Appendix 1: Application Overview

MNsure Request for Proposals for FY 2019 Navigator Outreach and Enrollment Grant

Applicant Information

- Lead Agency Contract Representative
- Lead Agency Contract Representative Email
- Lead Agency Contract Representative Phone
- Is the above representative the same as the main contact? Y/N
  - If not main contact, state Main Contact Name
  - Main Contact Email
  - Main Contact Phone
- Minnesota Tax ID
- State of Minnesota Vendor Number
- Federal Data Universal Number System (DUNS) #
- Lead Agency Organization Type
  - Nonprofit
  - Private for Profit
  - Tribal Entity
  - State or Local Government
  - Other
- Lead Agency Organization Type, if “Other” is selected above
- Total Amount Requested $
- List of all Paid Partners
- List of all Unpaid Partners
- Please list the name(s) of individuals involved with the preparation of this proposal to assist in determining potential conflicts of interest.

Executive Summary

- Name of Project
- Summarize the key elements of the proposal, including the funding area, a brief description of the role of any paid or unpaid grant partners, the geographic area and populations that will be served, and the specific objectives of the grant proposal.
  Character limit: 4,000
Justification for Funding Area

Geographic Focus (Funding Area 1)

Identify the specific geographic service area for this grant. This should be entered as a list of cities (for smaller geographic areas) or counties (for larger geographic areas). Character limit: 1,000

List all locations where navigators will be available to assist consumers with application and enrollment. Include permanent offices, as well as any satellite or temporary locations. For each location, please indicate the frequency assistance will be available. Character limit: 3,000

Use the following format:

- Main office, 1234 Main St, Anytown (daily, year-round assistance)
- Paid partner office, 1515 County Rd, Anytown (2 days a week, year-round assistance)
- Library, 4545 Bluebird Ln, Anytown (weekends during open enrollment)

If the list of locations does not demonstrate how the grant will provide application and enrollment services in all the cities and/or counties identified as the geographic service area, clarify how the grant will provide assistance to Minnesotans in those areas. Character limit: 3,000

Explain common barriers to enrolling in health insurance coverage or maintaining health insurance coverage experienced by consumers in the geographic area. Use any available data as part of the explanation. Character limit: 4,000

Although the focus of this grant area is on providing access to assistance for all Minnesotans, if the applicant has specialized skills to help specific populations who require additional assistance, please identify the specific populations that will also be served by the grant. Character limit: 3,000

Population Focus (Funding Area 2)

List the specific population(s) that will be the focus of this grant. Character limit: 500

Enter information in the following list format:

- Population 1
- Population 2
- Population 3
- Population 4

Explain why the applicant has identified this population (or populations) as the focus of the grant. Explain the need for specialized assistance for this population (or populations) and the common barriers to enrolling in health insurance coverage or maintaining health insurance coverage experienced. Use any available data as part of the explanation. Character limit: 4,000

List the specific geographic area that will be served by this grant. This should be a list of cities (for smaller geographic areas) or counties (for larger geographic areas). Character limit: 1,000

List all locations where navigators will be available to assist consumers with application and enrollment. Include permanent offices, as well as any satellite or temporary locations. For each
location, please indicate the frequency assistance will be available. **Character limit: 3,000**

Use the following format:

- Main office, 1234 Main St, Anytown (daily, year-round assistance)
- Paid partner office, 1515 County Rd, Anytown (2 days a week, year-round assistance)
- Library, 4545 Bluebird Ln, Anytown (weekends during open enrollment)

**Project Description**

**Project Objectives**

**Character limit: 4,000**

Describe the overall objectives of the grant proposal. The narrative must include, at a minimum:

- Projected number of individuals screened and/or assisted with questions related to application and enrollment (includes helping consumers maintain their health insurance coverage through changes in life circumstances).
- Projected number of navigator-assisted applications completed (counting each individual applying for coverage on an application).
- Projected number of navigator-assisted successful enrollments and renewals in Medical Assistance, MinnesotaCare and qualified health plans.
- Projected number of outreach and education activities (not including social media).
- Projected number of individuals reached through outreach and education activities (not including social media or media activities).
- Project coordination and financial management of paid partners (if applicable).

Applicants should also describe any additional objectives of the grant proposal that are appropriate for the funding area.

**Project Strategies**

**Character limit: 7,000**

Describe the specific strategies that will be used to achieve the objectives of the grant proposal. The narrative must describe, at a minimum, how the grant will:

- **Geographic funding area only:** Reach the uninsured in the entire geographic service area and support Minnesotans with obtaining and maintaining health insurance coverage.
- **Population funding area only:** Reach the uninsured in the specific population (or populations) served by the grant and support those populations in obtaining and maintaining health insurance coverage.
- Maximize efforts to provide enrollment and renewal support to consumers eligible for qualified health plans (QHPs) during an anticipated six-week open enrollment period (November 1 through December 15, 2018).
- Provide year-round application and enrollment assistance and post-application support for consumers outside of open enrollment.
• Develop and maintain navigator staff expertise in providing comprehensive support to consumers in all aspects of the process, including submitting applications, responding to notices, reporting changes and completing renewals.

• Support consumer referrals for assistance, including potentially partnering with MNsure Broker Enrollment Centers and/or MNsure certified brokers, and receiving direct referrals from MNsure.

