

**City of Carson City
Agenda Report**

Date Submitted: March 12, 2013

Agenda Date Requested: March 21, 2013

Time Requested: Consent

To: Carson City Board of Supervisors

From: Health & Human Services Department (Marena Works)

Subject Title: For Possible Action: Action to approve CCHHS applying for a grant through the Nevada Silver State Health Insurance Exchange for the purpose of hiring Enrollment Assistors.

Staff Summary: The Silver State Health Insurance Exchange was created in response to the requirements of the Patient Protection and Affordable Care Act (ACA). A health insurance exchange is an on-line market place in which individuals can shop for health insurance. The opportunity for CCHHS to hire an enrollment assister will allow us to assist individuals in program eligibility, methods of insurance purchase and understanding health insurance terms. At this time CCHHS is looking at applying for approximately \$60,000-\$75,000 in funds.

Type of Action Requested:

(check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify) Information Only

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve CCHHS applying for a grant through the Nevada Silver State Health Insurance Exchange for the purpose of hiring Enrollment Assistors.

Explanation for Recommended Board Action: This grant fits under the Mission of CCHHS to, "...improve the quality of life for our community through...support services."

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: Silver State Health Insurance Exchange

Alternatives: Deny CCHHS permission to apply for the grant.

Supporting Material: Request for Application for Grants for Navigators and Enrollment Assistors.

Prepared By: Marena Works, MSN, MPH, APN

Reviewed By: C. [Signature] for M. Worke
(Department Head)
[Signature]
(City Manager)
[Signature]
(District Attorney)
[Signature]
(Finance Director)

Date: 3/12/13
Date: 3/12/13
Date: 3/12/13
Date: 3/12/13

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



Brian Sandoval
Governor

Barbara Smith Campbell
Chairwoman

Jon M. Hager
Executive Director

Silver State Health Insurance Exchange

2310 S. Carson Street, Suite 2, Carson City, NV 89701 • T: 775-687-9939 F: 775-687-9932
exchange.nv.gov

1st Amended STATE OF NEVADA Silver State Health Insurance Exchange

SFY 2014-2015 REQUEST FOR APPLICATIONS AND INSTRUCTIONS FOR GRANTS FOR NAVIGATORS AND ENROLLMENT ASSISTERS

NOTE: This application is also available at exchange.nv.gov

CONTENTS

CONTENTS	1
BACKGROUND.....	3
EXCHANGE ENROLLMENT FACILITATOR CERTIFICATION.....	4
NAVIGATORS	4
SILVER STATE HEALTH INSURANCE EXCHANGE NAVIGATORS DEFINED	5
ROLES AND RESPONSIBILITIES OF NAVIGATORS	6
NAVIGATOR REQUIREMENTS	8
NAVIGATORS AND CONFLICTS OF INTEREST	8
NAVIGATOR PERFORMANCE METRICS	9
ENROLLMENT ASSISTERS.....	10
SILVER STATE HEALTH INSURANCE EXCHANGE ENROLLMENT ASSISTERS DEFINED	11
ROLES AND RESPONSIBILITIES OF ENROLLMENT ASSISTERS.....	11
ENROLLMENT ASSISTERS REQUIREMENTS.....	12
ENROLLMENT ASSISTERS AND CONFLICTS OF INTEREST	13
ENROLLMENT ASSISTERS PERFORMANCE METRICS.....	14
MANAGEMENT OF MATERIALS	16
ELIGIBLE ENTITIES.....	16
MINIMUM QUALIFICATIONS.....	17
DESIRED QUALIFICATIONS.....	17
AVAILABLE FUNDING	18
GRANT PERIOD	18

APPLICATION AND AWARD PROCESS.....	18
APPLICATION QUESTIONS AND ANSWERS	19
SUBMISSION OF APPLICATIONS	19
AWARD PROCESS	19
REIMBURSEMENT METHOD	20
REPORTING REQUIREMENTS	20
REPORTING REQUIREMENTS	21
FREQUENCY	21
TIMETABLE	22
ORIENTATION SESSIONS.....	23
APPLICATION INSTRUCTIONS	23
BUDGET INSTRUCTIONS	24
SUBMISSION INSTRUCTIONS	27
APPENDIX A – PROJECT REQUIREMENTS	29
INFORMATION AND REFERRAL.....	29
COMMUNITY FOCUS.....	29
LEVERAGING OF FEDERAL FUNDS.....	29
TARGET POPULATIONS.....	29
OUTCOME MEASURES	30
APPENDIX B – SCORING MATRIX.....	31
APPENDIX C – PROPOSAL CONTENT	33
APPENDIX D – FISCAL MANAGEMENT CHECKLIST	38

BACKGROUND

In June 2011, Senate Bill 440 (2011) was enacted, creating the Silver State Health Insurance Exchange, in response to the requirements of the Patient Protection and Affordable Care Act (ACA). A health insurance exchange is an on-line market place in which individuals can shop, compare and enroll in health insurance coverage. The ACA requires that all states establish an Individual Exchange and a Small Business Health Options Program (SHOP) Exchange by the end of calendar year 2013, or cede the operations of the Exchange to the federal Department of Health and Human Services (HHS). The marketplace must be operational by October 1, 2013 to facilitate open enrollment for health coverage that will take effect on January 1, 2014.

According to the Kaiser Family Foundation, in 2011 there were 588,000 uninsured Nevadans under the age of 65, representing 25% of that population. State staff estimates approximately two-thirds if these individuals are or will be eligible for Medicaid. The remaining third will be eligible for coverage through the Exchange. The state will face multiple challenges as it attempts to provide health care coverage to this population. These challenges include:

- Educating and enrolling the insurance eligible population;
- Expanding state services to absorb the Medicaid expansion;
- Shifting costs, especially for State run mental health facilities and indigent care;
- Increased provider demand and potential provider shortages; and
- Market disruption and potential adverse effects.

Nevada recognizes the need to establish infrastructure and business processes that can effectively and efficiently enroll people in health coverage, as well as meet the myriad administrative requirements of the ACA.

The ACA requires the Exchange establish a Navigator program to¹:

- a. Conduct public education activities to raise awareness of the availability of qualified health plans;
- b. Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions;
- c. Facilitate enrollment in qualified health plans;
- d. Provide referrals to any applicable office of health insurance consumer assistance, health insurance ombudsman or any other appropriate State agency, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- e. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

Section 1311(i) of the ACA also allows licensed insurance agents and brokers to be Navigators². However, Navigators shall not “receive any consideration directly or indirectly from any health

¹ ACA Section 1311(i)(3) codified as 42 USC § 18031(i)(3) – Navigators; Duties

² ACA Section 1311(i)(2)(B) codified as 42 USC § 18031(i)(2)(B) Navigators; Eligibility; Types

insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan³.” Therefore, if a Producer chooses to be a Navigator, the Producer can no longer be paid by insurers. However, the ACA allows Producers to assist individuals to enroll in Qualified Health Plans (QHP) and apply for premium tax credits and cost sharing reductions, if the state allows⁴.

EXCHANGE ENROLLMENT FACILITATOR CERTIFICATION

Individuals who enroll qualified individuals, qualified employers and their employees in a QHP in the Exchange and who do not hold a Producer license with the Nevada Division of Insurance (DOI) must hold an Exchange Enrollment Facilitator (EEF) Certification issued by the DOI. This requirement would apply to both Navigators and Enrollment Assistants. The EEF training and testing requirements will be created by the DOI in partnership with the Exchange and will be administered by the DOI.

It should be noted that the EEF Certification will require a statutory change to the current statutes by the Legislature.

HHS has indicated that it will release model Navigator training standards that would apply to EEF training. Absent these training standards, the following training outline is proposed. EEF training will consist of an initial training course that will include topics relating to the Exchange and health coverage provided as a result of the ACA, including but not limited to:

- Eligibility requirements
- Coverage available under the ACA
- Qualified Health Plans (actuarial values, co-insurance, co-pays, deductibles)
- Advanced Premium Tax Credits and Cost Sharing Reductions
- Publically funded health care (CHIP, Medicaid)
- Means of appeal and dispute resolution
- Conflict of interest and impartiality
- Exchange privacy policies and requirements
- Use of web portal

A certification test will be administered at the end of the course to demonstrate what knowledge the attendee has retained. Hours per topic, additional topics, specifics regarding testing and passing scores will be provided at a later date.

