limited to people with visual, auditory, cognitive or mobility disabilities.

RFA Applicants should discuss how facilitated enrollment consumer assistance services will be provided in locations and at times that are convenient for and accessible to the target population.

Health insurance applications will be completed using the following applications:

- Access NY Healthcare: (https://www.health.ny.gov/forms/doh-4220.pdf)
- Access NY Supplement A (https://www.health.ny.gov/forms/doh-5178a.pdf).

Health insurance applications, with necessary documentation, will be submitted by the Grantee to the appropriate LDSS for an eligibility review and determination.

Currently, LDSS/HRA offices are responsible for the eligibility determinations for all non-MAGI Medicaid applicants. In addition, the LDSS/HRA is responsible for enrollment of these non-MAGI Medicaid recipients into a participating health plan, if appropriate. In designated areas, an enrollment broker (currently MAXIMUS, Inc.) may be responsible for adding the appropriate data regarding plan selection to the central file and enrollment into a health plan.

As system capability is implemented within NY State of Health in the future, redeterminations for members who are moving to non-MAGI categories will be performed directly in an online NY State of Health account. More details will be provided as the functionality is developed, however the current NY State of Health system allows assistors to access member accounts for updates and renewals when the member grants the appropriate permissions, and it is anticipated that the same or a similar process will be used to assist the non-MAGI population.

Due to the PHE dually eligible individuals who would generally have been transitioned to LDSS/HRA have remained in NY State of Health. It is anticipated that these dually eligible individuals will require assistance during the PHE unwind.

If an agency proposes to provide statewide coverage, the agency must describe how it will serve each region of the state with facilitated enrollers and a presence in each region either through regional or satellite offices, or subcontractors. Justification should include how the RFA applicant determined adequate number of facilitated enrollers needed to serve all persons aged 65 years or older including undocumented individuals, certified blind individuals and the certified disabled individuals in each region. The justification should also include how outreach will be performed to those who are enrolled in Medicaid but appear Medicare eligible. As defined in section II. C of this RFA, agencies can apply for more than 1 region in their application. An RFA Applicant that proposes to provide facilitated enrollment services in each region of the state (statewide coverage) can apply for a maximum funding award of $8,000,000.00 annually. Refer to Table 1 in section II. C of this RFA for a listing of the regional distribution of awards, including the counties to be served and the maximum award level in each region. Each regional subcontractor award is required to be allocated the funding amount listed in Table 1. If regional coverage is provided through regional or satellite offices, funding for those offices should follow the same regional distribution of funding. The available funding is broken down by need across NYS based on the aged, blind and disabled population in each region as well as those Medicaid enrollees who require outreach as they appear Medicare eligible.

D. Medicare Application Submission Process

RFA Applicants should propose a comprehensive process and workplan for conducting outreach to Medicaid recipients over the age of 65 and Medicaid recipients with a diagnosis of end stage renal disease who may qualify for Medicare benefits and are not yet enrolled in Medicare. RFA Applicants should describe how they will perform outreach to individuals that appear to be eligible for Medicare, provide customer support to individuals over the phone, and track and monitor the Medicare application and determination process.

RFA Applicants should also describe how they will coordinate with the LDSS or HRA regarding health insurance applicants who applied for Medicare and received proof of application. RFA Applicants should also describe their method for monitoring the outcomes of each consumer and a proposed plan for performing a quality review process of outreach conducted by facilitated enrollment staff, whether employed at the RFA Applicant's organization directly or by a subcontractor.

RFA Applicants should discuss how Medicare outreach services will be carried out by enrollment staff in a manner that offers various opportunities for successfully reaching the consumers (e.g., mailing a postcard to inform consumer of services prior to making first outreach call, calling consumers at different time of day, etc.).

E. RFA Applicant Characteristics and Staffing Levels

RFA applicants should demonstrate their commitment to actively engage in and conduct operations in support of the Consumer Assistance Program. The RFA applicant and their network of subcontractors (if applicable) should have a known presence in each region of their entire proposed service area. The

Consumer Assistance Program should relate to the broader mission statement of the organization as a whole. The majority of personnel resources should be allocated to staff dedicated to providing facilitated enrollment consumer assistance services, administrative personnel that will ensure the accuracy and completeness of program services or outreach to individuals enrolled in Medicaid who appear Medicare eligible. As a guideline, RFA applicants should allocate between 60% and 75% of total budget on personal services, and approximately 80% of that funding on facilitated enrollment consumer assistance staff specifically.

Note: RFA Applicants cannot be listed as a subcontractor in another RFA Applicant's application. Any subcontractor(s) listed in an application cannot be listed as a subcontractor in another application under a different RFA Applicant.

1. **Role of the Grantee**

   The function of Grantee is to provide direct consumer assistance, as well as design and implement the Consumer Assistance for the Aged, Blind and Disabled Program, and provide training, oversight and technical assistance to all facilitated enrollment staff. As part of the role as the Grantee they will:

   - Develop internal operating procedures, for all program processes;
   - Define a quality assurance program;
   - Provide training, both initial and on-going, and technical assistance to consumer assistance staff;
   - Ensure the timely submission of complete and accurate applications, with the required documentation, directly to the appropriate LDSS responsible for processing the application and determining eligibility;
   - Track the status of each application electronically from initiation through submission to the final determination of eligibility, and prepare productivity reports as requested;
   - Maintain the confidentiality of information contained on the Access NY Healthcare application, the Access NY Supplement A and related forms, applications through NY State of Health, health plan enrollment information and any additional information provided by the health insurance applicants, as well as information contained on supporting documentation;
   - Comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement (see Attachment H of the Grants Boilerplate); and
   - Be responsible for fiscal oversight of program operations at the subcontractor agencies (if applicable).

   A sample New York State Master Contract for Grants Boilerplate can be found in the Forms Menu once an application to this funding opportunity is started.

2. **Role of the Subcontractor Agency and Regional or Satellite Offices**

   If applicable, the primary role of the subcontractor agency, and regional or satellite offices is to employ consumer assistance staff who will work with the aged, blind and disabled populations (as outlined in section III. A. of this RFA) to complete the application process for government-sponsored health insurance (as outlined in section III. B. of this RFA) and provide outreach and application assistance to individuals enrolled in Medicaid who appear Medicare eligible. Program staff will adhere to the lead agency-defined protocols for the handling of these applications (as approved by NYSDOH), and attend training sessions, in-services and program meetings as defined by the lead agency.

If applicable, the subcontractor agency, regional, or satellite offices should employ a sufficient number of enrollment assistance staff at sites in each county of each proposed region. Sites must be accessible and convenient to the population being served, to assure timely access by health insurance applicants. Sites should include a range of locations that attract as many of the target populations as possible (e.g. senior citizen centers, high-rise housing). Home visits should be included as an appointment option in order to assist those health insurance applicants with mobility issues. It is anticipated that telephone applications will also be available as a means of providing application assistance.

Consumer Assistance staff will educate eligible health insurance applicants about Medicaid Managed Care and how to access benefits in a managed care environment and provide health insurance applicants with information about the right to appeal to the LDSS/HRA/NY State of Health regarding eligibility determinations and health plans about benefit decisions. This includes the distribution of NYSDOH approved informational materials describing Medicaid and individuals dually eligible for Medicaid and Medicare coverage. They will counsel all health insurance applicants eligible to participate in a managed care plan on the selection of a participating health plan, providing unbiased information and assistance for plan selection, and describing the important role of a primary care provider (PCP) and the benefits of preventive health care. It is also anticipated that consumer assistance staff will assist undocumented individuals over age 65 in the application process into Medicaid managed care. During the course of the contracts awarded under this procurement, the Departments also anticipates consumer assistance staff will help aged, blind and disabled individuals enrolled in NY State of Health due to the PHE and through a LDSS in transitioning their enrollment to NY State of Health.

Consumer Assistance staff will also perform outreach, provide education, and offer assistance with the Medicare application process. Outreach will include instructing the recipient or the recipient’s authorized representative on how and where to apply for Medicare, educating the recipients about Medicaid requirements to pursue Medicare eligibility and potential Medicaid payment of Medicare premiums through the Medicare Savings Program. The Department will send Grantees a monthly list of enrollees who are enrolled in Medicaid but appear Medicare eligible. Agencies will be required to send an initial outreach postcard to all individuals on the list to introduce the availability of services and to advise the individual someone will be reaching out to provide additional information on Medicare. Lists will be prioritized by agencies in accordance with guidance issued by the Department.

