Request for Information - AFFORDABLE CARE ACT (ACA) – CONSUMER ASSISTANCE OR OMBUDSMAN PROGRAM GRANTS

General Statement and Purpose

The Ohio Department of Insurance ("Department") is issuing this Request for Information ("RFI") to entities wishing to participate in the Ohio application to the United States Department of Health and Human Services for the Consumer Assistance or Ombudsman Grant Program.

Deadline

The deadline for submitting a response to this RFI is **Tuesday, August 10, 2010 at 3pm EST by email to** Mugsy.Reynolds@insurance.ohio.gov . Please note that your response via e-mail will include a narrative section (in WORD format) consisting of responses to instructions in the "Proposal Instructions" section of this RFP. The Department may reject any information submissions that are received after the deadline. The Department may reject late submissions regardless of the cause for delay.

RFI Questions

All questions from entities seeking to participate in the Ohio application to the United States Department of Health and Human Services for the Consumer Assistance or Ombudsman Grant Program should be submitted in writing via e-mail and sent directly to Mugsy.Reynolds@insurance.ohio.gov . If you want to be copied on all questions and answers, please provide an e-mail address to Mugsy.Reynolds@insurance.ohio.gov . Questions will be responded to on a daily basis up to and including the deadline of 3pm EST on **Tuesday, August 10, 2010**.

Background

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law. The two laws collectively are commonly referred to as the Affordable Care Act (ACA). Section 1002 of the ACA added section 2793 of the Public Health Service (PHS) Act, which provides for federal grants to States to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs.

Section 2793 of the PHS Act requires that, as a condition of receiving grant funds, consumer assistance or ombudsman programs must: assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, and educate consumers on their rights and responsibilities with respect to group health plan and health insurance coverage. In addition, they must collect data on consumer inquiries and complaints to help the Secretary identify problems in the marketplace and strengthen enforcement. Starting in 2014, programs must also help resolve problems with obtaining premium tax credits for coverage through a State Exchange established under section 1311 of the ACA, and receive referrals from entities that serve as navigators for enrollees with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.

As health reform is implemented consumers will need to understand new programs, avail themselves of new protections, and navigate the system to find the most affordable coverage that meets their needs. In addition to the statutory grant conditions described above, which relate to health insurance and group

health plans, consumer assistance programs will also accept inquiries and problems of uninsured consumers. For data collection activities, programs must collect data on a range of consumer inquiries related to private coverage. In addition, programs must collect data on the types of problems and inquiries encountered by consumers relating to public coverage, including Medicaid, the Children's Health Insurance Plan (CHIP), State high-risk pools and the new Pre-existing Condition Insurance Plan (PCIP).

Some capacity for health insurance consumer assistance already exists in every State, and different models have been established. This grant program can enhance and strengthen models that are already working as well as invest in new activities. For example, State insurance departments have consumer services divisions that provide some of the help required under this program. In many States, consumer assistance programs offering a broad range of assistance have also been established within the office of the attorney general, independent State consumer assistance agencies, other State agencies, or a non-profit non-governmental organization.

The ACA requires consumer assistance or ombudsman programs to report data to the Secretary of HHS in order to strengthen oversight. Programs must report on the types of problems and questions consumers experience with health coverage, and how these are resolved. Reports will help identify patterns of problems and noncompliance as well as best practices. HHS will share data reports with the U.S. Departments of Labor and the Treasury, and with State regulators. Within HHS, reports can also provide the Office of Consumer Information and Insurance Oversight (OCIIO) with information about the effectiveness of State enforcement, and can help it identify opportunities to provide technical assistance and support to State insurance regulators.

All States that designate an independent office of health insurance consumer assistance or ombudsman that meets the eligibility criteria are eligible for the consumer assistance program grants. In order to receive a grant, applicants must propose a plan to use grant funds to develop or enhance their consumer assistance activities and demonstrate that eligibility criteria are satisfied, in accordance with the requirements specified in this funding opportunity announcement (FOA).

In the ACA, Congress appropriated $30 million to carry out Section 2793 of the PHSA, which establishes health insurance consumer assistance programs. HHS will award $29 million to States this fall; $1 million is reserved to cover administrative costs for both FY 2010 and 2011 to assist States to carry out consumer assistance activities. The Office of Consumer Support in OCIIO will provide significant support services for grantees, including data reporting software and technical support, resource and training materials, and assistance on casework as it relates to questions arising from Federal law. Grant amounts for States will be determined according to a population-based formula.

This RFI seeks submissions from entities to seeking to participate in Ohio's Consumer Assistance or Ombudsman Grant Program.

Attachments

Exhibit A: Department of Health and Human Services Office of Consumer Information and Insurance Oversight Affordable Care Act (ACA) – Consumer Assistance Program Grants Initial Announcement

Records

All proposals and other material submitted to the Department in response to this RFI will become the property of the Department. The entities should not include trade secrets or proprietary information in a proposal or supporting materials because all proposals and supporting information are subject to Ohio's Public Records Law, Section 149.43 of the Ohio Revised Code.

