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STATE OF NEVADA Silver State Health Insurance Exchange

SFY 2020

REQUEST FOR APPLICATIONS AND INSTRUCTIONS FOR GRANTS FOR NAVIGATOR AND IN PERSON ASSISTER (IPA) ENTITIES

NOTE: This application is also available at

<https://www.nevadahealthlink.com/sshix/bidding-opportunities/>

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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 Exchange has been operational to consumers since October 1, 2013 facilitating the purchase of subsidized health insurance for Nevadans and has been self-sustaining beginning January 1, 2015.

The ACA requires the Exchange establish a Navigator program to¹:

- a. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness of the availability of qualified health plans;
- b. Distribute fair and impartial information concerning enrollment in all qualified health plans, clarifying the distinctions among health coverage options, and helping consumers make informed decisions during the health coverage selection process 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 referrals to IRS, licensed tax advisors, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions.
- f. 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 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 and must surrender their Producer license.

In April 2016, the Exchange developed a separate outreach program, delivering direct consumer assistance from EEFs as per 45 CFR 155.205 (d) for this program EEF’s will be referred to as In Person Assisters (IPA). IPA and Navigator entities will collaborate on educational, outreach and enrollment efforts.

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

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

In-Person Assistance Program

The Exchange has established an In person Assistance program and has a process in place to operate the program consistent with the applicable requirements of 45 CFR 155.205(c),(d), and (e).

CFR 45 §155.205 (c) Accessibility. Information must be provided to applicants and enrollees in plain language and in a manner that is accessible and timely to:

- (1) Individuals living with disabilities including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
- (2) Individuals who are limited English proficient through the provision of language services at no cost to the individual, including
 - (i) Oral interpretation;
 - (ii) Written translations; and
 - (iii) Taglines in non-English languages indicating the availability of language services.
- (3) Inform individuals of the availability of the services described in paragraphs (c) (1) and (2) of this section and how to access such services.
- (d) Consumer assistance. The Exchange must have a consumer assistance function that meets the standards in paragraph (c) of this section, including the Navigator program described in § 155.210, and must refer consumers to consumer assistance programs in the State when available and appropriate.
- (e) Outreach and education. The Exchange must conduct outreach and education activities that meet the standards in paragraph (c) of this section to educate consumers about the Exchange and insurance affordability programs to encourage participation.

Both Navigators and IPAs are aimed at outreach to uninsured and hard-to-reach populations. IPA's and Navigators will offer services and will perform these duties with a range of staff. The same scope of duties such as training standards, conflict of interest standards, privacy and security standards will apply to both Navigators and IPA's.

NAVIGATORS

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 appropriate⁴. 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). Navigator entities and their Navigator Exchange Enrollment Facilitators will serve an important

⁴ [45 CFR § 155.205\(d\)](#)

role in educating, outreach, and enrolling individuals and groups that typically will not enroll unless called upon.

EXCHANGE ENROLLMENT FACILITATOR CERTIFICATION

Per [NRS 695J](#), 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 and an Exchange appointment. This requirement applies to persons employed by, or volunteering as Navigators and IPAs. The EEF training and testing requirements are approved by the DOI in partnership with the Exchange.

EEF training consists 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.

Listed below are the requirements to acquire initial EEF Certification License per the DOI as of April 2019.

- 1. Fingerprinting/Background Check: \$52.50 (or costs assigned by law enforcement agency)**
- 2. Pre-certification Training: \$149.95**
- 3. Certification Exam (Pearson VUE): \$55**
- 4. Certification Application with DOI: \$185.00 + SIRCON Website fees**
- 5. TOTAL ANTICIPATED COSTS: \$442.45 + SIRCON Website fees**

Additionally, Navigators and IPAs will be required to take and pass additional training provided by the Exchange to receive appointment by the Exchange. The training is approximately 20 hours long, and successful completion finalizes the process for Navigator and IPAs to assist Nevadans educating and enrolling in health insurance.

Per 45 CFR 155.205(d), and (e) and 155.210 Navigator and IPAs 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. This includes training on ethics. Navigator and IPA EEFs must attend these courses and complete annual re-certification tests to maintain their active Navigator and IPA EEF status.