Note, applying with subcontractors is not a requirement but RFA applicants will need to implement a program model that ensures consumer assistance staff will work with the aged, blind and disabled populations (as outlined in section III. A. of this RFA) to complete the application process for government-sponsored health insurance (as outlined in section

III. B. of this RFA) and provide outreach and application assistance to individuals enrolled in Medicaid who appear Medicare eligible across the entire service area.

a. Program Manager/Project Officer

RFA Applicants should include a dedicated program manager or project officer who is responsible for the overall operation of the Consumer Assistance Program. The NYSDOH prefers that the manager dedicates 100% of his/her time to this project and is responsible for all communication with the NYSDOH. An RFA applicant proposing less than a full-time program manager or project officer should define the manager’s other responsibilities and explain, how and by whom, the additional oversight of the program will be provided. RFA applicants should describe all funding for a less than full-time program manager.

b. Quality Review Staff

All applications will need to be reviewed for accuracy and completeness prior to submission to the appropriate county LDSS or HRA in NYC. It is anticipated that applications will be submitted through NY State of Health in the future. RFA applicants may propose to employ the Quality Reviewers directly or may locate this function at their subcontractors. The design of the program is at the discretion of the RFA applicant. However, the FTE level of quality review staff should be adequate to support the proposed volume of applications to be processed and explained. For RFA applicants proposing to cover a large geographic area, with subcontractors in each region and regional quality review staff, the location(s) and responsibilities of such regional staff should be clearly described.

c. Subcontractor Agency

If applicable, RFA Applicants should describe in detail each subcontractor agency which will participate in its Consumer Assistance Program network and how it will provide assistance in each region of the entire proposed service area. This includes the subcontractor’s past accomplishments and experience working with the target population in each applicable region of the entire proposed service area. A letter of commitment (**Attachment 10**) should be included from each subcontractor with the application. This should be uploaded as one PDF in the pre-uploads section on Grants Gateway.

d. Consumer Assistance Staff

Program experience shows that facilitated enrollers working full time in the ABD Consumer Assistance Program are generally more successful than part time facilitated enrollers. The knowledge and experience needed to be a successful facilitated enroller is difficult to achieve and retain without a full-time commitment to the job responsibilities. As such, the NYSDOH prefers that the ABD Consumer Assistance Program employ full time staff to provide application assistance. However, the NYSDOH will consider positions less than full time equivalents (FTEs) if the RFA Applicant supplies a justification. The NYSDOH recognizes the benefit of having FE ABDs who are also trained to submit applications through NY State of Health and will consider applications where staff are allocated between the ABD Consumer Assistance program and other application assistor programs available through NY State of Health. A duplication of effort between the subcontractor agency's other programs or staff providing similar services for another program will be unacceptable and NYSDOH reserves the right to withhold funding, in whole or part, or terminate the contract.

Staff providing outreach to those who are enrolled in Medicaid but appear Medicare eligible should also be described including the staff who will be performing this function.

F. Training

Grantees are expected to assure that appropriate ABD consumer assistance staff attend an initial NYSDOH-sponsored training session prior to implementation of application assistance. This training will be in the form of a comprehensive, self-directed on-line training program. Any new and replacement staff will be required to complete this training before beginning work activities.

In the application, the RFA applicant should include an attestation that all staff will complete the state-sponsored on-line training (see Section V.A.6a). The RFA applicant should describe how on-going technical assistance will be provided including regularly scheduled meetings and in-service sessions. As the network of facilitated enrollment consumer assistance staff s may encompass a significant geographic distribution, an RFA applicant should include the method to be used to conduct frequent and regularly scheduled communications with all facilitated enrollment consumer assistance staff.

The RFA applicant should have experience providing both training in-person and online. The Grantee will be responsible for following the curriculum approved by NYSDOH and setting up the training schedule and determining the location of these trainings as determined by the geographic distribution of the proposed facilitated enrollment staff.

G. Quality Assurance and Productivity

RFA Applicants should describe a quality assurance plan for monitoring facilitated enrollment staff (including subcontractors if applicable) activities and performance. If applicable, this should include a procedure for correcting under-performance, an attestation that the lead agency will not continue to fund non-performing subcontractors at the originally agreed upon funding level, and a description of how subcontracting arrangements will be adjusted, if appropriate.

Information on each health insurance application must be reported to NYSDOH. This allows NYSDOH to monitor contractor performance and productivity, by the ABD Consumer Assistance Program network as a whole, by subcontractor(s) (if applicable), and by individual consumer assistance staff.

RFA Applicants should describe their ability to electronically track each application from initiation through submission to the LDSS to the final determination of eligibility.

RFA Applicants should discuss their ability to design and prepare productivity reports on a regular and timely basis. The process for using these productivity reports and the data collected in the database to modify the ABD Consumer Assistance Program services should be clearly explained in the application responses.

Grantees will also be required to perform quality assurance on outreach activities conducted to those who are enrolled in Medicaid but appear Medicare eligible. This may include observing or recording phone calls to ensure accuracy and professionalism.

RFA Applicants should discuss their ability to meet the tracking and reporting requirements for the outreach component of the program and their ability to report in a timely manner.

H. Confidentiality, Privacy, and Security Requirements

Grantees, , their subcontractors (if applicable) and their facilitated enrollment staff must establish and implement privacy and security protocols to maintain the confidentiality of information contained on the Access NY Healthcare application, the Access NY Supplement A, and additional information provided by health insurance applicants, as well as information contained on supporting documentation. Additional protocols may also be required for NY State of Health.

Information may be shared by the Grantee and subcontractor(s) (if applicable) conducting facilitated enrollment consumer assistance, and the programs and agencies identified in this RFA, provided that the health insurance applicant has given appropriate written authorization by signing the application, and the release of the information is for the purposes of determining eligibility or evaluating the success of the program. There can be no further disclosure of Medicaid Confidential Data (MCD) without prior written approval of the NYSDOH. The Grantee will require that any approved agreement or contract with applicable subcontractor(s) or others contains a statement that the subcontractor(s) or other party may not further disclose MCD without the prior written approval of the NYSDOH.

If an RFA applicant is awarded funding, the Grantee is required to:

- Under the Health Insurance Portability and Accountability Act (HIPAA), comply with the Federal HIPAA Business Associate Agreement in the Master Contract. As a Business Associate, a Grantee will comply with HIPAA privacy regulations, safeguarding protected health information (PHI) from intentional and unintentional use or disclosure. All documents containing PHI, including applications and documentation, must be kept in a secured location accessed only by authorized personnel.
- Submit to NYSDOH a completed and signed “Certification Regarding State and Federal Confidentiality Requirements for Facilitated Enrollment Consumer Assistance Lead Agency” form (**see Attachment 1**) with the health insurance application.
- If applicable, maintain a file of completed “Certification Regarding State and Federal Confidentiality Requirements for Facilitated Enrollment Consumer Assistance Subcontractors,” signed by each facilitated enroller at the subcontractor agency(s) at the time of hire (**see Attachment 2**).

I. Transition

Should the services mentioned in this RFA need to be continued past the term of the contract and the Department procures for the future services, the following transition plan should be implemented:

- The transition represents a period when the Consumer Assistance Program, provided by the Grantee resulting from this RFA, must be turned over to the Department, another Departmental agency, or successor Grantee during or at the end of the contract.
- The Grantee shall ensure that any transition to another Grantee be done in a way that provides the Department with uninterrupted services. This includes a complete and total transfer of all files, reports, and records necessary to perform such services.
- The Grantee will develop an organized work plan and timeline to ensure all current and future services during the transition period are addressed and completed. All parties involved should be notified of the transition and all changes required to ensure a seamless transition of services between Grantees.
- The Grantee shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFA during transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period. Three (3) months prior to the end of the contract period, the Grantee will work with the Department and incumbent to ensure a complete, efficient, and successful transition.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health, Division of Eligibility and Marketplace Integration. The Department is responsible for the requirements specified herein and for the evaluation of all Applications. *See,* Section V.C. (Review and Award Process).

B. Question and Answer Phase

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Molly Renteria, NYSDOH, Office of health Insurance Programs, at the following email address: ohipcontracts@health.ny.gov. This includes Minority and Women Owned Business Enterprise (M/WBE) questions and questions pertaining to the M/WBE forms. See, Section IV.I. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted above. Questions are of a technical nature if they are limited to how to prepare your Application (e.g., formatting) rather than relating to the substance of the Application.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- https://grantsmanagement.ny.gov/resources-grant-applicants

- Grants Gateway Videos: https://grantsmanagement.ny.gov/videos-grant-applicants

- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4pm
  (Application Completion, Policy, Prequalification and Registration questions)

- Agate Technical Support Help Desk
  Phone: 1-800-820-1890
  Hours: Monday thru Friday 8am to 8pm
  Email: helpdesk@agatesoftware.com
  (After hours support w/user names and lockouts)

Prospective Applicants should note that all responses to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA, including those relating to the terms and conditions of the Master Contract for Grants that will be required to be entered into by each successful Applicant, are to be raised prior to the submission of an Application and will be published by the Department to ensure equal access and knowledge by all prospective Applicants at https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx by the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: https://www.health.ny.gov/funding/.