EEFs will be required to attend annual continuing education. Continuing education will consist of topics covered in the initial training period and updates on any new or changed regulations. EEFs must attend these courses and complete annual re-certification tests to maintain their active EEF status.

NAVIGATORS

³ ACA Section 1311(i)(4)(A)(ii) codified as 42 USC § 18031(i)(4)(A)(ii) Navigators; Standards

⁴ ACA Section 1312(e) codified as 42 USC § 18032(e) Enrollment Through Agents or Brokers

The Exchange must have consumer assistance functions, including a Navigator program, and must refer consumers to consumer assistance programs in the State when available and appropriate⁵. Section 1311(i)(3) of the ACA states Navigators will “facilitate enrollment in qualified health plans” offered by the Exchange and “provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange”. Navigators in the Exchange will complement the services provided by Producers by facilitating the enrollment of non-traditional populations that typically do not purchase insurance. These groups include people who are eligible for publicly funded health care (CHIP and Medicaid) and those individuals who do not have the means or ability to travel to a producer (Native Americans living on reservations, rural ranchers, farmers and persons with disabilities). Navigators will serve an important role in educating and enrolling individuals and groups that typically will not enroll unless called upon.

SILVER STATE HEALTH INSURANCE EXCHANGE NAVIGATORS DEFINED

Navigators will consist of individuals, public entities and private entities that will communicate with, educate and enroll qualified individuals and employers in Qualified Health Plans (QHPs) and publicly funded health care through the multiple enrollment methods provided by the Exchange. Navigators, Enrollment Assisters and Producers will work in concert to ensure all individuals have access to health insurance coverage provided as a result of the Affordable Care Act (ACA).

The Exchange must offer Navigator grant funds to a community and consumer-focused nonprofit group and an entity from at least one of the following categories:⁶

- Trade, industry and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; or
- Other public or private entities or individuals that may include but are not limited to Native American tribes, tribal organizations, urban Indian organizations, and State or local human service agencies.

The above entities will receive the Navigator designation if they successfully submit an approved Navigator grant application and have employees or associated volunteers who have an EEF Certification issued by the (DOI). To ensure consumers are properly protected, only individuals who have the EEF Certification (and licensed Producers) may enroll consumers in Qualified Health Plans.

Navigators must not be:⁷

⁵ 45 CFR § 155.205(d)

⁶ 45 CFR § 155.210(c)(2)

- A health insurance issuer;
- A subsidiary of a health insurance issuer;
- An association that includes members of, or lobbies on behalf of, the insurance industry; or,
- An entity or individual that receives any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non QHP. This requirement does not exclude providers from being Navigators; providers may be Navigators. However, provider organizations that are owned by an insurance issuer may not be Navigators, pursuant to 45 CFR 155.210(d)(2).

ROLES AND RESPONSIBILITIES OF NAVIGATORS

Navigators will be responsible for outreach, education and enrollment for the currently uninsured or underinsured populations and will present to those populations the options available under the ACA. This outreach and education will include information regarding the ACA as it relates to the Exchange including but not limited to:

- Program Eligibility- Rules to purchase subsidized insurance through the Exchange and eligibility for Medicaid, CHIP, Medicare or other programs;⁸
- Methods of Purchase- Different means available to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers and state agencies, mail in applications and fax applications;
- Reasons to Purchase- Education on the benefits of health insurance and what health insurance provides for individual and employers;
- Definitions of health insurance terms- For Example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;
- Dispute Resolution- Providing information to the consumer to find avenues to resolve disputes with carriers, such as directing them to the DOI and the Department of Health and Human Services Consumer Health Assistance Unit (formerly GovCHA), and referring enrollment disputes to the Exchange;⁹
- Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, Native Americans, those with disabilities and other groups;¹⁰
- Group Outreach Opportunities- Outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options.
 - Channels and venues in which outreach and education activities will be delivered include where the target populations live, work, go to school, play and shop. In order to perform the public outreach and education activities under this Grant Program, Applicants may consider using the following delivery channels:
 - Partnering with community/local officials and/or leaders;

⁷ 45 CFR 155.210(d)

⁸ 45 CFR 155.210(e)(1)

⁹ 45 CFR 155.210(e)(4)

¹⁰ 45 CFR 155.210(e)(5)

- Partnering with other community-based organizations and/or community groups, including community businesses who serve the target populations and who are not recipients of grant funding. Some examples of community businesses include local/ethnic supermarkets, health and fitness clubs, and service clubs (e.g., Kiwanis, Elks, Lions, etc.);
 - Using a community organizing or canvassing approach (including Promotoras models and door-to-door outreach in targeted neighborhoods);
 - Attending and/or presenting at ethnic media events;
 - Attending and/or presenting at community events (including health fairs, festivals, popular sports events etc.) using Project Sponsor-approved messages and information;
 - Leveraging existing intake processes where a service/product is already provided to deliver outreach and education messages;
 - Making presentations to existing groups, classes, meetings, workshops, or professional conferences where the target populations are known to frequent;
 - Distributing brochures, flyers and collateral materials to target populations likely to be eligible;
 - Facilitating outreach with local chambers of commerce, industry and professional associations, and other employer-based organizations educate small businesses about purchasing coverage through Nevada's Exchange;
 - Leveraging online channels and social media to support reaching targeted populations;
- Access to enrollment localities- Provide access to locations or mobile computing centers that will facilitate access to the Exchange's web portal, call center, or FAX line or provide the ability to print and mail hard copies of enrollment documents to the Exchange processing center;¹¹
 - Answers to enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange;
 - Explain eligibility criteria- Explain the eligibility criteria for purchasing insurance through the Exchange, enrolling in Medicaid and other State programs designed to provide medical coverage;
 - Provide documentation- Provide the consumer with documentation regarding the available plans, enrollment letters stating the date coverage will start, etc.; and
 - Furnish unbiased explanations of coverage provided on the web portal- The enrollment Navigators must not offer any opinion or editorial on the QHPs in the Exchange¹². Information provided by Navigators must be limited to that information available on the web portal.

¹¹ 45 CFR 155.210(e)(1) and (3)

¹² 45 CFR 155.210(e)(2). Additionally, the state is prohibited from requiring Navigators to purchase errors and omissions liability coverage and from licensing Navigators as Producers (see Federal Register, Vol. 77, No. 59, Tuesday, March 27, 2012, Rules and Regulations, p. 18331). To minimize the liability to the Navigator and to the Exchange, Navigators must only provide to the consumer information that is available on the Exchange web portal.

NAVIGATOR REQUIREMENTS

Potential Navigators will submit applications requesting consideration as a Navigator. This application should¹³:

- Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- Demonstrate willingness to meet the standards prescribed by the Exchange;
- Show the Navigator has or will have prior to the commencement of Navigator operations employees or associated volunteers who have an EEF Certification issued by the DOI. If the Navigator ceases to have an EEF certified individual on staff, all Navigator operations and funding must cease;
- Include contract language that indicates the entity will not have a conflict of interest during its term as Navigator, and if a conflict of interest occurs (including receipt of payment or other consideration from health insurance issuer in connection with enrollment of individuals or groups), the Navigator may be required to pay back Navigator grant funds to the Exchange;
- Demonstrate that the entity has processes in place that comply with the privacy and security standards adopted by the Exchange as required in accordance with § 155.260; and
- Demonstrate how the organization's business model, service area and clientele will be leveraged to support the Navigator mission and show how Navigator funds will support the Navigator mission and ancillary functions of the entity.

The Exchange will review the competitive grant applications and award grants to qualified Navigator groups throughout the state of Nevada.

NAVIGATORS AND CONFLICTS OF INTEREST

Navigators cannot have conflicts of interest, financial or otherwise, and will need to comply with the Exchange's privacy and security standards. Specifically, Navigators cannot receive any consideration, financial or otherwise, from carriers.