Scope of Work

1. Assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan (*self-insured*) or health insurance issuer (*Insurance Company*) involved and providing information about the external appeal process.

2. Collect, track, and quantify problems and inquiries encountered by consumers.

3. Educate consumers on their rights and responsibilities with respect to group health plans (*self-insured*) and health insurance coverage.

4. Assist Consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance, and

5. Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

Proposal Instructions

Each proposal must include a detailed response to each of the following:

- Please describe the purpose, history and structure of your organizations.
- Please describe how your organization would best fulfill each aspect of each function listed in the Scope of Work section of this RFI.

All proposals must be received by Tuesday, August 10, 2010 at 3pm EST by email to Mugsy Reynolds at Mugsy.Reynolds@insurance.ohio.gov . Submissions received after this deadline may not be reviewed.

REVIEW OF RFI RESPONSES

The Department issues this RFI in order to determine the availability of qualified, ready, and willing entities wishing to participate in the Ohio application to the United States Department of Health and Human Services for the Consumer Assistance or Ombudsman Grant Program. No procurement of any vendor services will occur via this RFI alone.

EXHIBIT A (on following pages)

Department of Health and Human Services
Office of Consumer Information and Insurance Oversight

Affordable Care Act (ACA) – Consumer Assistance Program Grants

Initial Announcement
Invitation to Apply for FY 2010

CFDA: 93.519

Date: July 22, 2010

Applicable Dates:

Electronic Grant Application Due Date: September 10, 2010 by 11:59 p.m. Eastern Daylight Time
Anticipated Issuance of Notice of Grant Awards: October 8, 2010
Grant Period of Performance/Budget Period: 12 months

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1097. The time required to complete this information collection is estimated to average (101 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services
Office of Consumer Information and Insurance Oversight

Funding Opportunity Title: Affordable Care Act (ACA) – Consumer Assistance Program Grants

Announcement Type: Initial

Catalog of Federal Domestic Assistance (CFDA) Number: 93.519

Key Dates:

- Date of Issue: July 22, 2010
- Grants.gov Application Due Date: September 10, 2010 by 11:59 p.m. Eastern Daylight Time
- Hardcopy Application Due Date (allowed only if waiver is granted by Agency officials): An application delivered to HHS by U.S. mail is considered timely filed if the application was postmarked on or before September 10, 2010.
- Anticipated Issuance of Notice of Grant Awards: October 8, 2010
- Grant Period of Performance/Budget Period: 12 months
- An open information teleconference for applications of the funding opportunities under this announcement will be held on Tuesday, July 27, 2010 at 3:00 p.m. EDT. The toll-free teleconference phone number will be (888) 603-7024, pass code: 6732162.

I. FUNDING OPPORTUNITY DESCRIPTION

A. Background and Purpose of Award

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was also signed into law. The two laws collectively are commonly referred to as the Affordable Care Act (ACA). Section 1002 of the ACA added section 2793 of the Public Health Service (PHS) Act, which provides for federal grants to States to establish, expand, or provide support for the establishment of independent offices of health insurance consumer assistance or ombudsman programs.

Section 2793 of the PHS Act requires that, as a condition of receiving grant funds, consumer assistance or ombudsman programs must: assist consumers with filing complaints and appeals, assist consumers with enrollment into health coverage, and educate consumers on their rights and responsibilities with respect to group health plan and health insurance coverage. In addition, they must collect data on consumer inquiries and complaints to help the Secretary identify problems in the marketplace and strengthen enforcement. Starting in 2014, programs must also help resolve problems with obtaining premium tax credits for coverage through a State Exchange established under section 1311 of the ACA, and receive referrals from entities that serve as navigators for enrollees with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.

As health reform is implemented consumers will need to understand new programs, avail themselves of new protections, and navigate the system to find the most affordable coverage that meets their needs. In

addition to the statutory grant conditions described above, which relate to health insurance and group health plans, consumer assistance programs will also accept inquiries and problems of uninsured consumers. For data collection activities, programs must collect data on a range of consumer inquiries related to private coverage. In addition, programs must collect data on the types of problems and inquiries encountered by consumers relating to public coverage, including Medicaid, the Children's Health Insurance Plan (CHIP), State high-risk pools and the new Pre-existing Condition Insurance Plan (PCIP).

Some capacity for health insurance consumer assistance already exists in every State, and different models have been established. This grant program can enhance and strengthen models that are already working as well as invest in new activities. For example, State insurance departments have consumer services divisions that provide some of the help required under this program. In many States, consumer assistance programs offering a broad range of assistance have also been established within the office of the attorney general, independent State consumer assistance agencies, other State agencies, or a non-profit non-governmental organization.

The ACA requires consumer assistance or ombudsman programs to report data to the Secretary of HHS in order to strengthen oversight. Programs must report on the types of problems and questions consumers experience with health coverage, and how these are resolved. Reports will help identify patterns of problems and noncompliance as well as best practices. HHS will share data reports with the U.S. Departments of Labor and the Treasury, and with State regulators. Within HHS, reports can also provide the Office of Consumer Information and Insurance Oversight (OCIIO) with information about the effectiveness of State enforcement, and can help it identify opportunities to provide technical assistance and support to State insurance regulators.