SILVER STATE HEALTH INSURANCE EXCHANGE NAVIGATORS DEFINED

Navigators will consist of public and private entities (“Navigator 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. Navigator, IPA entities and Producers will work in concert to ensure all individuals have access to health insurance coverage provided as a result of the ACA.

The Exchange will only offer Navigator funds to a community and consumer-focused nonprofit group and an entity from at least one of the following categories:⁵

- 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 entity designation if they successfully:

- Submit an approved Navigator grant application;
- Have employees or associated volunteers who have an EEF Certification issued by the (DOI);
- Complete CMS training
- Receive approval from the Exchange

Navigator entities must not be:⁶

- A health insurance issuer or issuer of stop loss insurance;
- A subsidiary of a health insurance issuer or issuer of stop loss insurance;
- An association that includes members of, or lobbies on behalf of, the insurance industry;
- An entity or individual that receives any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or a non QHP. Provider organizations that are owned by an insurance issuer may not be Navigators, pursuant to 45 CFR 155.210(d) (2).
- (4) Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or a non-QHP. Notwithstanding the requirements of this paragraph (d)(4), in a Federally-facilitated Exchange, no health care provider shall be ineligible to operate as a Navigator solely because it receives consideration from a health insurance issuer for health care services provided;

⁵ [45 CFR § 155.210\(c\)\(2\)](#)

⁶ [45 CFR 155.210\(d\)](#)

ROLES AND RESPONSIBILITIES OF NAVIGATOR ENTITIES

Navigator entities must provide Navigator EEFs who 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. Navigator and IPA's cannot charge any applicant or enrollee, or request or receive any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator or IPA duties. Provide to an applicant or potential enrollee gifts of any value as an inducement for enrollment. The value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment must not exceed nominal value (\$15.00), either individually or in the aggregate, when provided to that individual during a single encounter. Navigators and IPAs will work in concert with the Marketing and Outreach vendor. This outreach and education will include information regarding the ACA as it relates to the Exchange including but not limited to:

- Attending mandatory meetings and staffing events sponsored by the Exchange and or Marketing/Outreach Vendor;
- Leveraging online channels and social media to support reaching targeted populations;
- Program Eligibility- Rules to purchase subsidized insurance through the Exchange and eligibility for Medicaid, CHIP, Medicare or other programs;⁷
- 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 individuals 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 Department Of Insurance and the Department of Health and Human Services Consumer Health Assistance Unit (formerly GovCHA), and referring enrollment disputes to the Exchange;⁸
- Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, Native Americans, those with disabilities and other groups;⁹
- 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 must consider using the following delivery channels:
 - Partnering with community/local officials and/or leaders;

⁷ [45 CFR 155.210\(e\)\(1\)](#)

⁸ [45 CFR 155.210\(e\)\(4\)](#)

⁹ [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 educating small businesses about purchasing coverage through Nevada's Exchange;
- Advertise Nevada Health Link outreach/enrollment events and marketing brand;
- Furnish staff for Enrollment Stores during Open Enrollment Periods if applicable
- 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 Healthcare.gov;
- 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- Navigator EEFs must not offer any opinion or editorial on the QHPs in the Exchange. Navigator entities must ensure that information provided by their Navigator EEFs is limited to that information available on the web portal.

ROLES AND RESPONSIBILITIES OF IPA

- IPA's have the same roles and responsibilities as Navigators. The IPA's primary focus will be on consumer assistance, outreach, education and enrollment into under reached populations, which include, but are not limited to Hispanic, rural, self-employed, Tribal, and young millennials.

NAVIGATOR AND IPA ENTITY REQUIREMENTS

Potential Navigator and IPA entities will submit applications requesting consideration as a Navigator and/or IPA entity. The application must¹⁰:

- 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 that the Navigator and/or IPA entity has or will have prior to the commencement of Navigator and/or IPA operations employees or associated volunteers who have an EEF Certification issued by the DOI. If the Navigator and/or IPA entity ceases to have an EEF certified individual on staff, all Navigator and/or IPA operations and funding must cease;
- Acknowledge that the entity and staff will not have a conflict of interest during its term as a Navigator and/or IPA entity, 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 and/or IPA entity will notify the Exchange immediately and may be required to pay back Navigator and/or IPA grant funds to the Exchange;
- Accept the requirement that the Navigator and/or IPA entity will be an independent contractor and its employees or volunteers will not be in joint employment of the Exchange, as follows:
 - Navigator or IPA entity is associated with the State only for the purposes and to the extent specified in this Sub-award, and in respect to performance of the contracted services pursuant to this Sub-award, Navigator or IPA entity is and shall be an independent contractor and, subject only to the terms of this Sub-award, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Sub-award. Nothing contained in this Sub-award shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the State whatsoever with respect to the indebtedness, liabilities, and obligations of Navigator or IPA entity or any other party. If notwithstanding the foregoing, the State is found to be employer of the employees or volunteers Navigator or IPA entity, between themselves Navigator or IPA entity shall be solely responsible for, and the State shall have no obligation to Navigator or IPA entity with respect to: (1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the State; (4) participation or contributions by either Contractor or the State to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the State, and

¹⁰ [45 CFR § 155.210\(c\)\(1\)](#)

Navigator or IPA entity shall indemnify and hold State harmless from, and defend State against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither Navigator or IPA entity nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the State. The State and Navigator or IPA entity shall evaluate the nature of services and the term of the Sub-award negotiated in order to determine "independent contractor" status, and shall monitor the work relationship throughout the term of the Sub-award to ensure that the independent contractor relationship remains as such.

- Acknowledge that a Navigator or IPA entity will, as a precondition for receiving any funds, enter into an independent services contract or Sub-award agreement that, among other things, will set forth terms concerning confidentiality and indemnification obligations and terms for cancelling, terminating or withdrawing the grants, for cause or for unavailability of funding as applicable.
- 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, print, digital, social media and clientele will be leveraged to support the Navigator or IPA mission and show how Navigator or IPA funds will support the Navigator or IPA mission and ancillary functions of the entity.

The Exchange will review the competitive applications and award to qualified Navigator or IPA entities throughout the state of Nevada.

NAVIGATORS, IPAS AND CONFLICTS OF INTEREST

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

All Navigator entities, including Navigator and IPA grant applicants, must submit to the Exchange a written attestation that the Navigator, including the Navigator's staff:

- (A) Is not a health insurance issuer or issuer of stop loss insurance;
- (B) Is not a subsidiary of a health insurance issuer or issuer of stop loss insurance;
- (C) Is not an association that includes members of, or lobbies on behalf of, the insurance industry; and
- (D) Will not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP.
- (E) Any existing employment relationships, or any former employment relationships within the last 5 years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss

- insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and
- (F) Any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance.

All Navigator and IPA entities once awarded must submit to the Exchange a written plan to remain free of conflicts of interest during the term as a Navigator or IPA.

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

- Financial considerations: Navigator and IPA entities 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: Navigator and IPAs entities, and their employees and volunteers 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.
Navigator and IPA entities and their EEFs 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-based enrollment patterns to make sure that the entities are providing unbiased information to the consumer. If a Navigator or IPA entity or its EEF 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 and IPA entity or its EEF with a conflict of interest. The Nevada Division of Insurance will investigate and seek all applicable civil and criminal penalties for Navigator and IPA entities or their EEFs that act in a manner inconsistent with the conflict of interest standards set forth by the Exchange.

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

NAVIGATOR, IPA QUALITY STANDARDS

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

Failure to deliver the agreed upon deliverables may result in a modification to the Grantee's Scope of Work and award level. Navigator and IPAs entities that are not performing their Scope of Work or meeting pre-established goals and deliverables will be provided re-training and asked to correct the deficiency within 30 days, or risk grant termination.

Navigator and IPA entities must also establish and provide to the Exchange an internal system for overseeing and managing program quality, including evaluating the performance of Navigator and IPA EEFs and grant related activities. This includes verifying that: outreach and education activities are delivered as planned, accurate messages and information are provided to consumers, and overall compliance with program standards and guidelines are maintained. Navigator and IPA entities must immediately report instances of non-compliance and specify their plans for corrective action to the Exchange.

The Exchange seeks to use evaluation data to learn about what strategies and approaches most effectively reach Nevada's uninsured and underinsured consumers and motivate them to enroll in coverage.

