

RFA # 17832/ Grants Gateway # DOH01-SOHNPI-2019

New York State Department of Health
*Office of Health Insurance Programs and
NY State of Health*

Request for Applications

*Consumer Assistance for NY State of Health:
Navigator Program*

KEY DATES:

Release Date: **June 29, 2018**

Letter of Interest/Intent Due: **July 5, 2018**

Questions Due: **July 16, 2018**

**Questions, Answers and
Updates Posted (on or about):** **July 30, 2018**

Applications Due: **August 13, 2018 by 4:00 PM**

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I. Introduction

A. Description of Program

The New York State Department of Health (DOH) is issuing this Request for Applications (RFA), entitled “Consumer Assistance for NY State of Health: Navigator Program,” to solicit applications to participate in the NY State of Health’s Navigator Program. The Navigator Program (Program) provides in-person, culturally competent, linguistically appropriate and disability accessible health insurance application and enrollment assistance. The Program is designed to reduce barriers in accessing insurance by providing in-person assistance in community based locations frequented by target populations, at times that are convenient to potential enrollees (individuals and small businesses), including evenings and weekends.

As a result of this RFA, approximately \$27.2 million will be available per year for a period of five (5) years for the delivery of Navigator Program services. The goal is to have at least one Navigator Contractor providing Navigator Program services in every county in New York State, as well as funds for Federally Recognized Tribes and Urban Indian Organizations.

- Up to \$675,000 will be available per year, for a period of five (5) years to Federally Recognized Tribes in New York State as recognized by the Bureau of Indian Affairs and published in the federal register, 82 FR 4915 (Jan 17, 2017) and Urban Indian Organizations as defined by the Indian Health Care Improvement Act. 25 U.S.C. 1603(29).
- Up to approximately \$26.5 million will be available per year for a period of five (5) years to non-Federally Recognized Tribes/Urban Indian Organizations eligible entities. Approximately half of the available funds will be distributed in New York City and half available for Upstate and Long Island, consistent with the distribution of the uninsured population.

These grant funds are being made available to fund the following Navigator Program services:

- Provide in-person health insurance application and enrollment services to potential enrollees by using the on-line application through NY State of Health, New York’s Health Plan Marketplace.
- Educate potential enrollees about NY State of Health and the types of health insurance programs offered through NY State of Health.
- Provide education on, and facilitate enrollment into, Qualified Health Plans (QHPs) with or without Advanced Premium Tax Credits (APTC) or Cost Sharing Reductions (CSRs), Public Health Insurance Programs including Medicaid, Essential Plan (EP) and Child Health Plus (CHPlus) and/or any successor programs to those supported by the Patient Protection and Affordability Act (ACA) or other federal legislation that may be created by new federal or state legislation, before or during the length of these contracts.
- Provide enrollment assistance to enrollees renewing their health insurance coverage.
- Assist enrollees or potential enrollees with complaints or questions regarding their health coverage or an eligibility determination related to their coverage.

- Provide information in a fair and impartial manner which is culturally and linguistically appropriate and accessible for persons with disabilities, for the populations being served, including individuals with limited English proficiency.

B. Background

In April 2012, Governor Cuomo issued an Executive Order to establish the New York Health Benefit Exchange within the DOH, later renamed NY State of Health. NY State of Health is an organized marketplace through which individuals and small businesses may shop for health insurance in a way that allows them to easily compare health plan options across benefits, services, price and quality, and receive financial assistance, if eligible.

NY State of Health serves individuals who do not have affordable health insurance at work and small employers defined as 100 or fewer full time equivalent employees. NY State of Health also places a great deal of emphasis on ensuring that individuals maintain their coverage.

NY State of Health became operational on October 1, 2013, allowing potential enrollees to explore their health insurance options, find out if they are eligible for tax credits and other financial assistance and enroll in a health plan with coverage effective on January 1, 2014. Today, over 4 million individuals are enrolled in coverage through NY State of Health. Throughout this RFA, new and renewing enrollees are collectively referred to as “potential enrollees.”

The Affordable Care Act requires the NY State of Health to operate a Navigator Program to assist New Yorkers in enrolling in health insurance. In accordance with 45 CFR 155.210(e), Navigator contractors must be able to carry out the following duties:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about NY State of Health.
2. Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs.
3. Facilitate selection of a Qualified Health Plan (QHP) in NY State of Health or, when appropriate, a public health insurance program including Medicaid, Essential Plan or Child Health Plus (CHPlus).
4. Provide appropriate referrals for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or an eligibility determination under such plan or coverage.
5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population of New York State, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Under the initial procurement for the Navigators, 49 agencies were selected to participate in the program, with at least two agencies selected from every county in the state, except for one county. The original term of the contracts under this procurement was August 1, 2013 through September 30, 2018. Currently, Navigator agencies employ over 510 navigators who speak 42 languages and American Sign Language (ASL) and provide enrollment services at over 880

sites throughout the state.

During the initial four years of operations, NY State of Health has been extremely successful, enrolling over four million individuals and small business in health coverage. Navigators are responsible for completion of nearly nine (9) percent of the applications submitted to NY State of Health. As of October 2017, Navigators are responsible for assisting in the completion of over 387,000 applications resulting in over 367,000 enrollments in NY State of Health.

Attachment 1 provides a glossary of terms used in this RFA.

II. Who May Apply

A. Minimum Eligibility Criteria

The minimum eligibility requirements for entities responding to this RFA are consistent with federal regulations governing Navigators found at (45 CFR 155.210). Applicants must meet the criteria below to be deemed eligible to submit an Application in response to this RFA.

- Applicants can only submit and be included in one Application.
- Applicants cannot be listed as a subcontractor in another Applicant's application.
- Any subcontractor(s) listed in an application cannot be listed as a subcontractor in another application.

1. Types of Organizations Eligible to Apply:

The following types of entities are eligible to apply for this RFA:

- 1) Community and consumer-focused non-profit organizations;
- 2) Trade, industry, and professional associations;
- 3) Commercial fishing industry organizations, ranching and farming organizations;
- 4) Chambers of commerce;
- 5) Unions;
- 6) Resource partners of the Small Business Administration;
- 7) Licensed agents and brokers that do not receive direct or indirect consideration from health insurers for enrolling individuals, small businesses, or small business employees in health plans or supplementary plans;
- 8) Other public or private entities that meet the requirements of Section II (A) of this RFA. Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service contractors; and

- 9) Health care providers who meet the following criteria are deemed eligible to submit an application:
- The provider must have demonstrated commitment to serving the uninsured and underinsured;
 - The provider must agree to offer Navigator Program services to individuals, [small businesses and small business employees] beyond the provider's patient base; and
 - The provider must agree to offer Navigator Program services in offsite locations in the community and may not only offer Navigator services at sites where clinical services are offered.

2. Types of Organizations Not Eligible to Apply:

- 1) Entities with conflicts of interest (as described in Section V(A)(7)) may **not** serve as Navigator contractors.
- 2) Health care providers that do not meet the eligibility criteria described above may **not** serve as Navigator contractors.
- 3) Local Departments of Social Service (LDSS) are **not** eligible to apply to be Navigator Contractors through this RFA. Instead, LDSSs may provide in-person assistance to the Modified Adjusted Gross Income (MAGI) population as part of the State assumption of Medicaid administrative functions.

3. Organizational Capacity

- Applicants must demonstrate that they can carry out the duties set forth in 45 CFR 155.210(e) and listed in Section III of this RFA.
- Applicants must be able to provide assistance to potential enrollees in the individual and Small Business Health Options Program (SHOP) Exchange. Applicants may **not** opt to only apply to serve individuals in the Individual Exchange or to only serve small businesses in the SHOP Exchange.
- Applicants must be able to provide Navigator Program services in person, within New York State and only to residents of New York State. Call centers and other forms of telephone or web-based assistance will not be funded through this RFA.
- Applicants must have sufficient infrastructure to facilitate online submission of enrollment applications including: computers and internet access to facilitate online enrollment; scanners to assist potential enrollees scan and upload copies of documents to NY State of Health's online web portal; and, printers. Except in rare instances, all enrollment applications assisted through the Navigator program will be electronically submitted through NY State of Health's online web portal.

Once a Navigator becomes certified, they must be identity proofed and are given access to NY State of Health's assistor portal and assistor dashboard. Navigators are given a unique identifier which tracks all applications that are assisted by that specific navigator. Consumers may authorize a Navigator to assist them in completing their application. Once a Navigator is authorized to access a person's account, they can view

and manage the account through their dashboard. The dashboard enables Navigators to manage their caseload. For example, Navigators can view all of their consumers' accounts on the "My Clients" tab, view any accounts that require action on the "Overview" page and can review the individuals who are due to renew their coverage, need to submit documentation or need to select a health plan.

- To access NY State of Health's online web portal, Navigator contractors must have computers, laptops or tablets, which may be funded through the grant, that are connected to the Internet with one of the following browsers:
 - Internet Explorer Versions 8-11;
 - Safari Versions 9 or 10;
 - Google Chrome Versions V43-56; or
 - Mozilla Firefox Versions 43-51.

Browsers must use TLS 1.2 security standard when establishing connections to NY State of Health. You can determine if your browser supports TLS 1.2 by visiting this site: <https://www.ssllabs.com/ssltest/viewMyClient.html>. All current and recent versions of these browsers will work. Older browsers may work if they have been updated. Equipment must use up to date operating systems (OS) that are not at end of life and are supported by the manufacturer or vendor and capable of receiving patches and updates. Any portable devices, including laptops, tablets and mobile devices, must utilize full disk encryption.

- 6) Upon request by an enrollee, the Navigator must provide a printed copy of the completed enrollment application and proof of enrollment (enrollment notice). Navigator contractors are not expected to provide printed copies of these documents for all potential enrollees.
- 7) Applicants must complete the DOH sponsored Navigator training program. The training program consists of a three day in-person training program offered in New York City, Albany, Syracuse, Buffalo and other locations as needed. An on-line training program is also available. Navigators have the option to attend either the in-person or on-line training program. The initial certification training program includes the following topics:
 - i. An overview of the Affordable Care Act;
 - ii. Privacy and security standards including but not limited to 45 CFR 155.260;
 - iii. Roles and responsibilities of the navigator including linguistic and cultural competence, ethics and conflicts of interest and assistor neutrality;
 - iv. The Health Care Marketplace Terms and Program Information which includes an overview of common health insurance terms and an overview of the programs available on NY State of Health;
 - v. How to use the on-line application/web portal including identify proofing, building the household, income and other eligibility factors and receiving an eligibility determination;
 - vi. How to assist an applicant in selecting a health plan;
 - vii. Assistor resources including how to create an on-line profile and register as an assistor;
 - viii. Appeals and complaints; and

- ix. An on-line only training module regarding how to educate and assist small businesses through the SHOP Exchange.
- Navigators are required to recertify on an annual basis to maintain their certification in NY State of Health. New York's recertification program consists of a series of webinars focusing on topics to help build on the knowledge and skills of Navigators. Some examples of past topics include Privacy and Security, Immigration, Self-Employment Income, Program Renewals and QHP and Essential Plan Options for the new plan year. These webinars are generally conducted between May and October each year and are archived for those who cannot participate the day the webinar is conducted. Webinars conducted in previous years can be found at:
<http://info.nystateofhealth.ny.gov/SpringTraining>.
- 9) New Applicants must be able to commence activities funded through this RFA no later than 30 days from the date that contracts resulting from this RFA are approved by the Office of the State Comptroller (OSC).