Conflict of interest includes, but is not limited to, the following:

- Financial considerations: Entities performing the duties of Navigator shall not receive compensation from funds derived from the enrollment of individuals, families or groups in health insurance plans. This includes but is not limited to:
 - Employees who work for subsidiaries of health insurance Issuers even if that subsidiary does not offer health insurance for purchase.
 - Employees of hospitals that are owned in whole or in part by health insurance Issuers.

¹³ 45 CFR § 155.210(c)(1)

- Lobbyists or employees of entities that lobby for the interests of health insurance Issuers.
- Nonfinancial considerations: Entities performing the duties of shall not receive gifts, rebates, vacations, prizes or any other non-financial consideration from a health insurance Issuer or an employer for the enrollment of an individual, family or group in the Exchange.

Navigators are required to disclose the following information to the Exchange and to consumers seeking assistance:

- The impact of immediate family member's employment or activities with other potentially conflicted entities, including the employment of a family member by a health insurance Issuer including agents, brokers and producers.
- Existing financial and non-financial relationships with health insurance Issuers including pensions from Issuers, investments in Issuers and receiving funds from Issuers for other activities (health outreach sponsored by Issuers, Public Awareness Campaigns sponsored by Issuers, etc.)

To ensure that the public is protected from possible conflicts of interest in the Exchange, the Exchange will monitor Navigator and Enrollment Assister based enrollment patterns to make sure that the entities are providing unbiased information to the consumer. If a Navigator or Enrollment Assister is found to be steering consumers into a certain plan for the purpose of financial or material gain, the Exchange and/or the Nevada Division of Insurance will inform individuals of the legal and financial recourses for consumers that have been adversely affected by a Navigator with a conflict of interest. The Nevada Division of Insurance will investigate and seek all applicable civil and criminal penalties for Navigators and Enrollment Assisters that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange. The civil and criminal penalties that apply to Exchange Enrollment Certification may be found in Nevada BDR number 13A7411344. The reference to this section will be updated as a Senate or Assembly Bill number is assigned.

Due to the above conflict of interest standards, any Producers that are currently licensed and wish to obtain a Navigator or Enrollment Assister designation must sever all appointments with carriers.

NAVIGATOR PERFORMANCE METRICS

The Exchange will monitor available enrollment metrics so the Exchange can provide reasonable future improvements to the system. Navigators will enter an EEF ID number into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post enrollment surveys. Enrollment trends can be analyzed to determine if certain Navigators are steering business in a manner that is statistically significant when compared to other Navigators. Post transaction surveys will be available to the consumer so that they may provide feedback on the enrollment experience.

Performance of Grantees will be closely monitored. Grantees must comply with monitoring and evaluation requirements established by the Silver State Health Insurance Exchange. This includes, but is not limited to, completing required reports on a monthly, quarterly and annual basis, as described in the subsequent section, cooperating with all mandated monitoring and evaluation activities, including monthly site visits by grant monitors, providing requested data to the Exchange in a timely matter, and participating in research projects related to the effectiveness of the Exchange's Statewide campaign. Grantees must submit performance and fiscal reports to the State documenting their progress towards meeting agreed upon deliverables and established program outcomes according to agreed upon timelines. Grantees must maintain comprehensive records of program expenditures and activities throughout the period of the grant and provide them to the Exchange upon request.

At the sole discretion of the Exchange, grantees that are not performing their scope of work or meeting pre-established goals and deliverables may be terminated. Grantees may be provided re-training and asked to correct the deficiency within 30 days or risk grant termination. Failure to deliver the agreed upon targets for number of households or small businesses reached with outreach and education messaging may result in a modification to the Grantee's scope of work and award level.

Grantees must also establish an internal system for overseeing and managing program quality, including evaluating the performance of individuals responsible for conducting grant-funded outreach and education activities (Outreach Workers). This includes verifying that: outreach and education activities are delivered as planned, accurate messages and information are provided to consumers and small businesses, and overall compliance with program standards and guidelines is maintained. Grantees must immediately report instances of non-compliance and specify their plans for corrective action to the Exchange.

The Exchange seeks to use monitoring and evaluation data to learn about what strategies and approaches most effectively increase awareness amongst Nevada's uninsured consumers and small businesses and motivate them to enroll in coverage.

Examples of criteria that could be used to measure Grantee success include:

- The number and percentage of consumers or small businesses enrolled in coverage.
- The number and percentage of consumers reached by Grantee that sign up for the Exchange's Facebook or Twitter.
- Consumer or small business satisfaction surveys administered through the Exchange's website or other methods that measure Grantee's ability to provide accurate information and rate overall usefulness.
- Mystery shoppers that rate the Grantee's ability to provide accurate information.

ENROLLMENT ASSISTERS

To keep fees charged by the Exchange at a minimum and ensure that the Exchange can reach and enroll the uninsured consumers in Nevada, the Exchange will utilize a classification of in person assistance called Enrollment Assisters. Enrollment Assisters in the Exchange will complement the services provided by Producers and Navigators by facilitating the enrollment of non-

traditional populations that typically do not purchase insurance. These groups include people who are eligible for publicly funded health care (CHIP and Medicaid) and those individuals who do not have the means or ability to travel to a producer (Native Americans living on reservations, rural ranchers, farmers and persons with disabilities). Enrollment Assisters will serve an important role in educating and enrolling individuals and groups that typically will not enroll unless called upon.

SILVER STATE HEALTH INSURANCE EXCHANGE ENROLLMENT ASSISTERS DEFINED

Enrollment Assisters will consist of individuals, public entities and private entities that will enroll consumers in Qualified Health Plans (QHPs) and publicly funded health care through the multiple enrollment methods provided by the Exchange. Navigators, Enrollment Assisters and Producers will work in concert to ensure all individuals have access to health insurance coverage provided as a result of the Affordable Care Act (ACA).

Individuals, public entities and private entities that successfully submit an approved Enrollment Assister grant application and have employees or associated volunteers who have an EEF Certification issued by the (DOI) will receive the Enrollment Assister designation. To ensure consumers are properly protected, only individuals who have the EEF Certification (and licensed Producers) may enroll consumers in Qualified Health Plans.

Enrollment Assisters must not be:

- A health insurance issuer;
- A subsidiary of a health insurance issuer;
- An association that includes members of, or lobbies on behalf of, the insurance industry; or
- An entity or individual that receives any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non QHP. This requirement does not exclude providers from being Enrollment Assisters; providers may be Enrollment Assisters. However, provider organizations that are owned by an insurance issuer may not be Enrollment Assisters.

ROLES AND RESPONSIBILITIES OF ENROLLMENT ASSISTERS

Enrollment Assisters will be responsible for enrollment of the currently uninsured or underinsured populations. The Enrollment Assisters will provide information regarding the ACA as it relates to the health insurance coverage options for Nevadans including but not limited to:

- Program Eligibility- Rules to purchase subsidized insurance through the Exchange and eligibility for Medicaid, CHIP, Medicare or other programs;
- Methods of Purchase- Different means available to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers and state agencies, mail in applications and fax applications;
- Definitions of health insurance terms- For Example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;

- Dispute Resolution- Providing information to the consumer to find avenues to resolve disputes with carriers, such as directing them to the DOI and the Department of Health and Human Services Consumer Health Assistance Unit (formerly GovCHA), and referring enrollment disputes to the Exchange;
- Access to resources- Provide access to locations, mobile computing centers or other resources that will facilitate access to the Exchange's web portal, call center, or FAX line or provide the ability to print and mail hard copies of enrollment documents to the Exchange processing center;
- Answers to enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange;
- Explain eligibility criteria- Explain the eligibility criteria for purchasing insurance through the Exchange, enrolling in Medicaid and other State programs designed to provide medical coverage;
- Provide documentation- Provide the consumer with documentation regarding the available plans, enrollment letters stating the date coverage will start, etc.; and
- Furnish unbiased explanations of coverage provided on the web portal- The Enrollment Assisters must not offer any opinion or editorial on the QHPs in the Exchange. Information provided by Enrollment Assisters must be limited to the information available on the web portal.
- Cultural Diversity- Providing culturally and linguistically appropriate health insurance enrollment assistance for Hispanics, Asians, Native Americans, those with disabilities and other groups.