MANAGEMENT OF MATERIALS

The Exchange will provide organizations with Navigator and IPA entities training, standard message points for each phase of the Outreach and Education presentations and collateral materials free of charge. Navigator and IPA entities will be required to order and track collateral materials from the Exchange or their designated entity.

Navigator and IPA entities 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.

At the end of the grant period, Navigator and IPA entities will be required to return all non-consumables to the Exchange.

ELIGIBLE ENTITIES

Applications will be accepted from applicants who meet the organizational eligibility requirements and minimum qualifications. The Exchange encourages applications from organizations and entities with established relationships and access to the target uninsured and underinsured populations. Organizations are further encouraged to target populations who are vulnerable or underserved, and are disproportionately without access to coverage or care, or at a greater risk of poor health outcomes.

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

- Community or Consumer-focused non-profit or for profit organizations; Consumer Advocacy, community based organization, or faith-based organizations
- Trade, industry or professional associations, labor unions, Chamber of Commerce targeting specialty populations
- Ranching or farming organizations
- 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;
<https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2017/05/Nondiscrimination-and-Accessibility-Requirements-and-Nondiscrimination-Statement.V2.pdf>
https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/03/Navigator_IPA_CAC_Plan-updated-030719_JDedits.pdf
- Staffing which 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;

- Knowledge and experience with measuring the impact and success of outreach and education campaigns; and
- 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 a Navigator or IPA 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 and IPA grants in SFY20 is not to exceed \$3,500 per Full Time Equivalent (FTE) EEF per calendar month. This projection is approximate and is subject to change based on available funding.

The number of Navigator and IPA entities granted by the Exchange may change during open enrollment and non-open enrollment periods. Initial number of Navigator and IPA entities will be determined by the Exchange during grant negotiations.

REQUEST FOR FUNDING

The \$3,500.00 per calendar month per FTE (Navigator or IPA) is inclusive of all costs associated with the Navigator/IPA program. Funding is all inclusive and appropriate, such as but not limited to: worker's compensation insurance, certification training, fringe benefits, payroll, non-employee expenses, travel, continuing education, office supplies, interpreters, oversight and monitoring. In addition, certified EEF's who are funded under this program will be required to provide activity tracking sheets which will outline and detail the duties they perform on behalf of

the grant and will serve as one tracking mechanism. If the individual only performs enrollment, education and outreach activities 50% of the time, the Exchange will only reimburse at 50%.

Should a Navigator/IPA be asked to assist with an official outreach, education, and or enrollment event outside their regular and customary work locations, the entity can request a travel reimbursement if travel is more than 58 miles each way.

The intent of this funding mechanism is to streamline the reimbursement process. It is not intended to dictate an organization's overhead process.

GRANT PERIOD

The grant period for this RFA begins July 1, 2019 and ends June 30, 2020 for State Fiscal Year 2020. Another RFA is anticipated to be issued in May 2020 for a grant period beginning July 1, 2020 and ending June 30, 2021 for State Fiscal Year 2021.

APPLICATION AND AWARD PROCESS

Applicants must attend the Orientation Session to be conducted in person, via videoconference and via teleconference. Orientation information is provided in the section entitled "Timetable".

APPLICATION QUESTIONS AND ANSWERS

Questions may be submitted via e-mail to dlandersen@exchange.nv.gov Tuesday, May 21 through Friday, May 24, 2019. Questions will be posted to the Nevada Healthlink website, with responses, by Wednesday May 29, 2019. The Q&A will remain on the website through the end of the application period. In addition, answers to some questions may be available at nevadahealthlink.com.

After Friday May 24, 2019 no substantive questions about the application will be accepted. Technical questions regarding formatting and submission may still be directed to Danielle Andersen via e-mail at dlandersen@exchange.nv.gov or via telephone at (775) 687-9935.

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).
2. 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; and/or
 - Are submitted by an entity that is financially unstable as evidenced by information gleaned from the Fiscal Management Checklist and accompanying fiscal documents.
3. Proposals that meet minimum standards will be forwarded to the Exchange Application Committee. The Committee will review the proposals for strengths and weaknesses and will score them appropriately.
 4. The Exchange Application Committee will review and score the proposals in accordance with the Scoring Matrix in Appendix B.
 5. Final funding decisions will be made by the Exchange Application Committee based on the following factors:
 - Reasonable statewide distribution of the recommended grant awards among the 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.

