



New York State's ombudsprogram for managed care

Independent Consumer Advocacy Network (ICAN) New York State's Ombudsman Program for Managed Care Request for Proposals for New York City Agencies

Introduction

Through this Request for Proposals (RFP), Independent Consumer Advocacy Network ([ICAN](#)), a program of the Community Service Society of New York ([CSS](#)), is inviting non-profit community-based organizations located in New York City to participate in the ICAN program network. CSS seeks to add to the ICAN network one community-based organization in New York City with experience assisting individuals with a wide range of health insurance issues. This funding opportunity is to provide education, navigational assistance, and advocacy to eligible consumers, managed care plan enrollees, their caregivers, and advocates. CSS particularly seeks an organization with established connections to communities in NYC whose preferred language is Spanish, Chinese, or Haitian Creole; and/or communities in the Bronx and upper Manhattan.

New York State contracts with CSS to help New Yorkers who need long-term care services navigate the Medicaid managed care system. Covered Programs consist of: Managed Long-Term Care plans (MLTC); Medicaid Advantage Plus (MAP) plans; Programs of All-inclusive Care for the Elderly (PACE); Health and Recovery Plans (HARPs); and beneficiaries of Long-Term Support Services (LTSS) in Mainstream Managed Care (MMC) plans.

The ICAN Network partners with three Specialist agencies in NYC, and a strong network of community-based organizations throughout the state. CSS administers the ICAN program, operates the live central toll-free helpline for direct assistance to consumers, and provides technical assistance, data reporting, training and resources, and quality assurance for all advocates who provide ICAN services. The community-based organizations (CBOs) provide individual assistance to consumers in person and over the phone, and conduct outreach and community presentations. The Specialist agencies provide the same services as CBOs, but also provide legal support, training, and technical assistance.

Award

ICAN anticipates awarding up to **one** contract to an organization in New York City to provide



advocacy and education services to New Yorkers eligible for and participating in Covered Programs. The organization will commit to assisting consumers with a predetermined number of client needs and giving education presentations to a predetermined number of participants during the contract period. The contract period will start as soon as possible upon selection of a winning applicant, no earlier than December 1, 2025, and will end April 30, 2026. The selected applicant will provide services free of charge to consumers.

The maximum annual grant award under this RFP is \$180,000. The initial award will be **pro-rated** based on the contract's actual start date (so up to \$75,000 if 12/1/25-4/30/26). The contract is expected to be renewed on an annual basis thereafter at the 12-month amount.

Eligibility Criteria

Applicants *must* be non-profit organizations, membership associations, or other mission-driven organizations that have demonstrated experience serving health care consumers in New York City. The funded organization will provide advice and advocacy services over the phone to eligible individuals and provide in-person assistance – including scheduled meetings in their offices and home visits – where appropriate.

CSS will *not* fund:

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

Important Dates

<u>EVENT</u>	<u>DATE</u>
Release of RFP	10/6/25
Questions About This RFP Due	10/14/25
Answers Posted	10/20/25
Application Due	11/3/25
Award Announcements	11/17/25
Anticipated Service Start Date	12/1/25



Services To Be Provided Under This Contract:

The organization(s) will be expected to provide the following services in an accessible, culturally and linguistically appropriate manner, including options for telephone, email, mail, and in-person assistance:

1. Individual Assistance: Counsel and assist consumers individually on Covered Programs.

Examples of cases include:

- Advising consumers on eligibility and enrollment in Covered Programs;
- Resolving issues that arise as a result of gaps in coverage or service denials;
- Disputing or appealing coverage denials and eligibility determinations;
- Helping empower participants to access their health coverage and be their own advocates;
- Helping consumers request prior authorizations when needed;

The level of a network organization's assistance and involvement in a case may vary depending on the circumstances.

2. Community Outreach and Presentations: Provide approved community presentations designed to educate consumers, advocates and health care providers about Covered Programs and their rights as health care consumers.

3. Client Stories: The ICAN organization will identify consumers who have benefited from ICAN services and are willing to share their stories with the public and will submit their stories to CSS following CSS protocols.

4. Sentinel/Trends: The ICAN organization will be ready, willing, and able to collaborate with other ICAN organizations to identify trends and issues affecting individuals within the health care and health insurance arenas in New York State.