All States that designate an independent office of health insurance consumer assistance or ombudsman that meets the eligibility criteria are eligible for the consumer assistance program grants. In order to receive a grant, applicants must propose a plan to use grant funds to develop or enhance their consumer assistance activities and demonstrate that eligibility criteria are satisfied, in accordance with the requirements specified in this funding opportunity announcement (FOA).

In the ACA, Congress appropriated $30 million to carry out Section 2793 of the PHSA, which establishes health insurance consumer assistance programs. HHS will award $29 million to States this fall; $1 million is reserved to cover administrative costs for both FY 2010 and 2011 to assist States to carry out consumer assistance activities. The Office of Consumer Support in OCIIO will provide significant support services for grantees, including data reporting software and technical support, resource and training materials, and assistance on casework as it relates to questions arising from Federal law.

Grant amounts for States will be determined according to a population-based formula.

B. Priority for Award of Grants

The primary goal of the consumer assistance program grants is to provide awards to States for the establishment of, expansion of, or support for consumer assistance (or ombudsman) programs. Successful applicants are required to demonstrate that they will use grant funds to build capacity in their programs. This means developing or enhancing their consumer assistance activities to promote immediate improvements in health insurance consumer assistance.

As described in Section 2793 of the Public Health Service Act, States must use grant funds to support the following activities:

- Assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process;

- Collect, track, and quantify problems and inquiries encountered by consumers;

- Educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;

- Assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and

- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

This solicitation provides detailed information on the grant requirements related to these activities and instructions for application submission.

II. AWARD INFORMATION

A. Type of Assistance

Grants.

B. Total Funding:

HHS will award $29 million to States this fall.

C. Award Amount:

Each State is eligible for only one grant award. Grant amounts will be provided to States based on population, with a minimum grant amount of $120,000 for direct and indirect costs, per State.

D. Anticipated Award Date:

October 8, 2010

E. The Period of Performance:

Twelve months

F. Number of Awards:

No more than fifty-six awards.

For the purposes of this FOA, a "State" means each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

All awards (new and continuation) that are issued under this announcement are subject to the availability of funds as well as satisfactory progress. In the absence of funding, HHS is under no obligation to make awards under this announcement.

III. ELIGIBLITY INFORMATION

A. Eligible Applicants:

This grant opportunity is open to States that designate an independent office of health insurance consumer assistance or ombudsman that meets the eligibility criteria. States may designate insurance departments, State attorney general offices, independent State consumer assistance agencies, or other State agencies. In addition, States may contract or enter into agreements with one or more non-profit organizations (working as a consortium) that otherwise meet the requirements of this grant.

States that wish to partner with a non-profit organization or organizations can include a letter of intent to contract with the non-profit agency, with final documentation of the agreement submitted to HHS no later than 45 days after the date of the Notice of Grant Award.

Criteria in the review process will include a proven track record of consumer assistance and expertise in consumer education and problem resolution. They will also include demonstrated long term financial sustainability. State applicants should provide assurance regarding the independence of the proposed program, and of the ability of the program to advocate on behalf of consumers and report objective data to the Secretary. Applicants must also demonstrate that potential designees will meet other program performance and reporting requirements.

Each State is eligible for only one grant award.

States must address each of the following topics in their application:

<u>Independence</u>

States must demonstrate that designees:

- can advocate freely and vigorously on behalf of consumers. With respect to the specific program requirement to file appeals on behalf of consumers, applications from governmental agencies that may adjudicate appeals must demonstrate how this function will be carried out independent of conflicts.
- are capable of reporting objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage.

<u>Coordination</u>

States must demonstrate capability of designees to coordinate closely with State insurance regulators and consumer assistance organizations, and are encouraged to demonstrate the ability to coordinate with State Medicaid programs.

Insurance companies ineligible

In the case of applications from States in partnership with nonprofit organizations, the partner organization must not be a health insurance issuer or an entity that is treated under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer.

Expertise

States must demonstrate that their designees are equipped to carry out the mandated duties. They must demonstrate that they will have the staff and expertise to provide information to consumers on Federal, State and local rights and duties, assist consumers with enrollment into coverage, and assist with the filing of appeals.

Eligible programs must be able to provide assistance that is culturally and linguistically appropriate. Please refer to the Office of Minority Health's website for the national standards on culturally and linguistically appropriate services (http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15).

An applicant must include in its application information about the program's existing casework. At a minimum, this should include the total number of cases handled in the previous year (both open and closed cases), the types of cases (i.e. access to care, billing, appeals and grievance), and the disposition of cases. Additionally, discuss the program's current use of Database software for logging and tracking casework, as well as the program's ability to accommodate new Database software provided by HHS. The program will not be required to use the new Database software, but note that it may be beneficial to do so since it will generate the types of data collection reports required by HHS.

