

**Independent Consumer Advocacy Network /
Facilitated Enrollment for the Aged, Blind, and Disabled
Central New York / Thousand Islands
Request for Proposals
7/1/2023 – 4/30/2024**

The Community Service Society of New York (CSS) invites non-profit community-based organizations (CBOs) to participate in this Request for Proposals (RFP) for one or more new subcontractors to provide Independent Consumer Advocacy Network (ICAN) and/or the Facilitated Enrollment for the Aged, Blind and Disabled (FE-ABD) services in the Central New York and Thousand Islands region. The ICAN grant will be for \$75,000-\$91,667 for 10 months (\$90,000-\$110,000 annualized) to provide ombudsprogram services to Medicaid beneficiaries who need long term care and behavioral health services. The FE-ABD grant will be for \$40,000-\$50,000 (for 6 months) to provide public health insurance application assistance program for people who are aged 65 or older, or who are certified blind or disabled.

Applicants are welcome to bid for solely the ICAN grant or the FE-ABD grant, or both. Preference will be given to applicants who apply for both programs. CSS seeks to fund a CBO or CBOs that have a strong track record of serving diverse populations, including but not limited to consumers from racially, ethnically, culturally, geographically and linguistically diverse communities, as well as organizations that serve people with mental and physical disabilities.

Applications will be due on April 28, 2023 with an anticipated start date of July 1, 2023. More detail on RFP timeline is provided below.

Background

The Community Service Society of New York (CSS) has worked with and for New Yorkers since 1843 to promote economic opportunity and champion an equitable city and state. By expanding access to health care, affordable housing, employment, opportunities for individuals with conviction histories, debt assistance, and more, we make a tangible difference in the lives of millions. In addition to operating ICAN and FE-ABD, CSS's Health Initiatives Department operates Community Health Advocates (CHA), New York's health care consumer assistance program; New York's largest In-Person Assister/Navigator network; and the behavioral health ombudsprogram, CHAMP.

ICAN Program

In 2014 and again in 2020, NYSDOH awarded a five-year grant to CSS to establish a statewide ombudsprogram to provide education, navigational assistance, and advocacy to eligible consumers, managed care plan enrollees, their caregivers, and advocates. Assistance will be provided to people enrolled in "Covered Programs," including: Managed Long-Term Care plans (MLTC); Medicaid Advantage Plus (MAP) plans; Programs of All-inclusive Care for the Elderly (PACE); Fully Integrated

Duals Advantage-IDD (FIDA-IDD); Health and Recovery Plans (HARPs); and beneficiaries of Long-Term Support Services (LTSS) in Mainstream Managed Care (MMC) plans.

The ICAN network includes a strong set of CBO partners throughout New York State.* CSS now seeks a CBO partner organization covering the Central New York and Thousand Islands region. The successful applicant will join the ICAN network and will provide education and enrollment assistance to New Yorkers eligible for and participating in Covered Programs, including:

- Educating participants about the options available to them through the programs;
- Helping participants use or navigate coverage;
- Informing and educating participants about appeal rights for services through their health plans; however, staff whose salaries are funded under this contract may not represent consumers in Medicaid fair hearings. ICAN consumers needing assistance with fair hearings must be referred to sources of legal representation that do not receive ICAN funding;
- Helping empower participants to access their health coverage and be their own advocates;
- Providing policy feedback to policymakers and other stakeholders.

ICAN operates via a “hub and spokes” model, with CSS as the “hub” and partner CBOs are the “spokes.” CSS manages: the RFP process; administrative services; a live central toll-free helpline for direct assistance to Covered Program participants, advocates, and caregivers; the ICAN website and Advocate’s Portal; technical assistance and training; data collection and quality assurance; educational materials and presentations; and State reporting. The CBOs provide individual assistance to Covered Program participants with their health insurance needs and questions; conduct community educational presentations on health insurance, long-term care services and behavioral healthcare; and conduct outreach. CBOs located in NYC help CSS with answering calls to the toll-free helpline. Calls from consumers outside of NYC are transferred to the CBO serving their county for follow-up. Some CBOs are “Specialists” who also provide technical assistance and training to the network.