All Questions must be received by the date and time specified on the Cover Page of this RFA, under "Key Dates", opposite the heading "Questions Due."

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA # 20278: Consumer Assistance for the Aged, Blind and Disabled and Medicare Outreach as a condition of Medicaid Eligibility**) in the subject line of the email.**

Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under "Key Dates."

C. Letter of Interest

A Letter of Interest is not requested for this project.

D. Applicant Conference

An Applicant Conference WILL NOT be held for this project.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the Cover Page of this RFA under the heading "Key Dates."

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: https://grantsmanagement.ny.gov/ and select the "Apply for a Grant" from the Apply & Manage menu. There is also a more detailed "Grants Gateway: Vendor User Guide" available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: https://grantsmanagement.ny.gov/live-webinars.

To apply for this opportunity (that is, to submit an Application):

1. Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory."
2. On the Grants Gateway home page, click the "View Opportunities" button."
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name *Consumer Assistance for the Aged Blind and Disabled*
4. Click on "Search" button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the "APPLY FOR GRANT OPPORTUNITY" button located bottom left of the Main page of the Grant Opportunity.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application's due date and time specified on the Cover Page of this RFA. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant's ability to submit their Application.** Both NYSDOH and Grants Gateway staff are available to answer an Applicant's technical questions and provide technical assistance prior to the Application due date and time. Contact information for the Grants Gateway Team is available under Section IV.B. (Question and Answer Phase) of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

The Grants Gateway will always notify an Applicant of successful submission of the Applicant's Application. If a prospective Applicant does not get a successful submission message assigning their Application a unique ID number, it has **NOT** successfully submitted an Application. During the application process, please pay particular attention to the following:

- Not-for-profit Applicants must be prequalified, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the "Key Dates" set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit's essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an Application on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not "protected" or "pass-worded" documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your Application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Applications will not be accepted via fax, e-mail, paper copy or hand delivery.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications, in the Department's sole discretion.
6. Use Application information obtained through site visits, management interviews, and the state's investigation of an Applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the Applicant in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to Application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.

16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.

17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.

18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.

19. Award grants based on geographic or regional considerations to serve the best interests of the State.

G. Term of Contract

Any Contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period:
January 1, 2024 through December 31, 2028.

Continued funding throughout this 5-year period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.

2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office below or, if requested by the Department, through the Grants Gateway:

   FEABD@health.ny.gov

   A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: http://www.osc.state.ny.us/epay/index.htm, by email at:

epayments@osc.state.ny.us or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: reimbursed for actual expenses incurred as allowed in the Contractor's approved budget and work plan.

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:

Report	Frequency
Vouchers and related forms • Expenditure Report	Monthly, 30 days after end of reporting period
• Vendor Expense Report(s) • Proof of Payment to Subcontractor(s) (if applicable)	Monthly, 30 days after end of reporting period
Progress Report	Monthly, 30 days after end of reporting period *voucher for respective month will not be processed without a progress report*
Enrollment Site Schedule Report	Monthly, 15th day of the month for the following month
Budget Modification Request	30 days prior to the effective date of the proposed modifications
Equipment Inventory Report	When there is a change in status for any equipment purchased with grant funds
Contact Information Report	Within 48 business hours of a change in status for any program contacts at the agency
Media and Marketing Request	With as much advance notice as possible to ensure adequate review and approval

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("M/WBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for M/WBEs

For purposes of this solicitation, the Department of Health hereby establishes a goal of **30%** as follows:

1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at: https://ny.newnycontracts.com. The directory is found on this page under "NYS Directory of Certified Firms" and accessed by clicking on the link entitled "Search the Directory." Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented by a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in **Attachment 12** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted be each Grantee. If a Grantee's M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

a) If a Grantee fails to submit a M/WBE Utilization Plan;
b) If a Grantee fails to submit a written remedy to a Notice of Deficiency;
c) If a Grantee fails to submit a request for waiver (if applicable); or
d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH M/WBE participation goals for the procurement.

In addition, Grantees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The Department strongly encourages each Applicant to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire or go directly to the VendRep system online at https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system.

An Applicant must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment 3 of the RFA**.) The Attestation is located under Pre-Submission Uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission Uploads section in place of the Attestation.

L. Vendor Prequalification for Not-for-Profits

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the Grants Management Website.

An Application received from a not-for-profit Applicant that (a) has not Registered in the Grants Gateway or (b) has not Prequalified in the Grants Gateway on the Application's due date specified on the Cover Page of this RFA cannot be evaluated. Such Applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Management Website details the requirements and an online tutorial are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the New York State agency from which you have received the most grants. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your primary New York State agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

All potential Applicants are strongly encouraged to begin Grants Gateway Registration and Prequalification process as soon as possible in order to participate in this opportunity.

M. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.

2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.

3. Submission of an Application indicates the Applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions allowed by the Department during the Question and Answer Phase of this RFA (*See,* Section IV.B.) must be clearly noted in a cover letter included with the Application submitted by an Applicant wishing to incorporate any of such exceptions in its Applicants and in the Grant Contract awarded pursuant to this RFA if it is a successful (funded) Applicant.

4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.

5. Provisions Upon Default

a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.

b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.

c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: https://grantsmanagement.ny.gov/vendor-user-manual. Additional information for RFA applicants is available at: https://grantsmanagement.ny.gov/resources-grant-applicants. A Glossary of Terms can be found in **Attachment 9**. Please use the Application Checklist (**Attachment 11**) to ensure all items required are submitted.

The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option "Reload Tab in Internet Explorer Mode."

Please respond to each of the sections described below when completing the Grants Gateway online Application. Your responses comprise your Application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicated the relative weight that will be given to each section of your Application when scoring your Application.

It is each RFA Applicant's responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

- Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

Attachment 3:	Vendor Responsibility Attestation
Attachment 4:	Grant Application Cover Sheet
Attachment 5:	Location and Site Schedule
Attachment 7:	Subcontractor Budget Form, if applicable
Attachment 12:	Minority and Women-Owned Business Enterprise Requirement Forms

1. GRANT APPLICATION COVER SHEET (Not Scored)

Complete and sign **Attachment 4**, Grant Application cover sheet, and upload in the Pre-submission uploads section of the Grants Gateway online Application.

2. PROGRAM SUMMARY (Not Scored)

Provide a summary of the proposed Consumer Assistance Program, including both health insurance application assistance for the populations described in this document and the outreach to be performed to those who are enrolled in Medicaid but appear Medicare eligible in each region of the proposed service area.

a. Topics to be briefly discussed should include the ability to identify individuals, conduct outreach and provide services to the target population, including an estimated number of under and uninsured in this population.

b. Present a broad overview of its network design; identify its partner subcontractor agencies (if applicable), or regional offices and the types of sites and outreach strategies to be used.

c. Describe how it will manage each step of the process from outreach through application assistance to submission of an application to the LDSS/HRA, NY State of Health in the future or SSA.

d. Current and past experience as a State contractor, including funds received and services provided (during the last five years) and the organization's compliance with contractual requirements including vouchering, reporting and responsiveness to the entity providing the funding. RFA Applicants with current and past experience as a NYSDOH contractor should also describe their process for responding to inquiries or requests for information from NYSDOH.

3. **SERVICE AREA AND STATEMENT OF NEED (Maximum Score: 12 points)**

   a. Clearly describe the target area you propose to serve and how the proposed program will enhance application assistance services for the Aged, Blind, and Disabled in each region of the proposed service area.

   b. Identify the target populations you plan to serve in each region of the proposed service area. The response should include a description of the geographic area to be served, the size and demographics of the target population and the number of potential enrollees that the applicant expects to successfully enroll. Provide a description of the community and populations that will be targeted, including the cultural and language characteristics of the area. For all service areas of the state except New York City, all of the counties in the proposed region(s) should be included. For New York City applicants, the response should include how services will be provided in each borough of the entire service area.

   c. Describe all relevant experience you have serving the target populations and your unique ability to provide consumer assistance services to the target populations.

   d. Provide an explanation of the unmet community need and your innovative approach to providing Consumer Assistance Program services across the entire service area.

   e. Describe the need to conduct outreach to those Medicaid enrollees in their service area who appear Medicare eligible.

