

# Amendment to Slide Deck

Amendments have been made to the 4/9/19 slide deck provide clarity to the information as requested by the webinar participants. Changes are in red ~~strikeout~~ for deletion of words or red underlined for addition words on the following slide pages:

1. Page 24
2. Page 31
3. Page 43
4. Page 45



# 2019-2022 Navigator Program Request for Application (RFA #2018-16) Webinar

April 9, 2019 – 10 AM to 12 PM PST

The webinar will begin at 10 a.m. Please call in for audio. All participant phone lines will be muted during the webinar.

*Please use the webinar chat feature to submit questions.*

# Webinar Housekeeping

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## Webinar Online Content

- Click this link: <https://hbex.coveredca.com/solicitations/RFA-2018-16/> to download the slide deck.

## Technical Difficulties

- Submit technical difficulty comments/questions via chat feature so we can assist you.

## Q & A

- We will take time for questions and answers after the presentation.
- Please submit your questions via the chat feature so we can track all questions.

## Webinar Posting

- This webinar is being recorded. Webinar video, slide deck, questions and answers will be posted on our website <https://hbex.coveredca.com/solicitations/RFA-2018-16/> on or before April 20, 2018.

# Topics

1. Affordable Care Act (ACA) & Covered California
2. Navigator Program Overview
3. Navigator Request for Application
4. Navigator Application Process
5. Navigator Application Evaluation and Selection Process
6. Questions & Answers

# Affordable Care Act (ACA) & Covered California

# ACA & Covered California Timeline

- **March 23, 2010**
  - ✓ The Patient Protection and Affordable Care Act (known as the ACA) was signed by President Obama and enacted.
- **September 2010**
  - ✓ The California Health Benefit Exchange (HBEX) was created.
- **October 2012**
  - ✓ HBEX is named Covered California.
- **August 19, 2013**
  - ✓ First California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) release
- **October 1, 2013**
  - ✓ CalHEERS is available for public use and first Open Enrollment begins
- **January 1, 2014**
  - ✓ First day of Covered California coverage and Medicaid expansion is in effect

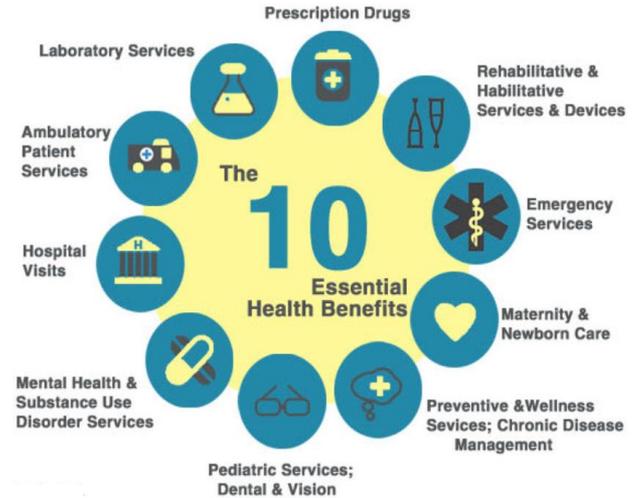
# Health Benefit Exchange

## Major Functions:

- Standardizing benefits
- Screening and Enrolling into the Exchange, Medicaid, and CHIP programs
- Provide an Electronic Calculator and Create a Website
- Determine Eligibility for Advanced Premium Tax Credits (APTC), and Cost Sharing Reductions (CSR)

## Eligibility Criteria for the Exchange includes:

- Income Above 100% (or 138% in Expansion States) of the Federal Poverty Level (FPL)
- US Citizens and Lawfully Present
- Benefits of Exchange Enrollment
- APTC and CSR available on sliding scale based on income between 100% and 400% FPL
  - APTC can be used to lower monthly premiums or can be saved and received as a tax refund or a reduction of taxes owed
  - CSRs limit out-of-pocket spending



# Covered California's Promise

## Vision:

To **improve** the health of all Californians by **assuring their access** to affordable, high quality care.

## Mission:

To **increase** the number of insured Californians, **improve** health care quality, lower costs, and **reduce** health disparities through an innovative, competitive marketplace that **empowers consumers** to choose the health plan and providers that give them the best value.

**Better Care** | **Healthier People** | **Lower Cost**

# Covered California: Strategic Pillars

<b>Affordable Plans</b>	<b>Staying Healthy and Getting Needed Care</b>	<b>Effective Outreach and Education</b>	<b>Positive Consumer Experience</b>	<b>Organization Excellence</b>
Consumers purchase and keep Covered California products based on their perception that this is a good value for them.	Consumers receive the right care at the right time.	Consumers understand what we offer and have a positive attitude about Covered California.	Consumers have a positive experience from initial enrollment to keeping their coverage.	Covered California has the right tools, processes, and resources to support our team to deliver on our mission.