Accessibility

Eligible programs must demonstrate that services will be made available to residents throughout the State. Applicant must provide a toll-free number or a hotline to allow consumers access to services it provides. There should be staff available to answer consumer calls in real time. Sufficient staff must be available during normal business hours (typically 9:00 am to 5:00 pm from Monday to Friday), with 24-hour voicemail access and message indicating calls will be returned within 24 hours. Walk-in access must be provided.

Eligible programs must demonstrate ability to communicate effectively with consumers, including the provision of interpretive services to those with limited English proficiency and modes of communication that accommodate consumers with disabilities. Eligible programs must demonstrate capacity to work with vulnerable populations and adequate staffing to respond to consumer concerns.

States may submit a proposal that includes a plan to subcontract with non-profit community-based organizations or centers in order to expand accessibility and carry out the duties prescribed under this grant.

Privacy and security of personally identifiable information

The applicant shall have a mechanism in place to protect a consumer's personal information. To be eligible for this grant, an applicant must develop the following criteria pertaining to the use of information entered in the Database system:

- criteria for security for information handling and for the database maintained by the program under this grant, including efforts to use appropriate encryption technology or other appropriate technology to protect the security of such information;
- criteria for meeting the uniform electronic format for the reporting, sharing, and disclosure of information as required by HHS;
- criteria for availability of information and limitation on access to program personnel;
- criteria for access to the database, and procedures to ensure that information in the database is accurate;
- criteria for the use and disclosure of information;
- penalties for the unauthorized use and disclosure of information maintained under this grant in violation of applicable State law or regulation; and
- information on the relevant State laws, policies, and procedures, if any, regarding access to, disclosure of, and purging of information from the database.

States that submit applications that do not address each of the topics that are reflected above will be deemed ineligible and will not be further considered for funding.

B. Cost Sharing or Matching:

Cost sharing or matching is not required as a condition of award. However, State designees are not required to be supported exclusively by federal grants. Designees are encouraged to seek outside funding sources, including from other governmental appropriations and from philanthropic foundations. States are also encouraged to build on existing programs. When States do so, grant funds must be used to expand programs, not to refinance existing consumer assistance services provided by States.

IV. APPLICATION AND SUBMISSION INFORMATION

A. Address to Request Application Package:

This solicitation serves as the application package for this grant and contains all the instructions that a potential applicant requires to apply for grant funding. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants. Application materials will be available for download at http://www.grants.gov. Please note that the Office of Consumer Information and Insurance Oversight is requiring applications for all announcements to be submitted electronically through http://www.grants.gov. For assistance with http://www.grants.gov, contact support@grants.gov or 1-800-518-4726. At http://www.grants.gov, applicants will be able to download a copy of the application packet, complete it off-line, and then upload and submit the

application via the grants.gov website. The solicitation can also be viewed on the Department of Health and Human Services website at http://www.hhs.gov/ociio/index.html.

Specific instructions for applications submitted via http://www.grants.gov:

- You can access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the CFDA number **93.519**.
- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. The Office of Consumer Information and Insurance Oversight strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the following Website: www.dunandbradstreet.com or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number.
- The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. You should allow a minimum of five days to complete the CCR registration. Information about CCR is available at http://www.ccr.gov. The central contractor registration process is a separate process from submitting an application. Applicants are encouraged to register early. In some cases, the registration process can take approximately two weeks to be completed. Therefore, registration should be completed in sufficient time to ensure that it does not impair your ability to meet required submission deadlines.
- Authorized Organization Representative: The Authorized Organization Representative (AOR) who will officially submit applications on behalf of the organization must register with Grants.gov for a username and password. Potential AOR's must wait 1 business day after registration in CCR before entering their profiles in Grants.gov. AOR's must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password. http://grants.gov/applicants/get_registered.jsp
- When an AOR registers with Grants.gov, the E-Biz POC will receive an email notification. The E-Biz POC must login to Grants.gov (using your organization's DUNS number for a username and the "M-PIN" password obtained in Step 2) and approve the AOR, thereby giving him or her permission to submit applications.
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.

  The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- You must submit all documents electronically in PDF format, including all information included on the SF 424 and all necessary assurances and certifications, and all other attachments.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the Grants.gov compatibility information and submission instructions provided at http://www.grants.gov. Click on "Vista and Microsoft Office 2007 Compatibility Information."

- Your application must comply with any page limitation requirements described in this Program Announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains a Grants.gov tracking number. OCIIO will retrieve your application form from Grants.gov.
- After OCIIO retrieves your application form from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by Grants.gov.
- Each year organizations and entities registered to apply for Federal grants through http://www.grants.gov will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (http://www.ccr.gov).

Applications cannot be accepted through any email address. Full applications cannot be accepted through any website other than http://www.grants.gov. Full applications cannot be received via paper mail, courier, or delivery service.

All grant applications must be submitted electronically and be received through http://www.grants.gov by 11:59 p.m. Eastern Daylight Time on September 10, 2010 to be considered "on time." All applications will receive an automatic time stamp upon submission and applicants will receive an automatic e-mail reply acknowledging the application's receipt.

To be considered timely, applications must be sent on or before the published deadline date. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area when justified by circumstances such as acts of God (e.g., floods or hurricanes), widespread disruptions of mail service, or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout, that affect the public at large may be authorized.