4. **RFA APPLICANT ORGANIZATION (Maximum Score: 19 Points)**

   a. **PREFERRED QUALIFICATIONS:** Explain the number of years in prior experience the Applicant has in the provision of consumer assistance services or experience providing programs and services to the aged, certified blind and disabled populations, and experience providing outreach and application assistance to individuals enrolled in Medicaid who appear Medicare eligible.

   b. Describe the organization’s mission, organizational structure, the services the organization provides and the role it will play in the proposed program in each region of the proposed service area. Include the roles and responsibilities of the RFA applicant’s board of directors, if applicable, as they relate to implementing the proposed program, monitoring program performance, and their support and commitment to the community and the target population.

   c. Provide a description of the proposed staffing model, including all supervisory and support staff who will be involved in the implementation and operation of the Consumer Assistance Program. Include all parties responsible for communication with NYSDOH. It is preferred that a dedicated program manager or project officer will be devoted fulltime to this Program. However, if the RFA applicant proposes another staffing model, the program manager’s or project officer’s other responsibilities must be defined, as well as who will be responsible for Consumer Assistance Program operations when the program manager or project officer is not available. Include a detailed description of the program manager/project officer's responsibilities. At a minimum, this includes overall program responsibility, responsibility for day-to-day operations, supervision, detailed knowledge of program rules and regulations, knowledge of data systems or separate staff that report to the manager for this program that will carry out data responsibilities, and compliance with contractual requirements.

i. NOTE: The below portion of question 4c will not be scored. If applicable, identify each entity with which you will subcontract for the provision of consumer assistance services. Describe, for each subcontractor, their prior experience working with the subcontractor, and why, based on their experience, they believe the subcontractor will successfully provide consumer assistance to the aged, blind and disabled populations. Any RFA applicant using a subcontractor(s) are instructed to upload a letter of commitment from each subcontractor. These Letters of Commitment should include:

- A statement demonstrating the support of the RFA applicant's board of directors;
- The scope of services to be provided by the subcontractor and a description of how the subcontractor is qualified to provide them;
- The organization's overall mission, including how that mission is consistent with the purpose of this RFA and scope of services that it will provide;
- The organization's experience working with RFA applicant and providing services throughout the region. If the subcontractor does not have a history of working with RFA applicant, the subcontractor should describe the steps that will be taken to quickly establish such relationships;
- How the organization will ensure that the services funded through this RFA are provided in a culturally and linguistically appropriate manner;
- How the organization will ensure that the services which it provides meet expectations outlined in this RFA; and
- How the organization will monitor the quality of the services which it provides.

The RFA applicant should upload the Letters of Commitment into the Grants Gateway under the appropriate Program Specific Question (4ci). NOTE: All pages should be combined into one PDF document no larger than 10MB and uploaded. If no subcontractor(s) are being used, enter N/A for your response to this question.

d. Provide the number of individuals that the RFA applicant proposes they will employ, and the number of individuals that will be employed by subcontractors (if applicable), to provide consumer assistance and outreach services and the justification for that number.

- Provide the number of quality review, support and other staff that the RFA applicant proposes for the Consumer Assistance Program including those providing outreach to Medicaid enrollees who appear Medicare eligible.

- Discuss all employees' qualifications and prior experience working with the target populations. Identify the proportion of time that the program manager/project officer will devote to the Consumer Assistance, including a detailed description of this person's responsibilities.

- Discuss current and past experience in performance monitoring and fiscal oversight of project operations, including the management of subcontractors if applicable.

e. Demonstrate the ability to resolve temporary operational problems (such as an unexpected support staff shortage or a physical site problem) through overall contractor support and collaboration. Provide an example, based on past experience, that demonstrates an atmosphere of such internal collaboration and support.

f. Describe your ability to comply with timelines for voucher submissions and budget modifications. During the contract period, vouchers should be submitted monthly to NYSDOH 30 days after the end of the reporting period. Proposed budget modifications must be submitted to NYSDOH not less than 30 days prior to implementation and approved prospectively. At no time will retroactive budget modifications be considered.

    i. Any RFA Applicant using a subcontractor(s) should demonstrate that subcontractors will be reimbursed for their services on a timely basis, within 30 days after the end of the month that such services were provided, if all required documentation and deliverables have been met by the subcontractor(s). If no subcontractor(s) are being used, enter N/A for your response to this question.

5. PROGRAM ENROLLMENT STRATEGY AND EXPERIENCE WITH ENROLLMENT ENTITIES (LDSSs) (Maximum Score: 24 points)

a. Discuss specific strategies that will be implemented to reach the aged, blind and disabled populations described under this procurement in each region of the proposed service area. Include plans to ensure ADA compliance at both the Applicant organization and all subcontracting agency sites, if applicable.

b. Identify the proposed locations where consumer assistance will occur, and how these locations will enhance accessibility to consumer assistance services in each region of the proposed service area. This should include the expected hours of operation and identify if languages other than English will be spoken by program staff or if language-line services will be available. In addition, a completed Location and Site Schedule (**see Attachment 5**) must be uploaded with the Application. Attachment 5 is located under Pre-Submission Uploads in the Grants Gateway and should be re-uploaded under Pre-Submission Uploads. Please note, it is anticipated that phone assistance will be permitted in addition to in-person assistance.

c. Provide the estimated total number of applications the RFA applicant proposes will be submitted per month to the appropriate program in each region of the proposed service area. Explain how the estimate was derived. RFA applicants should, where possible, base their projections on prior experience assisting the target population in applying for benefits for any means tested program.

d. Describe the planned internal operational procedures and timeframes for handling applications, including quality review and submission of applications to the appropriate LDSS for an eligibility determination.

e. Describe how productivity of enrollment sites will be monitored in each region of the proposed service area. During the contract term, the Grantee will be required to update the list of sites on a monthly basis and submit to NYSDOH.

f. Describe your organization's experience working with LDSSs/HRA or a proposed plan for developing such relationships in each region of the proposed service area.

g. Describe your organization's experience conducting telephone outreach to recipients of Medicaid or other programs in each region of the proposed service area.

6. TRAINING (Maximum Score: 10 Points)

a. Describe a plan to provide ongoing training and technical assistance to all consumer assistance staff. RFA applicants are expected to attest and assure that consumer assistance staff attend all required NYSDOH-sponsored training sessions prior to implementation of application assistance. Discuss how after attending training, program procedures or the enrollment process will be modified in order to improve productivity.

b. Describe what other professional or community trainings will be attended by staff in order to enhance program services that are specifically targeted to the Aged, Blind or Disabled populations to be served.

c. Describe what types of in-service trainings and topics will be used to educate staff, improve enrollment strategies, and ensure that services are accessible to individuals with disabilities.

d. Describe the method to be used to conduct frequent and regularly scheduled communications with all consumer assistance staff, including a network of subcontractors or satellite offices, as applicable.

e. Describe any additional training that will be conducted for individuals providing outreach services to individuals enrolled in Medicaid who appear Medicare eligible.

7. QUALITY ASSURANCE and REPORTING (Maximum Score: 12 Points)

a. Describe in detail the quality assurance standards that will be implemented to ensure complete, timely and highly accurate applications in each region of the proposed service area.

b. Describe the quality assurance standards that will be implemented to ensure the accurate and professional telephone outreach is conducted to individuals who are enrolled in Medicaid but appear Medicare eligible.

c. Describe the steps that will be taken to maintain frequent and regular communication between your organization and and the consumer assistance staff, (including subcontractors, if applicable), in each region of the proposed service area.

d. Detail a plan for monitoring the number of applications taken, including a plan for correcting non-and under-performing staff (and subcontractors, if applicable) in each region of the proposed service area.

e. Describe your organization's approach to electronically tracking each application and reporting productivity data in a timely manner in each region of the proposed service area.

f. Describe how reports will be submitted to NYSDOH and what types of ongoing communication will be utilized to modify and enhance program services.

8. READINESS/WORKPLAN (Maximum Score: 8 Points)

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. **The Objectives and Tasks cannot be removed from the Work Plan**. The RFA applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan. Applicants should include all responsible staff and timeframes needed to meet each objective and task provided.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; RFA applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits it will jeopardize your ability to submit your application.**

a. RFA Applicants are instructed to insert **only** the following in the work plan section of the application**:**

- **Program Summary on page one of Workplan:** Provide an overview of the project including goals, tasks, desired outcomes and performance measures;
- **The Person Responsible** for each Task;
- **Performance Measures** for the defined objective and task(s) in the work plan.

i. The work plan should only list Objectives, Tasks and Performance Measures for the first twelve months of the contract.

ii. Performance Measures require a title of **no more than 75 characters each.** Please add additional Performance Measures as needed. Total number of Performance Measures should not exceed 90.

iii. The Performance Measure descriptions can be **no more than 250 characters each**.

iv. Please see Grants Gateway Work Plan Instructions (**Attachment 6**) for additional guidance on completing performance measures in the Work Plan.

b. It is expected that, if awarded funding, the RFA applicant will sign and submit the Master

Grant Contract within 30 days of contract receipt. Please describe your organization's ability to meet this timeframe.