ENROLLMENT ASSISTER REQUIREMENTS

Potential Enrollment Assisters will submit applications requesting consideration as an Enrollment Assister. This application should:

- Demonstrate to the Exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- Demonstrate willingness to meet the standards prescribed by the Exchange;
- Show the Enrollment Assister has or will have prior to the commencement of Enrollment Assister operations employees or associated volunteers who have an EEF Certification issued by the DOI. If the Enrollment Assister ceases to have an EEF certified individual on staff, all Enrollment Assister operations must cease;
- Include contract language that indicates the entity will not have a conflict of interest during its term as an Enrollment Assister, and if a conflict of interest occurs (including receipt of payment or other consideration from health insurance issuer in connection with enrollment of individuals or groups), the Enrollment Assister may be required to pay back Enrollment Assister grant funds to the Exchange;
- Demonstrate that the entity has processes in place that comply with the privacy and security standards adopted by the Exchange as required in accordance with § 155.260; and

- Demonstrate how the organization's business model, service area and clientele will be leveraged to support the Enrollment Assister mission and show how Enrollment Assister funds will support the Enrollment Assister mission and ancillary functions of the entity.

The Exchange will review the competitive grant applications and award grants to qualified Enrollment Assistants groups throughout the state of Nevada.

ENROLLMENT ASSISTANT AND CONFLICTS OF INTEREST

Enrollment Assistants cannot have conflicts of interest, financial or otherwise, and will need to comply with the Exchange's privacy and security standards. Specifically, Enrollment Assistants cannot receive any consideration, financial or otherwise, from carriers.

Conflict of interest includes, but is not limited to, the following:

- Financial considerations: Entities performing the duties of Enrollment Assister shall not receive compensation from funds derived from the enrollment of individuals, families or groups in health insurance plans. This includes but is not limited to:
 - Employees who work for subsidiaries of health insurance Issuers even if that subsidiary does not offer health insurance for purchase.
 - Employees of hospitals that are owned in whole or in part by health insurance Issuers.
 - Lobbyists or employees of entities that lobby for the interests of health insurance Issuers.
- Nonfinancial considerations: Entities performing the duties of Enrollment Assister shall not receive gifts, rebates, vacations, prizes or any other non-financial consideration from a health insurance Issuer or an employer for the enrollment of an individual, family or group in the Exchange.

Enrollment Assistants are required to disclose the following information to the Exchange and to consumers seeking assistance:

- The impact of immediate family member's employment or activities with other potentially conflicted entities, including the employment of a family member by a health insurance Issuer including agents, brokers and producers.
- Existing financial and non-financial relationships with health insurance Issuers including pensions from Issuers, investments in Issuers and receiving funds from Issuers for other activities (health outreach sponsored by Issuers, Public Awareness Campaigns sponsored by Issuers, etc.)

To ensure that the public is protected from possible conflicts of interest in the Exchange, the Exchange will monitor Navigator and Enrollment Assister based enrollment patterns to make sure that the entities are providing unbiased information to the consumer. If a Navigator or Enrollment Assister is found to be steering consumers into a certain plan for the purpose of financial or material gain, the Exchange and/or the Nevada Division of Insurance will inform individuals of the legal and financial recourses for consumers that have been adversely affected by a Navigator with a conflict of interest. The Nevada Division of Insurance will investigate and

seek all applicable civil and criminal penalties for Navigators and Enrollment Assistants that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange. The civil and criminal penalties that apply to Exchange Enrollment Certification may be found in Nevada BDR number 13A7411344. The reference to this section will be updated as a Senate or Assembly Bill number is assigned.

Due to the above conflict of interest standards, any Producers that are currently licensed and wish to obtain a Navigator designation must sever all appointments with carriers.

ENROLLMENT ASSISTANT PERFORMANCE METRICS

The Exchange will monitor available enrollment metrics so the Exchange can provide reasonable future improvements to the system. Enrollment Assistants will enter an EEF ID number into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post enrollment surveys. Enrollment trends can be analyzed to determine if certain Enrollment Assistants are steering business in a manner that is statistically significant when compared to other Enrollment Assistants. Post transaction surveys will be available to the consumer so that they may provide feedback on the enrollment experience.

Performance of Grantees will be closely monitored. Grantees must comply with monitoring and evaluation requirements established by The Silver State Health Insurance Exchange. This includes, but is not limited to, completing required reports on a monthly, quarterly and annual basis, as described in the subsequent section, cooperating with all mandated monitoring and evaluation activities, including monthly site visits by grant monitors, providing requested data to the Exchange in a timely matter, and participating in research projects related to the effectiveness of the Exchange's Statewide campaign. Grantees must submit performance and fiscal reports to the State documenting their progress towards meeting agreed upon deliverables and established program outcomes according to agreed upon timelines. Grantees must maintain comprehensive records of program expenditures and activities throughout the period of the grant and provide them to the Exchange upon request.

At the sole discretion of the Exchange, grantees that are not performing their scope of work or meeting pre-established goals and deliverables may be terminated. Grantees may be provided re-training and asked to correct the deficiency within 30 days or risk grant termination. Failure to deliver the agreed upon targets for number of households or small businesses reached with outreach and education messaging may result in a modification to the Grantee's scope of work and award level.

Grantees must also establish an internal system for overseeing and managing program quality, including evaluating the performance of individuals responsible for conducting grant-funded outreach and education activities (Outreach Workers). This includes verifying that: outreach and education activities are delivered as planned, accurate messages and information are provided to consumers and small businesses, and overall compliance with program standards and guidelines is maintained. Grantees must immediately report instances of non-compliance and specify their plans for corrective action to the Exchange.

The Exchange seeks to use monitoring and evaluation data to learn about what strategies and approaches most effectively increase awareness amongst Nevada’s uninsured consumers and small businesses and motivate them to enroll in coverage.

Examples of criteria that could be used to measure Grantee success include:

- The number and percentage of consumers or small businesses enrolled in coverage.
- The number and percentage of consumers reached by Grantee that sign up for the Exchange’s Facebook or Twitter.
- Consumer or small business satisfaction surveys administered through the Exchange’s website or other methods that measure Grantee’s ability to provide accurate information and rate overall usefulness.
- Mystery shoppers that rate the Grantee’s ability to provide accurate information.

Figure 1: Summary of program requirements for Navigators and Enrollment Assisters

	Navigators	Enrollment Assisters
Eligibility information for coverage through the Exchange, premium tax credits or publicly subsidized programs such as Medicaid, CHIP, Medicare, etc.	X	X
Methods to purchase and enroll in a QHP: Exchange web portal, Exchange call-in center, walk-in centers, kiosks located in community service centers, mail in applications and fax applications.	X	X
Education on the benefits of health insurance and what health insurance provides for the individual.	X	
Definitions of health insurance terms, for example, aiding the consumer to understand the difference between a premium, deductible and co-insurance.	X	X
Providing information to the consumer to find avenues (such as DOI, GOVCHA and the Welfare dispute center) to resolve disputes with carriers.	X	X
Providing culturally and linguistically appropriate health insurance education to groups in Nevada including but not limited to Hispanics, Asians and American Indians.	X	
Providing culturally and linguistically appropriate health insurance enrollment assistance to groups in Nevada including but not limited to Hispanics, Asians and American Indians.		X
Outreach to consumers typically in group settings, focusing on broad topics related to health insurance and coverage options.	X	
Funded by grants from the Exchange paid by the ACA		X
Funded by grants from the Exchange paid by operational funds	X	
Certified and regulated by DOI in partnership with the Exchange	X	X
Criminal background check required	X	X
Training provided by Nevada DOI	X	X
Enroll consumers in plans offered in the exchange.	X	X
Enroll consumers in plans offered outside of the exchange.		