Applicants that do not adhere to the timelines for Central Contractor Registry (CCR) and/or Grants.gov registration and/or request timely assistance with technical issues will not be considered for a waiver to submit a paper application.

No other deadline extensions are permitted.

B. Format, Standard Form (SF) and Content Requirements:

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

Double-space all narrative pages. The project abstract may be single-spaced.

All applications must meet the requirements outlined in Section III, *Eligibility Information* and Section IV, *Application and Submission Information.* Applicants are strongly encouraged to thoroughly review information provided in Section V, *Application Review Criteria and Information*.

The application Project Narrative will not exceed 10 pages in length, and the Budget Narrative will not exceed 3 additional pages (a total of 13 pages in length). The additional supporting documentation listed below is excluded from the page limitation.

The following documents are required for a complete application:

1. Cover Sheet and Standard Forms

The applicant must include the project narrative as an attachment to the application packet.

Mandatory documents for all applicants include:

- Application forms:
  - SF-424 – Non Construction
  - SF-424A – Non Construction
  - SF-424B – Non Construction
- Project Site Location Form.
- Budget Narrative (must be single spaced).
- Project Narrative (must not exceed 10 pages).
- Biographical sketches for all Key Personnel.
- Disclosure of Lobbying Activities (SF-LLL) (if applicable).
  - Documentation of current OMB A-133 required Financial Audit, if applicable
- Additional Assurance Certifications (forms will be available for download as part of the application package in Grants.gov)

Note: On SF 424 "Application for Federal Assistance":

- Item 15 "Descriptive Title of Applicant's Project." Please indicate in this section the name of this grant: **Affordable Care Act (ACA) – Consumer Assistance Program Grants**.
- Check box "C" to item 19, as Review by State Executive Order 12372 does not apply to these grants.
- Assure that the total Federal grant funding requested is for the period of the grant.

2. Application Check-off Cover Sheet: Complete the check-off cover sheet as indicated; refer to Attachment A.

3. Applicant's Application Cover Letter:

A letter from the applicant must identify the:

- Eligible entity (e.g., State department of insurance, State contracting with a non-profit organization, etc.);
- Title of the project; and
- Principal Investigator/Project Director of the grant project with contact information.

The letter should indicate that the submitting agency or Lead Agency has existing authority to oversee and coordinate the proposed activities or can demonstrate a plausible plan for obtaining such authority.

4. Project Abstract:

A one-page abstract should serve as a succinct description of the proposed project and must include the goals of the project, the total budget, and a description of how the grant will be used to enhance consumer assistance activities in the State.

5. **Project Narrative** (as outlined in Section V. A. 1., *Project Narrative Instructions*)

6. **Work Plan and Time Line** (as outlined in Section V. A. 2., *Work Plan and Time Line*)

7. **Proposed Budget** (as outlined below and in Section V. A. 3., *Budget Narrative*)

The applicant is required to provide a detailed budget for the grant period. The budget presentation must include the following:

- Estimated Budget Total.
- Current State funding for the program, if the State currently devotes funding to such program. The amount that was spent in the preceding fiscal year on consumer assistance activities for the Maintenance of Effort requirement (MOE).
- Total estimated funding requirements for each of the following line items, and a break down for each line item by grant year:
    - Personnel
    - Fringe benefits
    - Contractual costs, including subcontract contracts
    - Equipment
    - Supplies
    - Travel
    - Indirect charges, in compliance with the appropriate OMB Circulars. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
    - Other costs
    - Completion of the Budget Form 424A remains a requirement for consideration of your application. This Estimated Budget Presentation is an important part of your proposal and will be reviewed carefully by HHS staff. Remember all quarters of the budget must be included on this form.
    - Provide budget notes for major expenditures and notes on personnel costs and major contractual costs.

8. **Appendices**

- Required Attachments as indicated in this solicitation (and as referenced in Section V. A. 4., Required Supporting Documentation).
- Resumes/Job Descriptions for Project Director and Assistant Director and the percentage of time that each person will be working on this project and the percentage of time that each will spend on duties outside of the grant activities.

C. Intergovernmental Review:

Applications for these grants are not subject to review by States under Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR 100). Please check box "C" to item 19 of the SF-424 (Application for Federal Assistance) as Review by State Executive Order 12372 does not apply to these grants.

D. Funding Restrictions:

1. Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs (e.g. consultant fees associated with preparing the Consumer Assistance Program Grant application).

2. Prohibited Uses of Grant Funds

No grant funds awarded under this solicitation may be used for any item listed in the Prohibited Uses of Grant Funds as detailed in Attachment A.

V. APPLICATION REVIEW CRITERIA AND INFORMATION

A. Description of Review Criteria:

In order to receive a grant award, States must submit a proposal to establish, expand, or provide support for offices of health insurance consumer assistance or ombudsman programs, including a plan for disclosing program information to the Secretary as described in this section. As part of the application, the State must describe the extent of their current consumer assistance activities and provide a plan to strengthen and enhance these activities. Specific application requirements are outlined below.