9. BUDGET AND JUSTIFICATION (Maximum Score: 21 Points)

a. RFA applicants are instructed to submit a one-year budget in the application for the period January 1, 2024 through December 31, 2024. RFA applicants must enter their Year 1 proposed budget with their application in the Grants Gateway Budget section. RFA applicants should propose the total budget including the costs allocated to subcontractors, if applicable.

NOTE: A separate budget (**Attachment 7**) is required to be submitted for each subcontractor. All subcontractor budgets are to be combined into one pdf no larger than 10MB and re-uploaded under Pre-Submission Uploads as Attachment 7. Please refer to Attachment 8 for instructions on completing a budget for this RFA.

For both Grantee and subcontractor budgets the RFA applicant should be sure the following information is included:

i. All RFA applicants should submit each proposed cost by a specific line item (i.e. personnel positions, fringe, travel, contractual, supplies, rent, etc.) to adequately implement the proposed program in each region of the proposed service area.

- On each personnel line RFA applicants must include the first and last name of the staff member the agency anticipates will hold that title, in addition to the position title.
- If a staff member has allocations to both direct consumer assistance and administrative responsibilities, indicate what they each are, separately. Verify that these two personnel allocations equal the respective staff member's total effort allocated to the program.
- If an RFA applicant proposes to include subcontractor(s), it should include a total proposed budget amount for each subcontractor as part of the RFA applicants budget. For each proposed subcontractor, a separate detailed proposed budget should be submitted using Attachment 7 following the budget guidelines in Attachment 8 as noted above (not scored).

ii. Include a written justification for each proposed cost that demonstrates how they are fiscally sound and programmatically responsible.

- The justification for each personnel line must also clearly indicate the proposed time and effort that will be allocated directly to consumer assistance work as well as the proposed time and effort that will be allocated to administrative responsibilities of the program, as applicable.

iii. Include how each cost was calculated and how each item is essential to the operation of the Consumer Assistance Program in each region of the proposed service area.

- Non-personnel service funds should be used for direct support of the program.
- The RFA applicant should describe any organizational governance which dictates personnel expenditures (e.g. governmental wage rates, union contracts, salary is determined or limited by an agency wide rate). RFA applicants should discuss how it will address future COLAs and fringe benefit rate increases in an environment of level funding.

Proposed budgets should include only allowable costs. Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items. All costs must be related to the provision of this RFA as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

Travel costs will only be permitted for NYSDOH sponsored meetings and for delivering consumer assistance services. Reimbursement for travel costs must be made in accordance with New York State travel guidelines at http://www.osc.state.ny.us/agencies/travel/travel.htm.

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

Prior to final Contract approval, RFA applicants awarded funding will be required to submit:

- Final Program Work Plan.
- Final Budget and Justification for year one.
- A proposed budget for the remaining four years of the grant.
- Final location and site schedule (county, name and address of site, languages spoken, and days and times).

B. Freedom of Information Law

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications received by the due date and time posted on the cover sheet of this RFA and deemed an organization eligible to apply (as outlined in Section II. Who May Apply) will be reviewed based on the criteria included in this RFA and each section of the Application will be reviewed based on the criteria and scoring described in this section. Applications failing to provide all response requirements may be removed from consideration.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Eligibility and Marketplace Consumer Assistance, Bureau of Child Health Plus Policy and Exchange Consumer Assistance. Any cost incurred in response to this RFA is the obligation of the RFA applicant and not the responsibility of the NYSDOH.

Criteria/Section	**Maximum Score (Points)**
The application was received by the date and time posted on the cover sheet of this RFA.	**Pass/Fail**
The RFA applicant was deemed an eligible organization per the criteria outlined in Section IIA of this RFA.	**Pass/Fail**
1. Grant Application Cover Sheet	**Not Scored**
2. Program Summary	**Not Scored**
3. Service Area and Statement of Need	**12**
4. RFA Applicant Organization *4a. Applicant Organization Preferred Qualifications: 5 years of experience working with population (Max Score: 4 points)*	**19**
5. Program Enrollment Strategy and Experience with Enrollment Entities	**24**
6. Training	**10**
7. Quality Assurance and Reporting	**12**
8. Readiness/Workplan	**8**
9. Budget and Budget Justification	**21**
Subtotal	**106**

Approximately $8 million per year will be awarded to eligible entities on a regional basis as listed above. A minimum score of 65 must be earned in order to be eligible for an award.

All applications will be ranked by score from highest to lowest in each region (regions defined in Table 1 of the RFA). If an Applicant applied for more than one region, the applicant will be ranked by their same overall score for each region the Applicant applied for. Within each region, funding will be awarded to the highest scoring application in order of highest to lowest ranking, until funds are exhausted. Partial awards will be offered to the next highest scoring applicant in a region if there are remaining funds in the region. NYSDOH reserves the right to award more than one grant per region.

In the event of a tie score, the RFA applicant who scored the highest on their Program Enrollment Strategy and Experience with Enrollment Entities section will receive the award.

If there is no application in a region with a passing score or if there are no applications for a region, then that funding will be offered to the highest scoring applicant in the neighboring region(s) to provide programmatic coverage within the unfunded region. If an applicant does not agree to the additional service area, the next highest scoring applicant in the neighboring region(s) will be offered funding until this process is exhausted. If there are unallocated funds remaining in any region(s), NYSDOH reserves the right to reallocate funds to any of the regions in the best interest of NYS and make an award in said regions to the next highest ranked applicant(s). The Department reserves the right to re-procure for one or more service regions if not awarded from this RFA.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

NYSDOH reserves the right to revise all award amounts as necessary, based upon the availability of continued funding. NYSDOH will not fund activities that are duplicative of efforts funded through other grant programs or resources. Funds under this RFA are intended to supplement, enhance and expand but not supplant existing resources and services aimed at providing consumer assistance services to the aged, blind and disabled populations.

RFA Applicants will be deemed to fall into one of three categories: (1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this RFA, an RFA Applicant may request a debriefing of their own Application (whether their Application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the RFA Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department Consumer Assistance for the Aged, Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility no later than fifteen (15) Calendar days from date of the award or non-award announcement to the RFA Applicant requesting a debriefing.

To request a debriefing, please send an email to Molly Renteria at OHIPcontracts@health.ny.gov with a copy to FEABD@health.ny.gov. In the subject line, please write: *Debriefing Request (Consumer Assistance for the Aged, Blind, and Disabled).*

Any unsuccessful RFA Applicants who wish to protest the award or awards resulting from this RFA should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at http://www.osc.state.ny.us/agencies/guide/MyWebHelp. (Section XI. 17.)

VI. Attachments

Please note that certain Attachments to this RFA are accessed under the "Pre-Submission Uploads" section of the Grants Gateway online Application and are not included in the RFA document. In order to access the online Application and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory."

Attachment 1:	Certification Regarding State and Federal Confidentiality Requirements for Lead Agency
Attachment 2:	Certification Regarding State and Federal Confidentiality Requirements for Consumer Assistance Subcontractors
Attachment 3:	Vendor Responsibility Attestation*
Attachment 4:	Grant Application Cover Sheet*
Attachment 5:	Location and Site Schedule*
Attachment 6:	Work Plan Instructions
Attachment 7:	Subcontractor Budget Form*
Attachment 8:	Grants Gateway and Subcontractor Expenditure Budget Instructions
Attachment 9:	Glossary of Terms
Attachment 10:	Sample Letter of Commitment (Subcontractor)
Attachment 11:	Application Checklist
Attachment 12:	Minority and Women-Owned Business Enterprise Requirement Forms*

*These attachments are located/included in the Pre-Submission Upload section of the Grants Gateway online application.

ATTACHMENT 1 | RFA # 20278

CERTIFICATION REGARDING STATE & FEDERAL CONFIDENTIALITY REQUIREMENTS FOR LEAD AGENCY

The lead agency is required to maintain the confidentiality of information obtained on Medicare outreach lists, the Access New York Health Care application, the Access NY Supplement A and information concerning the determination of eligibility for Medicare, Medicaid, Essential Plan, and/or Child Health Plus.

Such information may be shared by a lead agency, its subcontractors conducting enrollment and outreach, and the programs and agencies identified in the Access New York Health Care applications, provided that the applicant has given appropriate written authorization on the application and provided that the release is for the purposes of determining eligibility or evaluating the success of the program by the New York State Department of Health or its authorized representative. Such information shall not be disclosed by a lead agency or its subcontractors for any other purpose.