FE-ABD Program

This RFP also seeks a CBO partner for the CSS Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD) program. FE-ABD is a NYSDOH-sponsored public health insurance application assistance program for people who are aged 65 or older, or who are certified blind or disabled. In 2014, NYSDOH awarded a 5-year grant to CSS, which has been extended into 2023, to establish a network of

* Action for Older Persons, BronxWorks, Center for Independence of the Disabled of New York, Healthy Capital District Initiative, Korean Community Services, Legal Assistance of Western NY, Legal Services of the Hudson Valley, Medicare Rights Center, Nassau-Suffolk Law Services Committee, New York Legal Assistance Group, South Asian Council for Social Services, Southern Adirondack Independent Living, Westchester Disabled on the Move, and Western NY Independent Living.

community-based organizations that provide FE-ABD services in 38 counties across New York State. CSS is the lead agency to a network of 7 subcontractor organizations.[†]

CSS seeks a new CBO partner in Central NY to provide FE-ABD services in Madison, Oneida, Onondaga, and Oswego counties. The start date will be July 1, 2023. The contract will run through December 31, 2023, with the possibility of renewal. The NYSDOH has indicated that they will release a Request for Applications (RFA) during the contract extension period to reprocur the FE-ABD program for a new multi-year contract. Continued funding for this grant beyond the contract extension period is contingent upon CSS successfully securing renewed funding through the NYSDOH FE-ABD RFA.

FE-ABD helps consumers who are aged (65 or older), certified blind, or disabled (“ABD”) apply for public health insurance programs such as Medicaid, the Medicaid Buy-in Program for Working People with Disabilities (MBI-WPD) program, the Medicaid Excess Income (Spenddown) program, Medicare Savings Programs (MSPs), and Medicaid for Institutional Care in a Nursing Home. FE-ABD also conducts telephonic outreach to Medicaid beneficiaries who are newly eligible for Medicare to inform them of the requirement to apply for Medicare as a condition of Medicaid eligibility, help them with Medicare enrollment as needed, and assist them in providing proof of Medicare application.

Like ICAN, CSS utilizes a hub-and-spokes model for the FE-ABD program. CSS serves as the central hub providing administrative oversight to subcontractor CBO agencies, including RFP management, grant and contract administration, database management, fulfillment of NYSDOH reporting requirements, facilitation of monthly network meetings, substantive trainings, technical assistance, and quality assurance.

Eligibility Criteria

CSS will apply the following criteria in evaluating proposals under this RFP. All proposals will be reviewed by staff at CSS and several partner organizations and scored using a standard rubric. CSS will entertain proposals to participate in the ICAN and FE-ABD program separately or jointly, but will prefer joint applications. Similarly, CSS will entertain proposals to cover a subset of the counties listed, but will prefer applications to cover all counties.

Applicants may submit a proposal as part of a collaboration or partnership of organizations. While we will allow joint applications, CSS will only contract with the lead organization of the partnership, and the lead organization will be responsible for meeting the terms of any contract.

[†] Coordinated Care Services, Inc., Finger Lakes Community Health, Healthy Capital District Initiative, Independent Living Center of the Hudson Valley, Southern Adirondack Independent Living, Southern Tier Independence Center, and Westchester Disabled on the Move.

The following table lists the eligibility criteria, and which ones apply to which program:

