**INTRODUCTION:**

The City of Austin (City) seeks applications in response to this Request for Applications (RFA) from a qualified nonprofit or government entity (Applicant) to provide health insurance enrollment services. Applicants should have 2 years of successful experience providing the proposed services and/or working with the proposed target population. Applications can include proposals for expanding existing services and/or implementing new services.

The proposed services shall serve individuals and families who are residents of Austin and/or Travis County with gross household income at or below 200% of federal poverty guidelines, with exceptions to this eligibility requirement for services provided to homeless individuals/families, and those who are victims of violence.

Applicants should have expertise including, but not limited to client enrollment in the Affordable Care Act (ACA) health insurance marketplace during Open and Special Enrollment periods, assistance to clients with high medical needs, navigation and management of complex cases including referrals, follow up and case resolution, and maintaining collaborative relationships with consumer groups and referring entities, medical providers and providers of patient assistance programs.

The Austin City Council has directed that all programs funded through this competitive solicitation be consistent with the goals of the Imagine Austin Comprehensive Plan.

**PURPOSE**:

The purpose of this solicitation is to establish an agreement with a qualified Applicant to provide services, which should include, but not be limited to client enrollment in the ACA health insurance marketplace during Open and Special enrollment periods, case coordination and navigation for clients with complex medical and/or enrollment needs, and cooperation and coordination with organizations providing medical services and local patient financial assistance programs.

**FUNDING AND TIMELINE:**

$100,000 in total funding is available for an initial program period beginning October 1, 2018 through September 30, 2019, with up to four 12-month extension options not to exceed $100,000 each, for a total grant period not to exceed 60 months, contingent on Council approval of funding during future budget processes.

It is anticipated that funding will be awarded to one Applicant. Applicants may propose to provide services through a collaboration. A collaboration must have a lead Applicant.

**APPLICATION SUBMISSION REQUIREMENTS**

The Applicant must submit its response in two **SEPARATE** sealed envelopes.

|  |
| --- |
| **ENVELOPE #1: THRESHOLD REVIEW***This envelope must be sealed and contain the following:*1. **Application Threshold Checklist – Section 0610**
2. Required Threshold Attachments

 🞏 Current Board of Directors Bylaws 🞏 Copy of the most recently filed IRS Form 990 or 990 EZ (no older than FY2016) 🞏 A complete set of audited financial statements which include the auditor’s opinion and any management letters, covering the two most recent consecutive audit years 🞏 Approved Board of Directors minutes during the previous fiscal year reflecting the  Board has a documented process that:1. Reviews program performance
2. Approves budgets
3. Reviews financial performance
4. Approves audit reports

The envelope should be labeled: THRESHOLD REVIEW CHECKLIST [NAME OF AGENCY] [NAME OF PROPOSED PROGRAM] |

|  |
| --- |
| **ENVELOPE #2: APPLICATION DOCMENTS***This envelope must be sealed and contain the following:****1 paper copy and 5 CDs or flash drives each containing all the elements below:***1. Completed Application – Section 0500
2. Required Sections

 🞏 Section 0050 – RFA Offer Sheet 🞏 Section 0645 – Program Staff Positions and Time 🞏 Section 0650 – Program Budget and Narrative 🞏 Section 0835 – Nonresident Bidder Provisions1. Optional Attachments (if applicable)

 🞏 Approved & signed Healthy Service Environment policy/policies (*reference*  *question 6.1*)The envelope should be labeled: APPLICATION DOCUMENTS [NAME OF AGENCY] [NAME OF PROPOSED PROGRAM] |

**ENVELOPES SHOULD BE HAND DELIVERED IN A CONTAINER WITH THE SOLICITATION NUMBER ACA2018LW CLEARLY MARKED ON THE OUTSIDE TO AUSTIN PUBLIC HEALTH LOCATED AT 7201 LEVANDER LOOP (BUILDING H), AUSTIN, TX 78702 NO LATER THAN 11:00AM ON JUNE 15, 2018.**

**Application Evaluation**

Applicants must address each question in Parts I, II, III, IV and V below to be considered responsive to the goals of this RFA. Part VI is optional and is not required in order for an application to be considered responsive. A total of 100 points may be awarded to the application in Parts I-V below with an additional 10 bonus points available in Part VI for a potential of 110 total evaluation points. The maximum score per section is noted at the beginning of each section. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each question has been adequately addressed.

