

Illinois Department of Public Health
Affordable Care Act – In-Person Counselor Grant Program 2016

Request for Applications (RFA) Instructions

Application Package Contents:

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- Background and Purpose/General Information
- Period of Performance
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Webinar

An informational webinar for potential applicants will take place on Monday, September 21, 2015 at 10:30am
To register now, please visit the following link:

<https://idph.adobeconnect.com/ipcgrant2016/event/registration.html>

Questions

Questions regarding the content of this RFA may be submitted to DPH.Performancegmt@illinois.gov.

Responses to all submitted questions will be posted after the webinar. The State and its employees are unable to provide answers to questions about the RFA through any other means. RFA questions must be received by **5:00 PM CDT September 21, 2015** Technical questions related to the online application may be submitted to DPH.GrantReview@illinois.gov through the end of the application period.

Application Submission

Applications for this funding opportunity must be submitted through the Illinois Department of Public Health's Electronic Grant Application Management System (EGrAMS) accessible at idphgrants.com. Both the applicant organization and the individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Instructions for using EGrAMS are located in the "Training Materials" section of idphgrants.com.

***The application will be made available on EGrAMS at a later date. The Application must be submitted on EGrAMS by Friday, September 25 at 5:00 PM CDT ***

NOTE: This document is intended to be a guide for the actual Request for Application in the EGrAMS system. The actual formatting and layout in EGrAMS may differ.

I. Background and Purpose/General Information

The purpose of this Request for Applications (RFA) for the In-Person Counselor (IPC) Grant Program is to provide grant funding to organizations seeking to assist eligible Illinois residents in enrolling in new coverage options and affordability programs made available through the federal Affordable Care Act (ACA). Grants are targeted to serve populations currently without health insurance and expected to benefit from the ACA's provision of financial assistance for the purchase of Qualified Health Plans (QHPs) on the Health Insurance Marketplace and expansion of the Medicaid program.¹ The State is particularly focused on serving individuals who would have difficulty enrolling in coverage without the help of an IPC, including (but not limited to) individuals with low literacy, limited English proficiency, low-income individuals, people with disabilities and other hard-to-reach populations.

Eligible Illinois residents will be able to enroll in Marketplace health coverage and financial assistance programs through Get Covered Illinois during an open enrollment period beginning November 1, 2015, and lasting through January, 2016. Enrollment must occur during this period, unless an individual experiences a loss of other health coverage or another life event which triggers a special enrollment period. Enrollment will occur 24 hours a day, 7 days a week during the entire open enrollment period. Small employers and their employees and Medicaid-eligible individuals will be able to enroll in coverage at any time throughout the year. Through this RFA, the State is seeking to award funding to eligible organizations to perform the following duties prior to, during, and after the Open Enrollment period:

- Maintain expertise in eligibility, enrollment, and program requirements;
- Conduct public education activities to raise awareness about Get Covered Illinois, Illinois Medicaid and utilization of health coverage;
- Provide information and services in a fair, accurate and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs;
- Facilitate selection of a QHP or, when appropriate, a public insurance plan;
- Provide referrals to the Illinois Department of Insurance, or any other appropriate State agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by Get Covered Illinois at no cost to those individuals, including individual with limited English proficiency, and ensure accessibility and usability of IPC tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act; and
- Maintain a physical presence in the Marketplace service area, so that face-to-face assistance can be provided to applicants and enrollees.

Get Covered Illinois believes that the best way to deliver on the promises of the Affordable Care Act to ensure security, stability, and affordable health coverage for all Americans is to approach our program with the following guiding principles:

- 1) Promotion of a Statewide Culture of Coverage;
- 2) Empowerment of Community Based Organizations and Stakeholders;
- 3) Measurement of Enrollment;

¹ For more information on the Health Insurance Marketplace, please visit <http://www.getcoveredillinois.gov>

- 4) Promotion of Health Care as a Value; and
- 5) Building of a Strong and Trusted Reputation Among All Residents of Illinois.

These guiding principles should be reflected in the work of the grantee entities participating in the IPC Grant Program.

II. Period of Performance

The period of performance of this grant is expected to begin October 1, 2015 and end February 28, 2016. The grant period may be renewed at the end of the term. Renewals will also depend on the availability of federal funding. Grantee organizations may begin to utilize funding for non-enrollment activities (i.e., hiring new staff, training, conducting outreach events) immediately upon receiving an award. However, no employee of an organization may conduct enrollment activities with grant funding prior to completing all required state and federal training and receiving certification from the Illinois Department of Insurance. All awardees must perform required activities throughout the grant cycle, including the entirety of the Open Enrollment period (November 1, 2015-January 31, 2016), and will be required to perform certain pre- and post-enrollment assistance activities, Medicaid enrollments, and special enrollment period enrollments throughout the remainder of the grant period.