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## CROSS-CUTTING AREAS OF ATTENTION

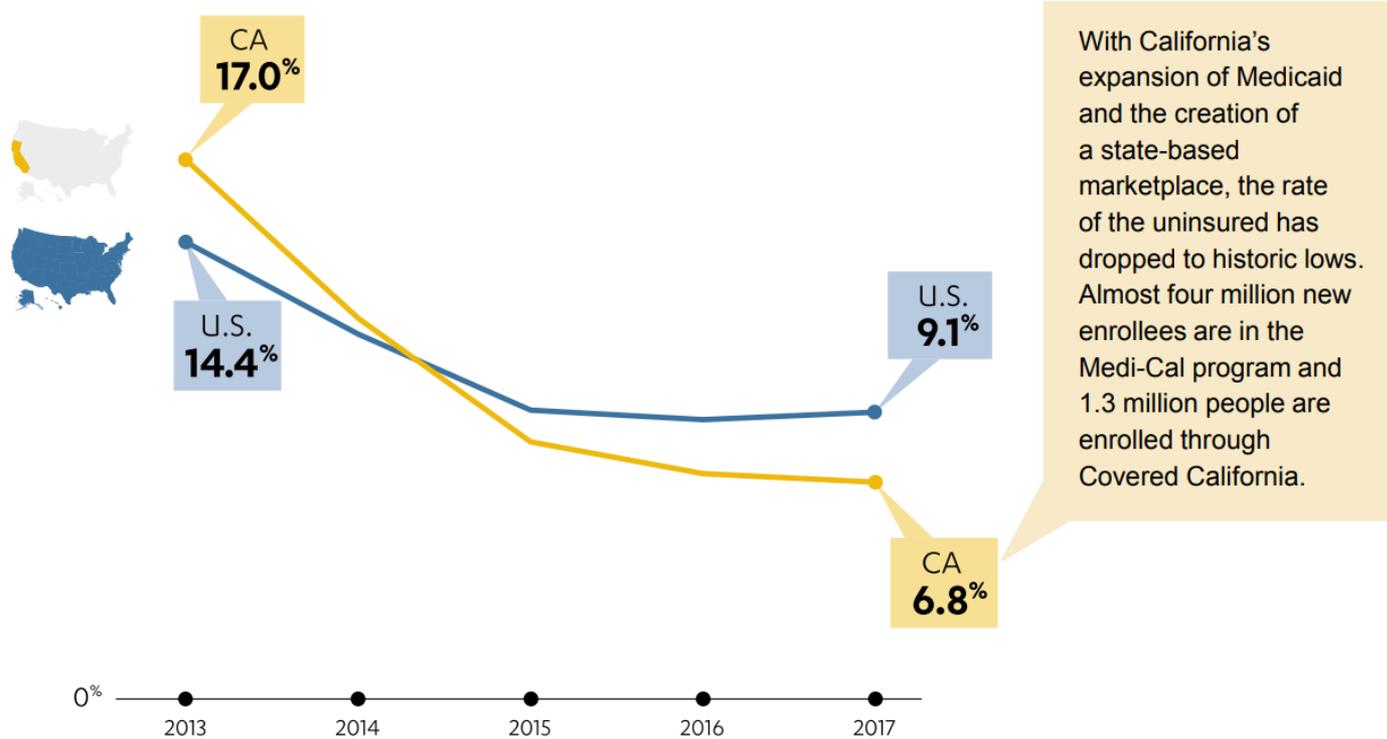
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Innovating for the long term and being nimble in the present.

Trailblazing and sharing our experience in California and nationally.

Working in partnership with others: DHCS, and other public and private entities.

# Impact of the ACA in California



Source: U.S. Centers for Disease Control and Prevention's National Health Institute Survey

# Covered California Navigator Program

# Outreach and Navigator Grant Program Timeline

2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
5/1/13 – 12/31/17 Outreach & Education Grant Program	10/1/14 – 7/31/15 Navigator Grant Cycle Year 14/15	8/1/15-7/31/18 Navigator Grant Cycle Years 15/16, 16/17, & 17/18			8/1/18 – 6/30/19 Navigator Grant Cycle Year 17/18, 10 month extension	7/1/19 – 6/30/22 Navigator Grant Cycle Years 19/20, 20/21, & 21/22			

# Navigator Program

Covered California's Navigator Program is a partnership with community organizations across the state who have experience in reaching and assisting California's diverse populations and have proven success enrolling consumers in health care programs.

Navigators are Certified Enrollment Counselors that assist consumers through a variety of outreach, education, enrollment, post enrollment, and renewal support services.

# Navigator Program Requirements

- **Mandatory requirement** of the Patient Protection and Affordable Care Act, funded from revenue generated by Covered California.
- Have a **competitive application process** for applicants to apply for the grant contract and funding amount award period.
- Requires elected grant entities **to conduct outreach and education** throughout the grant award period and **assist consumers with the enrollment** application process during both the annual Open Enrollment Period and the Special Enrollment Period.

# Navigator Program Goals

1. Maximize enrollment and re-enrollment of eligible consumers Covered California Health Insurance Plans.
2. Prioritize outreach, enrollment, renewal, and post enrollment assistance.
3. Engage with organizations that maintain trusted relationships with target markets as defined by geography, employment sector, culture, language, or other shared characteristics.
4. Partner with organizations that have the capacity to serve as an integral part of Covered California's service delivery channels.
5. Maintain a cost effective grant program.

# Navigator Role & Activities

- Conducting outreach, education, enrollment, renewal assistance, and post-enrollment support;
- Raising public awareness of key enrollment facts and dates through effective outreach activities, including potential of in-person, as well as, earned, paid, and social media outreach;
- Informing Covered California-eligible consumers of the availability and benefits of obtaining health care coverage;
- Promoting the value of purchasing health care coverage;
- Motivating consumers to act;
- Helping consumers to shop and compare plans;
- Facilitating enrollment into Covered California Health Insurance Plans or Medi-Cal;
- Assisting consumers with the Covered California-eligible renewal process; and
- Providing post-enrollment support to Covered California-eligible consumers.