Application materials submitted shall not contain any personally identifiable information, unless expressly requested by a form or this grant announcement.

As indicated in Section IV (*Application and Submission Information*), all applicants must submit a project narrative, a work plan, a timeline and a budget as part of their grant application. A complete description of each of the grant application requirements is provided below:

1. Project narrative instructions:

The project narrative may be no more than 10 pages in length and may include any attachments requested in the application requirements below (attachments will not be subject to the page limit).

a) Type of entity and description of the program

As part of the grant application, States must specify the type of entity for the consumer assistance program. The type of entities that can be designated are:

1. State insurance departments
2. Independent State consumer assistance agencies
3. Offices of the attorney general
4. Other State agencies
5. Non-profit organizations (or a non-profit organization working in consortium with other non-profit organizations that otherwise meet the requirements of this grant) with the intent to contract with the State

Additionally, States must provide a description of the following:

- The program's organizational structure (in relation to other State agencies).
- The program's ability to advocate freely and vigorously on behalf of consumers. With respect to the specific program requirement to file appeals on behalf of consumers, applications from governmental agencies that may adjudicate appeals must describe how this function will be carried out independent of conflicts.
- The program's ability to report objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage.
- The program's ability for long term financial sustainability

b) Scope of program assistance

Discuss the range of assistance services provided by the program, including, but not limited to, private health insurance, group health plans (both private ERISA plans and nonfederal governmental plans), State high risk pools, Pre-existing Condition Insurance Plan (the new Federal high risk pool program), and other public coverage. Include information on the program's ability to handle and experience in handling appeals and grievance cases.

Applicants do not need to be capable of providing direct assistance to consumers on issues and problems related to Medicaid and CHIP. However, applicants must indicate a capability of making appropriate referrals for such consumers.

The application must also include information on the types of cases handled by the program (i.e. access, billing, appeals, etc.).

c) Program accomplishments

Applicants must include information on the program's track record of consumer assistance and expertise in consumer education and problem resolution. Describe the program's accomplishments involving the following activities:

- Assisting consumers with enrollment
- Assisting consumers with filing of complaints and appeals
- Consumer education
- Data collection, management, and reporting (include information on existing Database systems used to track caseload)
- Policy development
- Recovered benefits (if applicable)

Also report on the total number of cases handled by the program. In providing this information, we request applicants to report on the number of people served, as opposed to the number of calls received. This reporting requirement should reflect complete data for most recent budget year available.

In providing this casework data, under no circumstances should any personally identifiable information be reported to HHS.

d) Expertise of consumer assistance program personnel

Applicants must provide information on the total number of staff, both full-time and part-time, as well as a description of staff expertise in handling cases involving private health insurance, under both Federal law – including the Affordable Care Act – and State law, as well as cases involving local programs.

States must provide information on personnel training (i.e. length of training, scope, resource manuals, etc.).

Also discuss personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate. In discussing this topic, please refer to the Office of Minority Health's website for the national standards on culturally and linguistically appropriate services (http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15).

e) Accessibility

Note that grants are limited to programs whose services are offered throughout the State. States must provide information on the accessibility of the program, including ways in which consumers can reach the program (toll-free number or hotline, walk-ins, e-mail, website, or fax) and its hours of operation. If the program has an existing website, then provide the web address.

States must demonstrate the program's ability to work with vulnerable populations. Accordingly, States must provide information on the program's ability to handle cases involving individuals with limited English proficiency as well as individuals with disabilities.

f) Process for ensuring privacy and security of personally identifiable information

States must describe the different mechanisms in place to protect a consumer's personal information. When applicable, include any processes in place to protect consumer information entered in the Database system.

At a minimum, the narrative should answer all of the following questions:

1. Describe the computing infrastructure in which the information will be collected, stored, and transmitted (network, servers, database, workstations, etc.)

2. Is the network protected by a firewall? Please describe.

3. Is the system capable of transmitting the required reporting data in an encrypted form? Please describe.

4. When data are accessed (e.g. read, write, delete), are these actions logged in an audit trail? Please describe.

5. Are staff fully trained on methods to protect data privacy, or is there a written plan for this training? Please describe.

6. Are there written plans in place for preventing loss of data in the event of emergency? Please describe.

7. Please describe the assignment of user privileges and the control of access to protected data.

2) Work Plan and Timeline:

A timeline is required with the project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document reasonable milestones with associated timeframes, and identify by name and title of the individual responsible for accomplishing the goals of the project.

3) Budget Narrative:

A budget with appropriate budget line items and a narrative that identifies the funding needed to accomplish the grant's goals are required. For the budget recorded on form SF 424 A, provide a breakdown of the aggregate numbers detailing their allocation to each major set of activities. The budget narrative must separately report on technical assistance activities. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners.

For existing programs, include a discussion of any outside funding sources described in Part III, section B of this grant announcement. Also include details on the program's current budget.