Sample Timeline of Grant Activities	
Late September 2015	Grantee organization receives notice of award; grant agreement is executed.
October 2015	Grantee organization employees fulfill certification requirements (training, background check).
October 2015	Grantee organization works with Get Covered Illinois team to implement strategic outreach plan
October 2015	Grantee organization conducts pre-enrollment outreach, tracking, educational activities, and Medicaid/SHOP enrollments.
November 2015-January 2016	Grantee organization conducts activities to facilitate enrollment in health coverage.
February 2016	Wrap up

III. Eligible Applicants

IDPH will only accept applications from legally recognized organizational entities; applications from individual persons will not be considered. Only organizations based within Illinois (including local chapters of national organizations) are eligible to compete for these funds

IDPH and the Get Covered Illinois team will work directly with the Grantee agency to fulfill the objectives of the program. For agencies participating as a sub-grantee, the Grantee will serve in a management role and be responsible for distributing grant funds to each sub-grantee organization. All Grantee and sub-grantee organizations must meet the eligibility requirements defined in this section.

Applicants must demonstrate the capacity and past experience serving the populations they propose to target for the IPC program through the Project Narrative section of the application. It is possible that multiple high ranking applications focusing on the same community within a similar region will not all be funded. While applicants are asked to demonstrate their expertise with specific populations and may incorporate proposals for targeting such populations in their project narrative, grantees will be required to provide assistance to all Illinois residents who wish to use their services, without regard to race, color, national origin, disability, age, sex, gender identity or sexual orientation. IPCs must provide consumers, regardless of income, with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary or when requested by the consumer to ensure effective communication.²

The minimum eligibility requirements for entities responding to this RFA are consistent with the final regulations issued by the U.S. Department of Health & Human Services on March 27, 2012, April 3, 2013, and May 16, 2014 (45 CFR 155.210 and 45 CFR 155.215). Pursuant to these regulations and the Affordable Care Act, organizations eligible to apply for funding include the following:

- Community and consumer-focused nonprofit groups;
- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; and
- Other public or private entities that meet the requirements of this section and 45 CFR 155.210 (see Appendix III). Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies and other government entities, including local Public Health Departments.

To receive a grant, an applicant must:

- Be capable of carrying out at least those duties described in Section V (“Program Requirements”);
- Demonstrate to IDPH that the entity has existing relationships, or could readily establish relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid;
- Meet the certification standards prescribed within this application;
- Not have a conflict of interest during the term as grantee defined in the section below; and
- Comply with the privacy and security standards adopted by IDPH, Get Covered Illinois, and HHS, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation).

Grantee or sub grantee organizations participating in the grant program **may not:**

² The State will provide certain translated materials for the use of IPCs; see section IV.

- Be a health insurance or stop-loss insurance issuer;
- Be a subsidiary of a health insurance or stop-loss insurance issuer;
- Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
- Receive any consideration directly or indirectly from any health insurance or stop-loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP, though no health care provider shall be ineligible for participation in this grant program solely because it receives consideration from a health insurance issuer for health care services provided;
- Charge any applicant or enrollee, or request or receive any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to IPC program duties;
- Provide gifts, including gift cards or cash, unless they are of nominal value, or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment. Gifts, gift cards, or cash may exceed nominal value for the purpose of providing reimbursement for legitimate expenses incurred by a consumer in effort to receive application assistance, such as, but not limited to, travel or postage expenses.
- Use grant funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party that would be provided to any applicant or potential enrollee.
- Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual has a pre-existing relationship with the individual Navigator or Navigator entity and other applicable State and Federal laws are otherwise complied with. Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact, including calling a consumer.
 - Note: the prohibitions on door-to-door solicitation for “application or enrollment assistance” prohibit IPCs from engaging in door-to-door solicitation for the purpose of offering in-home application or enrollment assistance; they do not prohibit IPCs from going door-to-door to conduct general consumer education or outreach, including to let the community know that the organization is available to provide application and enrollment assistance services to the public. IPCs are not prohibited from providing in-home application assistance, if such assistance is requested by a consumer.
- Initiate any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and so long as other applicable State and Federal laws are otherwise complied with.