**Application Format**

Responses should be submitted for each question in Parts I, II, III, IV, and V below in a separate document. The maximum number of pages that an Applicant can submit is 20. Additional information after 20 pages will not be considered.

Applicants should clearly label each question and number, use size 12 Times New Roman font, double-space the document, use 1” margins, and print single sided on 8 ½ x 11 inch white paper without page scaling.

Do not submit booklets, pamphlets, or other bulky items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the proposal with binder clips only.

**APPLICATION QUESTIONS**

Please provide a response or write N/A for not applicable. It is preferable to be repetitive rather than to leave sections incomplete.No points are assigned to this section, but a response is required for each question below.

**QUESTION** **A**: Please provide a brief description of the Applicant (agency applying for this solicitation).

**QUESTION B:** Describe how the Applicant meets criteria a-d listed below (please note that a copy of the Board of Directors bylaws and the most recently filed IRS Form 990 or 990 EZ are required documents as discussed in the Application Submission Requirements section of this application).

**Applicants must meet all of the following criteria to be eligible for a grant award through this solicitation process.**

1. Applicants shall be a nonprofit or government entity that can legally contract with the City of Austin (City)
2. City policy does not permit entering into an agreement with an entity that owes taxes to the City.
3. The Applicant and its principals may not be currently suspended or debarred from doing business with the Federal Government, as indicated by the United States General Services Administration list of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
4. Applicants shall be able to meet the City’s insurance requirements for social services grantees. See the insurance requirements in Section 0400 of the RFA.
5. The Applicant’s Board of Directors shall:
	1. Have specific terms delineated by a beginning and ending date
	2. Meet in person a minimum of four times per fiscal year
6. Within the last five years, the Applicant shall have a minimum of two years successful experience working with the proposed target populations and/or providing the proposed service(s) to clients.

**QUESTION C:** Provide the following contact information for the person(s) in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

1. Name
2. Email address
3. Mailing address
4. Telephone number

**AGREEMENT TERMS AND CONDITIONS**

**QUESTION D:** Austin Public Health uses a standard boilerplate agreement for social services agreements in addition to negotiated work statements and other agreement exhibits that are specific to each program. Please review all portions of Section 0710 – Standard Agreement Boiler andconfirm that your organization will be able to comply with all terms and conditions included in the document. Please briefly describe any previous successful experience you have with managing agreements with similar requirements.

**PART I – PROGRAM STRATEGIES & TARGET POPULATION Total points: 50**

The Applicant will demonstrate experience with clients in one or more of the following areas.

1. Client Eligibility Determination for ACA Enrollment: The program will pre-screen clients to determine potential eligibility for enrollment into the ACA marketplace. If a client is ineligible, the program will address the client’s health coverage needs through navigation and referrals to other entities.
2. ACA Enrollment and Plan Navigation: The program will enroll clients into a marketplace plan of their choice and/or help clients to pick a plan that best meets their needs. If eligible clients are denied coverage through the marketplace, the program will assist the client to file petitions as necessary.
3. Referrals to Other Enrollment Providers: In cases where clients are ineligible for ACA enrollment or denied coverage, but potentially eligible for other coverage programs, the program will have a process for referring clients to appropriate service providers for enrollment into programs such as Medicaid, Children’s Health Insurance Program (CHIP), and Medical Assistance Program (MAP).
4. Accessible Services for All: The program will be open and accessible during both Open and Special Enrollment periods and provide a means for clients to schedule appointments during Special Enrollment. The Applicant will have experience with Qualifying events, working with clients with high medical needs and clients with disabling conditions.
5. Education Services to Newly Insured in the Marketplace: The program will provide supportive services to newly insured such as selection of a Primary Care Practitioner (PCP), education on how to maintain insurance and navigation services for local patient financial assistance programs, Ryan White financial assistance, or other programs.
6. Program Communications: The Applicant will have an established marketing process to ensure that clients who are eligible for ACA enrollment have access to information on the program, and/or existing relationships with consumer organizations that can provide referrals. The program will be able to receive referrals from 2-1-1.