4) Required Supporting Documentation:

The following supporting documentation should accompany the application. This information is excluded from the page limit for applications.

a) The State must provide a clear delineation of the roles and responsibilities of project staff and how they will contribute to achieving the project's objectives including:
    - The State's capacity to implement the proposed project and manage grant funds, including a reasonable and cost-efficient budget; and
    - An organizational chart and job descriptions of staff who will be dedicated to the project indicating the time that staff will spend on grant activities (this will also be reflected in the budget).

b) Contract or agreement between the State and the non-governmental organization.
    - In light of tight deadlines prescribed under the Affordable Care Act, we would accept a letter, signed by both the potential grantee and the State, indicating their intent to contract with each other. This letter must be included in the application submitted to HHS. Under this circumstance, the State will only be allowed to

draw down up to ten percent of its total award, until it can show that a contract/agreement has been formed between the State and the grantee. The State has forty-five (45) days from the date of the initial award to present a copy of the contract/agreement to HHS.

B. Review and Selection Process

A team consisting of qualified experts in the field of consumer assistance will review all applications. Applicants have the option of omitting from the application specific salary rates or Social Security numbers for individuals specified in the application budget. The review process will include the following:

- Applications will be screened to determine eligibility for further review using the criteria detailed in the Section III. *Eligibility Information* of this solicitation.

- An evaluation rubric will be developed by HHS, which will consist of critical elements identified in Section V. *Application Review Criteria and Information* of this solicitation. This evaluation rubric will be used by qualified experts in their review of all applications. An applicant may receive a score of up to 100 points.

  The review criteria are as follows:

  Type of entity and description of the program (20 points)
  - Program's ability to advocate freely and vigorously on behalf of consumers
  - Program's ability to report objective data to the Secretary on the responsiveness of agencies that oversee private health insurance and group health plans and public coverage
  - Program's ability for long-term financial sustainability
  - Capability to coordinate closely with State insurance regulators

  Scope of program assistance (20 points)
  - Range of assistance services provided by the program
  - Program's experience in handling appeals and grievance cases
  - Program's ability for collecting data on referrals made to public programs

  Program accomplishments (20 points)
  - Program's track record of consumer assistance and expertise in consumer education and problem resolution
  - Program's accomplishments involving the following activities:
    - Assisting consumers with enrollment
    - Assisting consumers with filing of complaints and appeals
    - Consumer education
    - Data collection, management, and reporting (include information on existing Database systems used to track caseload)
    - Policy development
    - Recovered benefits (if applicable)

- Caseload (number of cases handled, number of people served/calls received)

Expertise of consumer assistance program personnel (15 points)

- Total number of staff
- Staff expertise in handling cases involving private health insurance (Federal, State and local rights and protections)
- Personnel training (i.e. length of training, scope, resource manuals, etc.).
- Personnel expertise that involves the ability to provide assistance that is culturally and linguistically appropriate

Accessibility (15 points)

- Statewide (Programs are required to provide services throughout the State)
- Consumer access (toll-free number or hotline, walk-ins, e-mail, website, fax, hours of operation, web address)
- Ability to work with vulnerable populations
- Plan to subcontract with non-profit community-based organization or center

Process for ensuring privacy and security of personally identifiable information (10 points)

- Mechanisms in place to protect a consumer's personal information
- Processes in place to protect consumer information entered in the Database system (if applicable)

- The results of the objective review of applications by qualified experts will be used to advise the approving HHS official.
- Successful applicants will receive one grant award based on this solicitation.
- Evaluations will be made available for review upon request.

C. Anticipated Announcement and Award Dates

October 8, 2010

VI. AWARD ADMINISTRATION INFORMATION

A. Award Notices:

Successful applicants will receive a Notice of Grant Award signed and dated by the HHS Grants Management Officer. The Notice of Grant Award is the document authorizing the grant award and will be sent through the U.S. Postal Service to the State as listed on its SF-424. Any communication between HHS and applicants prior to issuance of the Notice of Grant Award is not an authorization to begin performance of a project. Unsuccessful applicants will be notified by letter, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, after September 10, 2010.

B. Administrative and National Policy Requirements:

1. The following standard requirements apply to applications and awards under this solicitation:

- Specific administrative requirements as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.

- All States receiving awards under this grant project must comply with all applicable Federal statutes relating to nondiscrimination, including, but not limited to:

  a. Title VI of the Civil Rights Act of 1964,
  b. Section 504 of the Rehabilitation Act of 1973,
  c. The Age Discrimination Act of 1975,
  d. Hill-Burton Community Service nondiscrimination provisions, and
  e. Title II Subtitle A of the Americans with Disabilities Act of 1990.

- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the applicant's original grant application or agreed upon subsequently with HHS, and may not be used for any prohibited uses.

- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project. All grant budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.

2. Administrative Requirements

Grants are administered in accordance with the following regulations, policies, and OMB cost principles:

A. The criteria as outlined in this grant announcement.
B. Administrative Regulations for Grants:
   - 45 C.F.R., Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
C. Grants Policy:
   - HHS Grants Policy Statement, Revised 01/07.
D. Cost Principles:
   - Title 2: Grant and Agreements, Part 225—Cost Principles for State, Local, and Indian Tribal Governments (OMB A-87).
   - Title 2: Grant and Agreements, Part 230—Cost Principles for Non-Profit Organizations (OMB Circular A-122).
E. Audit Requirements:
   - OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

3. Indirect Costs

This section applies to all grant recipients that request reimbursement of indirect costs in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current indirect cost rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles (A-87) and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file at the time of award, the indirect cost portion of the budget will be restricted. The restrictions will remain in place until the current rate is provided to the grant official within OCIIO.