# Navigator Program Request for Application (RFA #2018-16)

# RFA Purpose

- To **implement a performance-based funding model** with grant payments given when the grantees meet the performance requirement at defined intervals throughout the grant contract term.
- To **solicit applications from interested organizations** to participate and identified areas of enrollment opportunity to establish an outreach, education, and retention strategy that incorporates a staffing plan to accomplish the goals.
- To **have a critical mechanism in administering and delivering cost effective**, hard to reach, underserved, and targeted activities to support enrollment goals and initiatives.
- To **ensure we have statewide coverage** in providing assistance to consumers throughout the state.
- To **ensure consumers effectuate coverage** during new enrollment and renewal.

# Grant Awards: Contract & Amount

## Grant Contract Period Fiscal Years: 2019-22

- The grant contract award period is from **July 1, 2019 through June 30, 2022**.
- The total grant funding amount for these three-year period cannot exceed \$19.5M.
- Grant **contracts** awarded under this RFA may be renewed, upon approval by the Board, for two 1-year extensions.

## Grant Amount Period Fiscal Year: 2019-20

- The grant amount period of **July 1, 2019 through June 30, 2020**.
- The total grant funding amount for FY 2019-20 cannot exceed \$6.5M.
- Grant amounts per entity can range from \$50,000 to \$500,000 in \$25,000 increments.
- Grant contract **amounts** for the extension periods of FY 2020-21 and 2021-22 will be determined by the Board each state Fiscal Year (FY)

# Core Funding Goals

# Grant Funding: Core and Optional

## 1. Core Funding – Performance-based Model

- **Primary geographic:** building statewide access to enrollment assistance and sustaining a network of Navigator organizations.
- **Target populations:** hard to reach, subsidy-eligible uninsured populations, and populations that face barriers to enrollment

## 2. Targeted Area Pilot Funding (Optional)

- **Distinct geographic:** four meta-regions identified with 37 zip codes
- **Distinct populations:** populations that exceed 1,000 people and are outside of a 15-minute drive from a current Navigator grant entity or a Certified Application Counselor entity location.

# Effectuated Enrollment and Renewal Goals

Grant Amount	Goal	Cost Per Effectuation
\$50,000	286	\$175
\$75,000	429	\$175
\$100,000	571	\$175
\$125,000	714	\$175
\$150,000	857	\$175
\$175,000	1,000	\$175
\$200,000	1,143	\$175
\$225,000	1,286	\$175
\$250,000	1,429	\$175
\$275,000	1,571	\$175
\$300,000	1,714	\$175
\$325,000	1,857	\$175
\$350,000	2,000	\$175
\$375,000	2,143	\$175
\$400,000	2,286	\$175
\$425,000	2,429	\$175
\$450,000	2,571	\$175
\$475,000	2,714	\$175
\$500,000	2,857	\$175

# Effectuated Enrollment and Renewal Goals

- Year over year, Covered California policy changes and decisions may result in changes to effectuated enrollment goals (e.g., the Fiscal Year 2019-20 \$175 Cost Per Effectuation basis of the grant award tier amounts is based on a declining market enrollment trend). Should new affordability measures or a return of the individual mandate penalty cause the enrollment trend to increase, Covered California will reevaluate the Cost Per Effectuation basis and adjust it to reflect the prevailing market trends.
- Covered California strongly encourages cost-effective proposals that are likely to achieve significant enrollment of eligible consumers in Covered California Health Plans.
- Applicants are encouraged, but not required to utilize these figures as guidelines in defining their grant proposals and proposed enrollment and renewal goals.

# Outreach Activity Goals

- Navigator grant entities will be assigned outreach expectations based on their Grant Amount Award tier
- Goals and activity points may be adjusted in each contract renewal grant cycle.
- Performance to goal may be used along with enrollment productivity to make decisions on year over year funding adjustments including the decision to terminate grant contract agreements
- Navigator grant entities will earn points throughout the grant award year by participating in, tracking, and reporting various outreach activities as listed in Table 4. Activities that Earn Outreach Points on the next page.
- Grant entities with subcontractors may report on the activities of sub-entities and will be awarded points for activities tracked.

Grant Amount	Outreach Points Goal
\$50,000	50
\$75,000	64
\$100,000	78
\$125,000	92
\$150,000	106
\$175,000	120
\$200,000	134
\$225,000	148
\$250,000	162
\$275,000	176
\$300,000	190
\$325,000	204
\$350,000	218
\$375,000	232
\$400,000	246
\$425,000	260
\$450,000	274
\$475,000	288
\$500,000	300

# Activities that Earn Outreach Points

Category	Point(s) Earned	Qualifying Activity
Events	3	<p>3 points earned per education or enrollment event logged in the event portal or bi-monthly report</p> <p>(Note: office hours do not constitute events)</p>
Paid Media	1	1 point earned per \$100 spent on advertising promoting Covered California enrollment
Earned Media	10	10 points earned per documented instance of earned media
Twitter	1	<p>1 point earned per month wherein 4 tweets are published mentioning Covered California (via in-tweet “@CoveredCA” linked tagging) from an account with at least 1,000 followers</p> <p><b><i>(Max 1 point per month per primary Grantee)</i></b></p>
Facebook	1	<p>1 point earned per month wherein 2 posts are published mentioning Covered California (via in-post “@Covered California” linked tagging)</p> <p><b><i>(Max 1 point per month per primary Grantee)</i></b></p>
Instagram	1	<p>1 point earned per month wherein 2 posts are published mentioning Covered California (via in-post “@CoveredCA” linked tagging)</p> <p><b><i>(Max 1 point per month per primary Grantee)</i></b></p>
LinkedIn	1	<p>1 point earned per month wherein 2 posts are published mentioning Covered California (via in-post “@Covered California” linked tagging)</p> <p><b><i>(Max 1 point per month per primary Grantee)</i></b></p>