B. Navigator Program Models

Navigator grant awards will be made to individual organizations who submit a proposal to serve one or more counties or to organizations that choose to serve as a lead agency with one or more subcontractor organizations that provide Navigator Program services. The DOH encourages applicants to submit proposals that demonstrate a collaborative approach serving more than a single county as this model has shown improvements in both program quality and administrative efficiencies. Any subcontractors providing Navigator Program services must meet all of the minimum eligibility criteria in Section II (A) of this RFA.

An applicant may only submit one application. Applicants are not permitted to submit their own application and also apply as a subcontractor in a separate application. Applicants are also not permitted to apply as a subcontractor in more than one application. DOH reserves the right to disqualify any applicant named in more than one application.

III. Project Narrative/Work Plan Outcomes

Navigator contractors must provide the Navigator Program services set forth in this Section III of the RFA as follows:

A. Provide In-Person Assistance

- Provide efficient and cost effective, education and in-person enrollment assistance services to potential enrollees. Additional information regarding budget constraints is provided in Section V (A) (13) of this RFA.
- Place sufficient numbers of Navigator staff at enrollment sites that are accessible and convenient to the population being served. Sites should include a range of locations that attract as many potential enrollees as possible. Navigators should be designated to target vulnerable and hard-to-reach populations. Historically, popular enrollment sites include

libraries, clinics, community-based organizations, faith-based agencies and hospitals. Navigators must be available to staff events organized by NY State of Health.

- Ensure the availability of Navigator staff available during non-traditional hours such as early mornings, evenings and weekends. Applicants must demonstrate knowledge of the patterns in the community to determine the best hours of operation and location of enrollment sites. For example, in some communities, early morning hours may be more appropriate than evening hours or Sunday hours as opposed to Saturday hours.
- Ensure that Navigator staff are culturally and linguistically representative of the populations being served. Currently, Navigators offer services in 44 languages and American Sign Language (ASL) and provide access to telephone-based translation services, including Telephone Typewriter (TTY) for the hearing impaired.
- Provide program enrollment services to all potential enrollees in the service area, not only to their current client base.
- Applicants are expected to provide Navigator program services to Native American Tribe(s) or the entire geographic area they propose to serve, even if the individual is of a different cultural background than the Navigator contractor generally serves.

B. Provide Education to Potential Enrollees about NY State of Health

- Educate potential enrollees about the types of health insurance programs offered through NY State of Health.
- Educate potential enrollees about different forms of out of pocket expenses including premiums, co-payments, deductibles and other cost sharing.
- Inform individuals that NY State of Health is the only venue to apply for public health insurance programs.
- Educate small businesses about the availability of federal tax credits and how to become certified through the SHOP Exchange.

C. Provide Education to Potential Enrollees on the Health Insurance Programs and Health Plans Available to Them

- Inform potential enrollees about tools available through NY State of Health's online web portal to aid in selecting a health plan, including:
 - Filters to narrow plan choice;
 - Quality ratings for health plans; and
 - Health plan provider networks through the NYS Provider and Health Plan Look Up Tool.

- For individuals applying for financial or non-financial assistance and found eligible for a QHP or a public health insurance program:
 - Inform applicants eligible for a QHP with financial assistance that they will be required to reconcile the APTC they apply to reduce premium payments throughout the year when they file their annual federal tax return.
 - Inform applicants that eligibility for all programs must be re-determined annually.
 - Counsel all applicants eligible to participate in a managed care plan regarding the selection of a participating health plan, the important role of a primary care provider (PCP) and the benefits of preventive health care.
 - Educate eligible applicants about managed care and how to access benefits in a managed care environment. This includes the distribution of DOH approved materials describing the opportunities for financial assistance through the public health insurance programs and the direct purchase of QHPs.
- Advise small businesses on the benefits of being certified through the NY State of Health Small Business Marketplace.
- Agree to operate as neutral parties in the health plan selection process to assure that each potential enrollee is allowed to make an informed decision.
- Distribute New York State's health insurance information materials in English and languages appropriate to the consumer. These include brochures and information developed by DOH to explain health insurance coverage options available through Medicaid, Child Health Plus, Essential Plan and QHPs (including Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSRs) and direct purchase) and additional topics related to NY State of Health.

D. Assist with the Appropriate Health Insurance Enrollment Applications

- In the individual market, Navigators will provide individuals with assistance in completing the eligibility application for public health insurance programs and in directly purchasing a QHP (and, if applicable, supplemental plan) online. In all but rare instances, enrollment applications must be completed and submitted through NY State of Health's on-line web portal.
- Navigators will instruct individuals regarding the types of documentation that is needed to fully support the application and determine full eligibility including income and citizenship documentation. Navigators will upload such documentation to the individual's account so a full eligibility determination can be made.
- Navigators will provide APTC eligible individuals with assistance in making decisions about how much of the tax credit to apply to their QHP purchase. Navigator staff will assist individuals in understanding the opportunity for CSR benefits.
- Navigators will assist small businesses in becoming certified under the SHOP exchange. Navigator staff will also educate small businesses about federal tax credits.

E. Provide Assistance at Renewal and in Making Mid-Year Life Status Changes

- For individuals enrolled in NY State of Health either in a public health insurance program or a QHP, provide assistance renewing coverage. Navigators will also provide assistance to small businesses with health plan renewal.
- The ACA requires that NY State of Health first conduct an administrative renewal, using federal and state data sources to determine continued eligibility, prior to sending a renewal notice to the enrollee. If the individual agrees with the administrative renewal determination, no assistance from the Navigator is needed. New York State has taken many steps to increase the numbers of individuals who are able to administratively renew their coverage.
- Assist enrollees in renewing their Medicaid, EP and CHPlus coverage. Renewals for these programs occur throughout the year on a monthly basis depending on when the individual originally enrolled.
- Assist enrollees with mid-year life status changes including making changes to their income, adding or removing dependents, changing their address or changing health plans.

F. Provide Additional Information as Required by DOH

- Provide information to individuals applying for Medicaid coverage with information regarding how to obtain informational booklets LDSS-4148A, LDSS-4148B, and LDSS-4148C (also referred to as Books 1, 2 and 3).
- Verbally inform each public program eligible household containing an individual under the age of 21 or a pregnant woman about the availability of services under the Child/Teen Health Program.
- Provide information on other State health insurance programs, for which individuals may be eligible such as the Cancer Services Program or the Family Planning Benefit Program.
- Distribute additional materials as instructed by DOH.
- Provide individuals with general counseling on the potential for Medicaid spenddown, when appropriate. In specific rare circumstances, such as an individual who needs long-term care services, a QHP may not be the best option. Navigators must understand when to counsel an individual about the spenddown program and to refer the individual and their enrollment application materials to the local Department of Social Services (LDSS) for a Medicaid eligibility determination.
- Advise adults who are found Medicaid eligible on the need to pursue available support, including an overview of current child support enforcement policies and pursuit of medical support from non-custodial parents, when appropriate. This includes: determining when Title IV of the Social Security Act, Section IV. D. requirements apply, determining the initial willingness of the individual to cooperate and implications regarding cooperation, and determining whether the individual is claiming “good cause” for not

pursuing support. The Navigator will determine whether the individual is willing to cooperate in pursuing medical support available from an absent parent or spouse. While eligibility for children is not affected by compliance with Section IV-D requirements, adults who fail to cooperate with child support enforcement requirements, absent good cause, will not be eligible for Medicaid.

- Provide referral to the LDSS for potential enrollees who indicate they are certified blind or disabled. The Navigator will provide the potential enrollee with information about the potential benefit of a full Medicaid assessment by the LDSS. The Navigator must explain to the individual that they have the right to enroll in a QHP, if he/she chooses, while they pursue a Medicaid eligibility determination on the basis of a disability.
- Provide general guidance on an individual's need to pursue other sources of income prior to applying for Medicaid. Individuals who appear eligible for certain benefits, such as Medicare, unemployment insurance or worker's compensation, and have not applied for these potential sources of income, are required to provide evidence that they are pursuing such financial supports or will be found ineligible.

G. Comply with Certification Requirements, Provide Technical Assistance and Ongoing Training

- Assure that all applicable Navigator and subcontractor staff is certified prior to providing Navigator program services.
- Assure that all applicable Navigator and subcontractor staff participates in DOH sponsored training programs.
- Attend any DOH regularly scheduled sessions or meetings providing Program information, updates, ongoing training and technical support.
- Complete annual recertification training program comprised of a series of webinars on topics determined by the State. These webinars are generally conducted between May and October each year and are archived for those who cannot participate the day the webinar is conducted. Webinars conducted in previous years can be found at:
<http://info.nystateofhealth.ny.gov/SpringTraining>.

H. Comply with DOH Monitoring Requirements

- Comply with DOH monitoring activities, including unannounced site visits and audits.
- Comply with DOH reporting requirements as found in Section IV.H.3 of this RFA.

I. Monitor the Productivity of Navigators

- The Navigator contractor shall monitor the productivity of its Navigators, including its subcontractor(s) Navigators as directed by DOH. DOH generates quarterly productivity reports using data from NY State of Health. The report also includes measures which compare navigator agencies with each other. A sample of this report is found in

Attachment 2 of this RFA. Navigator contractors are expected to use this information, in addition to any information they collect from their Navigators and subcontractor(s), if any, to take steps to improve productivity of low performing Navigator staff, as well as its subcontractor(s), if any. If, after a few months of technical assistance and training, and Navigator fails to meet satisfactory productivity levels, the Navigator Contractor should make appropriate staff and/or subcontractor staff changes.

- In the event that a subcontractor is defunded from the Program due to performance or for any other reason, the contractor must develop and submit to DOH for prior approval, a plan to cover the service area and intended population in a timely manner. This may include adding a new subcontractor, providing additional funding to a current subcontractor or covering the area with new lead agency staff.
- The Navigator contractor shall develop subcontracts that include provisions to enforce improved productivity. DOH will not continue to reimburse Navigator contractors for substandard performance.