The lead agency agrees to maintain confidentiality of such information in accordance with New York State and federal laws and regulations including, N.Y. Social Services Law §§ 367-b(4) and 369(4), N.Y. Public Health Law Article 27-f, Public Officers Law Article 6-a, Social Security Act § 1902(a)(7), 42 CFR § 457.1110 and 42 C.F.R. § 431.300 et seq. In addition, the FE agency agrees that there will be no further disclosure of Medicaid Confidential Data (MCD) without prior, written approval of the New York State Department of Health. The lead agency agrees to require and ensure that any approved agreement, contract, or document contains a statement that the subcontractor or other party may not further disclose the MCD without the prior written approval of the New York State Department of Health, MCDRC.

By signing below, an authorized person of the lead agency certifies that he/she has read and understands the terms and requirements above.

Name of Lead Agency:

____

Name of Authorized Person: (Print Clearly)

____

Signature of Authorized Person: Date: ______

____

ATTACHMENT 2 | RFA # 20278

CERTIFICATION REGARDING STATE & FEDERAL CONFIDENTIALITY REQUIREMENTS FOR CONSUMER ASSISTANCE SUBCONTRACTORS

A consumer assistance subcontractor is required to maintain the confidentiality of information obtained on Medicare outreach lists, the Access New York Health Care application, the Access NY Supplement A and information concerning the determination of eligibility for Medicare, Medicaid, Essential Plan, and/or Child Health Plus.

Such information may be shared by a subcontractor staff member, subcontractor agency and the programs and agencies identified in the Access New York Health Care applications, provided that the applicant has given appropriate written authorization on the application and provided that the release is for the purposes of determining eligibility or evaluating the success of the program by the New York State Department of Health or its authorized representative. Such information shall not be disclosed by a staff member for any other purpose.

The enrollment and outreach staff agrees to maintain confidentiality of such information in accordance with New York State and federal laws and regulations including, N.Y. Social Services Law §§ 367-b(4) and 369(4), N.Y. Public Health Law Article 27-f, Public Officers Law Article 6-a, Social Security Act § 1902(a)(7), 42 CFR § 457.1110 and 42 C.F.R. § 431.300 et seq.

By signing below, the staff member certifies that he/she has read and understands the terms and requirements above.

Name of Subcontractor:

____

Name of Enrollment/Outreach Program Staff:

____

(Print Clearly)

Signature of Program Staff:

____

Date: __________________________

ATTACHMENT 6 | RFA # 20278
WORK PLAN *SUMMARY*

PROJECT NAME: Consumer Assistance for the Aged, Blind, and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility

CONTRACTOR SFS PAYEE NAME: ____

CONTRAT PERIOD: From: January 1, 2024

To: December 31, 2028

Provide an overview of the project including goals, tasks, desired outcomes and performance measures:

See instructions in Section V.A.8 for the Work plan. Each highlighted area requires a response.

Project Summary:

ATTACHMENT 6 – WORK PLAN
DETAIL

OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: Workplan and Budget**	**Performance Measure Name: [75 characters max.]**
1**. ORGANIZATIONAL CAPACITY** **Provide leadership, coordinate and administer the program to implement all required activities and meet contractual agreements in a timely manner, ensuring that workplan and budgets are completed, and subcontracts and internal procedures are implemented to ensure successful program performance.**	1.1 Develop and submit proposed FE-ABD workplan and 12-month line-item budget and justification. **Person Responsible (Name/Title):**	1.1.1 **[250 characters max.]**
		Performance Measure Name:
		1.1.2
		Performance Measure Name:
		1.1.3
	Task Name: Subcontractors	**Performance Measure Name:**
	1.2 Establish subcontracts, if applicable, and submit signed copies of subcontracts to NYSDOH. **Person Responsible (Name/Title):**	1.2.1
		Performance Measure Name:
		1.2.2
		Performance Measure Name:
		1.2.3
	Task Name: Staffing	**Performance Measure Name:**
	1.3 Ensure that staffing levels and/or non-personal services are adequate at the Lead organization and/or subcontractor level to support the activities required under this contract. **Person Responsible (Name/Title):**	1.3.1
		Performance Measure Name:
		1.3.2

		Performance Measure Name: 1.3.3
OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: Applications**	**Performance Measure Name:** 2.1.1
2. **COORDINATION AND COLLABORATION Maintain collaborative relationships with the LDSS/HRA and other health, human service, education and other community organizations to promote utilization of the Consumer Assistance Program for Aged, Blind and Disabled individuals throughout the entire proposed service area.**	2.1 Adhere to the Model Protocol for Submission and Processing of applications. Define county-specific processes and contacts to simplify the submission process. Build collaborative relationships and increase the number of individuals obtaining health insurance coverage in service area. **Person Responsible (Name/Title):**	**Performance Measure Name:** 2.1.2 **Performance Measure Name:** 2.1.3
	Task Name: Protocols	**Performance Measure Name:** 2.2.1
	2.2 Review and revise agency internal operating protocols that will provide staff with the resources needed to successfully screen individuals and complete the application process in a timely matter. **Person Responsible (Name/Title):**	**Performance Measure Name:** 2.2.2 **Performance Measure Name:** 2.2.3

	Task Name: Referral Sources	**Performance Measure Name:**
	2.3 Establish and maintain relationships across service area with community-based organizations and/or providers who are referral sources for clients or client services. Reduce barriers to screening or follow-up such as childcare, medical equipment or transportation. **Person Responsible (Name/Title):**	2.3.1
		Performance Measure Name:
		2.3.2
		Performance Measure Name:
		2.3.3
OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: Outreach Approval**	**Performance Measure Name:**
3. **OUTREACH to IDENTIFIED MEDICAID ENROLLEES Implement strategies to conduct outreach to Medicaid enrollees identified as potentially eligible for Medicare, educate these consumers regarding the requirement to apply for Medicare, and to assist individuals in the completion of applications for Medicare benefits, if appropriate.**	3.1 Develop, submit for approval, and utilize all proposed program and outreach materials. **Person Responsible (Name/Title):**	3.1.1
		Performance Measure Name:
		3.1.2
		Performance Measure Name:
		3.1.3
	Task Name: Consumer Outreach	**Performance Measure Name:**
	3.2 Outreach to individuals identified by NYSDOH as current Medicaid enrollees potentially eligible for Medicare. Educate these consumers about Medicare, how to apply for benefits and the requirement that	3.2.1
		Performance Measure Name:
		3.2.2

	they apply for these benefits. Assist consumers with Medicare applications if appropriate. **Person Responsible (Name/Title):**	
		Performance Measure Name:
		3.2.3
	Task Name: Staff Evaluation	**Performance Measure Name:**
	3.3 Monitor and evaluate all outreach attempts to address barriers contributing to any contact not made with consumers. Ensure all outreach efforts are being done in a timely manner and in compliance with the provided training, to decrease the number of closed cases due to contact not being made. **Person Responsible (Name/Title):**	3.3.1 **Performance Measure Name:** 3.3.2 **Performance Measure Name:** 3.3.3
OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: Grantee Communicaiton**	**Performance Measure Name:**
4. **ENROLLMENT STRATEGY Implement strategies based upon experience working with the target population(s) to promote the consumer assistance program, identify eligible individuals, submit applications, and ensure regular communication between the lead agency, enrollment and outreach staff, and the LDSS/HRA.**	4.1 Ensure communication between Grantee, enrollment staff and LDSS/HRA. **Person Responsible (Name/Title):**	4.1.1 **Performance Measure Name:** 4.1.2 **Performance Measure Name:** 4.1.3