# Targeted Area Pilot Funding - Optional

# Targeted Area Pilot Funding - Optional

- Organization must apply for the core funding in order to apply for this optional funding.
- Up to four \$25,000 awards may be funded for one grant entity per region to target with outreach, education, and enrollment events and activities for the 2019-20 agreement term.
- Selections for these awards will be limited to organizations who were selected for core funding, and these awards will be made in addition to core funding grant amount awards.
- The four awards may be made to separate entities, or multiple awards may be issued to the same entity, depending on evaluation of the application.
- Performance in the specified zip codes will be evaluated throughout the grant term year, and continuation of the pilot and funding will be contingent on results meeting appropriate cost per acquisition targets.

# Targeted Area Pilot Funding - Optional

- **Meta-Region 1. Yosemite**
  - 10 Zip Codes
  - 46,091
- **Meta-Region 2. San Bernardino**
  - 8 Zip Codes
  - 34,885
- **Meta-Region 3. North of Redding**
  - 8 Zip Codes
  - 26,270
- **Meta-Region 4. Sierra Foothills**
  - 11 Zip Codes
  - 47,630

# Payment Schedule

**Five Total Payments** will be issues throughout the 2019-20 grant funding amount term as follows:

- **Four** payments of 20% of award amount
- **One** payment of 20% of award amount adjusted by  $\pm$ \$30 per consumer over or under the established effectuated enrollment goal.
  - For example, if the grantee exceeds goal by 10 consumers, the final payment will be increased by \$300. Conversely, if the grantee falls short of goal by 10 consumers, the final payment will be decreased by \$300.

Month/Year	Payment	% Paid of Award
July - October 2019*	20% of award	20%
December 2019	20% of award	40%
February 2020	20% of award	60%
April 2020	20% of award	80%
June 2020	20% of award*	100%**

\* The month of the first payment is contingent upon execution of the contract agreement and receipt of the grantee's strategic work plan.

\*\* The final payment will be performance adjusted as described above.

# Use of Funds

## **Appropriate Use Of Funds:**

- Funding must only be used to conduct the Navigator Program activities and services contained within the Agreement.
- Funds are to be used to perform outreach, education, enrollment, post enrollment, and renewal support to Covered California Health Plan eligible consumers.

## **Inappropriate Use Of Funds:**

- Any acquisitions made with grant funding shall be in compliance with state and federal law.
- The State shall recoup or withhold all or part of a Grantee's funding for failure to comply with the standards set forth in the Standard Agreement upon which the award was based.
- Navigator Program Grant funds shall not supplant federal, state or private funds allocated to conduct the same or similar work contained within the Standard Agreement.

# Eligible Organizations to Apply

Entities *eligible* for the Navigator Program cover a broad range of organization types including:

American Indian Tribe or Tribal Organizations	Non-Profit Community Organizations
Chambers of Commerce	Ranching and Farming Organizations
Cities, Counties or Local Government Agencies	Resource Partners of the Small Business Administration
Commercial Fishing Industry Organizations	Safety-Net Clinics (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
Community Colleges and Universities	
Faith-Based Organizations	
Indian Health Services Facilities	School Districts
Labor Unions	Tax Preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code
Licensed Attorneys (e.g., Family Law Attorneys who have clients that are experiencing life transitions)	Trade, Industry, and Professional Organizations

# Organizations Not Eligible to Apply

The following entities are *ineligible* for the Navigator Program:

Any entities or individuals licensed by the Department of Insurance

Licensed Health Care Institutions

Associations that include members of, or lobby on behalf of, the insurance industry

Licensed Health Care Providers

Health insurance issuers or stop loss insurance issuers

Licensed Health Care Clinics (except for Safety Net Clinics)

Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP

# Collaborative Applications & Use of Subcontractors

- **Identify** existing partnerships that can demonstrate operational readiness and the ability to meet effectuated enrollment goal.
- **Identify** a lead organization and **list** all other collaborative partners as subcontractors.
- Lead organization is responsible to **ensure** subcontractors meet the organization eligibility criteria and **follow** all other aspects of the Navigator Program.
- ~~Submit a copy of their subcontractor agreements prior to executing an agreement with the lead organization.~~
- The lead organization and each subcontractor must **submit** a ***Letter of Intent to Participate***.
- Refer to Section A.2 and A.2.1 in Attachment I. Navigator Grant 2019-22 Application.

Note: Lead organizations selected for award are required to submit their subcontractor agreement(s) prior to executing an agreement with Covered California.

# RFA Criteria

## Highly competitive applications will demonstrate:

- Cost-effective program
- Cultural competency
- Existing access and ability to reach target markets
- Robust infrastructure to support intake, follow-up, enrollments, and post enrollments
- Driving enrollments as the cornerstone of the grantee strategy
- Innovative enrollment events with specific marketing strategies
- Clear understanding of the populations to be targeted during the open enrollment period and the special enrollment period

# Collaborative Application & Use of Subcontractors

- Covered California will consider collaborative applications.
- Collaborative applications should identify existing partnerships that can demonstrate operational readiness and the ability to meet enrollment goals.
- Collaborative applications should identify a lead organization, and list all other collaborative partners as subcontractors.
- It is the sole responsibility of the Grantee (lead organization) to ensure subcontractors meet the eligibility criteria and follow all other aspects of the Navigator Program.
- Covered California may require lead organizations to submit a copy of their subcontractor agreements prior to executing an agreement with the lead organization.