J. Information Dissemination

- NY State of Health provides outreach material to Navigator Contractors such as brochures, fliers, rack cards, promotional materials and give away items.
- Navigators shall provide information and assist potential enrollees in locations approved by DOH. Enrollment services are prohibited in an emergency room. Navigators are also prohibited from telephone cold-calling, door-to-door solicitations at the homes of prospective enrollees and offering incentives of any kind to complete an application or enroll in coverage through NY State of Health.
- NY State of Health conducts broad based outreach activities on an ongoing basis. DOH will widely advertise available programs. NY State of Health anticipates enlisting Navigators to assist in outreach and enrollment campaigns as needed. NY State of Health also posts a calendar of events where Navigators and other assistors may post events they are attending.
- Any material developed by a Navigator Contractor must be reviewed and approved by the DOH prior to use and must conform to NYS DOH branding requirements.
- Prior approval must be obtained for all interactions with the media, including interviews, press releases and press conferences, regardless of who initiates the contact, the press agency, the Navigator agency or a Navigator subcontractor.

K. Navigators Follow DOH Appeal/Complaint Process

- a. NY State of Health has policies and procedures in place for potential enrollees to file appeals or complaints. Navigators are responsible for informing them of their appeal rights.
- b. Individual Marketplace appeal reasons:
 - Eligibility determinations and redeterminations (e.g., found eligible for QHP with an APTC and CSR, attestation supports Medicaid eligibility).
 - Level of APTC and/or CSR benefit.

- A determination of affordable employer sponsored health insurance or other minimum essential health coverage.
 - Denial of a special enrollment period.
 - Not recognized as member of a Federally Recognized Tribe which results in the denial of a special enrollment period or cost-sharing reduction.
 - Failure of the Marketplace to issue a timely notice of an eligibility determination.
- Employers applying for certification by the SHOP Exchange may appeal a finding that it is not qualified.

The Navigator will provide information regarding the right to file an appeal with all applicants. Navigators are required to track and report on the number and type of appeals that are referred to the DOH through the monthly progress report.

L. Maintain Confidentiality, Privacy and Security Requirements

- When Navigators create, collect or use personally identifiable information (PII) to perform their obligations under the Program, they may only use or disclose such PII to the extent necessary to carry out such obligations.
- Navigators and their subcontractors and agents must establish and implement privacy and security standards for the creation, collection and use of PII that are the same as or are more stringent than that of the Exchange privacy and security requirements for PII detailed in 45 CFR 155.260. Such privacy and security standards must be consistent with the following principles and approved by DOH:
 - Potential enrollees should be provided with a simple and timely means to access and obtain their PII in a readable form and format;
 - Potential enrollees should be provided with a timely means to dispute the accuracy or integrity of their PII and to have erroneous information corrected;
 - There should be openness and transparency about policies, procedures, and technologies that directly affect potential enrollees and/or their PII;
 - Potential enrollees should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their PII;
 - PII should be created, collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) under the Program and never used to discriminate;
 - Reasonable steps should be taken to ensure that PII is complete, accurate, and up-to-date to the extent necessary for the potential enrollee's intended purposes and has not been altered or destroyed in an unauthorized manner;
 - PII should be protected with reasonable operational, administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure; and
 - PII is only used by or disclosed to those authorized to receive or view it.
- The above listed principles should be implemented, and adherence assured, through appropriate monitoring and supervision of Navigator staff. Methods should be in place to report and mitigate non-adherence and breaches.

- To protect PII, Navigators must establish and implement operational, technical, administrative and physical safeguards that are consistent with any applicable laws to ensure:
 - The confidentiality, integrity, and availability of PII created, collected, used, and/or disclosed by Navigators;
 - PII is only used by or disclosed to those authorized to receive or view it;
 - PII is protected against any reasonably anticipated threats or hazards to the confidentiality, integrity, and availability of such information;
 - PII is protected against any reasonably anticipated uses or disclosures of such information that are not permitted or required by law; and
 - PII is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with retention schedules.
- Navigators and their subcontractors and agents must monitor, periodically assess, and update the security controls and related system risks to ensure the continued effectiveness of those controls.
- Navigators and their subcontractors and agents must develop and utilize secure electronic interfaces when sharing PII electronically.
- Information obtained by Navigators, and subcontractors and agents in providing services under the Program may be shared with NY State of Health for the purpose of facilitating eligibility determinations into public health insurance programs, QHPs or other plans (if offered), provided that the potential enrollee consents, on the NY State of Health enrollment application, to the release of his or her personal, financial and any other information needed for eligibility and enrollment. Navigators shall not use or disclose financial information, social security numbers, other personally identifiable information or health information other than as needed to provide Navigator program services as part of the Navigator program. The Navigator shall use appropriate safeguards to prevent any other use or disclosure of such information and shall report any other use or disclosure of such information to DOH. Navigators shall not maintain any records of financial information, social security numbers, other personally identifiable or health information of the enrollees/potential enrollees to whom they are providing assistance, other than as needed to provide Navigator program services as part of the Navigator program. Navigators shall comply with any applicable laws governing the confidentiality of financial information, social security numbers, personally identifiable information and health information, including Medicaid data.

If an Applicant is awarded funding as a Navigator contractor, the applicant will be required to:

- Submit a completed and signed “Certification Regarding State and Federal Confidentiality Requirements for Navigator Contractors” form found in Attachment 3 of this RFA.
- Maintain a file of completed “Certification Regarding State and Federal Confidentiality Requirements for Navigator Subcontractors” signed by each Navigator at the time of hire, and submit copies to DOH.
- Ensure upon termination of the Navigator contract with DOH that Program data reporting is complete, and certify that any electronic or paper copies of confidential data collected in connection with the contract are destroyed.

- Comply with the Business Associate Agreement (BAA) pursuant to the Federal Health Insurance Portability and Accountability Act (HIPAA), which is Attachment H of the NYS Master Grant Contract. 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. To the extent successful applicants are facilitating enrollment in State health insurance programs (e.g. Medicaid, Essential Plan and CHPlus), successful applicants shall comply with HIPAA as Business Associates.
- The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required to execute a number of security and privacy agreements with the Department including but not limited to a Business Associate Agreement (Attachment H) a Data Use Agreement (DUA), and a DOH System Security Plan (SSP) Control Workbooks which will be provided at the contract signing. The SSP is based on NIST 800-53 security and privacy controls and requires the Contractor complete the section for each control indicating how the control is met.
- The SSP Control workbooks are intended to provide DOH information regarding the organization's system security plan, describing what controls have been implemented, along with details on how they have been implemented to assure the DOH that the security controls are in place and operational.
- The Contractor is expected to provide secure and confidential storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of Contractor has the appropriate Security requirements in place. Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

M. 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 for NY State of Health: Navigator Program, provided by the Contractor resulting from this RFA, must be turned over to the Department, another Departmental agency, or successor Contractor during or at the end of the contract.

- The Contractor shall ensure that any transition to another Contractor 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 Contractor 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 Contractors.
- The Contractor 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 Contractor 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 (DOH), Office of Health Insurance Programs, Division of Eligibility and Marketplace Integration and NY State of Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All questions must be submitted in writing or via email to:

Matthew Glannon
Bureau of Communications, Contracts
and Financial Management
New York State Department of Health
Office of Health Insurance Programs
One Commerce Plaza Rm. 1470
Albany, NY 12210
OHIPcontracts@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing by emailing OHIPcontracts@health.ny.gov. **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.**

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

- <https://grantsreform.ny.gov/grantees>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>

Grants Gateway Team Email: grantsgateway@its.ny.gov

Phone: 518-474-5595

Hours: Monday thru Friday 8am to 4:30pm

(Application Completion, Policy, and Registration questions)

- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

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/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a Letter of Interest (see Attachment 4). Prospective applicants who submit a Letter of Interest will receive notification when updates/modifications are posted by DOH, including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy of the letter should also be emailed to OHIPContracts@health.ny.gov. The Letter of Interest should be submitted by the date posted on the cover of the RFA. Please ensure that the RFA number is noted in the subject line of the email.

Submission of a Letter of Interest is not a requirement or obligation for the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

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 of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available 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://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”. In the Search Criteria, enter the Grant Opportunity name, “Consumer Assistance for NY State of Health: Navigator Program,” and select the Department of Health as the Funding Agency.
3. Click on “Search” button to initiate the search.
4. 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, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. 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 DOH and Grants Gateway staff are available to answer 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. of this RFA.

PLEASE NOTE: Although DOH 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, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee 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 on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and 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.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees 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. Grantees 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.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

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.
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 agency'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. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. 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 offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all 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 be effective for the following period:
May 1, 2019 to April 30, 2024.

Continued funding throughout the above time period is contingent upon availability of funding and state budget appropriations. DOH 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 and Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed ten (10) percent for year one.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office or, in the future, through the Grants Gateway.

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing 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 CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, 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. The Contractor acknowledges that it will not receive payment on any claims for reimbursement submitted under this 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 such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. The Contractor will be reimbursed for actual expenses incurred as allowed in the Contractor's approved budget and work plan.

3. The Contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:

Report	Frequency
Vouchers and related forms <ul style="list-style-type: none">• Expenditure Report	Monthly, 30 days after end of reporting period

<ul style="list-style-type: none"> • Vendor Expense Report(s) • Proof of Payment to Subcontractor(s) 	
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, 15 th 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
Navigator Decertification Report	Within 48 business hours of a staff change at the agency
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 New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH 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 DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State 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 budget in total.

The goal on the eligible portion of this contract 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 MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at:

<https://ny.newnycontracts.com>. The directory is found in the center of the webpage 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 submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 5 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH 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. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE 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 DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

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

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding

Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

K. 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 and in order to initiate a contract with the New York State Department of Health, vendors 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, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

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.

L. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors 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 ciohelpdesk@osc.state.ny.us.

Applicants should complete and upload the Vendor Responsibility Attestation (Attachment 6) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the the same section.

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

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 not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover 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 Reform 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 Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the 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 State agency you have the most grants with. 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 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.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors 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 this contract 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 contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards 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.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant 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 Applicant, 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 Applicant.
 - c. If, in the judgement of the Department, the Applicant 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 Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor 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 Contractor 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 Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: <https://grantsreform.ny.gov/grantees>.

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 the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined. Number/letter your narrative to correspond to each element in the order presented. Be specific and complete in your responses. Do not leave any element blank. If an element is not relevant to your organization or Application, indicate such and explain why that is the case.