Organization Requirements

The organization(s) selected will be provided with a subcontract and a Policies and Procedures Manual for the program. Generally, the agency should expect the following requirements:

1. Staffing and Responsibilities

The organization will agree to designate an ICAN Coordinator and will be responsible for:

- attending program meetings;
- overseeing other program staff at their organization and ensuring high quality services, including reviewing cases and monitoring presentations;



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

2. Reporting

The organization will agree to:

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

3. Feedback and Assessment

The organization will agree to:

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

Proposal Submission

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

- 1. Proposal Checklist (Attached):** Please fill out and submit the attached checklist to ensure that your application is complete.
- 2. Cover Form (Attached):** Complete and submit the cover form, signed and dated by: (1) the organization's Executive Director or (2) the President or Leader of the organization's Board of Directors or governing board (and of the organization's fiscal sponsor, if applicable). Include the organization's Employer Identification Number (EIN).
- 3. Letter of Commitment from the organization's Executive Director or President of the Board of Directors**
- 4. Financial Statements & Legal Documents**
 - Proof of not-for-profit status (if applicable): (i.e., 501(c) tax-exempt verification);
 - A copy of the organization's most recent audited financial statement with the management letter from the auditors;



- A copy of the organization's most recent CHAR500;
- A copy of the organization's most recent IRS Form 990;
- Anti-discrimination attestation;
- Conflict of Interest attestation¹

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

- a) **Mission:** Describe your organization's mission and experience helping consumers within the target population(s) with health insurance and health care-related issues.
- b) **Population Served:** Describe what population(s) your organization's primarily serves including but not limited to:
 - income status;
 - primary language(s) (particularly Spanish, Chinese, and/or Haitian Creole);
 - race/ethnicity;
 - geographic location (particularly Bronx and/or upper Manhattan);
 - unique populations served (e.g. historically marginalized populations, people with disabilities, older adults, long-term care recipients), and; health coverage, insurance, or care (e.g. commercial insurance; public insurance such as Medicaid, Medicare, the Essential Plan or Child Health Plus, hospital financial assistance) they use.
 - Describe how your organization currently serves or plans to reach health care consumers in need of long-term support services through Medicaid Managed Care plans.
 - Describe any experience the organization has in reducing health disparities and promoting health equity in the community you serve.
- c) **Staffing and Deliverables:** We would like to know if your organization would be ready to begin providing services at the contract start date of December 1, 2025. Please include information about the following:
 1. **Staffing:** Describe the staffing that will be dedicated to the grant to provide these services, including the background, experience, and current duties of any personnel already on staff who will deliver or supervise services under this project.
 2. **Deliverables:** A typical organization at this funding level commits to approximately 200 client needs and 150 consumer education & 150 provider education participants per year and at least one client story per year.
 - a. Provide the number of consumer needs your organization will handle per year. Describe

¹ As noted above, CSS cannot fund organizations that sell insurance or insurance-like products, including discount plans, and/or provide direct health care services. However, if an organization's health care services are incidental to its primary activities and would not create a conflict of interest, it may be funded at CSS's discretion. Any organization that fits this circumstance should complete the enclosed attestation.

how your organization will meet the proposed deliverable.

- b. Provide the number of consumer education attendees the organization will commit to each year. Describe how your organization will meet the proposed deliverable.
- c. Provide the number of professional education attendees the organization will commit to each year. Describe how your organization will meet the proposed deliverable.
- d. Describe your outreach plan and how your organization will connect with local entities among the target population to strengthen ICAN recognition in local communities.
- d) **Reporting Experience:** Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
- e) **Advocacy:** Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers? If so, please describe. Describe any experience the organization has in advocating for systemic changes on behalf of the service population or constituency and any experience using clients' stories to advocate for systemic changes.
- f) **Accessibility:** Please provide information about where the organization will provide individual assistance and how assistance will be provided, including:
 - List all office locations and hours where in-person assistance services will be provided.
 - Describe if the organization is accessible via phone, email, web application, and in-person.
 - Describe your organization's language access plan.
 - Are sites where services will be provided accessible to people with disabilities? What reasonable accommodations are made for people with disabilities so they may access services? Please provide copies of written policies, if any.
- g) **Sustainability:** Please tell us about your organization's ability to participate in sustainability activities like educating community leaders about the need for ICAN services in your community.

6. Budget (1 page) & Budget Narrative (1 to 2 pages)

The information requested in this section will be used to evaluate your proposal's cost-effectiveness, as compared to proposals from other applicants. CSS reserves the right to negotiate these terms with awardee. The contract is reimbursement based and monthly invoicing is required.