# RFA Criteria – Subcontractor

- If a prospective applicant plans to subcontract any part of this effort, the Grant Application must include the information detailed in Subcontractor Information of the Grant Application (Attachment I, Section 1).
- The applicant must submit Subcontractor Information and Letter of Intent to Participate for each Subcontractor of the proposal (Attachment I, Section A).
- There is no provision for re-granting.
- The use of any subcontractor(s) must be fully explained in the Grant Application (Attachment I).

# Navigator Program Application Process, Schedule, & Instructions

# Application Process

# Application Process

- A competitive process by which Covered California will evaluate strengths and weaknesses of each applicant and make final selections based on the criteria contained in the RFA.
- The goal is to identify organizations that will provide the best overall value, quality strategies to address the identified areas of enrollment opportunity, and the most effective activities to meet the goals, objectives, and guiding principles of the Navigator Program.
- Applicants who demonstrate their experience and ability to effectively provide the services will be favorably considered for grant funding.

# Single Point of Contact

## GRANT APPLICATION SINGLE POINT OF CONTACT

Email Address: [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov)



# Application Process

## Multi-Step:

1. Letter of Intent to Respond (Optional)
2. Grant Applicant Webinar (Optional)
3. Grant Application Submission (**Required**)
4. Grant Application Evaluation and Selection Process (**Required**)
5. Grant Award (**Required**)

# Application Schedule

# Grant Application Schedule

Activity	Approximate Date
<b>Release</b> of Navigator Request for Application Solicitation	April 3, 2019
Grant Applicant <b>Webinar</b> with Questions and Answers	April 9, 2019
Last Day to Submit Inquiries and <b>Questions</b>	April 9, 2019
<b>Response</b> to Applicant Questions Posted on Covered California's Website	April 16, 2019
Letter of <b>Intent</b> to Respond Due (Optional)	April 16, 2019
Final Application Submission Due	<b>April 23, 2019</b>
Grant Application, Evaluation, and Selection Process	April 24, 2019 – May 15, 2019
Notification of Intent to <b>Award Posted</b> on Covered California's Website	May 17, 2019
Last Day to Submit <b>Protest</b>	May 24, 2019
Navigator Grant Award Period	July 1, 2019 – June 30, 2022

Unless otherwise stated, the deadline for all scheduled activities is 5:00 p.m. (PST) on the specified date. All dates are approximate and subject to change as necessary without an addendum to this Grant Application. Changes will be posted at <https://hbex.coveredca.com/solicitations/RFA-2018-16/> and here: <http://hbex.coveredca.com/navigator-program/>

# Applicant Questions and Clarification

**Due April 9, 2019, 5pm PST**

- Covered California will accept written questions or concerns related to this Grant Application and/or its accompanying materials, instructions, or requirements.
- Organizations may submit questions by emailing the Single Point of Contact at [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov).
- Questions received after the deadline are not guaranteed to be answered. Covered California may, at its sole discretion, post responses to questions at the date and time specified above.

# Letter of Intent to Respond (Optional)

This letter is optional for lead applicants to notify Covered California their interest to apply for the grant.

**Due April 16, 2019**

- **Submit** on the organization's letterhead;
- **Identify** a single contact person, including their first and last name, title, email address, and direct phone number;
- **Signed** by a person who is authorized to contractually bind the organization in a potential future contract;
- **Identify** the estimated number of consumers the applicant will enroll and effectuate during the first year of the grant award period; and
- **Identify** the target population(s) for outreach, education, and enrollment.
- **Email** the letter to the Single Point of Contact at [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov).

# Application Submission Package

Due April 23, 2019, 5pm PST

1. Cover Letter
2. References -Two Letters of Recommendation
3. Evidence of Eligibility Document –\*For the lead AND each subcontractor
  - a. IRS Determination **or IRS Affirmation** Letter of your organization’s 501(c)3 or 501(d) status, if applicable
  - b. All **other** organizations must provide a Federal Tax Identification Number **and any corresponding status determination with-** on your company’s official letterhead
  - ~~c. All entities must provide the most recent Form 990 or Tax Return.~~
4. Attachment I - Navigator Grant Application
5. Attachment II - Subcontractor Information and Letter of Intent to Participate (separate document required for each subcontractor), if applicable.

# Application Submission Requirements

- Organizations that submit an application must respond to each narrative question completely, and should not reference other sections of the Application to supplement their responses, as each section will be scored independently.
- Applicants must ensure that their application complies with the instructions contained in the Request for Application (RFA) document.
- Applicants must adhere to the page limits. Additional pages submitted will not be evaluated.
- Covered California will only accept Applications that are submitted electronically. **Paper copy submissions will not be accepted.**
- Applications must be submitted electronically via email to [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov).
- Grant applications are due and **must be submitted by April 23, 2019 (by 5 p.m. PST)**. Late submissions will not be accepted or considered.
- Applications must be submitted with all required components as listed in Sections A, B and C of the application (Attachment I).