Eligibility Criteria	ICAN	FE-ABD
Must be a non-profit organization located in New York State	✓	✓
Must have demonstrated experience serving older adults and people with disabilities	✓	✓
Must have demonstrated experience providing both in-person and virtual assistance to consumers in some or all of the following counties, including home visits when necessary:		
• Cayuga	✓	
• Herkimer	✓	
• Jefferson	✓	
• Lewis	✓	
• Madison	✓	✓
• Oneida	✓	✓
• Onondaga	✓	✓
• Oswego		✓
Must have at least one office, temporary meeting site, or client application assistance location at which staff can meet in-person with clients in each county (these may be the offices of other community organizations or agencies that the applicant has made arrangements to borrow when necessary).	✓	✓
Must commit to providing the full array of FE-ABD services including in-person and virtual Medicaid and Medicare Savings Program application assistance, outreach to aged, blind, and disabled consumers who may be eligible for coverage, as well as telephonic outreach to Medicaid beneficiaries who are newly eligible for Medicare.		✓
Must not have a personal, professional, or financial relationship with any of the Covered Program plans or sponsoring entities	✓	✓
Must not be co-located with any Covered Program plan, any service provider, any entity funding or administering the Covered Programs, or entity making eligibility or enrollment decisions for participants	✓	
Should have knowledge about Medicaid and Medicare program eligibility and application processes	✓	✓
Should have knowledge about Medicaid Managed Care and Covered Programs	✓	
Should have demonstrated experience and skill in negotiation and/or alternative dispute resolution techniques	✓	
Should have experience conducting outreach to aged, blind, and disabled populations		✓
Should have prior or current experience providing public health insurance application services		✓

Evaluation criteria

Applications will be evaluated based on the following criteria:

- **Mission:** The mission of the organization aligns with the missions of CSS, ICAN and FE-ABD.
- **Diversity:** The organization itself and/or the clients it works with will add to the diversity of the ICAN and/or FE-ABD networks.
- **Advocacy/Story Collection:** The organization demonstrates ability to identify and document systemic problems and to collect clients' stories that can be shared with the public.
- **Reporting:** The organization demonstrates ability to report services promptly.
- **Projected casework:** The organization proposes a number of individual cases and/or applications that is feasible and that will help ICAN and/or FE-ABD meet the goals of the program overall.
- **Outreach:** The organization's outreach plan strengthens ICAN's recognition in local communities.
- **Capacity:** The organization will be ready to provide services July 1, 2023.
- **Sustainability:** The organization expresses willingness to work for ICAN's and/or FE-ABD's long-term sustainability.

Important Dates

EVENT	DATE
Release of RFP	March 13, 2023
Questions About This RFP Due	March 31, 2023
Answers Posted	April 14, 2023
Application Due	April 28, 2023
Award Announcements	May 26, 2023
Awardee training	TBD
Start date	July 1, 2023

Services to be Provided

Independent Consumer Advocacy Network (ICAN)

ICAN organizations participate in regular trainings and receive ongoing support from CSS. Organizations are expected to provide the following services:

- **Individual Assistance cases:** The organization will counsel and assist Covered Program participants individually on health insurance and health care access issues, helping them use and navigate coverage. A case may involve anything from providing basic information to a consumer

on eligibility or enrollment, to more complicated assistance such as filing grievances with a plan or a formal appeal of a service denial. Assistance provided is to be disability-accessible, culturally and linguistically appropriate, and include options for telephone, web, email, mail, and in-person assistance. Examples include:

- explaining benefits, coverage, eligibility, and access;
 - explaining participant rights and responsibilities, and helping participants exercise their rights;
 - assisting with accessing covered benefits, such as requesting prior authorizations and obtaining referrals;
 - advising caregivers/providers about the medical necessity requirements relating to plan benefits;
 - helping participants to identify and resolve issues related to quality of life or quality of care;
 - helping participants understand the role of care management in the Covered Programs and encourage active participation in the coordination of their care;
 - assisting with health care decision-making and self-directing care;
 - assisting with accessing records from Covered Program plans; and
 - explaining and navigating the grievance and appeal process, and providing assistance to participants/caregivers in resolving issues that arise, whether informally or through filing grievances/appeals when necessary. However, staff whose salaries are funded under this contract may not represent consumers in Medicaid fair hearings. ICAN consumers needing assistance with fair hearings must be referred to sources of legal representation that do not receive ICAN funding.
- **Community Outreach and Presentations:** The ICAN organization(s) will provide community presentations designed to educate individual Covered Program participants, consumers, advocates and health care providers about health insurance and their rights and responsibilities as Covered Program participants. Venues for these presentations may include but are not limited to: religious institutions, community centers or groups, health centers, community health care providers, social service organizations, schools, chambers of commerce, or the ICAN organization site. Presentations may be tailored to a particular audience (e.g. plan participants), or include mixed audiences of participants, advocates, and health care providers. All presentation materials will be subject to the approval of CSS and NYSDOH.
 - **Client Stories:** The ICAN organization(s) will identify Covered Program participants 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.