	Navigators	Enrollment Assisters
Assist in submission of enrollment documentation to the Exchange.	X	X
Provide the consumer with documentation stating the date coverage will start and the appropriate agencies to contact if the consumer encounters problems with enrollment, coverage or payment.	X	X

MANAGEMENT OF MATERIALS

The Silver State Health Insurance Exchange will provide organizations with Grantee training, standard message points for each phase of the Outreach and Education presentations and collateral materials free of charge. Grantees will be required to order and track collateral materials from the Exchange or their designated entity.

Grantees must utilize approved materials and non-consumables with the Exchange’s branding (i.e. tablecloths, banners and signs) when conducting outreach and education activities during the agreement period.

Grantees must maintain adequate supply levels of collateral materials at all times. At the end of the agreement period, Grantees will be required to return all nonconsumables to the Exchange.

ELIGIBLE ENTITIES

Grant Applications will be accepted from applicants who meet the organizational eligibility requirements and minimum qualifications. Applicants should propose to either target consumers eligible for affordable health insurance programs through the Exchange or small businesses eligible for SHOP; if an applicant wants to propose to target both they must provide a detailed plan in their proposal. For applicants proposing to target individual consumers, applicants may apply as a single entity or as a collaborative (lead agency with subcontractors). The Exchange will accept only one application per eligible applicant entity as a lead, and one additional application with the entity as a subcontractor as part of a collaborative, for the purposes of targeting individual consumers and/or small businesses eligible for SHOP.

Entities applying as subcontractors as a part of a Collaborative are eligible to submit a separate application as a lead Applicant, but the scope of work and target population(s) must be unique on each application.

The Exchange encourages applications from organizations and entities with established relationships and access to the target uninsured- specifically, the newly eligible for enrollment into the health care programs available through the Exchange, including subsidized and non-subsidized programs for individuals and SHOP for small businesses employing between 1- 50 employees. Only organizations who conduct Navigator and/or Enrollment Assistor activities targeting populations who are eligible for programs offered through the Exchange will be considered for grant funding.

The Exchange is seeking applications from a range of entities including but not limited to:

- Community or Consumer-focused non-profit or for profit organization; Consumer Advocacy, community based organization, or faith-based organization
- Trade, industry or professional association, labor union, employment sector, Chamber of Commerce targeting specialty populations
- Commercial fishing industry organization, ranching or farming organization
- Health Care Provider: such as hospital, provider, clinic or county health department
- Community College, University, School, or School Districts
- Native American tribe, tribal organization, or urban Native American organization
- City Government Agency or Other County Agency or State Agency

MINIMUM QUALIFICATIONS

- Prior experience and demonstrated success with providing in-person outreach and education activities that serve similar target populations who will be newly eligible for coverage through the Exchange;
- An established presence and demonstrated trusted source for information to the target populations and communities;
- Established relationships with the target populations (individual consumers or small businesses) and a demonstrated capacity to leverage these existing relationships;
- Knowledge of the cultural, linguistic and other preferences of the target populations and communities that the Applicant proposes to reach through this Grant; prior experience and success developing and implementing outreach and education programs;
- Staffing reflects the cultural and linguistic background(s) of the target uninsured population(s) the Applicant proposes to serve through this Grant;
- Demonstrated ability to deliver cost-effective grant activities which are in line with the purpose of the Grant Program and established goals, objectives and guiding principles;
- Demonstrated management, administrative and fiscal infrastructure to implement a complex, federally funded project as planned;
- Basic knowledge of the Affordable Care Act and the new health care coverage options that will be available to Nevadans; and
- Knowledge and experience with measuring the impact and success of outreach and education campaigns.
- Ability to comply with all applicable federal, state codes rules and regulation.

DESIRED QUALIFICATIONS

- Direct experience in prior projects involving successful outreach, education and enrollment efforts for public and private health insurance programs;
- Direct experience in prior projects that resulted in increased awareness of a new program, a change of attitudes and behaviors, and motivated consumers to act;
- Prior experience and success developing and implementing outreach and education programs for other public or private programs for target populations;

- Direct experience with public information and outreach campaigns tailored to Nevada's diverse populations;
- Knowledge of and experience with conducting outreach and education and enrollment activities to Nevada's diverse populations, with an emphasis on reducing and removing barriers to enrollment.
- Direct experience conducting outreach and education activities to limited English proficient populations whose primary language is Spanish
- Established relationship with businesses or consumers in employment sectors with high rates of uninsured individuals (e.g., truckers, construction, service, hospitality etc.);
- Knowledge of the barriers that prevent consumers from enrolling in or purchasing health coverage; and/or
- Interest in serving as an Enrollment Assister Entity or coordinating with enrollment resources, the Service Center and insurance agents (if proposing to target small businesses).

AVAILABLE FUNDING

Projected available funding for Navigator grants in SFY14 is \$370,000 and \$320,000 in SFY15. This projection is approximate and is subject to change at any time.

Pursuant to ACA § 1311(i)(6)¹⁴, the funding of Navigators shall be from the operational funds of the Exchange. Navigators cannot be paid by the ACA Establishment Grant funds awarded by the Federal Government to the State of Nevada.

Projected available funding for Enrollment Assister grants in SFY 14 is \$1,826,000 and \$1,489,200 in SFY15. This projection is approximate and is subject to change at any time.

The Exchange will fund Enrollment Assister grants from Nevada's Level II Establishment Grant, funded by the Centers for Consumer Assistance Insurance Oversight (CCIIO).

GRANT PERIOD

The grant period for this RFA begins July 1, 2013 and ends December 31, 2014. Another RFA is anticipated to be issued in August 2014 for Calendar Year 2015.

APPLICATION AND AWARD PROCESS

Applicants **must** attend at least one of two Orientation Sessions to be conducted in person, via videoconference and via teleconference. Orientation information is provided in the section entitled "Timetable."

As noted under "Available Funding," all proposals must support both the goals of this RFA and the statutory intent of the funding streams - NRS 439.630(1)(g) and NRS 439.630(1)(h).

¹⁴ Codified as 42 USC § 18031(i)(6)

APPLICATION QUESTIONS AND ANSWERS

Questions may be submitted via e-mail to contact@exchange.nv.gov through March 20, 2013 and will be posted to the Silver State Health Insurance Exchange website, with responses, by March 22, 2013 [http://exchange.nv.gov/Resources/Navigators, Enrollment Assistors and CACs/](http://exchange.nv.gov/Resources/Navigators,_Enrollment_Assistors_and_CACs/) . The Q&A will remain on the website through the end of the application period.

After March 20, 2012 no substantive questions about the application will be answered. Technical questions regarding formatting and submission may still be directed to Cari Eaton via e-mail at ceaton@exchange.nv.gov or via telephone at (775) 687-9939.

SUBMISSION OF APPLICATIONS

Details concerning the submission of applications are outlined in subsequent sections titled Application Instructions, Budget Instructions and Submission Instructions.

AWARD PROCESS

Proposals will be reviewed in a four-step process:

1. Staff from the Exchange will review proposals to ensure that minimum standards are met. Submissions must include applicant information, an executive summary, answers to all RFA questions, and responses to the Fiscal Management Checklist (Appendix D). Proposals **will** be disqualified if they are received after the stated deadline and **may** be disqualified if they:
 - Are missing any of the required elements;
 - Do not conform to standards for page limits, type size, margins and the prohibition on attachments, or
 - Are submitted by an entity that is financially unstable as evidenced by information gleaned from the Fiscal Management Checklist and accompanying fiscal documents.
2. Proposals that meet minimum standards will be reviewed by Exchange staff. Strengths and weaknesses will be identified, but scoring will not occur. Proposals, along with information about the strengths and weaknesses of each, will be forwarded to the Exchange Application Committee for scoring.
3. The Exchange Application Committee will review and score the proposals in accordance with the Scoring Matrix in Appendix B.
4. Final funding decisions will be made by the Exchange Application Committee based on the following factors.
 - Reasonable distribution of the recommended grant awards among north, south and rural parts of the state;

- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding;
- Availability of funding, and
- Consideration of the recommendations of the Exchange Staff.