1. Application Cover Sheet (Not Scored)

Applicants must complete Attachment 7 located under Pre-Submission Uploads and re-upload under Pre-Submission Uploads.

2. Program Summary (Not Scored)

Applicants should provide a summary of the proposed Navigator program that includes the following:

- a. The counties the Applicant is proposing to serve.
- b. An estimate of the number of individuals the Applicant proposes to serve if selected given the Maximum Award per Borough/County per Year and Maximum Per County Add-On limits set forth in Table 1 under Section V.C. of the RFA.
- c. A broad overview of education and enrollment assistance strategies that the Applicant will employ.
- d. A description of the types and locations of sites where the Applicant proposes to assist consumers.
- e. A description of how the organization will manage each step of the process from outreach through submission of an application to NY State of Health.

3. Service Area (Maximum Score: 5 points)

Applicants should describe the target area(s) or Tribe(s) they propose to serve. Applicants must identify target area(s) at the County level and identify which County will be the Applicant's Lead County. The application should include a description of the geographic area to be served, a description of the size and demographics of the target population and the number of potential enrollees that the applicant expects to successfully enroll or renew in a health plan given the Maximum Award per Federally Recognized Tribe/Urban Indian Organization or Borough/County per Year and Per County Add-On limits set forth in Table 1 under Section V.C. of the RFA. Applicants that plan on using subcontractors should provide this information for each subcontractor. Attachment 8, State Health Access

Data Assistance Center Uninsurance Rates for New York in 2015 and 2016, includes demographic information on the population that is currently uninsured by county.

Additionally, the following should be included:

- a. Applicants and their subcontractors, if any, should have a known presence in the community. Applicants should demonstrate how they, and their subcontractors, if any, are a resource to their community.
- b. A description of the community and populations that will be targeted, including the geographical, cultural and language characteristics of the area.
- c. An explanation of how the Applicant's participation in the Navigator Program will address an unmet community need and why the applicant is qualified to provide Navigator services.

4. Applicant Organization (Maximum Score: 15 points)

The following information should be provided regarding the Applicant:

- a. The organization's mission, organizational structure, the services the organization provides and the role it will play in the Program.
- b. Indicate if the organization is a community and consumer-focused non-profit. In order to qualify as a "community and consumer-focused non-profit" as described in 45 CFR 155.210(c)(2)(i), applicants must demonstrate their experience serving community members and consumers. Applicants indicating that they are "community and consumer-focused non-profits" must describe in no more than 4,000 characters: 1) their commitment to a particular community or communities; and 2) their experience advocating for consumers in a community. Community based non-profit organizations that do not have consumer-specific experience are eligible to apply for the Navigator Program, but do not qualify as a "community and consumer focused non-profit." If DOH deems that an applicant has inappropriately classified itself as a "community and consumer-focused non-profit," DOH will reclassify the applicant.
- c. In order to qualify as a Federally Recognized Tribe, applicants must attest that they are recognized as such by the Bureau of Indian Affairs and published in the Federal Register, 82 FR 4915 (January 17, 2017). If DOH deems that an applicant has inappropriately classified itself as a Federally Recognized Tribe, DOH will reclassify the applicant.
- d. In order to qualify as an Urban Indian Organization, applicants must attest to their compliance with the Indian Health Care Improvement Act. 25 U.S.C. 1603(29). If DOH deems that an applicant has inappropriately classified itself as an Urban Indian Organization, DOH will reclassify the applicant.
- e. Health care providers must describe their compliance with each of the provider specific eligibility requirements described in Section II. A. 1., in no more than 4,000 characters. DOH will disqualify health care providers that do not meet the health care provider-specific eligibility requirements.
- f. 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. Applicants with current and past experience as a DOH contractor should

also describe their process for responding to inquiries or requests for information from DOH.

- g. A statement demonstrating the support of the Applicant's board of directors (if applicable) to the Program's success **AND** the organization's commitment to the community and the target population.
- h. Any Applicant using a subcontractor(s), must upload letters of commitment from each subcontractor. Such letters must include a statement demonstrating the support of the applicant's board of directors and should also describe the history of the Applicant's working relationship with the subcontractor(s). If an Applicant does not have a history of working with the a proposed subcontractor(s), the Applicant should describe the steps that will be taken to quickly establish such relationships. Multiple pages should be combined into a single PDF document for uploading. There is a 10MB maximum size for any uploads in the NYS Grants Gateway. If no subcontractor(s) are being used, enter N/A for your response to this question.
- i. Applicants must 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. Applicants should provide an example, based on past experience, that demonstrates an atmosphere of such internal collaboration and support.
- j. Applicants should describe their ability to comply with timelines for voucher submissions and budget modifications. During the contract period, vouchers should be submitted monthly to DOH 30 days after the end of the reporting period. Proposed budget modifications must be submitted to DOH not less than 30 days prior to implementation and approved prospectively. At no time will retroactive budget modifications be considered.
- k. Any Applicant using a subcontractor(s) must 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. Enrollment Strategy and Experience (Maximum Score: 30 points)

Provide an explanation on how the Applicant proposes to deliver Program services to potential enrollees, including its proposed strategy for enrollment in public programs and enrollment assistance for NY State of Health including the following:

- a. A statement confirming that the Applicant and its subcontractors will serve all potential enrollees (individuals, and small businesses) in the Tribe(s) or geographic area that it proposes to serve.
- b. The approaches that will be taken to reach potential enrollees. In particular, Applicants should identify strategies that will be implemented to reach vulnerable and hard-to-reach populations. If an Applicant is using different strategies to reach each segment of potential enrollees (individuals or small businesses), the applicant must highlight the differences between its enrollment strategies.
- c. The number of individuals that the Applicant proposes will be employed by the applicant and by its subcontractor(s), if applicable, to function as Navigators, and justification for that number. Provide the number of Navigators, support and other staff that the applicant proposes to employ and their functions. Discuss all employees'

- qualifications for staff that have been identified, including prior experience providing this type of assistance working with target population and language capabilities.
- d. A description of the Applicant's experience working with each proposed subcontractor, if applicable, and why, based on this experience, the Applicant believes the subcontractor will successfully carry out the requirements of the Program. If no subcontractor(s) are being used, enter N/A for your response to this question.
 - e. Give the estimated number of enrollee applications, in total and broken down by county, the applicant proposes will be submitted per month to NY State of Health. Explain how the estimate was derived. Applicants, where possible, should base their projections on prior experience assisting their target population in applying for benefits including health insurance and any other means tested program.
 - f. The Applicant's current or planned internal program procedures and timeframes for handling enrollment applications including wait times for appointments, strategies to minimize "no shows" (such as reminder postcards or phone calls the day in advance), completion of enrollment applications, and submission of enrollment applications to NY State of Health.
 - Applicants with current or recent enrollment assistance contracts should provide details on their current or recent enrollment assistance programs.
 - Applicants without prior DOH enrollment assistance contracts should present information based on comparable activity which demonstrates promptness in customer assistance and an ability to handle multi-step processing efficiently.
 - g. A statement attesting the Applicant and its subcontractor(s), (if any), staff performing Navigator program services will present potential enrollees with unbiased information and assistance for plan selection.
 - h. A statement attesting how the Applicant and its subcontractor(s) (if any) and staff performing Navigator program functions will inform potential enrollees of their appeals rights as described in Section III..K. of this RFA.
 - i. A statement attesting that the Applicant and its subcontractor(s), if any staff performing Navigator program functions will complete and comply with any standard operating procedures or protocols for NY State of Health.

6. Identification of Proposed Locations and Site Schedules (Maximum Score: 10 points)

Provide the following:

- a. A detailed description of the potential locations where Navigator program services will be provided and how these locations will enhance accessibility for enrollment assistance in the proposed target area, including the days, hours and language capabilities during which Navigators will be available at each site. Describe the languages that will be spoken at each location and how those locations will reach the intended populations. Describe what accommodations are available for providing Navigator services to disabled individuals. Describe how productivity of enrollment sites will be monitored. During the contract term, Navigator contractors will be required to update the list of sites on a monthly basis. If approved by DOH, the Navigator contractors may offer Navigator services at additional sites not provided on the list, or if circumstances warrant, may modify the previously approved sites as needed.
- b. A schedule of expected days and hours of operation including weekend and evening hours for each location and how this schedule supports the applicant's proposed number of enrollment applications to be submitted per month.

- c. In compliance with the specifications in Section II. A. 3., a detailed description of the technology infrastructure available at each location including the number of computer terminals available for use at a particular site, the type of internet connection (dial up, high speed, or other), type(s) of web browser used to connect to NY State of Health's online web portal, and scanning and printing capability.
- d. A statement confirming that the Applicant will update sites in the DOH Navigator program site directory on a monthly basis.
- e. A statement confirming the Applicant will monitor the productivity of each enrollment site.
 - A completed "Proposed Locations and Site Schedule" form (Attachment 9) must be uploaded with the Application. Attachment 9 is located under Pre-Submission Uploads and should be re-uploaded under Pre-Submission Uploads.
- f. Provide written assurance that the Applicant and its subcontractor's, if any, will comply with applicable Americans with Disabilities Act (ADA) standards to assure that Navigator sites, services, programs, and activities are readily accessible to and usable by individuals with disabilities, including but not limited to, people with visual, auditory, cognitive or mobility disabilities. Navigator Contractors may not discriminate against an individual with a disability, as defined in Title II of the ADA (42USC §12131 12134 and the regulations contained in 28 CFR Part 35) and section 504 of the Rehabilitation Act of 1973, in providing services, programs, or activities.

7. Conflicts of Interest (Not Scored)

Applicants, as an upload to this question in the Grants Gateway, (and at the start of each contract year) must provide the following information:

- a. A statement attesting that the Applicant and its subcontractors, if any, are none of the entities prohibited from serving as an Navigator:
 - Health insurance issuers and/or their subsidiaries.
 - Issuers of stop loss insurance and their subsidiaries.
 - Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that are directly or indirectly **owned by**, or exclusively contract with, a single health insurance insurer or its subsidiaries.
 - Provider entities (including, but not limited to, hospitals, clinics and physician practices) that directly or indirectly **own** a single health insurance issuer or its subsidiaries.
 - Associations and their subsidiaries that include members of, or lobby on behalf of, the insurance industry.
 - Entities receiving direct or indirect consideration from health insurance issuers in connection with the enrollment of any individuals or employees in a health plan or supplementary plan.