**PROGRAM STRATEGY:**

**QUESTION 1.1:** Describe the proposed services, including a description of how the Applicant will address areas 1-6 above. Describe program activities, how they are delivered and by whom, the average client/case load per staff, and other relevant information that clearly illustrates service provision processes.

**QUESTION 1.2:** Describe the client enrollment process, including how the Applicant will pre-screen clients for ACA enrollment eligibility, the average service duration per client, and follow up procedures to ensure that clients have information regarding all resources needed to successfully enroll in a plan.

**QUESTION 1.3:** Clients seeking assistance with Marketplace enrollment may have additional needs in other services areas. Please describe how the proposed program will enable clients to communicate needs beyond insurance enrollment. Please also describe how the proposed program will coordinate with other agencies to help clients access the resources they need across multiple social services areas, and/or processes to refer and receive clients.

**QUESTION 1.4:** Describe any barriers and/or challenges that the agency and staff may encounter with changes to the ACA, enrollment period, and Healthcare.gov, and how these barriers and challenges will be mitigated.

**QUESTION 1.5:** Describe successful experience within the last five (5) years providing services identical or similar to those proposed in this application. If proposing new services, describe relevant experience or expertise within your agency that you anticipate will help the program succeed.

**CONNECTION TO IMAGINE AUSTIN**

Imagine Austin is a 30-year plan for the City’s future and anticipated growth that was developed from extensive community input. Imagine Austin is based on Austin’s greatest asset: its people, and lays out a vision for future City growth.

Unlike typical municipal comprehensive plans, Imagine Austin also covers quality of life issues beyond land use, like investing in our creative economy and advancing healthy, affordable living. Together, the City of Austin is partnering with the community for a more livable and vibrant Austin.

The Applicant shall indicate how the proposed program strategy/strategies in this application correspond to the Imagine Austin Comprehensive Plan vision statement **and** one or more of its core mission statements.

**The Imagine Austin Comprehensive Plan vision statement states:**

**“Austin is a beacon of sustainability, social equity, and economic opportunity; where diversity and creativity are celebrated; where community needs and values are recognized; where leadership comes from its citizens, and where the necessities of life are affordable and accessible to all.”**

**Imagine Austin’s core mission statements**, as they relate to the City’s social service investments, are as follows:

**Austin is Livable**: All residents have a variety of urban, suburban, and semi-rural lifestyle choices with access to quality schools, libraries, parks and recreation, health and human services, and other outstanding public facilities and services.

1. Austin’s diverse population is active and healthy, with access to locally-grown, nourishing foods and affordable healthcare

**Austin is Educated**: Austin provides everyone with an equal opportunity for the highest quality of education that allows them to fully develop their potential. Networks of community partnerships support our schools and ensure that our children receive the resources and services they need to thrive and learn.

1. Our school campuses provide safe and stable environments enabling future success
2. Every child in Austin has the chance to engage with other cultures, communities, and languages, providing pathways for healthy development and the critical thinking skills students need as future citizens of Austin and the world.

**Austin is Prosperous**: Austin’s prosperity exists because of the overall health, vitality, and sustainability of the city as a whole — including the skills, hard work, and qualities of our citizens, the stewardship of our natural resources, and developing conditions that foster both local businesses and large institutions.

1. Equitable opportunities are accessible to all through quality education, training, and good jobs

**Austin Values and Respects its People**: Austin is its people. Our city is home to engaged, compassionate, creative, and independent thinking people, where diversity is a source of strength, and where we have the opportunity to fully participate and fulfill our potential.

People across all parts of the city and of all ages and income levels live in safe, stable neighborhoods with a variety of affordable and accessible homes with access to healthy food, economic opportunity, healthcare, education, and transportation (<http://assets.austintexas.gov///webiacpfullreduced.pdf>).

**QUESTION 1.6:** Describe how the proposed program strategy/strategies correspond to the Imagine Austin Comprehensive Plan vision statement **and** one or more of its core mission statements.

**POPULATION(S) SERVED:**

**CLIENT ELIGIBILITY REQUIREMENTS:**

The client eligibility requirements for this RFA are outlined in Section 0620 – Client Eligibility Requirements. The City requires all awarded agencies to maintain a complete and current record of client eligibility throughout the entire contract period (e.g. client file or electronic record) that includes documentation of the elements listed in Section 0620.