The Exchange Application Committee will present their finding to the Exchange Board at the May 9, 2013 Board meeting. Exchange staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Exchange Application Committee. Adjustment of budget and goals may be required at that time.

Not all applicants who submit a qualifying proposal or are contacted for final negotiation will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. Upon successful conclusion of negotiations, Exchange staff will complete and distribute to grantees notices of grant award, general conditions, grant assurances and grant instructions.

Funding decisions made by the Exchange Application Committee, upon Board approval, are final. There is no appeals process.

REIMBURSEMENT METHOD

Payments to applicants whose proposals are funded through Categorized budgets will be based on monthly or quarterly reimbursement of actual expenditures incurred. Expenses must be included on the approved budget, allocable to the grant, and allowable under all applicable statutes, regulations, and policies and procedures including, but not limited to the Grant Instructions and Requirements (GIRS) issued by the Exchange. (See "Budget Instructions" on Pages 10-13 for more details.)

REPORTING REQUIREMENTS

Grantees must maintain compliance with established reporting requirements. At a minimum, Grantees will be required to submit monthly, quarterly and annual reports on their activities, progress towards deliverables and program outcomes in a web-based information management system managed by the Exchange. If project benchmarks are not met, Grantees may be required to submit additional ad hoc reports upon the Exchange's request. Grantees will also be required to report any proposed adjustments to their approved outreach and education plan using the information management system.

Monthly Reports: Grantees will be required to report fiscal, outreach and education activities on a monthly basis in the information management system. At a minimum, Grantees will be required to report on scheduled events, outreach and education activities, demographic profile of consumers reached and submit an updated work plan.

Quarterly Reports: Grantees will be required to submit quarterly fiscal and performance reports documenting progress toward meeting program deliverables and outcomes, challenges and successes and any changes to an approved Outreach and Education Plan.

Annual Reports: Grantees will be required to submit an annual report to the Exchange, outlining their progress and impact during the funding period, documenting successes and challenges, and describing the proposed Outreach and Education Plan for the subsequent year.

Closeout Report: Grantees will be required to submit a final fiscal and narrative closeout report.

The table below documents the minimum data elements Grantees will be responsible for reporting. Grantees will be responsible for collecting and submitting additional data elements identified by the Exchange.

<i>REPORTING REQUIREMENTS</i>	<i>FREQUENCY</i>
Outreach and Education Activities 1. Number of outreach and education sessions held (one-on-one, small group or events) <ul style="list-style-type: none"> • Number of households or small businesses reached through education messages • Number of households or businesses reached through outreach messages 2. Format for outreach and education sessions (one-on-one, small group, or events) 3. Location of outreach and education sessions 4. Ethnicity of populations reached 5. Languages of outreach and education sessions 6. Number and type of collateral materials used	Monthly Quarterly Annually
Other Events and Partnerships 1. Number of ethnic or local media events <ul style="list-style-type: none"> • Number of attendees at ethnic or local media events 2. Number of events attended at the request of the Exchange <ul style="list-style-type: none"> • Number of attendees at events attended at the request of the Exchange 3. Number of partnerships developed <ul style="list-style-type: none"> • Description of partnerships and key activities 	Monthly Quarterly Annually
Other Events and Partnerships 1. Number of ethnic or local media events <ul style="list-style-type: none"> • Number of attendees at ethnic or local media events 2. Number of events attended at the request of the Exchange <ul style="list-style-type: none"> • Number of attendees at events attended at the request of the Exchange 3. Number of partnerships developed <ul style="list-style-type: none"> • Description of partnerships and key activities 	Monthly Quarterly Annually

Silver State Health Insurance Exchange
 Request for Application for Grants for Navigators and Enrollment Assistors
 Published March 1, 2013 Amended March 6, 2013

Enrollment 1. Number of individuals and/or groups enrolled.	Monthly Quarterly Annually
Other 1. Progress towards meeting agreed upon Outreach and Education Plan deliverables 2. Description of barriers, challenges and success 3. Description of changes to the Outreach and Education plan 4. Identification of support, information or additional training needs 5. Feedback received from consumers and small businesses on the Marketing and Media Campaign 6. Feedback on the effectiveness of the Social Media Campaign, if applicable	Monthly Quarterly Annually
Closeout 1. Final fiscal and narrative closeout report	Once

TIMETABLE

Friday, March 1, 2013	RFA is published.
Monday, March 11, 2013 or Wednesday, March 13, 2013	Applicant orientations scheduled. Attendance is mandatory at one of the meetings.
Wednesday, March 20, 2013	Deadline for applicants to submit substantive questions about application to the Exchange.
Friday, March 22, 2013	Exchange posts final Questions and Answers to website.
Thursday, April 4, 2013	Applications are due by close of business.
Thursday, April 18, 2013	By close of business, Exchange staff completes review of all applications. Review includes comments about strengths and weaknesses; no scoring. Notes from staff reviews and applications are forwarded to Grant Selection Committee members.
Thursday, May 2, 2013	Grant Selection Committee meets and makes final selection.
May 9, 2013	Exchange Board is presented with final list.
	Exchange staff finalizes budgets, outcomes and issues NOGAs.

Applicants must attend at least one of the following orientation sessions to be conducted in person, via videoconference and via teleconference. Due to limited seating, please RSVP to Athena Cox at acox@exchange.nv.gov. Exchange staff will be present in person in Las Vegas and Carson City.

ORIENTATION SESSIONS

DATE/TIME	LOCATION	VIDEOCONFERENCE	TELECONFERENCE
Monday, March 11, 2013 10:00am – 12:00pm	Exchange Conference Room 2310 South Carson Street, Ste 3 Carson City, NV	College of Southern Nevada 6375 W. Charleston Blvd. Charleston Campus Room H105 Las Vegas, NV 89146 Great Basin College 1500 College Parkway Chilton Circle Modular Room Bldg. #18 Elko, NV 89801	1-877-402-9753 Access Code: 2459998
Wednesday, March 13, 2013 2:00pm – 4:00 pm	Exchange Conference Room 2310 South Carson Street, Ste 3 Carson City, NV	College of Southern Nevada 6375 W. Charleston Blvd. Charleston Campus Room H105 Las Vegas, NV 89146 Great Basin College 1500 College Parkway Chilton Circle Modular Room Bldg. #18 Elko, NV 89801	1-877-402-9753 Access Code: 2459998

The Exchange is not responsible for any costs incurred in the preparation of the proposal. All proposals become the property of the Exchange. The Exchange reserves the right to accept or reject any or all proposals. Grantees awarded funding are those deemed to be in the best interest of the people of the State of Nevada.

APPLICATION INSTRUCTIONS

NOTE: Failure to follow these instructions may result in disqualification of the application.

General Formatting

- This is a paper application process.
- Applicants must use Appendix C as a template for their proposal. **For the convenience of reviewers, applicants must retain the questions and insert a response after each question.** When multiple questions are listed in a section, applicants should respond to each question separately.

- Applicants **must** provide an answer for each question in each section of the proposal. Failure to do so may result in disqualification. If a question does not apply to your organization or your proposal, you must at least respond “Not applicable.”
- There is no specific word limit associated with each question. However, the executive summary should not exceed one page and the complete narrative portion of the application (excluding the applicant information page but including the executive summary) **must not exceed 15 pages**. The amount of space required to retain the questions has already been factored in to this page limit and no additional allowances will be made.
- Font must be Times New Roman or Arial in 12 point size. Margins must match that of the template. Responses may be single-spaced, but double-spacing should be used between questions for ease of reading.
- Unsolicited materials will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- Applicants will be asked to attach specific documents and forms to the application. Refer to the checklist at the end of the application template (Appendix C). These documents will **not** be counted as part of the 15-page application limit and are the only documents that may be submitted with the application.
- Attachments must be typed or computer generated and formatted similar to the application (refer to the fifth bullet in this section).