- Brokers or agents who receive direct or indirect compensation or other consideration from health insurance issuers or their subsidiaries. Such consideration includes, but is not limited to, commissions for renewals, pension income, and other sources of income from health insurers.
- b. Applicants and their subcontractors must either: 1) attest, in writing, that they do not receive direct or indirect consideration from a health insurance issuer in connection with enrollment of an individual or employee in a health plan or supplementary plan; or 2) provide the monetary or other value of such consideration and the percentage of total revenue that comes from such sources, the terms and conditions for receiving such consideration and a plan to ensure that this consideration will not pose a conflict of interest for the entity to serve as a Navigator. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.
 - c. Applicants and their subcontractors must either: 1) attest, in writing, that they do not have an ownership stake or other investments in a health insurance or supplementary insurance issuer or its subsidiaries; or 2) provide an itemized list of such investments, the monetary value of such investments, the percentage of the total investment portfolio dedicated to such investments and a plan to ensure that this investment will not pose a conflict of interest for the entity to serve as a Navigator. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.
 - d. A statement indicating how the Applicant and its subcontractors will ensure that employees providing Navigator services will adhere to the same conflict of interest standards described in the preceding paragraphs including disclosure of any existing employment relationships with former employment relationships within the last five years, with any health insurance issuer or its subsidiaries or issuer of stop loss insurance and its subsidiaries. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.
 - e. Applicants should also indicate if their employees that provide Navigator services or their subcontractors' employees (if any) that provide Navigator services have any immediate family members who are employed by the following entities:
 - Health insurance issuers or their subsidiaries.
 - Issuers of stop loss insurance and their subsidiaries.
 - Provider entities (including, but not limited to, hospitals, clinics and physicians practices) that are directly or indirectly owned by, or exclusively contract with, a single insurer or its subsidiaries.
 - Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that are directly or indirectly own a single insurer or its subsidiaries.
 - Associations that include members of, or lobby on behalf of, the insurance industry.
 - Entities receiving direct or indirect consideration from health insurance issuers in connection with the enrollment of any individuals or employees in a health plan or supplementary plan.

- Broker or agent entities that enroll individuals and/or small businesses in health insurance products.

Awardees will be expected to update this information annually and as new Navigator staff are hired.

- f. DOH reserves the right to require awardees to disclose potential conflicts of interest to consumers. Applicants should include a statement indicating how they would disclose potential conflicts of interest to consumers.
- g. DOH will monitor Navigator assisted enrollment. Contracts with Navigators will permit audits by DOH and other authorized entities.

8. Quality Assurance (Maximum Score: 7 points)

Provide the following:

- a. A proposed schedule of frequent and regular communication between the applicant and its subcontractor(s), if applicable, and with staff providing Navigator services to support process improvement and sharing of best practices among Navigator staff.
- b. A plan for monitoring the number of enrollment applications facilitated by Navigator staff and, if applicable, its subcontractor(s) staff. This should include a plan for correcting non- and under-performance.
- c. A statement demonstrating that the applicant will not fund non- or under-performing subcontractors (if applicable) at the original agreed upon amount. Also, include a description of how subcontracting arrangements would be adjusted. If no subcontractor(s) are being used, enter N/A for your response to this question.

9. Training (Maximum Score: 7 points)

Provide the following:

- a. A statement confirming that Navigator staff will undergo training including the initial certification, annual renewal and other ongoing trainings and adhere to the official DOH Navigator program training curriculum.
- b. A plan to provide ongoing training and technical assistance to all Navigator staff, including regularly scheduled meetings and in-service topics.

10. Privacy and Security (Not Scored)

Provide the following:

A statement demonstrating that if awarded funding, the applicant agrees to comply with the privacy and security standards described in Section III. L. Failure to agree to the privacy and security standards described in Section III. L. may result in disqualification.

11. Readiness/Start-Up Work Plan (Maximum Score: 6 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 applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

Applicants are instructed to insert **only** the performance measures as they are listed for each objective and task(s) in the attached work plan (Attachment 10). ***Example:** Objective #1 has four (4) Tasks and seven (7) corresponding Performance Measures.*

Applicants should describe how they will be ready to implement this Work Plan. DOH intends to fund applicants that can begin providing Navigator Program Services no later than May 1, 2019. The applicant should include timeframes and responsible parties. Timeframes should be provided in weeks and months, rather than list specific dates and months.

Applicants should describe in no more than 4,000 characters that, if awarded funding, the applicant will sign and submit the Navigator contract to DOH within 30 days of contract receipt. 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. The applicant should describe the process of how it will be able to execute its Contract within 30 days of notice of selection by the DOH. If it is unlikely that an applicant will be able to meet this timeframe, the applicant should explain the circumstances creating this delay, and define the expected amount of time required for completion of the contract process. Applicants should discuss their past compliance with such DOH requirements, including reasons for failure to comply.

12. Budget and Justification (Maximum Score: 20 points)

DOH is making available up to approximately \$27.2 million per year, for up to five years for the delivery of Navigator program services.

Federally Recognized Tribes and Urban Indian Organizations: Total of \$675,000 Available per Year

The maximum award for each Federally Recognized Tribes and each Urban Indian Organizations in New York State is \$75,000 per tribe/organization per year. In the event that there are funds remaining from the funding pool allotted for Federally Recognized Tribes and Urban Indian Organizations, DOH reserves the right to distribute the remaining funds proportionally to all other entities awarded contracts under the RFA.

All Other Types of Eligible Entities: Total of Approximately \$26.5 million Available per Year

The maximum award for each awardee per county is listed in Section V.C., Table 1. Applicants can apply to provide services in a single county or in multiple counties. The maximum base award for Applicants applying to serve only one county is listed in Section V.C., Table 1 below, under the column “Maximum Award per Borough/County per Year”. Applicants proposing to serve more than one county may receive an award up to the

maximum amount listed in Table 1 under the column “Maximum Per County Add-On” for each additional county to be served. For example, if the Applicant proposes to serve Albany, Schenectady, and Rensselaer counties, the base award for Rensselaer County is \$350,000 plus an additional \$80,000 for Schenectady and another \$80,000 for Albany making the total maximum award to serve all three counties \$510,000.

For Applicants that are other than a Federally Recognized Tribe or an Urban Indian Organization, only one budget for each applicant will be evaluated regardless of how many counties the applicant proposes to serve. The budget justification should identify the costs that are specific to a particular county. For example, if there are certain sites or Navigators dedicated to a particular county, that information should be included in the budget justification.

Budget Guidance for All Applicants

Applicants should present budgets that are fiscally sound, cost effective and programmatically responsible, and which conform with the pricing instructions set forth in the RFA and do not exceed the Maximum Award Per Borough/County Per Year and if applicable, the Per County Add On amounts, provided in Table 1 of Section V.C. of this RFA. While administrative costs should be adequate to support the Navigator program, they cannot be excessive in proportion to the amount of funding dedicated to direct Navigator activity and, may not exceed 5% of the total budget.

The vast majority of personal services funding should be devoted to Navigator staff. Non-personal service funds should be used for direct support of the program. The Applicant should describe any organizational governance which dictates personal expenditures (e.g. governmental wage rates, union contracts, salary is determined or limited by an organization wide rate). Applicants should discuss how it will address future Cost of Living Adjustments (COLAs) and fringe benefit rate increases in an environment of level funding.

Applicants must submit proposed budgets with their application using the Grants Gateway Budget template. To the extent that the applicant is proposing to utilize subcontractors a separate budget for each subcontractor must be completed using Attachment 11. All subcontractor budgets should be combined into one pdf no larger than 10MB and re-uploaded under Pre-Submission Uploads. Applicants should submit a one year budget for the period May 1, 2019 to April 30, 2020. Awarded contractors will be required to submit, to DOH, a budget for the remaining four years of the grant. Applicants should submit each proposed cost by a specific line item that also includes a written justification for each proposed cost. On each personnel line (in the Position Title column) applicants must include first and last name of the staff member the agency anticipates will hold that title, in addition to the position title. On each personnel line (in the Percent of Effort Funded column) applicants must indicate the proposed time and effort that will be allocated to navigator enrollment work and proposed time and effort that will be allocated to administrative responsibilities of the program, as applicable. These two personnel allocations should equal the respective staff member’s total effort allocated to the program. Please address allocation levels in each line justification narrative.

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. To assist applicants in their budget preparation, the

following requirements and guidelines are provided below:

Personal Services

- The majority of the funds should be allocated to personal services, primarily to support Navigator program staff. As a guideline, current Navigators grantees spend between 60% and 75% of their total budget on personal services, with at least 80% of that amount funding Navigator staff. Historically, Navigator salaries average approximately \$56,000 per year per full time equivalent, with New York City Navigators paid more than Upstate Navigators.

Non-Personal Services

- 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 Operating Expenses 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 DOH 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 DOH if there are any subsequent changes to costs included in the indirect rate.
- Rent, if any, should be within fair market value. As a guideline, current Navigator grantees spend approximately four (4) percent of their annual budget on space/rent.
- Items such as equipment, utilities, travel, office supplies, printing, photocopying, postage, telephone, training, conferences, audit, and insurance, if any, should be itemized and justified. An explanation should be provided as to how the cost was calculated and how each item is essential to the operation of the Navigator Program. Non-personal items that cannot be justified as integral to the operation of the Navigator Program will not be allowed. Travel costs will only be permitted for DOH sponsored meetings and for delivering Navigator 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>.

- Budgets should include the costs for computers, laptops, tablets, scanners, internet access and any other equipment that will be necessary for submission of enrollee applications to the on-line web portal through NY State of Health, to the extent that the applicant needs to acquire such items.
- Budgets may include marketing costs publicizing the availability of Navigator services. A limited amount, not to exceed three (3) percent of the total budget, may be used for other outreach activities. Costs related to marketing and outreach must be itemized and justified.
- If subcontractors are to be utilized, a proposed budget should be provided for each subcontractor, itemizing all proposed expenses as described above. The subcontractor form (Attachment 11 located under Pre-Submission Uploads) should be completed for each subcontractor.
- The DOH may, if funding is available, provide successful not-for-profit applicants with an advance payment up to 10% of the approved Year 1 amount in the Navigator contract. Terms for repayment of the advance will be included in the contract. Please note, additional advance payments will not be available to Navigator contractors in years two (2) through five (5) of the Navigator contract.

a) Navigator Applicant Budget

i. Personal Services

This section should list all positions proposed for the Navigator program. This should include each individual's title, annual salary, the percentage of a full time equivalent (FTE) for each position and the proposed funding requested for the position.

ii. Non-Personal Services

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

iii. Subcontractor(s)

If an applicant proposes subcontractor(s), it should include a total proposed budget amount for each subcontractor. For each proposed subcontractor, a detailed proposed budget should be submitted using Attachment 11 following the budget guidelines described above.

b) Geographic Scope for entities other than Federally Recognized Tribes/Urban Indian Organizations

Applicants other than Federally Recognized Tribes and Urban Indian Organizations can apply to provide Navigator services in a single borough/county or in multiple boroughs/counties.