# Application Instructions

## Sections A, B, C & Disclosure Form

# Section A – General Information

- A.1 Applicant Information
  - A.1.1. Lead Organization Information
  - A.1.2. Primary Contact
  - A.1.3. Organization Entity Type and Documentation of Eligibility
  - A.1.4. Previous Applicant Experience
  - A.1.5. Additional Funding
  - A.1.6. Estimated Activity and Enrollment Information
  - A.1.7. Demographic Populations
- A.2 Subcontractor Information and Letter of Intent to Participate
  - A.2.1. Primary and Subcontractor Partnership Agreement

# A.1.4. Previous Applicant Experience

- Provide **three (3) examples** of experience, current or recent contracts and/or grants, related to Navigator Program activities as identified in this Request for Application. Specifically, describe the Applicant’s experience in motivating consumers to enroll in health care or other programs or services. Define successful strategies, outcomes, and measurements of impact and success.

Example 1	
Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	

Outreach, Education and Enrollment Goals:  
**(3,000 Character / Approximately 1-Page Limit)**

# A.1.5. Additional Funding

- Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children’s Health Insurance Program, etc.) or other programs?

Funding Source:	
Amount:	
Contract Term (Beginning and End Date):	
Enrollment and Renewal Assistance Goal:	
Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding: <b>(3,000 Character / Approximately 1-Page Limit)</b>	

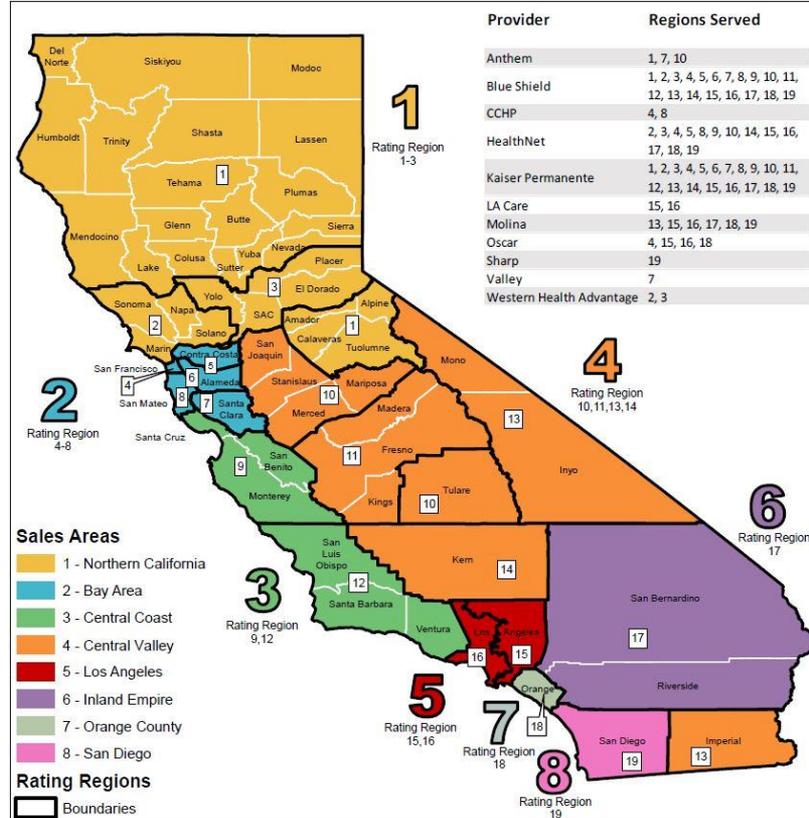
**Additional Funding** – Applicant may add as many additional sources as needed on a separate document. Please reference this application section at the top of the document and attach it to the application submission.

# A.1.6 Estimated Activity and Enrollment Information

- Review the map defining the targeted Sales Areas and boundaries available here:

<https://hbex.coveredca.com/toolkit/webinars-briefings/downloads/Regional-Staff-FINAL.pdf>

- Sales Areas
- County Names
- Rating Regions
- 2019 QHPs



# A.1.6 Estimated Activity and Enrollment Information

- **Then, complete the table:**
  - Enter the total requested funding for this application;
  - List the county/counties per applicable targeted Sales Area(s) that your organization are applying to cover for the Navigator Program RFA 2019-20 grant cycle; and
  - Enter the corresponding Projected # of Outreach Activity Goals and Projected # of Effectuated Enrollments.
- **Your grant amount requested should correlate with the:**
  - 1) Totaled Projected # of Effectuated Enrollment requirements in Table 2.
  - 2) Totaled Projected # of Outreach Activity Goals in Table 3. Proposed Outreach Activity Goals

# A.1.6 Estimated Activity and Enrollment Information

Total Requested Funding For this Application:		\$		
Targeted Sales Area	Targeted Counties	Projected # of Outreach Activity Goals	Projected # of Effectuated Enrollments	
1. Northern Counties				
2. Bay Area				
3. Central Coast				
4. Central Valley				
5. Inland Empire				
6. Los Angeles County				
7. Orange County				
8. San Diego County				
<b>Total:</b>	<b>Number of Counties:</b>			



Requested funding Amount should correlate with the projected effectuated enrollment and outreach activity goals.

# A.1.7 Demographic Populations

- Estimate the percentage next to the ethnic demographic population(s); in-language services, income levels; and age groups of the targeted population(s) that you intend to reach under this grant.
- Fill in a percentage for at least one population, in addition to any others that apply. Ensure the total percentage for ethnicity and special demographics totals to 100%. For each target population identified, also provide a projected number of individuals to be assisted.