BUDGET INSTRUCTIONS

All proposals must include a detailed project budget. Applicants **must** use the budget form in Appendix F. Use the budget definitions below to complete the narrative budget (labeled Form 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary (labeled Form 2) to automatically complete budget totals in Column E. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources should be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.**

Categorized Budgets

Personnel:

Staff who are employees of the applicant organization should be identified here. The following criteria are useful in distinguishing employees from contractors:

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and provide a breakdown of the wages or salary and the

fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

Program Director – $(\$28/\text{hour} \times 2,080/\text{year} + 22\% \text{ fringe}) \times 25\% \text{ of time} = \$17,763$

Intake Specialist – $(\$20/\text{hour} \times 40 \text{ hours/week} + 15\% \text{ fringe}) \times 52 \text{ weeks} = \$47,840$

Any staff member whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs (explained later).

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the Exchange. A copy of written agreements with any and all partners must be provided.

Staff Travel/Per Diem:

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and state rates for mileage should be used. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification.

Equipment:

List equipment to purchase or lease costing \$1,000 or more and justify these expenditures. "Equipment" costing less than \$1,000 should be listed under "Supplies." Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled and tracked as such.

Supplies:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a general rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

Communications:

Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Public Information:

Identify and justify any costs for brochures, project promotion, media buys, etc.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a “pass-through” entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please include an attachment with your budget.

Indirect Costs:

At the end of the budget narrative forms, please include the total dollar amount for indirect costs and show it as a percentage of the total funds being requested through the Exchange. Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: Depreciation and use allowances, facility operation and maintenance, and general administrative expenses such as accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Indirect costs may not exceed 8% of the total funds being requested. *(Note that the budget form contains a formula that will automatically calculate 8% indirect. Applicants may override this formula if they wish to request less than 8% indirect.)*

After completing Budget Narrative Form 3, turn to Budget Summary Form 4. Column B of Form 4 should automatically update with the category totals from Budget Narrative Form 3. Column B should reflect only the amount requested in this application.

Complete Columns C through H of the form for all other funding sources that are either secured or pending for this project. Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) on Line 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) on Line 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the Exchange

Second Party: The grantee (and sub-grantee of project supported by the grant)

Third Party: Everyone else

If the grantee (second party) provides the property or services, then it is considered “cash” contributions, since only third parties can provide “In-Kind” contributions.

When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer’s qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Program Income

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives.

A program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Form 4 in Column I – “Program Income.” Attach an explanation of how recipient costs are determined (e.g., a copy of the organization’s sliding fee scale calculations).

SUBMISSION INSTRUCTIONS

An electronic copy attached to an e-mail is preferred and may be sent to:

contact@exchange.nv.gov

If it is not possible to submit an electronic copy, a hard copy of the application may be hand-delivered or mailed to:

**Silver State Health Insurance Exchange
2310 South Carson Street, Suite 2
Carson City, NV 89701**

Applicants should choose only one submission method to avoid duplication. Regardless of the submission method selected, applications **must** be received no later than 5 p.m. on Thursday, April 4, 2013. A **notice of receipt will be issued via email**. Late submissions **will** be disqualified. The Exchange is not responsible for lost or late mail or e-mail delivery.

**Silver State Health Insurance Exchange
 Request for Applications July 1, 2013 to December 31, 2014**

Navigators and Enrollment Assistants

APPENDIX A – PROJECT REQUIREMENTS

INFORMATION AND REFERRAL

In order to provide a single point of entry to assist consumers and families with reliable, appropriate information, referral and assistance, a statewide 2-1-1 information and referral line has been established in Nevada. All grantees may be required to provide agency and program information to the 2-1-1 service provider. Go to the Nevada 211 website -- <http://www.nevada211.org/sup.php?id=21> – to learn how to submit or revise information.

COMMUNITY FOCUS

Every applicant must demonstrate that it has already established or is actively establishing working relationships with a population or a community organization that serve populations that are uninsured or underinsured. These relationships should relate directly to the proposed program activities. An example of such a relationship would be a local immunization center or after school child care provider that routinely ensures that clients are actively connected with the staff of other programs for which they may be eligible such as the Nevada Checkup Program. *(Note that “actively connecting” clients with other programs constitutes more than simply providing clients with telephone numbers.)* Applicants may be asked to provide evidence of these relationships during the grant award process, the grant negotiation process, and/or during program monitoring over the course of the grant period.

LEVERAGING OF FEDERAL FUNDS

Every applicant must demonstrate that it has researched and pursued any federal funding opportunity that relates to the proposed grant activity. This is an essential step for the applicant and the State of Nevada to ensure that funding is maximized.

TARGET POPULATIONS

The target population of the Navigator and Enrollment Assister grant process is the uninsured and underinsured population in the state of Nevada with incomes in the 135% to 400% range of the Federal Poverty Level. Approximately 40% of this population is of Hispanic descent.

2013 Federal Poverty Levels:

Household Size	135%	150%	200%	300%	400%
1	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	20,628	23,265	31,020	46,530	62,040
3	25,975	29,295	39,060	58,590	78,120
4	31,322	35,325	47,100	70,650	94,200
5	36,668	41,355	55,140	82,710	110,280

Silver State Health Insurance Exchange
 Request for Application for Grants for Navigators and Enrollment Assisters
 Published March 1, 2013 Amended March 6, 2013

6	42,015	47,385	63,180	94,770	126,360
7	47,361	53,415	71,220	106,830	142,440
8	52,708	59,445	79,260	118,890	158,520
For each additional person, add	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080

OUTCOME MEASURES

Every proposal must include at least two, but no more than five, outcomes that measure the project's success in reducing the number of uninsured individuals and families in the state of Nevada. Outcomes may include outputs (i.e., the number of persons to be educated or enrolled in coverage). A description of how each outcome will be measured is also an essential element. Use the following statement as a guide.

"Through the provision of (service) to (number of projected clients) (type of clients), (X percent) will (description of positive results) as measured by (method for measuring results)."

**Silver State Health Insurance Exchange
Request for Applications July 1, 2013 to December 31, 2014**

Navigators and Enrollment Assisters

APPENDIX B – SCORING MATRIX

The following sections in the required grant narrative will be scored as indicated.

- 1. FUNDING REQUEST AND LEVERAGING OF FUNDS (up to 20 points)**
 - Minimal additional resources pursued and little or no leveraging indicated 1 - 5
 - Some additional resources pursued and/or some leveraging indicated 6 - 10
 - Some additional resources secured and/or substantial leveraging indicated 11 - 15
 - Significant resources secured and/or significant leveraging indicated 16 - 20

- 2. SERVICES TO BE PROVIDED (up to 20 points)**
 - Services and/or methods of delivery unclear 1 - 5
 - Services and methods clear but impact on uninsured not adequately addressed 6 - 10
 - Services and methods clear and impact on uninsured adequately addressed 11 - 15
 - Services and methods clear, impact on uninsured effectively addressed, and (if applicable) waitlist and need for multiple providers discussed 16 - 20

- 3. COMMUNITY FOCUS (up to 20 points)**
 - Community and education/enrollment network not adequately defined, no strategic plan 1 - 5
 - Community defined, education/enrollment network not adequately defined, no strategic plan 6 - 10
 - Community and education/enrollment network defined but strategic plan absent or inadequate 11 - 15
 - Community and education/enrollment network well defined, effective strategic plan in place 16 - 20

- 4. POPULATION TO BE SERVED (up to 10 points)**
 - Unclear, minimal or inappropriate target population 1 - 3
 - Target population clear and appropriate 4 - 8
 - Target population clear and appropriate, and effective methods in place to identify special populations 9 - 10

- 5. OUTPUTS AND OUTCOMES (up to 15 points)**
 - Outputs and outcomes unclear or insufficient 1 - 5
 - Outputs appropriate in relation to funding request, outcomes adequate 6 - 10
 - Outputs appropriate and outcomes reflect substantial, achievable impact 11 - 15

- 6. ORGANIZATION, STAFF AND FISCAL CONTROLS (up to 15 points)**

- Capacity of organization and staff to accomplish goals not established 1 – 5
 - Organization, staff able to accomplish goals but fiscal controls not adequate 6 – 10
 - Organization, staff able to accomplish goals and effective fiscal controls established 11 - 15
- 7. COLLABORATIVE PROJECTS (up to 10 bonus points)**
- Collaboration mentioned/addressed, no specific partners or framework provided 1 - 3
 - Specific partners proposed at multiple levels and framework defined 4 - 8
 - Clear documentation of existing partnerships and effective framework described 9 - 10

**Silver State Health Insurance Exchange
 Request for Applications July 1, 2013 to December 31, 2014**

Navigators and Enrollment Assistors

APPENDIX C – PROPOSAL CONTENT

I. APPLICANT INFORMATION

Entity Name	
Legal Name	
Also Known As	
Mailing Address	
City, State, Zip Code	
Main Entity Phone	
Main Entity Fax	
Email Address	
Website Address	
Indicate One – Non-Profit/ For-Profit/Other	
Accreditation and Expiration Date (if applicable)	
Tax Identification Number or Nevada Business License Number	
Primary Organization Contact, Land and Cell Phone Numbers, Email	
Primary Program Contact, Land and Cell Phone Numbers, Email	
Primary Fiscal Contact, Land and Cell Phone Numbers, Email	
NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested	
Amount of Funding Requested	

II. EXECUTIVE SUMMARY

Provide an overview of the proposed program or project. Limit to one page.