Preference will be given to applicants serving multiple counties that demonstrate

collaboration and promote administrative efficiencies. Consideration will be given to agencies that can achieve efficiency in service delivery by providing Navigator services to multiple /counties. Agencies proposing to provide Navigator services in multiple counties should describe how they will achieve this efficiency.

c) **Budget Justification**

Every line item listed in the applicant's, and its subcontractor(s)', budget should be justified. The line item written justification should explain how the cost was calculated and detail why it is essential to operating an Navigator Program.

ADDITIONAL SUBMISSIONS TO DOH PRIOR TO CONTRACT APPROVAL

Prior to final Contract approval, selected applicants will be required to submit:

- Signed "Certification Regarding State and Federal Confidentiality Requirements for Navigator Contractors and Subcontractors".
- Final Navigator Program Work Plan.
- Final Budget and Justification.
- Final Navigator location and site schedule (county, name and address of site, languages spoken, and days and times).

Scoring

The point value assigned to each section of the application, as listed in the chart below, is an indication of the relative weight that will be given to each section when scoring applications.

Criteria	Maximum Score (Points)
Cover Sheet	Not Scored
Program Summary	Not Scored
Service Area	5
Applicant Organization	15
Enrollment Strategy and Experience	30
Proposed Locations and Site Schedules	10
Quality Assurance	7
Training	7
Readiness/Work Plan	6
Budget and Budget Justification	20
Total	100

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH 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, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of**

the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application. If DOH agrees with the proprietary claim, 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 and Award Process

Applications received by the due date and time posted on the cover sheet of this RFA 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.

Award Process for Federally Recognized Tribes and Urban Indian Organizations

Up to \$675,000 will be awarded annually to Federally Recognized Tribes and Urban Indian Organizations. Each Federally Recognized Tribes and each Urban Indian Organization in New York State that submits a complete Application with a passing score of 70, will be awarded up to \$75,000 annually.

In the event that there are funds remaining from the funding pool allotted for Federally Recognized Tribes and Urban Indian Organizations, DOH reserves the right to distribute the remaining funds proportionally to all other types of entities awarded contracts under the RFA.

Award Process for All Other Types of Entities - Upstate and Long Island

Approximately \$13.25 million per year will be awarded to non-Federally Recognized Tribes/Urban Indian Organizations eligible entities on a per county basis. DOH will rank Applications by county and award funding to the highest scoring application in each county with a passing score of 70. In the event of a tie score, for award purposes, the Applicant who scored highest on their Enrollment Strategy and Experience will receive the award. Applicants proposing to serve more than one county may receive an award up to the maximum amount listed in Table 1 under the column, "Maximum Per County Add-On" for each additional county to be served. For example, if the Applicant proposes to serve Albany, Schenectady, and Rensselaer counties, the base award for Rensselaer county is \$350,000, with an additional \$80,000 for Albany and another \$80,000 for Schenectady, making the total maximum award to serve all three counties \$510,000.

Applicants should submit the first year's budget for the entire Program in the appropriate Grants Gateway Form menus, regardless of how many counties they propose to serve. Specific budgets for each county are not required. The budget justification should identify any costs that are specific to a particular county. For example, if there are certain sites or Navigators dedicated to a particular county, that information should be included in the budget justification.

If additional funds are available, funds will be awarded in the counties with the highest number of uninsured (ranked from the county with the highest uninsured to the county with the fewest uninsured) to the applicant with the second highest score in each county. If this award is made to an applicant providing services in this county only, up to the Maximum Award Per County Per Year amount will be made. If this award is made to an applicant selected to provide services in another county(ies), up to the Per County Add On amount will be awarded. If the DOH does not receive an application to provide services for a particular county, DOH may request that the applicant with the highest score in a contiguous county expand its coverage to this additional area. Additional funding will be provided in accordance with the Per County Add On amount as found in the Table 1 below. If an applicant does not agree to add to its service area, the next highest scoring Applicant in a contiguous county will be contacted.

In the event that any funds remain unspent due to the fact that all acceptable applications have been funded, DOH reserves the right to distribute those remaining funds to the New York City region.

Award Process for All Other Types of Entities - New York City

Approximately \$13.25 million available per year will be awarded to eligible entities serving New York City. In New York City, all applications with a passing score of 70 will be ranked according to score by borough. The two highest scoring applicants in each of the five boroughs will receive funding in accordance with funding amounts set forth in Table 1 below. If a satisfactory proposal is not received for a particular borough, DOH may request that the applicant with the highest scoring proposal in a contiguous borough expand its service area to include the additional borough, with additional funding provided in accordance with the Per County Add On amount found in the Table 1 below.

Once two awards have been made in each of the five boroughs, all remaining applications will be ranked according to score, regardless of the borough to be served. Subsequent awards will be made according to score until available funding is exhausted. In the event of tie scores, the Applicant who scored the best on their Enrollment Strategy and Experience will receive the award.

In the event that any funds remain in New York City due to the fact that all acceptable applications have been funded, DOH reserves the right to distribute those remaining funds to the Upstate and Long Island regions.

TABLE 1

* This Table 1 represents the maximum allowed award and per county add on for 12 months of program services.

County	Maximum Award Per Borough/County Per Year*	Maximum Per County Add On*
Allegany, Cayuga, Chemung, Chenango, Cortland, Delaware, Genesee, Hamilton, Herkimer, Lewis, Livingston, Madison, Orleans, Otsego, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Wayne, Wyoming and Yates	\$200,000	\$80,000
Albany, Broome, Cattaraugus, Chautauqua, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Jefferson, Montgomery, Niagara, Ontario, Oswego, Putnam, Saratoga, Schenectady, St. Lawrence, Tompkins, Warren, and Washington	\$250,000	\$80,000
Dutchess, Erie, Monroe, Oneida, Onondaga, Orange, Rensselaer, Rockland, Ulster and Westchester	\$350,000	\$80,000
Bronx, Kings, Queens, New York, Richmond, Nassau and Suffolk ¹	\$550,000	\$105,000

Additional Funds Distribution

If additional funds become available during the term of the contract resulting from this RFA, the amount of monies available for award is increased and/or the full \$27.2 million is not awarded annually, DOH reserves the right to disperse remaining funds annually, beginning in Year 2 of the Navigator program based on agency performance and number of uninsured in the service area. DOH will inform said Navigator contractors of the dollar amounts available for supplemental distribution. Each such Navigator contractor must submit a written plan indicating how it would use additional funds to expand the scope of its activities and increase its productivity. Funds will be disbursed to an Navigator contractor, if DOH approves the Navigator contractor's plan.

Other Considerations

DOH 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 helping consumers apply for, enroll in, or maintain insurance coverage.

Once an award has been made, Applicants may request a debriefing of their application (whether their application was funded or not funded). Please note, the debriefing will be limited only to the strengths and weaknesses of the subject Application and will not include any discussion of other Applications. Requests must be received no later than fifteen (15) business

¹ Due to the geographic proximity of Nassau and Suffolk counties, it is the expectation that an applicant proposing to cover either Nassau or Suffolk county will have the capacity to serve consumers that live in the other county.

days from date of award or non-award announcement.

To request a debriefing, please send an email to Matthew Glannon at OHIPContracts@health.ny.gov. In the subject line, please write: “*Debriefing Request: Consumer Assistance for NY State of Health: Navigator Program.*”

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants 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>.

VI. Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an 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, prospective applicants 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:	Glossary of Terms
Attachment 2:	Sample Productivity Report
Attachment 3:	Certification Regarding Privacy and Security Requirements for Assistors*
Attachment 4:	Sample Letter of Interest Format*
Attachment 5:	Minority and Women-Owned Business Enterprise Requirement Forms*
Attachment 6:	Vendor Responsibility Attestation*
Attachment 7:	Grant Application Cover Sheet*
Attachment 8:	State Health Access Data Assistance Center Uninsurance Rates for New York in 2015 and 2016
Attachment 9:	Location and Site Schedule*
Attachment 10:	Work Plan
Attachment 11:	Subcontractor Budget Template*
Attachment 12:	Languages

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

ATTACHMENT 1

GLOSSARY OF TERMS

ACA	The Patient Protection and Affordable Care Act was signed into law in March 2010. The ACA calls for states to establish health benefit exchanges to increase access to health insurance.
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%.
Applicant	An entity that meets the minimum eligible criteria set forth in Section II.A. of this RFA that chooses to submit an Application in response to this RFA.
Application	An Applicant's proposal submitted in response to this RFA.
Assistor	Assistor refers to an individual who assists in completing a health insurance application on NY State of Health. This includes Navigators, Certified Application Counselors and Health Plan Facilitated Enrollers.
APTC	Advance Premium Tax Credits limit the amount that low-income individuals and families pay for health insurance premiums. Eligibility for APTCs is based on income.
BHP	The ACA permits States to develop a Basic Health Plan to use federal tax subsidy dollars to offer subsidized coverage for individuals between 139-200% of the Federal Poverty Level and individuals who are lawfully present and ineligible for Medicaid who would otherwise be eligible for Qualified Health Plans in the Marketplace. New York received federal approval to offer a BHP which is called Essential Plan (EP).
CSR	Cost Sharing Reductions limit the amount that low-income individuals and families pay for out of pocket costs such as deductibles and copayments after they enroll in a health plan and receive covered medical services. Eligibility for CSRs is based on income.
DOH	New York State Department of Health.
Direct Service Costs	Costs that can be identified specifically with a particular project or program, or can be directly assigned to such activities
IAP	Insurance Affordability Programs are the public insurance programs (such as Medicaid, Essential Plan and Child Health Plus) and federal subsidies (including Advance Premium Tax Credits and Cost Sharing Reductions) that make insurance more affordable to low-income individuals and families.
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%.
Navigator	Navigator refers to an individual who provides in-person enrollment assistance to individuals, families and small businesses who would like help applying for health insurance through NY State of Health. Navigators are employed by a Navigator Contractor and are included on the Navigator Contractor budget.

Navigator Contractor	Applicants to whom an award is made under this RFA and whom subsequently execute a contract with the DOH to provide Navigator Program services.
MAGI	For individuals who are income-eligible for Medicaid, Modified Adjusted Gross Income is the income definition used to determine an individual's eligibility.
NY State of Health	An organized marketplace or exchange designed to help New Yorkers shop for and enroll in health insurance coverage. Individuals, families and small businesses will be able to use NY State of Health to help them compare commercial insurance options, calculate costs and select coverage. There are two components of the NY State of Health: the Individual Exchange which serves individuals and families, and the Small Business Health Options Program (SHOP Exchange) which serves small businesses.
QHP	Qualified Health Plan: licensed health plans that have been approved by NY State of Health to provide comprehensive coverage, follow limits on out-of-pocket expenses (such as deductibles, copayments, and out-of-pocket maximums), and meet other requirements.
RFA	This Request for Applications entitled "Consumer Assistance for NY State of Health Health: Navigator Program".
SHOP	Small Business Health Options Program.