- **Trend and Issue Spotting:** CSS expects that the ICAN organization(s) chosen through this RFP will be ready, willing, and able to collaborate with other ICAN partners to identify trends and issues affecting individuals within Covered Programs in New York State.

Facilitated Enrollment for the Aged, Blind, and Disabled (FE-ABD)

Organizations that receive FE-ABD funding through this RFP will be part of the CSS FE-ABD network and are expected to provide the following services:

- **Public health insurance application assistance:** The organization will employ Facilitated Enrollers (FEs) to provide in-person and over-the-phone application assistance to consumers who are eligible for Medicaid programs.
 - FEs will submit the application and supporting documentation on behalf of the consumer to their Local Department of Social Services (LDSS).
 - Before submitting an application to the LDSS, the FE will upload the application and supporting documentation to the CSS Salesforce database for quality assurance review.
- **Outreach to Medicaid beneficiaries who are newly eligible for Medicare:** The organization will conduct calls to Medicaid beneficiaries who are subject to the requirement to apply for Medicare as a condition of Medicaid eligibility.
 - Organizations will receive a monthly list of consumers in their counties who have been identified by the NYSDOH as newly eligible for Medicare. FEs or other CBO staff will conduct calls to these consumers and report call outcomes in the CSS Salesforce database.
- **Client Stories:** The organization will identify clients who have benefited from FE-ABD services and are willing to share their stories with the public and will submit their stories to CSS following CSS protocols.

Deliverables and Award Amount

Both the issuance and the amount of the grant awarded to each organization is contingent upon an award from New York State to CSS, and the amount is also contingent upon the scope of work and services proposed by applicants.

ICAN

Depending on grant funding received from the State, and proposals received, CSS anticipates awarding initial grants ranging from \$75,000-\$91,667 for **10 months** (\$90,000-\$110,000 annualized) to the selected organization. If State funding is available for future years' work, renewal of the initial grant may be negotiated based upon projected deliverables and program needs at the time of renewal.

Organizations must propose to provide individual assistance to Covered Program participants, to provide educational presentations to participants, caregivers and advocates.

Deliverables will consist of the following:

- Cases and Presentations: (1) the number of individual assistance cases; and (2) the number of individuals reached through educational presentations that each ICAN organization is contractually obligated to achieve over the grant period. Typically, an organization that is awarded an ICAN grant will commit to handling about 150 individual assistance cases per year and reaching about 200 consumers/caregivers and 200 professionals through educational presentations; and
- Participation and Reporting: attendance at ICAN meetings and trainings, provision of quality services, and accurate and timely reporting of services provided.

Once the grant is awarded and the grant agreement with the ICAN provider agency is signed, awardees must fulfill all requirements to receive full payment.

FE-ABD

Depending on the confirmation of a contract extension from the State, and proposals received, CSS anticipates awarding a **6-month grant** ranging from \$40,000 to \$50,000 to the selected organization. Upon CSS successfully securing renewed FE-ABD program funding for future years' work through the upcoming NYSDOH RFA, an extension or renewal of the initial grant may be negotiated based upon projected deliverables and program needs at the time of renewal.

Organizations must propose to provide individual application assistance and outreach to the ABD population.

Deliverables will consist of the following:

- Complete enrollment applications in the counties listed in your subcontract;
- Submit accurate site schedules to CSS immediately if changes are made;
- Submit complete client testimonials according to CSS guidelines;
- Cooperate with CSS for the arrangement and execution of site visits;
- Attend monthly webinars and other periodic trainings as directed by CSS; and
- Report all enrollments and enrollment-related activities through the FE-ABD Monthly Progress Reports.