**QUESTION 1.7:** Describe the target population(s) (*the people the proposed program is intended to serve*) that will be served and describe your success working with this population, if applicable.

**QUESTION 1.8:** Describe how the Applicant will serve clients that meet City of Austin Eligibility Criteria (see Section 0620). If the Applicant is proposing to serve clients who do not meet this criteria, please explain.

**QUESTION 1.9:** Describe how the Client Eligibility Requirements (Section 0620) will be documented for the target population(s) identified in the application.

**QUESTION 1.10:** Describe how the program will help clients with complex medical needs and/or complex insurance enrollment situations navigate the system for appropriate resources.

**QUESTION 1.11:** Describe how the Applicant’s policies and practices will align with the following National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>) to ensure cultural and language differences are not a barrier to receiving health insurance enrollment services.

1. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
2. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
3. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
4. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

*Agencies are encouraged to implement all 15 CLAS Standards listed on the website identified in the previous sentence but no additional points will be given for doing so.*

**PART II - DATA MANAGEMENT AND PROGRAM EVALUATION:**

**Total points: 10**

**QUESTION 2.1:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is United States legislation that includes data privacy and security provisions to safeguard medical information. Describe how data for the proposed program is collected in a way that ensures compliance with HIPAA while meeting program requirements for reporting (see Section 0710, 8.28).

**QUESTION 2.2:** Describe past successes and challenges with data management and reporting, including experience using an electronic data system.

**QUESTION 2.3:** Describe how data are used for identifying problems in program design, service delivery, and expenditures, and how that information is used to improve practices and program effectiveness.

**PART III – STAFFING PLAN**

**Total points: 10**

**QUESTION 3.1:** Describe the overall staffing plan to accomplish activities including project leadership, reporting responsibilities, and daily program operations.

**QUESTION 3.2:** Describe the hiring and training process for staff and volunteers that will be implemented to enable the program to be prepared to enroll clients beginning the first day of Open Enrollment. Include the process for verifying that volunteers and staff have the required certifications to be Certified Application Counselors, e.g. Centers for Medicaid and Medicare Services (CMS) and Texas Department of Insurance (TDI) trainings, as required.

**QUESTION 3.3:** Using Section 0645 – Program Staff Positions and Time, list each applicable staff member by title and the percentage of each position’s time to be spent on the program. Provide any additional context in the box provided below.

**QUESTION 3.4:** In addition to completing Section 0645, please provide position descriptions, qualifications, and/or certifications required for staff members in your agency that work in the program.

**PART IV – PROGRAM PERFORMANCE**

**Total points: 10**

Austin Public Health measures outcomes as part of social services agreements to track performance and results for clients. The following table provides an example of the format expected for program outcomes.

|  |  |
| --- | --- |
| **Total Program Performance – OUTCOME EXAMPLE** | **Total Program Annual Goal** |
| **Proposed Outcome Measure**  |  |
| Number of individuals increasing employment income(numerator) | 42 |
| Number of individuals exiting the program(denominator) | 65 |
| **Percent of individuals increasing employment income**(outcome rate) | **64.6 %** |

**QUESTION 4.1:** The following outcome measure is required for this program. Copy and paste the table below or provide the information in a different format in your response document. Fill in “Total Program Goal” column on the right side of the table to reflect the numbers anticipated for the numerator, denominator, and outcome rate for the proposed program. Briefly describe how the measure will be calculated, collected and tracked.

|  |  |
| --- | --- |
| **Total Program Performance – OUTCOME (Response Required)** | **Total Program Annual Goal** |
| **Required Outcome Measure**  |  |
| **Numerator:** Number of unduplicated individuals that are enrolled or likely to enroll in health insurance through the ACA Marketplace |  |
| **Denominator:** Number of unduplicated individuals who are eligible for ACA Marketplace insurance that receive enrollment assistance |  |
| **Outcome Rate:** Percentage of unduplicated individuals who are eligible for ACA Marketplace insurance and receive enrollment assistance from the program that are enrolled or likely to enroll in a Marketplace health insurance plan | **%** |

**QUESTION 4.2:** Please propose a second outcome in the table below and provide additional context that explains why this proposed measure is the best fit for proposed program(s). Please also briefly describe how the proposed measure will be collected and tracked. Copy and paste the table below or provide the information in a different format in your response document.

|  |  |
| --- | --- |
| **Total Program Performance – OUTCOME (Response Required)** | **Total Program Annual Goal** |
| **Proposed Outcome Measure**  |  |
|  (numerator) |  |
|  (denominator) |  |
|  (outcome rate) | **%** |

**All applications must also include the following high-level output:**

Number of unduplicated clients served per 12-month period.