Generally, indirect costs rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) http://rates.psc.gov/ and the Department of Interior (National Business Center) http://www.aqd.nbc.gov/services/ICS.aspx . If your organization has questions regarding the indirect cost policy, please call (301) 443-5204 to request assistance.

C. Terms and Conditions

A funding opportunity award with HHS is subject to the *Department of Health and Human Services Grants Policy Statement (HHS GPS)* at http://www.hhs.gov/grantsnet/adminis/gpd/ and will also include additional specific grant "special" terms and conditions. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the Grants Policy Statement will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Grant Award).

D. Reporting

Data collection reports

As required under PHSA section 2793(d), as a condition for receiving the consumer assistance program grant, programs must collect and report data to the Secretary on the types of problems and inquiries encountered by consumers. Awardees are expected to submit an initial data collection report to HHS within six (6) months from the date of award. For instance, if awardee receives the Notice of Grant Award on October 8, 2010, then the initial data collection report will be due by April 8, 2011. After the initial data collection report submission, quarterly data collection reports will be required. Quarterly data collection reports will be due 30 days after the end of each quarter.

At a minimum, data collection reports must include the following information:

- Caseload
    - Total number of cases opened
    - Number of cases that are active
    - Number of cases closed
- Caller demographics
- Type of coverage involved
- Problem types (access to coverage, appeals, billing, etc.)
    - Program reports must address consumer complaints involving the new investments prescribed under the ACA, including rescission, pre-existing exclusion for children, dependent coverage to age 26, Pre-existing Condition Insurance Plan – the new high risk pool program, prevention services, annual and lifetime benefit maximum, appeals and grievance, premium rate increases, medical loss ratio-rebates, and discrimination based on salary.
- Data on referrals and responsiveness of entities on calls referred

- Case resolution
- Data on recovered benefits
- Data on provider and industry behavior

Awardees must also agree to respond to requests and provide data on consumer assistance activities as needed by the Secretary.

Financial reports

A standard Federal form, SF 269A (short form), that shows the status of funds in non-construction programs is required. It is used to monitor the financial progress of awards. The forms require information on total outlays (Federal and recipient shares) and unobligated balances of Federal funds.

A Financial Status Report (FSR) is required from the recipient within 90 days after the end of the project period. Records of expenditures and any program income generated must be maintained in accordance with the provisions of 45 CFR 74.53 or 92.42.

VII. AGENCY CONTACTS

Programmatic Content and Administrative Questions
Programmatic and administrative questions about the Consumer Assistance Program Grants can be directed to:

Programmatic Content Questions:

Eliza Navarro Bangit
Office of Consumer Support
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
7501 Wisconsin Ave., West Tower
Bethesda, MD 20814
(301) 492-4219

Administrative Questions:

Michelle Feagins
Grants Management Division
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
7501 Wisconsin Ave., West Tower
Bethesda, MD 20814
(301) 492-4312

List of Attachments

A. Prohibited Use of Grant Funds
B. Application Cover Sheet and Check List

ATTACHMENT A

Prohibited Uses of Grants Funds

The Department of Health and Human Services Consumer Assistance Program Grants awarded may not be used for any of the following:

1. To cover the costs to provide direct services to individuals.

2. To match any other Federal funds.

3. To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

4. To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.

ATTACHMENT B

APPLICATION COVER SHEET AND CHECK-OFF LIST

Indentifying Information:

Grant Opportunity: **HHS Affordable Care Act (ACA) – Consumer Assistance Program Grants**

DUNS #:_____ Grant Award: _____

Applicant: _____

Primary Contact Person, Name: _____

Telephone Number: _____Fax number: _____

Email address: _____

APPLICATION COVER SHEET AND CHECK-OFF LIST

REQUIRED CONTENTS

A complete proposal consists of the following materials organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- ☐ Cover Sheet
- ☐ Forms/Mandatory Documents (Grants.gov).

The following forms must be completed with an original signature and enclosed as part of the proposal:

- ☐ SF-424: Application for Federal Assistance
- ☐ SF-424A: Budget Information
- ☐ SF-424B: Assurances-Non-Construction Programs
- ☐ SF-LLL: Disclosure of Lobbying Activities
- ☐ SF-424: Project Site Location Form
- ☐ Additional Assurance Certifications
- ☐ Applicant's Application Cover Letter
- ☐ Project Abstract
- ☐ Project Narrative
- ☐ Work plan and Time Line
- ☐ Proposed Budget (Narrative/Justifications)
- ☐ Required Appendices
    - Resume / job description for Project Director and Assistant Director
    - Description of roles and responsibilities / organizational chart
    - When applicable, contract or agreement between State and non-governmental organization; or letter of intent to contract