	Task Name: Application Assistance	**Performance Measure Name:**
	4.2 Assist individuals to complete applications for new applicants and those renewing their health insurance coverage, conduct quality assurance on the Access NY Health Care applications and process applications. **Person Responsible (Name/Title):**	4.2.1
		Performance Measure Name:
		4.2.2
		Performance Measure Name:
		4.2.3
	Task Name: Communication with Enrollment Staff	**Performance Measure Name:**
	4.3 Coordinate, monitor and communicate regularly with subcontractors and facilitators to address issues, ensure protocols are implemented and correct deficiencies. Communicate regularly with LDSS to address issues and ensure protocols and county-specific processes are utilized as needed. **Person Responsible (Name/Title):**	4.3.1
		Performance Measure Name:
		4.3.2
		Performance Measure Name:
		4.3.3
OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: State Training**	**Performance Measure Name:**
5. **TRAINING** **Participate in training and technical assistance provided by NYSDOH, as well as other**	5.1 Attend NYSDOH-sponsored training (provided by either the DOH-approved training agency or a lead/sub agency trainer, using the	5.1.1
		Performance Measure Name:

training opportunities that will enhance services provided to the target population(s). Trainings will be utilized to improve program procedures and services tailored to the aged, blind and disabled.	approved training curriculum) in order to improve or incorporate changes to program policy or the enrollment process. **Person Responsible (Name/Title):**	5.1.2
		Performance Measure Name:
		3.1.3
	Task Name: Outside Training	**Performance Measure Name:**
	5.2 Attend other professional and community trainings to enhance program services specifically when working with one of the target populations: Aged, Blind or Disabled. **Person Responsible (Name/Title):**	5.2.1
		Performance Measure Name:
		5.2.2
		Performance Measure Name:
		5.2.3
	Task Name: In-service Training	**Performance Measure Name:**
	5.3 Provide in-service topics that will be used to train staff and implement strategies that will make services accessible to individuals with disabilities. **Person Responsible (Name/Title):**	5.3.1
		Performance Measure Name:
		5.3.2
		Performance Measure Name:
		5.3.3

OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name: Monitor Outreach**	**Performance Measure Name:**
6. **QUALITY ASSURANCE AND PRODUCTIVITY** **Develop and implement a quality assurance process that will include procedures to monitor, manage, and enhance performance of subcontractors and enrollment and outreach staff. Productivity should be monitored using application data and reports generated on a monthly basis.**	6.1 Collect and monitor outreach, application and enrollment determination data as directed by NYSDOH. Provide reports to NYSDOH as required by the contract. **Person Responsible (Name/Title):**	6.1.1
		Performance Measure Name:
		6.1.2
		Performance Measure Name:
		6.1.3
	Task Name: Reports	**Performance Measure Name:**
	6.2 Submit required expenditure and progress reports and vouchers to NYSDOH within 30 days after the end of the reporting period. **Person Responsible (Name/Title):**	6.2.1
		Performance Measure Name:
		6.2.2
		Performance Measure Name:
		6.2.3
	Task Name: Plan of Correction	**Performance Measure Name:**
	6.3 Develop a Plan of Correction to be utilized when enrollment and outreach staff and/or subcontractors are not meeting the agreed upon performance measures. This should include reducing payments or	6.3.1
		Performance Measure Name:
		6.3.2

	terminating a contract with non- or under-performing subcontractors. **Person Responsible (Name/Title):**	 **Performance Measure Name:** 6.3.3

Attachment 8 | RFA # 20278
Grants Gateway and Subcontractor Expenditure Budget Instructions

This guidance document is intended to help applicants with understanding the types and level of detail required in Grants Gateway for each individual budget line. For Grantee instructions on how to enter a budget into the Gateway, please go to https://grantsmanagement.ny.gov/apply-grant and click on "Vendor User Manual."

Please be aware of the following:

- Program Managers may require additional information or clarification necessary for approval of requested amounts on funded applications; and
- The allowability of costs are subject to the OMB Uniform Guidance.

Grants Gateway Categories of Expense:
There are two major Budget Categories: Personal Services and Non-Personal Services. Each of these categories include individual sub-categories for more specific budget items that can be requested in a budget as outlined below. Each line requires different information.

1. Personal Services
    a. Salary
    b. Fringe

2. Non-Personal Services
    a. Contractual (subcontractors, peers who receive 1099s, etc.)
    b. Travel
    c. Equipment
    d. Space/Property & Utilities
    e. Operating Expenses (supplies, audit expenses, postage, etc.)
    f. Other

Guidance on allowable expenditures can be found in the "Basic Considerations for Allowability of Costs" document. This document can be found here: http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbd3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5.

Every line item listed on budget should be identified and explained in the budget justification. The line item written justification should explain how the cost was calculated and detail why it is essential to operating a Consumer Assistance Program for the Aged, Blind and Disabled.

PERSONAL SERVICES – SALARY

- This section should list all personnel proposed for the Consumer Assistance Program. This should include each individual's title and region of the state where the individual will be employed, annual salary, number of hours worked in a standard work week, the percentage of effort funded through this grant, the number of months the position is to be funded during the grant year, and the total dollars proposed for grant support.

- The vast majority of personal services funding should be devoted to facilitated enrollment and outreach staff. While administrative costs should be adequate to support the ABD program, they cannot be excessive in proportion to the amount of funding dedicated to direct facilitated enrollment and outreach activity and, may not exceed 5% of the total budget.

For each salary position funded on the proposed contract, provide the following:

Details:
- **<u>Position/Title:</u>**
  - Enter the title and the incumbent's first and last name.
  - If the position is yet to be filled, enter "TBH" (to be hired.)

- **<u>Role/ Responsibility:</u>** Briefly describe role of title on this proposed program.

Financial:
- **<u>Annualized Salary Per Position:</u>** Enter the full salary for 12 months regardless of funding source.
- **<u>STD Work Week (hrs):</u>** Enter the standard work week for this position regardless of funding. If it is a full-time position, this is often either 35, 37.5 or 40 hours per week. If it is a part-time position, enter the expected number of hours per week the person will work.
- **<u>Percent Funded:</u>** Enter the total percent of effort to be funded on this proposed contract.
- **<u>Number of Months Funded:</u>** Enter number of months this position will be funded during the proposed contract period. Use months only; do not use pay periods. Please note: this should be a whole number NOT a formula.
- **<u>Total Grant Funds:</u>** Enter the total amount for this position requested during the proposed contract period. **Grants Gateway will not automatically calculate this. Please check your calculation for accuracy.**

Items to Note:
- The Total Match Funds and Total Other Funds lines are not used. You will not be able to enter information on those lines.
- While Grants Gateway does not calculate the Line Total, it does calculate the cumulative Category Total.

<u>PERSONAL SERVICES – SALARY NARRATIVE</u>

- Describe role in contract and duties supported by the contract.
- Please clearly describe the percent of effort to be funded on this proposed contract.
  - If the percent of effort spent on the proposed contract is split between direct enrollment and administrative time, please clearly indicate the percent of time spent on each in justification for each applicable personnel line.
  - For example:
    - 100% ABD direct enrollment
    - 50% ABD direct enrollment/ 50% ABD admin

PERSONAL SERVICES - FRINGE

Details:

- **Fringe – Type/Description:** Enter a description (examples, fringe rate, union fringe rate, nonunion fringe rate, part-time fringe rate, full-time fringe rate) and the percentage. Fringe should be reasonable and consistently allocated and should be comprised only of items required by law or established in agency written policy.

- **Justification:** Specify whether fringe is based on federally approved rate, audited financials or actual costs.

Financial:

- **Total Grant Funds:** Enter the total amount of fringe requested for this proposed contract period.

PERSONAL SERVICES – FRINGE NARRATIVE

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If the budgeted fringe benefits represent an exception to the current NYS rate, please explain the difference.

NON-PERSONAL SERVICES

- This section should list all proposed non-personal services. As stated in the budget guidelines above, items such as equipment, utilities, travel, office supplies, printing, photocopying, postage, telephone, training, conferences, audit, insurance should be listed separately.

- Budgets may include an indirect rate of up to 10 percent. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate (ICR). Additionally, a copy of the current federal ICR agreement must be provided.

    - For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Indirect costs are agency costs that cannot be directly associated with the administration of a particular program and therefore cannot be charged as a direct program expense. Indirect costs include, but are not limited to, physical overhead, space occupancy, utilities and information technology costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other budget narrative section of the application. Calculated indirect cost rates will be subject to NYSDOH review and approval.

    - If the agency has a higher federally negotiated rate, evidence of that rate must be submitted to the NYSDOH as noted above. Indirect costs are associated with expenses that benefit more than one program or objective and, therefore, cannot be isolated to only a specific contract. These costs are generally classified under functional categories such as general maintenance and operation expenses, general office and administrative expenses, general overhead, etc. The Applicant must include a detailed description of costs included in the agency's indirect rate. Expenses included in the indirect rate are limited to allowable costs. Contractors must notify the NYSDOH if there are any subsequent changes to costs included in the indirect rate.

- Rent should be within fair market value.

- Items such as equipment, utilities, travel, office supplies, printing, photocopying, postage, telephone, training, conferences, audit, and insurance should be itemized and justified. Explain how the cost was calculated and how each item is essential to the operation of the Consumer Assistance Program. Non- personnel items that cannot be justified as integral to the operation of the Consumer Assistance Program will not be allowed.