# A.1.7 Demographic Populations

Estimate the ethnicity of proposed target population(s):

Estimated Percentage	Projected # of Assisted Individuals (This is an estimate)
%	
%	
%	



Estimate the in-language services of proposed target population(s):



Percentage of In-Language Services	Projected # of Effectuated Individuals (This is an estimate)
%	
%	
%	
%	

# A.1.7 Demographic Populations

Estimate the proposed target population(s) income levels:

Federal Poverty Level (FPL)	Percentage Planned to Reach	Projected # of Assisted Individuals (This is an Estimate)
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
Total:	100%	



Estimate the age groups of the proposed target population(s):

Age Group	Percentage Planned to Reach	Projected # of Assisted Individuals (This is an Estimate)
Under 18 years of age:	%	
18-34 years of age:	%	
35-64 years of age:	%	
65 years of age and older:	%	
Total:	100%	



## A.2 Primary and Subcontractor Letter of Intent (LOI) to Participate

- Organization **applying as a collaborative applicant** where you are a lead organization with subcontractors
- For more than one contractor, please complete **Attachment II. Application Section A.2 Letter of Intent (LOI) to Participate** included in this RFA announcement. This must be filled out for EACH subcontractor.
  - For example, if you have five subcontractors you will be partnering with, then you will have five Attachment II forms to submit. If you have not finalized your selection of subcontractors, please fill in this section with as much information as possible and be sure to indicate your intended partnerships in Section B.1.3, Proposed Personnel.
- This Primary and Subcontractor Letter of Intent (LOI) to Participate information is **REQUIRED** if the Applicant is applying as a collaborative (lead organization with subcontractors).

# Section B – Narrative Sections

- B.1. Cover Letter
- B.2. Qualifications
- B.3. References
- B.4. Proposed Personnel
- B.5. Approach to Statement of Work
  - B.5.1. Target Population
  - B.5.2. Navigator Strategic Workplan
  - B.5.3. Approach to Project Management and Quality Assurance
  - B.5.4. Optional: Targeted Area Pilot Funding

# B.1 Cover Letter

## **3,000 characters/1 Page Limit:**

Include a cover letter (on company letterhead) with the following information:

- A. Title of this Grant Application and submission date of the application;
- B. Requested funding amount;
- C. A summary of the proposed project, including a description of the Covered California subsidy-eligible population and communities targeted by the project, proposed approach and likely impact; and
- D. Signature of an individual authorized to enter into contracts on behalf of the organization/applicant.

## B.2 Qualifications

### 9,000 characters/3 Page Limit

- Provide a written narrative that demonstrates the applicant meets the minimum desired qualifications identified in the RFA. Please order and number your responses including this Section number, title as follows:
  1. Provide an overall description of the Applicant's organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Include a description of the capacity and plans to have a storefront (including hours and address / location) or other public location where consumer assistance will be provided outside of normal business hours.
  2. Describe how the Applicant's established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead organization with subcontractors, describe the nature of the collaborative, the mission, qualifications, experience, and role of each partner and established physical sites providing service.

## B.2 Qualifications

(Continued...)

### **9,000 characters/3 Page Limit**

3. Describe the Applicant's operational readiness to meet effectuated enrollment goals and outreach activity goal requirements during the Open Enrollment and Special Enrollment periods, including the Applicant's program management experience and administrative and fiscal capacity to manage a project of this scope.
4. If the Applicant is applying as the lead organization for a collaborative with more than one subcontractors, please provide the number of forms - Attachment II. Application Section A.2 Letter of Intent to Participate submitted with this application.

## B.3 References

- Attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter.
- Letters of recommendation from any Subcontractor performing services as part of the Applicant's proposal, or from any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are not included in the character limit for this section.

## B.3 References

(Continued...)

- Each letter should address:
  - The nature and length of the relationship between the entities;
  - The Applicant's strengths and examples of success in similar programs;
  - A statement recommending the Applicant for Covered California's Navigator Program, which focuses on subsidy-eligible population enrollment outreach activities and difficult to reach targeted populations.

\*Attach your Reference letters to the application when you submit the completed application.

# B.4 Proposed Personnel

## 6,000 characters/2 Page Limit

Order and number your responses as follows:

1. Describe the Applicant's strategy for staffing enrollment activities and why this approach is effective in meeting enrollment goals.
2. Describe the Applicant's current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.
4. If the applicant is planning to partner with other organizations but has not finalized the selection of its subcontractors, include a description of the potential partners.

## B.4 Proposed Personnel

(Continued...)

### **6,000 characters/2 Page Limit**

5. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
6. If the Applicant is applying as a collaborative with a lead organization and subcontractors, describe the role of each partner in this project and the value added to the proposed enrollment, outreach, and enrollment campaign.
7. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.

# B.5 Approach to Statement of Work

## 18,000 Characters / Approximately 6-Page Limit

Statement of work must address the following:

1. Target Population
2. Navigator Strategic Work Plan
3. Approach to Project Management and Quality Assurance
4. Optional: Targeted Area Pilot Funding

## B.5.1 Target Population

1. Identify individuals and organizations in the communities served and what will motivate or influence them to partner with the Applicant to design and implement enrollment campaigns. Describe how the Applicant will leverage and build upon this coalition.
2. Describe the nature of the Applicant's relationship with the communities served, how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project.
3. Describe the Applicant's approach, and the demonstrated ability to eliminate barriers in order to motivate them to enroll in Covered California Qualified Health Plans.

## B.5.2 Navigator Strategic Workplan

1. Describe the Applicant's proposed approach and strategy for maximizing enrollments during the Open Enrollment and Special Enrollment periods.
2. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations.
3. Describe current or historical media strategies including paid media, earned media and social media strategies. Detail total annual paid media expenditures promoting enrollment assistance. Summarize total annual earned media impressions with specific breakouts of print, digital, television, and radio distribution. Provide current social media activity including platforms used (e.g., Twitter, Facebook, Instagram, LinkedIn), accounts used (e.g., entity account names and/or counselor account names), and the number of followers on each account.