Exchange staff will conduct negotiations with the applicants selected for funding to address any specific issues identified by the Exchange Application Committee. Adjustment of budget, goals, and grantee classification (Navigator or IPA) 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 are final. There is no appeals process.

REIMBURSEMENT METHOD

Payments to applicants whose proposals are funded will be based on the achievement of mutually agreed upon deliverables between the entity and the Exchange. Deliverables and timelines for completion will be incorporated into a Scope of Work document and used as basis for the Monthly progress reports. Monthly progress reports, including outcome measures and metrics, must be reported each month to be eligible for reimbursement. The number of Navigator or IPA EEFs must not be more than two EEF's per full time equivalent (FTE), included in 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" for more details.)* Advances of grant funds will not be allowed.

REIMBURSEMENT REQUESTS

In order to be reimbursed for their services, Navigator and IPA entities will submit a Request for Funds, by the 10th business day of the month for the prior month. Monthly progress reports, as provided by the Exchange, including outcome measures and metrics, must be reported each month to be eligible for reimbursement. If monthly progress reports are not submitted, are incomplete, or do not reflect thoughtful and meaningful program data or progress, reimbursement will be withheld until any issues identified and the monthly report are corrected. Exchange staff will review the documentation and process payment within 30 days. The Navigator or IPA Entity will be required to become a vendor with the State of Nevada to receive payment.

DOI Licensing requirements must be completed within the same calendar month of being hired to receive reimbursement for a certified EEF.

Certified EEFs should only be claimed as an EEF if they are performing enrollment, education and/or outreach activities. If the individual only performs enrollment, outreach, and education activities 50% of the time, the Exchange will only reimburse at 50%.

PAYMENTS FOR NAVIGATOR/IPA PENDING LICENSURE

Per NRS 695J.050 “Exchange enrollment facilitator (EEF)” defined. “Exchange enrollment facilitator” means a person certified pursuant to this chapter who is engaged in the business of facilitating enrollment in qualified health plans offered by the Exchange.
(Added to NRS by 2013, 3590)

NRS 695J.280 Engaging in business of an EEF without certificate prohibited; penalty.

1. No person may engage in the business of an EEF unless a certificate has been issued to the person by the Commissioner.
2. A person who violates subsection 1 is subject to an administrative fine of not more than \$1,000 for each act or violation. (Added to NRS by 2013, 3596)

Request for funds can be submitted for individuals who have been hired by an In Person Assister (IPA)/Navigator agency and are awaiting Division of Insurance (DOI) certification only in these instances. An individual must complete all of these steps in order to be considered for funds request reimbursement from the Exchange award.

Step 1 – Fingerprinting

Step 2 – AD Banker EEF Course completion with certificate

Step 3 – Pearson Vue State exam with original pass results

Step 4 - DOI completed application with submittal of all documents and fee

The four steps can be accomplished within a two –four week time period. Should an individual be hired at the beginning of the month they will have until the end of the month to complete steps 1 through 4 and must send the Navigator Program Manager a receipt of the documents.

At this point the individual will be eligible to receive funds from the Exchange award for any work related to the Exchange Navigator/IPA program.

If an individual is hired during the course of the calendar month and does not complete the four steps listed above, they will not be eligible to receive Exchange funds for that calendar month.

NOTE: Should the DOI certification take longer than 60 days, a meeting will be placed with the employing agency, employee, and the Navigator Program Manager for further evaluation and/or exception. The employee can contact the DOI at any point for further information or instruction regarding the certification process.

An individual can attend enrollment, education, and or outreach events solely as training purposes while pending licensure to gain knowledge of the job. The individual may not have any communication with any consumer until fully certified and may not share any personal information heard from consumers.