- Propose a grant amount for the project period up to \$75,000.
- Provide a line-item budget for a 12-month term, describing how the amount proposed will be used for this project. The budget should include:
 - Personnel expenses (consistent with staffing listed above);
 - Other than personnel expenses; and
 - Note: Organizations may be required to return any equipment purchased with grant funds to New York State at the end of the contract period.
 - In-kind or other organizational contributions.



- Provide a detailed budget narrative. If you propose a significantly higher or lower cost as compared to the typical grant in relation to services proposed, explain the cost difference.

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

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

Conditions

CSS reserves rights to postpone or cancel this RFP; reject all proposals; request additional information; negotiate with applicants individually; modify the number of awardees and dollar amounts of grants; amend specifications; eliminate requirements; accept only those proposals that serve the best interests of the program; terminate subcontracts for poor performance or in the best interest of the program; and amend terms of subcontracts to serve best interests of the program. The organization selected will be asked to provide evidence of general liability insurance, workers compensation, disability, and errors and omissions insurance upon signing a subcontract with CSS.

Organization subcontracts awarded through this RFP are contingent on the award and availability of funds provided by New York State.

Questions

Questions about this RFP should be **emailed** by 5:00 pm on 10/14/25, to jscollan@cssny.org. The subject line should be "ICAN RFP Question". Responses to common questions will be posted on the ICAN website, icannys.org, by 5:00 pm on 10/20/25.

Submission Instructions

CSS requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on 11/3/25. Emailed proposals should be sent to jscollan@cssny.org.

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



**Independent Consumer
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Request for Proposals
Proposal Checklist
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- ☐ Proposal Narrative (not to exceed 6 pages)
- ☐ Proposed 12-month program budget (not to exceed 1 page)
- ☐ Proposed program budget narrative (not to exceed 2 pages)
- ☐ Cover Form, signed and dated by organization's Executive Director or leader of its Board of Directors
- ☐ Letter of Commitment from the organization's Executive Director or leader of its Board of Directors
- ☐ Proof of Not-for-Profit Status (if applicable)
- ☐ Organization's board-approved budget and actuals for the current fiscal year
- ☐ Organization's most recent audited financial statement(s) with the management letter from the auditors
- ☐ Copy of the organization's most recent CHAR500 and proof of filing (if available)
- ☐ Copy of the organization's most recent IRS Form 990 and proof of filing (if available)
- ☐ Anti-Discrimination Compliance Attestation
- ☐ Conflict of Interest Attestation (if applicable)
- ☐ Two Letters of Reference (each not to exceed 1 page, single-spaced)



**Independent Consumer
Advocacy Network (ICAN)
Request for Proposals
Cover Form
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Please note that this form must be signed by the organization's Executive Director or equivalent operational leader (and fiscal conduit, if applicable) and the President or Leader of the Board of Directors or governing board (and the fiscal conduit, if applicable). This form and the entire original application are due by the due date indicated in the Important Dates section.

NAME OF ORGANIZATION:

Address:

Telephone Number:

Fax Number:

Email Address:

EIN:

EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title:

Name: _____

Title: _____

Signature: _____

Date: _____

PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title

Name: _____

Title: _____

Signature: _____

Date: _____



**Independent Consumer
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Cover Form
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*****Only fill out this form if organization uses a Fiscal Conduit*****

FISCAL CONDUIT (if applicable):

Name:

Address:

Telephone Number:

Fax Number:

EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title:

Name: _____

Title: _____

Signature: _____

Date: _____

PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title

Name: _____

Title: _____

Signature: _____

Date: _____



**Independent Consumer
Advocacy Network (ICAN)
Request for Proposals
Anti-Discrimination Compliance Attestation
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	Yes	No
Organization abides by all Federal Equal Employment Opportunity regulations, including the Civil Rights Act of 1964 and the Age Discrimination Act of 1975		
Organization abides by the Americans with Disabilities Act of 1990		
Organization abides by the Rehabilitation Act of 1973		
Organization will provide services that are linguistically and culturally appropriate		

I hereby attest that the above is true and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____



**Independent Consumer
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Request for Proposals
Conflict of Interest Attestation Form
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NAME OF ORGANIZATION:

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



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

Signature: _____

Name: _____

Title: _____

Date: _____