## B.5.2 Navigator Strategic Workplan

(continued...)

4. Describe the capacity and plans to have a store front (including hours of operation and address / location) or other public location where consumer assistance will be provided outside of normal business hours.
5. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target Covered California subsidy-eligible population.
6. Describe the applicant's proposed approach for assisting with renewals and supporting retention efforts.

## B.5.3 Approach to Project Management and Quality Assurance:

1. Describe the Applicant's plan for managing and monitoring Navigator Program Activities.
2. If the Applicant is applying as a collaborative (lead agency with subcontractors), describe how the lead agency will monitor progress toward accomplishing project goals. Describe any anticipated challenges with managing the collaborative and how the Applicant proposes to overcome them.
3. Describe how your organization captures data for the number of consumers assisted and/or enrolled. For consumers who were assisted but not enrolled, is there a follow-up process in place? If so, describe the process.
4. Describe the Applicant's policies and procedures related to protecting consumer's privacy and security.

## B.5.4 Optional: Targeted Area Pilot Funding

(If an Applicant wishes to apply for more than one of the meta-regions specified in the Targeted Area Pilot Funding, numbers 1-3 below must be completed for each meta-region for which the Applicant wishes to be considered.)

1. Specify the meta-region(s) your organization is applying to target through the Targeted Area Pilot. Describe your organization's experience reaching the communities in zip codes listed for this meta-region.
2. How would your organization utilize the additional funding for targeted outreach? Provide a budget overview for the \$25,000 provided for outreach in this meta-region, including personnel.
3. Detail the outreach strategy specific to this meta-region, discussing both Open Enrollment and Special Enrollment Period strategies.
4. Project how many consumers your organization would enroll in this meta-region through the Targeted Outreach Pilot. Detail the assumptions and expectations that support this projection.

# Section C – Line Item Budget

- Submit a line item budget including detailed description of how grant funds will be spent. The budgeted line items and amounts should align with the personnel and activities outlined in the application. The total proposed budget should match the amount requested in Section A.1.6.

## Important Document Submission Final Note

- \*IMPORTANT NOTE: This Attachment I. Navigator Program 2019-22 Grant Application is designed to be used both as a formatting tool and as a submission template; therefore, it is important that you attach all additional pages and narrative where needed when you submit your Application. You should use all the template where applicable, but make sure you include and note “see attached” where you attach additional documents and information.

# Disclosure Form and Signature for Application Submission

- *This page should be included in your application packet. It will not count toward any page limits.*

By submitting the grant application and the supporting application documents and materials, you are agreeing the terms in this form.

- Please **print** this application, **sign** the “Authorized Signature” box above, and **scan** the application with all applicable attachments and documents prior to submitting the complete application via **email** to [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov) by **5 p.m. PST on April 23, 2019.**

# Navigator Program Evaluation & Selection Process

# Scoring – Core Funding

- 1. Core Funding:** The evaluation process will use a 55-point (solo Applicant) or 65-point (collaborative Applicants) rating, using the following factors and points:

Rating Factors	Application Section	55-point (solo Applicant)	65-point (collaborative Applicants)
1. Organization General Information & Previous Experience	Section A.1	8 points	8 points
2. Narrative Sections 1-4: Cover Letter, Qualifications, References, and Proposed Personnel	Sections B.1-B.4	20 points	28 points
3. Narrative Section 5: Statement of Work	Section B.5	24 points	26 points
4. Line Item Budget	Section B.1.4	3 points	3 points

# Scoring – Optional Funding

- Optional Funding:** The evaluation process will score the Targeted Area Pilot Outreach separately from the Core Funding; 8 points possible per meta-region. These points do NOT count toward the main core funding score.

Rating Factors	Application Section	24-point (solo Applicant)	24-point (collaborative Applicants)
1. Meta-Region 1. Yosemite	Section B.5.4	8 points	8 points
2. Meta-Region 2. San Bernardino	Section B.5.4	8 points	8 points
3. Meta-Region 3. North of Redding	Section B.5.4	8 points	8 points
4. Meta-Region 4. Sierra Foothills	Section B.5.4	8 points	8 points

# Navigator Grant Application Selection Criteria

Covered California will thoroughly review responses to this Application and will consider the following:

1. Alignment with the Navigator program objectives;
2. Degree of innovation, including the use of grant funds on storefronts or other permanent locations where consumers can receive enrollment and renewal assistance outside of normal business hours;
3. Experience and demonstrated success in providing enrollment assistance to Covered California eligible consumers;
4. Evidence demonstrating likely effectiveness of outreach, education, enrollment and post-enrollment strategies; and
5. Distinctiveness from other funded activities.

# Navigator Grant Entity Notification

- Awards will be based on the evaluation criteria identified in Navigator Grant Application Selection Criteria (Section A).
- Notification of Intent to Award will be posted on May 16, 2019, per the Grant Application Schedule (Section B.1) at <http://hbex.coveredca.com/navigator-program/>.
- Awards may be announced in phases.

# Deadline Dates

**Inquiries and Questions Submission:**  
April 9, 2019 – 5:00 PM PST

**Application Submission:**  
April 23, 2019 – 5:00 PM PST

# Questions?

Please submit your questions via the chat feature so we can track all questions.



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**Thank You!**