REPORTING REQUIREMENTS

Navigator and IPA entities must maintain compliance with established reporting requirements. At a minimum, Navigator and IPA entities will be required to submit monthly reports on their activities, progress towards deliverables and program outcomes to the Exchange. If project benchmarks are not met, the Exchange will provide technical assistance to assist with a resolution. If the project benchmarks continue to fall short, Navigator and IPA entities may be required to submit additional ad hoc reports upon the Exchange's request, and have reimbursement withheld at the Exchange's request. Grantees will also be required to report any proposed adjustments to their approved scopes of work and seek Exchange approval prior to implementation.

Monthly Reports: Navigator and IPA entities will be required to report enrollment, outreach and education, and payroll/personnel activities on a monthly basis on a standardized template

TIMETABLE

Wednesday, May 8, 2019	RFA is published.
Tuesday, May 21, 2019	Applicant orientation scheduled. Attendance is mandatory.
Friday, May 24, 2019	Deadline for applicants to submit substantive questions about application to the Exchange by 5 pm.
Wednesday, May 29, 2019	Exchange posts final Questions and Answers to website.
Friday, May 31, 2019	Applications are due by 2 pm. Attendance at the May 21 orientation is mandatory for applications to be accepted.
Monday, June 3, through Friday, June 14, 2019	Applications are reviewed by the Exchange Application Committee and recommendations are provided to the Exchange.
Monday, June 17, 2019 through Friday, June 28, 2019	Negotiations between the Exchange and selected entities occurs and Navigators and In-Person-Assisters are awarded.

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. Navigator and IPA entities awarded funding are those deemed to be in the best interest of the people of the State of Nevada.

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 Melissa Martinez at mmartinez@exchange.nv.gov. Exchange staff will be present in person in Las Vegas and Carson City.

ORIENTATION SESSION

DATE/TIME	LOCATION	VIDEOCONFERENCE	TELECONFERENCE
Tuesday, May 21, 2019 10:00am – 12:00pm	1301 Old Hot Springs Rd, Computer Lab #109, Carson City, NV 89706	123 E. Washington Ave Building A, Conference Room, Las Vegas, NV 89101	1-877-402-9753 Access Code: 2459998

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 into 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

Applicants **must** use the budget form in Appendix F: Budget Narrative Form.

Budget Narrative Form –

The Budget Narrative Form should include the following:

- Number of full time Navigator or IPA EEFs proposed
 - Timeframe of each number of Navigator or IPA EEFs
 - Location of Navigator or IPA EEFs (North, South or Rural)
- Monthly cost per FTE Navigator or IPA EEF no more than \$3,500.00 per month.

Enrollment Performance Measure Form

The Enrollment Performance Measure Form should reflect the following:

- Total projected individual enrollments anticipated by month
 - o Explanations as to how the proposed enrollment figure was reached.
 - o A description of how the applicant will reach that enrollment goal.
 - o The documentation that the applicant intends to provide the Exchange to demonstrate the number of individuals enrolled each month.

Outreach Performance Measure Form –

The Outreach Performance Measure Form should reflect the following:

- Total projected outreach events anticipated by month
 - o Explanations as to how the proposed outreach events figure was reached.
 - o A description of how the applicant will reach that outreach goal.
 - o The documentation that the applicant intends to provide the Exchange to demonstrate the number of outreach events sponsored / attended each month.

SUBMISSION INSTRUCTIONS

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

ralejandre@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 2 p.m. on Friday, May 31, 2019. **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.

APPENDIX A – PROJECT GOALS AND REQUIREMENTS

PROGRAM GOALS:

The goals of this program are as follows:

- Raise awareness of the availability of qualified health plans and premium tax credits, offered through the Exchange, among uninsured and underinsured Nevadans by conducting public education and outreach activities.

- Reduce the number of uninsured and underinsured Nevadans by facilitating enrollment in qualified health plans and/or publicly funded health care programs, and by maintaining expertise in eligibility, enrollment and program specifications; and by distributing fair and impartial information about enrollment in qualified health plans and/or publicly funded health care programs.
- Provide and maintain consumer assistance functions for health program enrollment to populations that are underserved, or disproportionately without access to coverage or care, in a manner that is culturally and linguistically appropriate.

COMMUNITY FOCUS

Every applicant must demonstrate that it has established, working relationships with a population or a community organization that serves 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.