Content of Proposal

All items listed in sections A to F below must be included in each proposal for it to be deemed complete. Proposals missing any component will not be considered.

A) Cover Form (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).

B) Letter of Commitment from the organization's Executive Director or President of the Board of Directors

C) Financial Statements & Legal Documents

- 1) Proof of not-for-profit status: (i.e., 501(c)(3) tax-exempt verification)
- 2) A copy of the organization's most recent audited financial statement with the management letter from the auditors;
- 3) A copy of the organization's most recent CHAR500 and proof of filing (if available);
- 4) A copy of the organization's most recent IRS Form 990 and proof of filing (if available);
- 5) Anti-discrimination attestation;
- 6) Conflict of Interest attestation: As noted above, to be eligible for consideration, organizations must not:
 - have a personal, professional, or financial relationship with any of the Covered Program plans;
 - be co-located with any Covered Program plan, service provider, entity funding or administering the Covered Programs, or any entity making eligibility or enrollment decisions for participants.

D) Proposal Narrative (not to exceed 6 pages):

- 1) Tell us about your organization's mission and experience helping consumers with health insurance, and health care-related issues.
- 2) Tell us about the consumers you will serve:
 - Geographic area. Must be able to provide in-person assistance to consumers within the previously listed counties.
 - Population description, including: primary languages of service population; service to racial, ethnic, or linguistic minority (describe); and service to seniors or people with disabilities, chronic health or other high medical needs (describe). Describe other unique characteristics

of the organization's service population (e.g. rural populations or other underserved constituencies);

- Health coverage, insurance or care they use; and
 - Consumers' income status and sources.
- 3) Describe the organization's policy regarding confidentiality and protecting health-related information as required under the Health Insurance Portability and Accountability Act (HIPAA). Please provide copies of written policies or forms, if any.
 - 4) Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers? If so, please describe.
 - 5) Can the organization report case data to funders in a timely fashion? Describe current data tracking capacity.
 - 6) Describe any experience the organization has in advocating for systemic changes on behalf of the service population or constituency. Describe any experience using clients' stories to advocate for systemic changes.
 - 7) Deliverables and 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, including detail about the following:
 - Number of individual assistance cases the organization will handle per month.
 - Number of consumers, caregivers, and/or professionals the organization will reach through educational presentations during the grant period.
 - A plan for referring consumers needing legal representation in fair hearings to legal services providers in the region.
 - 8) Accessibility:
 - Please list all office locations and hours where ICAN/FE-ABD services will be provided.
 - Please identify at least one location in each county to be served where staff can provide in-person services upon request.
 - Describe current practice or proposed policy for providing home visits, where clients cannot otherwise access services in person.
 - Is the organization's site 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.
 - Describe if the organization is accessible via phone, email, fax, web application, and in-person.
 - Is the organization's site accessible to most consumers by public transportation? If not, how do consumers access its services?

9) Outreach Plan:

- Please describe how the organization will market and conduct outreach to promote and increase awareness of ICAN services.

10) Expansion / Enhancement of Services:

- Please highlight how funding under this RFP would allow the organization to increase, supplement, or improve services already provided.

11) FE-ABD Participation:

Organizations that wish to apply for FE-ABD funding separately or in addition to ICAN should also include the following information in their proposal:

- Geographic area: Must be able to provide FE-ABD services to consumers within the following counties: Madison, Oneida, Onondaga, and Oswego.
- Deliverables and staffing: Using the same guidelines as outlined above for ICAN, describe the staffing that will be dedicated to the FE-ABD program, including the number of public health insurance applications the organization will handle per month.

E) 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 individual awardees.

- Propose a grant amount for the project period.
- Provide a line item budget for a 10-month term for ICAN, and a 6-month term for FE-ABD, describing how the amount proposed will be used for this project. Include:
 - Personnel expenses (consistent with staffing listed above);
 - Other than personnel expenses; and
 - Note: Organizations will be required to return any equipment purchased with these grant funds to New York State at the end of the contract period.
 - In-kind or other organizational contributions.
- Provide a detailed budget narrative.