**QUESTION 4.3:** Please provide a proposed goal for the number of unduplicated clients served by the total program as well as any additional context. The annual goal should be based on past performance experience, budgeted program costs, and/or best estimates. The annual goal for **unduplicated clients served should be for** **the total program** including City funding and all other funding sources.

Please note that if your organization has multiple programs, that only the unduplicated clients served by the program proposed in this application should be included in this response.

**PART V – COST EFFECTIVENESS**

**Total points: 20**

Applicants must complete Section 0650 – Program Budget and Narrative prior to responding to the questions in this section of the application. Applicants are encouraged to submit a budget request for the full $100,000 in City funding available for the initial program period.

**BUDGET:**

**QUESTION 5.1:** Referencing completed Section 0650, provide a summary description of the budget justification for the program strategy/strategies. All expenses should be identifiable, reasonable, and necessary.

**QUESTION 5.2:** Referencing completed Section 0650, provide additional context for any other funding sources for the proposed program. Please indicate whether other funding has been secured, is anticipated, and/or any timeframe related to potential grant award(s).

**COST PER CLIENT:**

**Cost per client** = Total program funding (City funding requested & all other funding sources)

 (divided by) Total clients served by program

**QUESTION 5.3:** Describe the average cost per client from all funding sources the Applicant expects to receive for the entire proposed program. The response should include the numbers as shown in the example formula above, as well as a written justification of why this is an appropriate cost per client.

**SOCIAL IMPACT & RETURN ON INVESTMENT:**

Social impact and return on investment refer to the proposed program’s positive impact on social, financial, environmental, and/or quality of life factors for clients and/or the community.

**QUESTION 5.4:** Describe the social impact and/or return on investment for clients and/or the community resulting from the proposed services.

**PART VI – BONUS EVALUATION**

**Total points: 10**

**Healthy Service Environment**

A maximum of 10 points will be awarded for Applicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented **or** agreeing to implement prior to 10/01/18 any or all of the four (4) Healthy Service Environment policies with a maximum award of 10 points for all four (4) policies described below.

* Tobacco-free Campus (**3 points**) - Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living. A tobacco-free campus policy states:
	+ Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.
* Mother-Friendly Workplace (**3 points**) - Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:
	+ employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
	+ the provision of accessible locations allowing privacy;
	+ access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
	+ access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).
* Employee Wellness Initiative (**3 points**) - The Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage and a supportive company culture, championed by leadership.
* Violence Prevention Policy (**1 point**) - The Applicant is committed to providing a safe environment for working and conducting business. The Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. The Applicant has a procedure to provide guidance for identifying and reporting threats and workplace violence.

Technical assistance is available from Austin Public Health’s Chronic Disease and Injury Prevention program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy and Employee Wellness Initiative. Please call 512-972-5222 for additional information.

**QUESTION 6.1:** If applicable, describe how the Applicant **has implemented** one or more of the Healthy Service Environment policies outlined above. Include the approved and signed policy/policies as an attachment to the application.

**QUESTION 6.2:** If applicable, describe how the Applicant **plans to implement** one or more of the Healthy Service Environment policies outlined above. Include the key personnel, by position title only, responsible for ensuring implementation.

**ADDITIONAL INFORMATION:**

**Proposal Acceptance Period:** All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.

**Proprietary Information:**  All materials submitted to the City become public property, and are subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

**Exceptions:** Please be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.

**Application Preparation Costs:** All costs directly or indirectly related to preparation of a response to the RFA or any oral presentation required to supplement and/or clarify an application which may be required by the City shall be the sole responsibility of the Applicant.

**Contract Adjustments:** The City of Austin reserves the right to adjust the agreement amount or scope of work over the contract period based on community needs, Applicant’s ability to expend funds in a timely manner or any other factor. When the City determines adjustments need to be made, the City will provide at least a 90-day notice to the Grantee.