TARGET POPULATIONS

The target population of the Navigator and IPA grant process is the uninsured and underinsured population in the state of Nevada with incomes in the 138% to 400% range of the Federal Poverty Level. Applicants are encouraged to target their proposals towards populations that are vulnerable, underserved, and that are disproportionately without access to coverage or care, or that are at a greater risk for poor health outcomes.

2019 Federal Poverty Levels:

Household Size	138%	150%	200%	250%	300%	400%
1	\$17,236	\$18,735	\$24,980	\$31,225	\$37,470	\$49,960
2	\$23,336	\$25,365	\$33,820	\$42,275	\$50,730	\$67,640
3	\$29,435	\$31,995	\$42,660	\$53,325	\$63,990	\$85,320
4	\$35,535	\$38,625	\$51,500	\$64,375	\$77,250	\$103,000
5	\$41,635	\$45,255	\$60,340	\$75,425	\$90,510	\$120,680
6	\$47,734	\$51,885	\$69,180	\$86,475	\$103,770	\$138,360
7	\$53,834	\$58,515	\$78,020	\$97,525	\$117,030	\$156,040
8	\$59,933	\$65,145	\$86,860	\$108,575	\$130,290	\$173,720

GOALS AND OBJECTIVES

Every proposal must include goals and objectives in SMART (Specific, Measurable, Achievable, Relevant, Time-bound) format. For more information on SMART format, please visit: <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf> Please include at least three, but no more than five, goals, with corresponding objectives in SMART format that will be used to measure the project’s success in reducing the number of uninsured and underinsured Nevadans.

APPENDIX B – 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	
DUNS 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. ORGANIZATION OVERVIEW

- a. Describe your organization. What is the mission of your organization, and what populations and communities does your organization currently serve? How long have you been in business? Is there a strategic plan in place and, if so, what are the short-term and long-term goals for the organization?
- b. How does your organization's mission align with the goals of this funding opportunity? What services does your organization currently offer? What outreach and education activities does your organization currently perform? How has the organization grown through the years?
- c. What is the reach of your organization? How many individuals and/or families do you serve each year? Is there a current waitlist for services? If so, what is the average length of time a person would wait for services? Describe the eligibility requirements (if any) for your services. How do you ensure that the individuals or families you serve meet those requirements?
- d. How does your organization propose to incorporate the goals of this funding with the services, outreach and education activities you already perform?
- e. State the amount of funding requested. This should match the total on the required budget form (Appendix F) and on the Applicant Information page.
- f. Are you pursuing, or have you secured any other funding that targets uninsured and underinsured populations, or provides assistance for enrollment, outreach, and/or education for publicly or privately funded health programs or coverage? Identify the funding sources, indicate the amount requested or secured, and explain the specifics of 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.
- g. In detail, how will the project maximize grant funds to meet the projected goals? How will the project manage on-site, walk-in and appointment based in-person enrollment assistance? Explain how the project will meet open enrollment goals during the open enrollment period? Explain how the individual enrollment goal was reached and how this will be documented to the Exchange? Explain what activities for the Exchange will take place during non-open enrollment?
- h. In detail, how will the project maximize grant funds to meet the projected outreach and education goals? Explain how the outreach goal was reached. What outreach tactics have you used in the past and are willing to do for the maximization of this program. Be specific.

IV. SERVICES TO BE PROVIDED

- a. Provide a detailed description of how your organization will raise awareness of the availability of qualified health plans and premium tax credits offered through the Exchange. Be specific about the strategies you will use, and why you think those strategies will be successful.
- b. Describe the outreach and education activities your organization will conduct, including the numbers of events you will hold and attend, and estimated audience you will reach, to help raise awareness about the Exchange.
- c. How will you ensure your organization provides fair and impartial information about enrollment in qualified health plans and/or publicly funded health care programs to uninsured and underinsured Nevadans. How will you monitor that?
- d. Explain how your project will best serve the Exchange's mission and have a positive impact in reducing the number of uninsured and underinsured Nevadans. Be specific about the strategies you will use and why you think they will be effective.

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. List the community partners within your community area that will maximize your success with the Exchange's mission.
- b. How will you work with community partners to achieve the goals of this program? Have you worked with community partners before? What was the outcome of previous partnerships?