III. FUNDING REQUEST AND LEVERAGING OF FUNDS

- a. State the amount of funding requested. This should match the total on the required budget form (Appendix F) and on the Applicant Information page.
- b. Are you pursuing or have you secured any other funding that relates to the proposal? Identify the funding sources, indicate the amount requested or secured, and explain how the funding will be used. For any funding sources that are pending, indicate when you expect to be notified whether your agency will receive an award. Be sure to list any other funding sources (pending or secured) on the budget summary form (Appendix F).
- c. How will the project leverage or maximize federal resources? Name the resources and estimate the value.
- d. How will the project leverage or maximize community resources? Include information about any volunteer or in-kind services to be utilized. Name the resources and estimate the value.

IV. SERVICES TO BE PROVIDED

- a. Provide a detailed description of the services your project provides or will provide. Include a description of your service delivery method, including any citations for evidence-based or evidence-informed practices.
- b. What are the eligibility requirements (if any) for your services and how do you ensure that the individuals or families you serve meet those requirements?
- c. Is there a current waitlist for services? If so, how many individuals or families are on the waiting list and what is the average number of days people remain on a waitlist? If there is no waitlist, what other factors demonstrate the need for the service?
- d. Explain how your project will have a positive impact on one or more problems the uninsured and underinsured populations in Nevada face. Be specific about the strategies you will use to impact the problem(s).

V. COMMUNITY FOCUS

- a. Define your community. Is it a district within a city, a city, a county, a group of counties or region, or the state as a whole? Be specific. Name the area or areas you consider to be your community.

- b. Is there a strategic plan for this project? If so, who developed it, when was it developed, how often is it reviewed, and how is sustainability addressed in the plan?

VI. POPULATION TO BE SERVED

- a. What populations will you serve? Include any plans you have to target persons with disabilities or any other special populations (e.g., traditionally under-served ethnic populations, youth). To the extent practicable, the funding associated with this RFA should be targeted to populations with incomes in the 135% to 400% FPL range. How will your project address this objective?
- b. If you included a target population in Question VII(a), describe the steps you will take to identify and verify the target population. List any partners or resources that will assist in your efforts.
- c. What is the primary age group your program will target? Check all boxes that apply.
- | | | |
|--|---|---|
| <input type="checkbox"/> Infants (0-3) | <input type="checkbox"/> Youth (under 18) | <input type="checkbox"/> Young Adults (18-21) |
| <input type="checkbox"/> Children (4-12) | <input type="checkbox"/> Youth and Adults | <input type="checkbox"/> Adults (22-55) |
| <input type="checkbox"/> Teens (13-17) | <input type="checkbox"/> Adults (18 and over) | <input type="checkbox"/> Seniors (56-64) |
- d. Will you serve males, females or both?

VII. OUTPUTS AND OUTCOMES

- a. What is the estimated number of unduplicated people you will serve with these funds for the time period July 1, 2013 to December 31, 2014? (If you plan to serve families, provide the estimated number of unduplicated families and the average number of people in each family.)
- b. Write a minimum of two and a maximum of five outcomes that demonstrate how this project will impact the uninsured in Nevada. (*See Appendix A for instructions.*)

VIII. ORGANIZATION, STAFF AND FISCAL CONTROLS

- a. Provide an overview of your organization. How long have you been in business? How long have you provided the type of services for which you are requesting funds? How has the organization grown through the years? Is there a strategic plan in place and, if so, what are the short-term and long-term goals for the organization?
- b. Provide a list of key staff members including the executive director, program manager, fiscal manager and program staff. Indicate the length of time each has worked in this field and for the organization.

- c. How will your organization ensure that it is in compliance with all laws, regulations, Grant Instructions and Requirements, and other ruling documents that are associated with these funds?

IX. COLLABORATIVE PROJECTS (Bonus up to 10 points)

- a. If this project is collaborative in nature, answer the following questions. A bonus score of up to 10 points is possible for this section. *(Refer to Pages 5 and 6 of this RFA for information about what constitutes a collaborative project.)*
 1. List the entities that will partner in this project.
 2. Indicate whether these entities have officially signed on or still need to be approached.
 3. Indicate whether the project is already underway or is pending the outcome of this grant process. If the project is already underway, how will the requested funds enhance or expand the project?
 5. Explain how you are using or will use the “Framework Model” published by the National Network for Collaboration.
 6. If not using the “Framework Model,” describe the model or approach that you are using or will use. How will the collaboration be organized, how will it be led and by whom, and how will goals and benchmarks be established and tracked?
 7. If this project is awarded funds, will the funds be shared by the partner agencies and, if so, how will this be accomplished?

X. ADDITIONAL INFORMATION

Provide any additional information about your organization, services, staff or plans that you deem important to this application.

XI. CERTIFICATION

Verify that your organization has read, understands, and agrees to the Grant Conditions, Assurances, and the Grant Instructions and Requirements. An authorized staff person from the applicant organization must sign and date below.

Signature, Title

Date

Submission Checklist

- Appendix C – Proposal Content
- Appendix D – Fiscal Management Checklist
- Appendix E – Signed Grant Conditions and Assurances
- Appendix F – Budget
- Memorandums of Understanding with partner agencies (if applicable)
- Agreements with sub-awardees (if applicable)
- Current List of Board of Directors or Other Governing Board (if applicable) including affiliations and terms of office
- Auditor's Letter and Schedule of Findings and Questioned Costs from most recent OMB A-133 Audit (if agency receives more than \$500,000 annually in federal funds)
- Most recent Financial Status Report or Financial Statement (if OMB A-133 Audit not applicable)

**Silver State Health Insurance Exchange
Request for Applications July 1, 2013 to December 31, 2014**

Navigators and Enrollment Assistors

APPENDIX D – FISCAL MANAGEMENT CHECKLIST

Answer "Yes" or "No" to the following questions. Provide an explanation for all "No" answers.

Items will be verified during program or fiscal monitoring visits, which may include a random sampling of transactions.

Personnel and Fiscal Management

1. Yes No

Does the agency have written personnel policies covering at a minimum: job descriptions, leave policies, recruitment and selection, evaluation, travel, salary ranges, fringe benefits, grievance procedures, disciplinary procedures, termination procedures, conflict of interest, sexual harassment, substance abuse, lobbying, confidentiality, and equal employment policies?

2. Yes No

Does the agency have an accounting manual covering all of the following: separation of duties, accounts payable, accounts receivable, internal control, purchasing, check signing policies, payroll, cash receipts, procurements, property management, time sheets, travel, conflict of interest, nepotism?

3. Yes No

Are procedures in place to minimize elapsed time between receipt and expenditure of funds and for determining allowability and allocability of costs?

4. Yes No

Are accounting records supported by source documents?

5. Yes No

Are records adequate to identify the source and use of funds?

6. Yes No

Does the agency have a process for reconciling project expenses with revenues?

7. Yes No

Fiscal and program records are retained for at least 4 years after the end of the grant period?