ATTACHMENT 2 Sample Productivity Report

Navigator Enrollment Report Description of Measures

Section 1 – Agency Information

- Number of individuals currently **determined eligible**: Includes the number of people, currently affiliated with your agency, who have an active eligibility determination on the report date.
- Number of individuals currently **enrolled in coverage**: Includes the number of people, currently affiliated with your agency, who are actively enrolled in coverage on the report date.
- Number of **applications** currently on dashboards: Includes the total number of applications currently on the dashboards of assistors associated with your agency on the report date.

Section 2 – Agency Enrollment by Program Type

- Includes the percentage of enrollments, by program type, for your agency on the report date.

Section 3 – Transactions per Full-Time Equivalent (FTE) and Cost per Transaction

Measures are based on the number of FTEs the agency supplied on the Progress Report for the time period referenced on the report. The budget is your agency's 12 month approved budget.

- The first measure shows the total number of applications currently on the dashboards of assistors associated with your agency on the report date. The number of applications is then divided by the FTE to calculate applications per FTE. The cost per application is calculated by dividing your agency's 12- month budget by the number of total apps on your assistors' dashboards.
- The second measure is same calculation as the first measure, but for the number of eligibility determinations.
- The third measure is the same calculation as the first measure, but for the number of enrollments.

ATTACHMENT 2

Sample Productivity Report

Section 4 - Your Agency Compared to Other Navigator Lead Agencies

Using the measures described above, this section compares your agency to other Navigator Lead Agencies. The comparison is statewide.

- “Your Score” indicates your agency’s score for each measure.
- “Highest Score” indicates the highest possible score for all Navigator agencies.
- “Mean Score” indicates the mean score for all Navigator agencies.
- “Lowest Score” indicates the lowest possible score for all Navigator agencies.
- “Your Quartile Ranking” indicates your agency’s quartile ranking for each measure.

Quartile Ranking

Each Navigator agency’s score was ranked from highest score to lowest score. The mean (average) of all scores was determined to create a measure to indicate those scores above the mean and those scores below the mean. The scores ranked above the mean were divided into two groups, creating the 1st and 2nd quartiles. The scores ranked below the mean were divided into two groups, creating the 3rd and 4th quartiles. Agencies that have a quartile ranking of 1 are in the highest productivity grouping, while a quartile ranking of 4 is the lowest productivity grouping.

Section 5 – Agency Assistor Information

Assistor Name: Contains the names of all of your agency’s assistors on the report date.

Cumulative # of Individuals Assisted: Indicates the number of individuals currently on each assistor’s dashboard.

Please note that your agency may have already informed the NYS Department of Health (DOH) that an assistor is no longer employed at your agency or has been decertified. These reports will not reflect all of those recent changes to your current list of registered assistors. If you have any questions regarding the status of an assistor or you want to report that an employee should be decertified, please email Assistor.Admin@health.ny.gov.

ATTACHMENT 2
Sample Productivity Report

NY State of Health: The Official Health Plan

Marketplace Navigator Enrollment Report
Agency Name

Section 1: Agency Information

Measure	Total
Number of individuals currently determined eligible	-
Number of individuals currently enrolled in coverage	-
Number of applications currently on dashboards	-

Section 2: Agency Program Enrollment Information

Medicaid	CHP	APTC w/ CSR	APTC w/o CSR	QHP Full Pay	Essential Plan
%	%	%	%	%	%

Section 3: Transactions per Full-Time Equivalent (FTE) and cost per transaction

This information is based on _____ FTE and a 12- month budget of \$ _____

Measure	Total	Average Per FTE	Cost Per Transaction
Applications	-	-	\$ -
Eligibility Determinations	-	-	\$ -
Enrollments	-	-	\$ -

Section 4: Your agency compared to other lead agencies

Quartile 1 is the highest. Quartile 4 is the lowest. The mean is the average of all the scores.

Measure	Your Score	Highest Score	Mean Score	Lowest Score	Your Quartile
Applications / FTE	-	-	-	-	-
Determinations / FT	-	-	-	-	-
Enrollments / FTE	-	-	-	-	-
Cost / Application	\$ -	\$ -	\$ -	\$ -	-
Cost / Determination	\$ -	\$ -	\$ -	\$ -	-
Cost / Enrollment	\$ -	\$ -	\$ -	\$ -	-

ATTACHMENT 2
Sample Productivity Report

**NY State of Health: The Official Health Plan Marketplace
Navigator Enrollment Report**

Section 5: Agency Assistor Information

Assistor [Last, First]	Cumulative # of Individuals Assisted
TOTAL	

ATTACHMENT 8

STATE HEALTH ACCESS DATA ASSISTANCE CENTER UNINSURANCE RATES FOR NEW YORK IN 2015 AND 2016



Uninsurance Rates for New York in 2015 and 2016

Subject	2015		2016	
	Population	% Uninsured	Population	% Uninsured
Total civilian noninstitutionalized population				
United States	316,450,569	9.4	318,175,867	8.6*
New York	19,556,452	7.1	19,505,596	6.1*
Age				
Under 18 years	4,204,378	2.5	4,170,786	2.4
18 to 64 years	12,481,696	10.0	12,399,261	8.5*
19 to 25 years	1,987,251	10.5	1,931,114	8.1*
65 years and older	2,870,378	0.8	2,935,549	0.8
Race/Ethnicity				
White alone	12,483,149	5.2	12,395,999	4.5*
Black or African American alone	3,009,818	7.8	2,999,161	6.8*
American Indian and Alaska Native alone	68,576	11.6	71,926	10.3
Asian alone	1,667,283	9.1	1,662,286	8.0*
Native Hawaiian and Other Pacific Islander alone	6,301	15.3	9,008	12.5
Some other race alone	1,746,778	16.6	1,755,919	14.4*
Two or more races	574,547	8.1	611,297	5.3*
Hispanic or Latino (of any race)	3,685,226	13.9	3,708,814	11.8*
White alone, not Hispanic or Latino	10,929,653	4.2	10,846,940	3.6*
Citizenship Status				
Native born	15,056,497	4.5	14,998,467	3.8*
Naturalized	2,486,687	6.4	2,498,069	5.0*
Not a citizen	2,013,268	27.2	2,009,060	24.1*
Education (25 years and older)				
Less than high school graduate	1,852,862	16.2	1,812,783	14.3*
High school graduate (includes equivalency)	3,536,729	10.3	3,487,151	8.9*
Some college or associate's degree	3,293,909	7.0	3,303,594	6.1*
Bachelor's degree or higher	4,754,932	4.2	4,846,189	3.6*
Work Experience (18-64 years)				
Worked full-time, year round in the past 12 months	6,365,730	8.5	6,399,529	7.4*
Worked less than full-time, year round in the past 12 months	3,262,335	12.1	3,221,721	10.0*
Did not work	2,853,631	11.2	2,778,011	9.3*
Household Income				
Under \$25,000	3,165,923	8.8	2,968,444	7.4*
\$25,000 to \$49,999	3,504,269	9.8	3,401,674	9.1*
\$50,000 to \$74,999	3,109,131	8.8	2,953,919	7.6*
\$75,000 to \$99,999	2,456,192	6.8	2,493,646	5.9*
\$100,000 and over	6,969,763	4.3	7,336,642	3.7*
Poverty Status				
Below 138 percent of the poverty threshold	4,236,596	10.6	4,035,452	9.1*
138 to 199 percent of the poverty threshold	1,879,414	11.3	1,869,912	10.3*
200 to 399 percent of the poverty threshold	5,162,877	8.3	5,064,590	7.5*
At or above 400 percent of the poverty threshold	7,988,982	3.5	8,245,244	2.8*

Source: U.S. Census Bureau 2015 and 2016 American Community Surveys, downloaded from American FactFinder Tables S2701, September 14, 2017. Civilian noninstitutionalized population. * Statistically different at the 90% confidence level, calculations by SHADAC. N indicates cells where the number of sample cases is too small.

ATTACHMENT 8



Uninsurance Rates for New York Counties in 2015 and 2016, by Age

	All People				Children 0-17			
	2015		2016		2015		2016	
	Population	% Uninsured	Population	% Uninsured	Population	% Uninsured	Population	% Uninsured
United States	316,450,569	9.4	318,175,867	8.6*	73,491,931	4.8	73,503,793	4.5*
New York	19,556,452	7.1	19,505,596	6.1*	4,204,378	2.5	4,170,786	2.4
Albany	305,779	4.4	304,548	3.3*	57,880	0.9	57,342	0.7
Bronx	1,434,184	10.6	1,435,711	8.5*	368,220	2.6	367,900	1.5*
Broome	193,780	5.5	192,537	3.6*	38,252	4.6	38,503	1.6
Cattaraugus	77,144	7.1	76,863	6.8	17,336	8.6	17,559	7.0
Cayuga	74,563	6.8	74,204	4.8	16,034	6.0	15,336	2.4*
Chautauqua	128,237	5.6	126,975	5.3	27,146	4.7	26,586	7.6
Chemung	83,812	5.0	82,415	5.9	18,601	2.3	18,286	12.4*
Clinton	77,004	6.1	76,348	4.2*	14,357	2.7	13,774	0.2
Dutchess	288,202	5.1	286,128	4.5	57,759	1.6	56,523	2.9
Erie	911,118	3.9	909,430	3.3*	189,462	1.7	188,595	1.6
Jefferson	105,713	6.3	102,210	7.6	29,261	3.8	27,459	7.0
Kings	2,625,368	9.1	2,616,844	7.8*	612,063	2.3	609,080	2.3
Livingston	62,175	4.3	61,446	2.8	12,562	0.4	11,124	2.2
Madison	71,322	4.1	70,849	4.4	14,297	1.2	13,592	2.8
Monroe	742,463	4.2	740,416	3.6	159,135	2.4	157,397	1.2*
Nassau	1,351,425	5.4	1,351,774	4.2*	297,269	2.1	295,875	1.8
New York	1,634,473	6.6	1,632,854	5.1*	240,020	1.3	240,579	1.2
Niagara	210,526	3.3	209,820	3.5	43,115	1.1	42,766	1.8
Oneida	225,417	4.1	223,672	3.1*	49,470	1.3	48,741	1.6
Onondaga	463,688	4.2	461,190	3.9	101,731	1.9	100,528	2.0
Ontario	108,675	4.6	108,961	2.9*	22,133	2.2	22,469	1.6
Orange	368,259	4.6	371,548	5.4	96,786	1.7	97,120	2.7
Oswego	119,371	5.5	118,400	4.1	25,884	4.0	25,316	0.8*
Putnam	98,390	3.7	98,436	3.8	20,759	0.7	20,181	1.8
Queens	2,324,250	11.6	2,317,082	10.1*	478,061	2.8	476,209	2.6
Rensselaer	158,769	3.6	158,199	4.7	32,290	0.7	31,953	3.4*
Richmond	470,512	5.5	471,996	4.5	104,721	1.7	104,843	1.5
Rockland	323,643	6.9	324,868	6.6	90,072	2.6	90,591	3.7
St. Lawrence	107,059	5.5	106,389	5.8	22,687	2.4	22,173	7.9*
Saratoga	222,806	3.9	223,014	3.9	47,562	1.4	46,446	1.4
Schenectady	152,855	4.7	152,852	3.2*	33,709	2.4	33,625	0.0*
Steuben	96,411	5.4	95,811	5.6	21,560	5.3	21,095	6.3
Suffolk	1,486,424	5.9	1,480,244	5.4	328,711	2.4	322,562	2.7
Sullivan	72,638	7.4	72,396	4.7*	15,650	0.0	16,043	2.1
Tompkins	104,065	3.9	104,001	3.4	14,846	0.8	15,274	4.0