VI. POPULATION TO BE SERVED

- a. What populations will you serve? Include any plans you have to target populations that are vulnerable or underserved (e.g., populations that are disproportionately without access to coverage or care, ethnic populations, youth, etc.). To the extent practicable, the funding associated with this RFA should be targeted to populations with incomes within the 138% to 400% FPL range. How will your project address this objective?
- b. For the targeted population in Question VI a, describe the steps you will take to identify and verify the target population of 138% - 400%. List any partners or resources that will assist in your efforts. Provide a map or geographical locations of targeted area

- 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, X ?
- e. What materials/outreach events do you currently promote for the population to be served?

VII. GOALS AND OBJECTIVES

- a. Every proposal must include goals and objectives in SMART (Specific, Measurable, Achievable, Relevant, Time-bound) format. For more information on SMART format, please visit: <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf> Please include at least three, but no more than five, goals, with corresponding objectives in SMART format that will be used to measure the project's success in reducing the number of uninsured and underinsured Nevadans.
- b. Write a minimum of three (3) but no more than five (5) goals, with corresponding objectives in SMART format that demonstrate how this project will impact the uninsured and underinsured in Nevada. *(See Appendix A for instructions.)*

VIII. STAFF AND FISCAL CONTROLS

- a. 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. Who will oversee the program and ensure time worked, outreach, and materials are being provided correctly and stored properly?
- b. Please describe your organization's fiscal and internal controls. Provide copies of any written policies and procedures you have.
- c. How will your organization ensure that it is in compliance with all laws, regulations, insurance, Grant Instructions and Requirements, and other ruling documents that are associated with these funds? Be specific in regards to SOP for PII, HIPAA PHI, and CLAS Standards

IX. ADDITIONAL INFORMATION

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

X. 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

**Silver State Health Insurance Exchange
 Request for Navigator and IPA Entity Applications July 1, 2019 to June 30, 2020**

APPENDIX C – SCORING MATRIX

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

1. ORGANIZATION OVERVIEW (up to 20 points)	
• Organization’s mission goals and outreach not defined, no strategic plan	1 - 5
• Organization’s mission goals are defined, outreach is not addressed, no strategic plan	6-10
• Organization’s mission goals and outreach are defined, no strategic plan	11 - 15
• Organization’s mission goals and outreach are defined and effective, strategic plan is included	16 -20
2. SERVICES TO BE PROVIDED (up to 20 points)	
• Services and/or methods of delivery unclear	1 - 6
• Services clear; methods of delivery not adequately addressed	7 - 13
• Services and methods clear, impact on uninsured effectively addressed, and (if applicable) waitlist and need for multiple providers discussed	14 - 20
3. COMMUNITY FOCUS (up to 20 points)	
• Community, community partners and previous experience in the community not adequately defined	1 - 5
• Community defined, community partners and previous experience in the community not adequately defined	6-10
• Community and community partners defined, previous experience in the community not adequately defined	11 – 15
• Community and community partners well defined, previous experience in the community defined and effective	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. GOALS AND OBEJCTIVES (up to 20 points)	
• Goals not adequately defined, objectives not included, or not in SMART format	1 – 5
• Goals are defined, but objectives are missing 3 or more SMART elements	6- 10
• Goals are defined but objectives are missing 1 or more SMART elements.	11 - 15
• Goals are defined and objectives are written in SMART format.	16 -20

6. STAFF AND FISCAL CONTROLS (up to 10 points)

- Capacity of organization and staff to accomplish goals not established 1 – 3
- Organization, staff able to accomplish goals but fiscal controls not adequate 4 – 8
- Organization, staff able to accomplish goals and effective fiscal controls established 9 - 10

Submission Checklist

- Appendix B – Proposal Content
- Appendix D – Fiscal Management Checklist
- Appendix E – Signed Grant Conditions and Assurances
- Appendix F – Budget Narrative and Performance Measures
- 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 federal audit (if agency receives more than \$750,000 annually in federal funds) OR
- Most recent Financial Status Report or Financial Statement (if federal audit not applicable)
- Conflict of Interest Standards

**Silver State Health Insurance Exchange
Request for Navigator and IPA Entity Applications July 1, 2019 to June 30, 2020**

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?