- Lead Agencies should list out their subcontractors, regional or satellite offices and indicate each region they propose to serve (Capital Region, Finger Lakes, Hudson Valley, Long Island, New York City, North Country, Southern Tier and Western NY). If an agency proposes to provide Statewide coverage, then at least one subcontractor, regional or satellite office should be located in each region of the state with an adequate number of enrollers and outreach staff. The adequate number of enrollers and outreach staff necessary for each region should be determined by the Applicant. Applications need to include justification for how the Applicant determined the adequate number of enrollers needed to serve all persons aged 65 years or older, certified blind individuals, and the certified disabled population across entire proposed service area.

CONTRACTUAL

- To the extent that the applicant is proposing to utilize subcontractors a total proposed budget amount for each proposed subcontractor following the budget guidelines described above should be included. Additionally, a separate budget for each subcontractor must be completed using Attachment 7. All subcontractor budgets should be combined into one pdf no larger than 10MB and re-uploaded under Pre-Submission Uploads as Attachment 7.

- If the Applicant proposes to serve more than one of the regions indicated in this RFA, the maximum funding awards for each region will apply. Refer to Table 1: Annual Funding and Distribution by Region of this RFA.

- In the event that an awardee does not receive funding for one or more of the regions they propose to serve, specific costs identified for that region may be removed and the funding award amount will be reduced accordingly.

Details:

- **Contractual – Type/Description:** Enter the name of the agency, consultant or TBA (if not yet selected). Use a separate Contractual line for each subcontractor or consultant. Include an estimated cost for these services.

- **Justification:** Briefly describe the services to be provided and to what service area under the proposed contract.

Financial:

- **Total Grant Funds:** Enter the total amount requested for the subcontractor.

CONTRACTUAL NARRATIVE

Provide a description of service, rate, and estimated hours and indicate the cost of those contractual services.

TRAVEL

Details:

- **Travel – Type/Description:** Describe the type of travel cost and/or related expenses.

- **Justification:** Briefly describe how the travel relates to the proposed contract.

Financial:

- **Total Grant Funds:** Enter the total amount requested for the Travel item.

TRAVEL NARRATIVE

Provide description of travel related expenses that may be budgeted and are allowed.

EQUIPMENT

Details:

- **Equipment – Type/Description:** Describe the equipment and name of staff member on proposed contract who it is for.

- **Justification:** Briefly describe how this equipment relates to the proposed contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Equipment item.

EQUIPMENT NARRATIVE

Provide detailed explanation of equipment costs.

Items to Note:

- Equipment includes, but is not limited to, all office-based and personal electronic devices, such as: iPads, laptops, printers, fax machines, copy machines, modems, routers, servers, etc. purchased with grant funds.
- Rental equipment (if applicable) can be included in this section.

SPACE/PROPERTY RENT or OWN

Details:

- **Space/Property: Rent or Own – Type/Description:** Describe the property, whether it is the agency's main site or satellite and provide the address. Use a separate Space line for each different location.

- **Justification:** Explain why this proposed contract is paying for the space costs at each location.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Space/Property item.

SPACE/PROPERTY: RENT or OWN NARRATIVE

Provide a detailed explanation of costs.

UTILITIES

Details:

- **Utilities – Type/Description:** Describe the utility expense.

- **Justification:** Indicate the property address for which this expense will be incurred.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Utility item.

UTILITIES NARRATIVE

Provide a detailed explanation of costs.

OPERATING EXPENSES

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance, photocopying, and supplies.

Details:

- **Operating Expenses – Type/Description:** Describe what is being purchased.

1. Supplies – Briefly describe items being purchased.

2. Telecommunications – Include costs for all telephone lines funded by this proposed contract, fax and modem lines, telecommunications installation costs, hotlines, long distance, cell phones, internet expenses, etc.

3. Miscellaneous – Includes postage, printing, insurance, maintenance, or other appropriate costs.
    - For outreach materials, briefly detail the types of materials to be purchased and what they will be used for.

- **Justification:** Describe how this item relates to the contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Operating Expense item.

OPERATING EXPENSES NARRATIVE

If applicable, please provide an explanation of costs.

OTHER

Details:

- **Other Expenses – Type/Description:** This section will **only** be used to document Indirect Costs. Enter the words "Indirect Cost rate" and the rate being requested.

- **Justification:** Enter whether or not this rate is based on a federally approved rate agreement.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Expense item.

OTHER NARRATIVE

Provide additional details on indirect rate.

Items to Note:

- No cost that is billed directly to this contract can be part of the indirect rate.

Attachment 9 | RFA # 20278

Glossary of Terms

Administrative Costs	Administrative or clerical services that are integral to a project or activity, the individuals involved can be specifically identified with the project or activity, the costs are explicitly included in the budget, and the costs also aren't recovered as indirect costs. Administrative Costs are limited to 5%.
Aged	An individual who is 65 years of age or older.
RFA Applicant	An entity that meets the minimum eligible criteria set forth in this RFA that chooses to submit an application in response to this RFA.
RFA Application	An Applicant's proposal submitted in response to this RFA.
Blind	An individual who has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.
CBO	Community Based Organization.
Consumer Assistance for the Aged Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility Contractor	Applicants to whom an award is made under this RFA and whom subsequently executes a contract with the NYSDOH to provide program services.
Direct Service Costs	Costs that can be identified specifically with a particular project or program, or can be directly assigned to such activities.
Disabled	An individual who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.
Facilitated Enroller	Refers to an individual who provides consumer assistance to the aged, blind and disabled populations with applications for government-sponsored health insurance. Facilitated Enrollers are employed by an ABD Grantee or a subcontractor under the lead agency and are included on the ABD Program budget.
Grantee	An applicant to whom an award is made under this RFA and whom subsequently executes a contract with NYSDOH to provide facilitated enrollment and outreach services to the aged, blind and disabled populations. The function of the Grantee is to provide direct consumer assistance, as well as design and implement a Consumer Assistance program for the Aged, Blind and Disabled (ABD) populations for their entire awarded service area, as well as provide training, oversight and technical assistance to all facilitated enrollment staff in their awarded service area.
Indirect Costs	Facilities and Administrative costs that are incurred for common or joint objective and therefore cannot be identified readily and specifically with a particular project or program. Indirect costs are limited to 10%.

Lead Agency	A Grantee with NYSDOH that will provide facilitated enrollment and outreach services to the aged, blind and disabled populations and holds subcontracts to provide services in the awarded service area(s).
MAGI	For individuals who are income-eligible for Medicaid, Modified Adjusted Gross Income is the income definition used to determine an individual's eligibility.
NYSDOH	New York State Department of Health.
Non-MAGI	Disabled, elderly, and blind applicants for Medicaid are determined according to "non-MAGI" eligibility rules.
Subcontractor	Organizations that provide Consumer Assistance services for the Aged, Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility under an awarded lead agency. Any subcontractors providing program services must meet be public or private not-for-profit 501(c)(3) CBOS's located in and conducting business in New York State.

ATTACHMENT 10 | RFA #20278

SAMPLE LETTER OF COMMITMENT
(SUBCONTRACTOR)

[Lead Agency]
[Main Contact]
[Address Line 1]
[Address Line 2]
[Email Address]

Re: RFA # 20278

Consumer Assistance for the Aged, Blind and Disabled and Medicare Outreach as a Condition of Medicaid Eligibility

Dear [Main Contact],

This letter is to indicate our commitment to be a subcontractor in the above Request for Applications (RFA) with your lead agency.

Sincerely,

ATTACHMENT 11 | RFA #20278
APPLICATION CHECKLIST
Consumer Assistance for the Aged, Blind and Disabled and
Medicare Outreach as a Condition of Medicaid Eligibility

The following is a checklist for the applicant to review and ensure that all information is provided. All required attachments should be uploaded where directed in the RFA.

A copy of this Application Checklist is not required to be completed as part of the application.

- ☐ Complete, sign, and upload the Grant Application Cover Sheet (Attachment 4)
- ☐ Program Summary
- ☐ Service Area and Statement of Need questions
- ☐ RFA Applicant Organization questions
- ☐ Program Enrollment Strategy and Experience with Enrollment Entities questions
- ☐ Identification and upload of Proposed Locations and Schedules (Attachment 5)
- ☐ Collect and upload letter of commitment for each proposed subcontractor (question 4ci), if applicable
- ☐ Training questions
- ☐ Quality Assurance and Reporting questions
- ☐ Readiness/ Work plan completion in the Grants Gateway application
- ☐ Applicant Budget and Justification completion in the Grants Gateway application
- ☐ Subcontractor(s) Budget and Justification, if applicable, completed and uploaded (Attachment 7)
- ☐ Vendor Responsibility Attestation uploaded (Attachment 3)
- ☐ M/WBE Utilization Plan or Waiver Request uploaded and Forms 4 &5 completed and uploaded (Attachment 12)