Source: U.S. Census Bureau 2015 and 2016 American Community Surveys, downloaded from American FactFinder Tables S2701, September 14, 2017. Civilian noninstitutionalized population. * Statistically different at the 90% confidence level, calculations by SHADAC. N indicates cells where the number of sample cases is too small.

ATTACHMENT 8



Uninsurance Rates for New York Counties in 2015 and 2016, by Age

	All People				Children 0-17			
	2015		2016		2015		2016	
	Population	% Uninsured	Population	% Uninsured	Population	% Uninsured	Population	% Uninsured
Ulster	175,858	5.7	174,755	4.9	33,152	0.2	32,597	1.9*
Warren	64,134	5.1	64,028	3.5	12,559	2.9	11,890	2.8
Wayne	90,662	7.3	90,034	5.4	20,061	7.4	19,610	4.9
Westchester	964,540	7.1	962,092	7.1	219,959	1.9	217,858	2.8

Source: U.S. Census Bureau 2015 and 2016 American Community Surveys, downloaded from American FactFinder Tables S2701, September 14, 2017. Civilian noninstitutionalized population. * Statistically different at the 90% confidence level, calculations by SHADAC. N indicates cells where the number of sample cases is too small.

ATTACHMENT 10 – WORK PLAN

SUMMARY

Contractor will adhere to the implementation of Work Plan activities per the standardized Work Plan. Applicants should insert only the performance measures as they are listed for each objective and task(s). Example: Objective #1 has four Tasks and seven corresponding Performance Measures.

Applicants should include timeframes and responsible parties. Timeframes should be provided in weeks and months, rather than list specific dates and months.

PROJECT NAME: Consumer Assistance for the NY State of Health: Navigator Program

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: To: _____

From: _____

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

**ATTACHMENT 10 – WORK PLAN
DETAIL**

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
1. ORGANIZATIONAL CAPACITY: Provide leadership, coordinate and administer the navigator program to implement all required activities and meet contractual agreements in a timely manner, ensuring that subcontracts are implemented, work plan and budgets are developed, and internal procedures are implemented to ensure successful program performance.		a. Sign and submit a multi-year contract with necessary documents within 30 days of contract receipt.	i. Contract submitted to DOH within <u>30 calendar days</u> of contract receipt. Person Responsible (Name/Title):
			ii. Site schedule submitted to DOH within <u>30 calendar days</u> of contract receipt and <u>every month</u> of contract period. Person Responsible (Name/Title):
		b. Develop subcontracts, if applicable, and submit signed copies of subcontracts to DOH.	i. Copy of executed subcontracts submitted to DOH within <u>15 calendar days</u> of execution (if applicable). Person Responsible (Name/Title):
		c. Recruit and retain FTE navigators that are culturally and linguistically	i. Recruit ____ (number) FTE by ____ (month) that speak ____ (number) different

		representative of population being served.	languages. Person Responsible (Name/Title):
			ii. Retain ____ % of navigator staff for length of contract. Person Responsible (Name/Title):
			iii. <u>Immediately</u> inform DOH of staff changes and report each month on progress report throughout contract year. Person Responsible (Name/Title):
		d. Report any event or conjunction of circumstances that threaten successful completion of program requirements.	i. Report any circumstances that threaten successful completion of program requirements within <u>3 calendar days</u> . Person Responsible (Name/Title):

**ATTACHMENT 10 – WORK PLAN
DETAIL**

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
2. ENROLLMENT STRATEGY: Implement well designed strategies based upon experience working with the target population(s) to promote the navigator program, identify eligible individuals for health insurance, complete and submit applications, and ensure regular communication between the lead agency, subcontractors and navigators.		a. Establish a navigator site schedule for assisting individuals in completing applications for new and renewal health insurance, which serves the entire geographic area, is accessible during non-traditional hours, and convenient to all populations.	i. A total number of ____ fixed sites will be operating by month of ____. Person Responsible (Name/Title):
			ii. ____ (number) fixed sites will offer a total of ____ hours a week by month of ____. Person Responsible (Name/Title):
			iii. Average <u>number of calendar days</u> to appointment will not go above ____, in any given month, across all sites. Person Responsible (Name/Title):
		b. Allow applicants to complete applications. Inform them of tools and resources available to them while providing them with high quality and	i. <u>Number of applications</u> completed per month will average ____. Person Responsible (Name/Title):

		efficient enrollment assistance.	
			ii. <u>Number of no shows</u> to appointment will be kept to a minimum of ____ each month. Person Responsible (Name/Title):
			iii. Provide referral for appeal <u>same</u> day of appointment. Person Responsible (Name/Title):
			iv. Provide referral to LDSS for non-MAGI applicants <u>same</u> day of appointment. Person Responsible (Name/Title):
		c. Coordinate, monitor/evaluate and communicate regularly with subcontractors and navigators to ensure protocols are implemented and deficiencies corrected.	i. Subcontractor and navigator performance issues will be handled in ____ (number) calendar days. Person Responsible (Name/Title):

		d. Provide assistance to small businesses that are providing health insurance to their employers through the SHOP and assist them in obtaining small business tax credits.	i. Approximately _____ (number) small businesses will be assisted each month. Person Responsible (Name/Title):

**ATTACHMENT 10 – WORK PLAN
DETAIL**

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
3. COORDINATION & COLLABORATION: Build and maintain collaborative relationships with health, human service, education, small businesses and other community organizations to promote utilization of the navigator program to individuals throughout the entire proposed service area. Attend and participate in ongoing training and technical assistance opportunities provided by DOH, as well as other training opportunities that will enhance services provided to the target population(s).		a. Establish and maintain relationships with community-based organizations and/or providers who are referral sources for clients or client services necessary to reduce barriers to screening or follow-up such as childcare, medical equipment or transportation.	i. Number of referrals received will average ____ per month. Person Responsible (Name/Title):
			ii. Number of referral sites will average ____ each month. Person Responsible (Name/Title):
		b. Establish and maintain relationships with small businesses to support SHOP enrollment and provide information to them about the exchange, i.e. NYHBE is only venue to apply for small business tax credits.	i. Number of small business partners will average ____ each month. Person Responsible (Name/Title):
		c. Communicate effectively to individuals, employers, community-based organizations and the public at large about the value of the exchange and quality and value of health plan	i. Attendance at required SDOH trainings and meetings will be <u>100%</u> for year. Person Responsible (Name/Title):

		options. This may include attending SDOH trainings and meetings, as well as trainings held by agencies other than DOH and providing informal or formal presentations on navigator program to community.	
			ii.100% of active Navigators will complete DOH initial and annual recertification programs. Person Responsible (Name/Title):
			iii. Agency is able to provide _____ (number) educational presentations each month in support of navigator program. Person Responsible (Name/Title):

**ATTACHMENT 10 – WORK PLAN
DETAIL**

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
4. QUALITY ASSURANCE & PRODUCTIVITY: Develop and implement and quality assurance process that will include procedures to monitor, manage, and enhance performance of subcontractors and navigators. Productivity should be monitored using application data entered in the portal and reports generated on a monthly basis.		a. Manage and monitor performance of the navigators to ensure consistent with the NYSDOH policies (i.e. informing applicants about different forms of out of pocket expenses, metal tiers, IAPS, tax credits, appeals/complaint process, acting as neutral party in health plan selection, importance of PCP, maintaining confidentiality).	i. Number of applications completed per FTE each week will average _____. Person Responsible (Name/Title):
			ii. <u>100%</u> of navigator staff will provide high quality services throughout year. Person Responsible (Name/Title):
			iii. <u>100%</u> of staff will be certified prior to providing IPA/Navigator services at all times. Person Responsible (Name/Title):
		b. Monitor issues/barriers with enrollment, identifying PCPs, small businesses, etc. and report to SDOH.	i. Issues/barriers will be addressed in ____ (number) calendar days and reported to DOH in monthly report. Person Responsible (Name/Title):

		c. Utilize a plan of correction when navigators and subcontractors are not meeting agreed upon performance measure.	<p>i. Underperforming lead agency navigators or subcontractors will be given a plan of correction.</p> <p>Person Responsible (Name/Title):</p>
		d. Monitor and track quality of applications submitted to portal and applicant satisfaction at each site location.	<p>i. Each month ____ (number) applicants will be surveyed for applicant satisfaction at each site location.</p> <p>Person Responsible (Name/Title):</p>
			<p>ii. Each month ____ (number) of applications will be reviewed for quality assurance.</p> <p>Person Responsible (Name/Title):</p>

ATTACHMENT 12
LANGUAGES

Language	
Akan	Marathi
Albanian	Nepali
Arabic	Polish
Bengali	Portugese
Cantonese	Punjabi
Chinese	Russian
English	Somali
Farsi	Spanish
French	Swahili
Fujianese	Tagalog
Ga	Taishanese
Gujarati	Taiwanese
Haitian_Creole	Tamil
Hebrew	Telugu
Hindi	Tibetan
Japanese	Turkish
Kannada	Twi
Korean	Uganda
Macedonian	Urdu
Malayalam	Uzbek
Mandarin	Vietnamese
	Wolof
	Yiddish