Character limit: 3,000

If there are paid partners, the narrative must describe:

• The different roles the lead agency and paid partners will perform in implementing the grant’s strategies.

• The lead grantee’s strategies for coordinating the activities of paid partners and providing program and financial oversight.

Project Staffing Plan

Character limit: 4,000

Describe the staffing plan for implementing the grant strategies. The narrative must include the following information:

• For each individual who will be part of the grant, their specific role and percentage of time spent on grant activities. If there are paid partners, the plan should include staffing information for each paid partner. Staff may include certified navigators, outreach staff, contractors, executive and administrative staff.

• Clarify whether any new staff will need to be hired to fulfill the objectives of the grant proposal.

Work Plan

Upload completed Excel template (2 MB allowed)

Applicants must submit a work plan, using the required template available on the Assister Funding Opportunities webpage. Applicants must upload their work plan as a single Excel file.

Experience

Experience with the Geographic Area/Specific Population(s)

Character limit: 4,000

Describe any experience serving the geographic area or specific population(s) that are the focus of the grant proposal. At a minimum, the narrative must include the following information:

• How long the lead agency (and each paid partner) have served the geographic area/specific population(s).

• Evidence of existing connections the lead agency (and each paid partner) have with the geographic area/specific population(s) to be served by the grant, including any current
outreach strategies. If there are no existing connections, describe plans to develop those connections.

- The current demographics of the board members, leadership and staff of the lead agency (and each paid partner). If the board, leadership and staff are not reflective of those the grant seeks to serve, describe plans for changing recruiting, hiring, promotion and retention practices.

**Experience with MNsure Enrollment**

- Describe any experience as a MNsure partner. At a minimum, the narrative must include the following information: **Character limit: 4,000**
  - Describe any previous success the lead agency (and each paid partner) have had enrolling consumers in health insurance through MNsure. If the applicant does not have previous experience enrolling consumers through MNsure, describe plans to develop that experience, as well as any other relevant experience providing enrollment assistance.
  - Describe how the lead agency (and each paid partner) currently supports consumers in all aspects of the application and enrollment process, including post-application follow-up such as responding to notices, reporting changes and completing renewals.

- List the following information for all currently certified navigator staff that will be part of this grant (lead agency and paid partner staff only): Navigator name, organization, how long they have been certified, percentage of their time currently spent providing navigator assistance, any specialized skills. If there are no currently certified navigator staff, describe how the applicant will add capacity to provide application and enrollment assistance. **Character limit: 2,000**
  Use the following format to list certified navigators:
  - Jane Doe, Lead Agency, certified since 11/2016, 50% of time is navigator work, no special skills
  - Mark Perez, Paid Partner A, certified since 6/2017, 75% of time is navigator work, speaks Spanish

**Experience with Project Strategies**

**Character limit: 4,000**

Describe any experience that is relevant to carrying out the objectives and strategies of the grant proposal. At a minimum, the narrative must include the following information:

- Describe specific experience with the strategies included in the project description and work plan.
- If any of the proposed strategies are new, please explain why the applicant believes the strategies will be effective.
- Describe any current practices collecting demographic or other information on clients.
Experience with Paid Partners (if applicable)

Character limit: 4,000

If the grant includes paid partners, the narrative must include the following information:

- Any prior experience the lead agency has had coordinating work activities with multiple partners.
- Any prior experience the lead agency and paid partners have had working together on a project.

Budget & Financial Management

Budget Narrative

Character limit: 5,000

The narrative must answer the following:

- How does the applicant (and each paid partner) currently use navigator per-enrollment payments to support navigator outreach and enrollment activities? How will per-enrollment payments be used to fund the work of the grant proposal?
- Why are grant funds needed in addition to per-enrollment payments to achieve the objectives of the grant proposal?
- Explain the lead agency’s current financial management practices for grant funding. If relevant, include examples of past experience managing grant funding.
- If there are paid partners, explain how the lead agency will oversee the financial management of paid partners. Include examples of past experience managing any paid partners.

Summary Budget

Upload completed Excel template (2 MB allowed)

Please upload a summary budget using the template found on the Assister Funding Opportunities webpage.

Detailed Budget

Upload completed Excel template (2MB allowed)

Please upload a detailed budget using the template found on the Assister Funding Opportunities webpage. The detailed budget is required for each paid grant partner identified in the summary budget. For applicants with multiple paid grant partners, the detailed budget must be provided in one Excel document with separate worksheets (tabs) for each paid partner.

Letters of Support (if applicable)

Upload a file (2 MB allowed)
Letters of support from paid partners must be submitted with the proposal. Please combine all letters into one document and upload as one file.

**Required Statements**

Please download, complete and upload each required form into the "Upload a file" areas below. Copies of all forms can be found on the Assister Funding Opportunities webpage.

- Attachment A: Declarations and Signatures
  Upload file (1 MB allowed)
- Attachment B: Affidavit of Noncollusion
  Upload file (1 MB allowed)
- Attachment C: Affirmative Action Certification
  Upload file (1 MB allowed)
- Attachment D: Certification Regarding Lobbying
  Upload a file (1 MB allowed)
- Attachment E: Expectations to Terms and Conditions
  Upload a file (1 MB allowed)
- Attachment F: Trade Secret/Confidential Data Notice
  Upload a file (1 MB allowed)