Organizations that are also applying for FE-ABD funding must include a *separate* FE-ABD budget and budget narrative for a 6-month term following the same guidelines as outlined above.

F) Two Letters of Reference (not to exceed one page, single-spaced)

Each applicant must provide two reference letters from persons or organizations familiar with the organization and its work.

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. All organizations 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 subject to the award and availability of funds provided to CSS by the New York State Department of Health.

Questions

Questions about the ICAN portion of this RFP should be **emailed** by 5:00 pm on March 31, 2023 to Jane Scollan, jscollan@cssny.org. Questions about the FE-ABD portion should be emailed by the same deadline to Emily Clark, eclark@cssny.org. The subject line should be “ICAN/FE-ABD Central NY RFP Questions.” Common questions (de-identified as to sender) and answers will be posted on the ICAN and CHA websites, icannys.org and communityhealthadvocates.org, on April 14, 2023.

Instructions for Submission

- **Hard copy.** Applicants should submit one proposal marked ORIGINAL and signed by the appropriate individuals (see Contents of the Proposal, Cover Form). Mailed proposals must be postmarked by April 28, 2023, and hand delivered proposals must be received by CSS no later than 5:00 pm on April 28, 2023. Proposals may be stapled but should not be bound. Please use 12-point font, one-inch margins and double spacing, unless otherwise indicated.

Proposals should be addressed to:

David Silva, Esq.

Program Director

Independent Consumer Advocacy Network

Community Service Society of New York

633 Third Avenue, 10th Floor

New York, NY 10017

- **Electronic Copy.** CSS also requests that all organizations submit their proposal electronically to CSS no later than 5:00 pm on April 28, 2023, *in addition* to mail or hand delivery. Emailed proposals should be sent to Gabrielle Burgos at gburgos@cssny.org.

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Appendix – Contractual Requirements

Agencies selected to join the ICAN and/or FE-ABD network will be provided with a subcontract and a Policies and Procedures Manual for the program Generally, agencies should expect the following requirements:

1. Staffing and Responsibilities

All ICAN/FE-ABD organizations (or partnership of organizations) will agree to designate, at minimum, one staff member for the program who will serve as the Program Coordinator and will be responsible for:

- a. ensuring that all FE-ABD staff conducting enrollment services for their organization are first trained and certified by CSS staff;
- b. cooperating with CSS to ensure that any ICAN/FE-ABD staff at their organization/partnership is adequately trained and competent to provide services;
- c. remaining current on health policy as it pertains to the services provided;
- d. overseeing other staff at their organization/partnership, including reviewing cases/applications and monitoring presentations;
- e. overseeing FE-ABD services to ensure high quality, including addressing a pattern of application errors by FEs and ensuring FEs have the knowledge necessary to complete enrollments and serve consumers;
- f. collecting and reporting data as directed by CSS on a timely basis;
- g. collecting client stories during the contract period with appropriate media releases;
- h. coordinating with CSS to create and implement corrective action plans, as appropriate; and
- i. notifying CSS within 3 calendar days of any unforeseen circumstances that affect staff, property, or locations where services are provided, that threaten the completion of services for any period.

For ICAN, the organization is expected to maintain at least one Full-Time Equivalent of program staff at all times.

Please note that there will be introductory training for staff for the organization selected through this process soon after the awards are announced. Applicants must plan to be able to have appropriate staff participate in this training if awarded contracts under this RFP. The training will be conducted by webinar; travel is not necessary.

2. *Reporting*

All organizations will agree to:

- a. collect and report data, via the secure internet-based Salesforce database, about activities performed, Covered Program participants served, issues addressed, applications submitted, education and outreach activities, and advocacy services provided, following CSS guidelines in the subcontract and Policies and Procedures Manual;
- b. have and maintain computers with internet access, printers, telephone, fax, and email;
- c. commit and adhere to comprehensive confidentiality protections and procedures for health consumer assistance;
- d. commit to attending initial and ongoing trainings on Covered Programs;
- e. cooperate with monitoring by CSS, which may include site visits, observations of community presentations, and reviews of individual assistance services reported through the database;
- f. cooperate with any audits New York State may conduct of financial and other records to ensure compliance with the terms of this grant;
- g. encourage consumer participation in any program evaluations, as deemed necessary by CSS, including client satisfaction surveys, presentation participant evaluations, and ICAN/FE-ABD surveys; and
- h. upload all FE-ABD client enrollment applications and required documentation to the secure CSS Salesforce database for quality assurance review before submitting to the LDSS

3. *Performance Measures for Services*

All organizations selected for participation must:

- a. provide high quality services;
- b. ensure that data entry accurately and completely reflects services provided;
- c. adhere to comprehensive confidentiality protections;
- d. attend initial and ongoing trainings on the Covered Program;
- e. ensure continuity and appropriateness of staff and organizational competence in providing ICAN/FE-ABD services;
- f. comply timely with contractual requirements;
- g. enter data in a timely fashion; and
- h. be cost-efficient.

4. *Feedback and Assessment*

All organizations will agree to:

- a. provide feedback on consumer and advocate materials, presentations, and other special projects upon CSS's request in order to advance ICAN/FE-ABD goals; and

- b. participate in evaluations and assessments of ICAN/FE-ABD and its components on an as-needed basis.

Applicants must be able to demonstrate financial viability to carry out the services set forth in this RFP. In completing the application, organizations should specify if any information submitted is confidential or proprietary. Please note that if your proposal is accepted, all claims to confidentiality are subject to the terms of any prime agreement that may be entered into between CSS and New York State Department of Health governing ICAN/FE-ABD.

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Proposal Checklist

- 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
- 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
- Proposal Narrative (not to exceed 6 pages)
- Proposed 10-month program budget for ICAN, and/or 6-month program budget for FE-ABD (not to exceed 1 page)
- Proposed program budget narrative (not to exceed 2 pages)
- Two Letters of Reference

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Please note that this form must be signed by the organization's Executive Director or equivalent operational leader (and fiscal conduit, if applicable) and the President or leader of the Board of Directors or governing board (and the fiscal conduit, if applicable). This form and the entire original application are due by the due date indicated in the Important Dates section.

NAME OF ORGANIZATION:

Address:

Telephone Number:

Fax Number:

Email Address:

EIN:

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

Name: _____

Title: _____

Signature: _____

Date: _____

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

Name: _____

Title: _____

Signature: _____

Date: _____

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*****Only fill out this form if organization uses a Fiscal Conduit*****

FISCAL CONDUIT (if applicable):

Name:

Address:

Telephone Number:

Fax Number:

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

Name: _____

Title: _____

Signature: _____

Date: _____

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

Name: _____

Title: _____

Signature: _____

Date: _____

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	Yes	No
Organization abides by all Federal Equal Employment Opportunity regulations, including the Civil Rights Act of 1964 and the Age Discrimination Act of 1975		
Organization abides by the Americans with Disabilities Act of 1990		
Organization abides by the Rehabilitation Act of 1973		
Organization will provide services that are linguistically and culturally appropriate		

I hereby attest that the above is true and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____

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NAME OF ORGANIZATION:

1. The organization's primary activities are as follows:

2. The organization is located in and conducting business in New York State.

3. The organization is a not-for-profit corporation.

4. The organization does not have a personal, professional, or financial relationship with any of the MLTC, FIDA-IDD, LTSS MMC, or HARP plans.

5. The organization is not co-located with any MLTC, FIDA-IDD, LTSS MMC, or HARP plan, any service provider, any entity funding or administering the MLTC, FIDA-IDD, LTSS MMC, or HARP program, or any entity making eligibility or enrollment decisions for participants.

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

Signature: _____

Name: _____

Title: _____

Date: _____