Organizations receiving consideration from health insurance issuers for reasons other than enrollment in insurance products (e.g., reimbursement for the provision of medical services, or grant funding for educational activities related to community health) are eligible to apply for this grant.

All grantees and sub-grantees must adhere to the following conflict-of-interest disclosure requirements:

- An In-Person Counselor entity, including a grant applicant, must attest that the entity and its staff do not have any of the prohibited conflicts of interest.³
- Upon request, all In-Person Counselor entities must submit to the federal Marketplace a written plan to remain free of conflicts of interest during their term as In-Person Counselors.
- Certain conflicts of interest, while not a bar to serving as an In-Person Counselor, should be disclosed to IDPH and to each consumer receiving application assistance (which includes pre-enrollment and post-enrollment services, but does not include outreach and education assistance), both by the individual In-Person Counselor, non-Counselor assistance personnel and the entity. Disclosures include:
 - Any lines of insurance business, other than health insurance or stop loss insurance, which the

³ The written attestation required of applicants is fulfilled by the applicant’s response to Question #6 in Section 2.1 of this RFA (and the corresponding question appearing on the EGrAMS system). Other conflict-of-interest disclosure requirements listed in this section will be fulfilled following the award of the grant.

Counselor intends to sell while serving as a Counselor.

- Any existing and former employment relationships they have had within the last five years with any issuer of health insurance or stop loss insurance, or subsidiaries of such issuers.
- Any existing employment relationships between any health insurance issuer or stop-loss insurance issuer, or subsidiary of such issuers, and the individual's spouse or domestic partner.
- Any existing or anticipated financial, business, or contractual relationships with one or more issuers of health insurance or stop loss insurance or subsidiaries of such issuers.

Applicant organizations may also apply for and receive funding through the U.S. Department of Health and Human Services Navigator grant program, the Health Resources and Services Administration's Outreach and Enrollment Assistance Program, and other programs providing funding for ACA enrollment assistance efforts. **IPC staff member must be dedicated to this grant on a full-time basis, though additional staff may be hired with other funding).** Organizations that receive funding through another program must demonstrate that activities performed under the In-Person Counselor program will be distinct from those performed under the Navigator Program, and maintain separate accounting and financial records for each program. If an organization is applying for funding for the same activities through this RFA and another program, please include an attachment that clearly identifies areas of overlap. If the organization receives an award in any of these areas, it will not be eligible for funding through this RFA for overlapping activities or program staff. If an organization receives funding from another source, it should submit the Project Narrative or similar document submitted with that application.

In order to assist enrollment in Marketplace health insurance coverage and financial assistance programs through Get Covered Illinois, IPC entities and individuals will be exposed to personally-identifiable information (PII) of potential enrollees. While the Marketplace may collect, use and store PII, it does not intend to collect, use or store any consumer's health information (known under the Health Insurance Portability and Accountability Act (HIPAA) as "protected health information" (PHI)). The stringent HIPAA requirements regulating the collection, use and storage of PHI apply to HIPAA-defined "covered entities", being principally healthcare providers and health insurance plans. The Marketplace is neither a HIPAA "covered entity" nor an agent ("business associate") of any "covered entity". Organizations that are "covered entities" or are otherwise in possession of PHI are eligible to apply for this Grant, but must maintain the collection, use and storage of PII as a result of the performance of its duties under this Grant separate from its activities as a "covered entity" and any PHI in its custody, and take all other steps that may be necessary to establish and maintain under HIPAA its status as a "hybrid entity".

IV. Available Funding

Applicants are required to submit information for each outreach region in which they would like to perform activities under the IPC program. Applicants may apply as a single organization or with partnering sub-grantee organizations; each applicant may operate in one or more outreach regions. Funding and reimbursements will be paid by IDPH to the Grantee. Grantees will be responsible for remitting payment to any sub-grantee organizations. For each region, applicants will be required to detail their proposal and state the number of certified IPC personnel from each participating organization they will designate to fulfill the needs of that region.

Grant funding is intended to support the provision of in-person application assistance to Illinois consumers eligible for enrollment into QHPs, tax credits and cost-sharing reductions, and/or Medicaid. Grant funding may also be used to provide outreach and education to eligible populations, and provide post-enrollment support to individuals served by the grantee organization. Examples of eligible expenses include, but are not limited to, hiring new staff to perform grant activities, paying current staff for performing grant activities, expenses associated with travel to and from locations at which grant activities are performed, and the production of materials to promote awareness of the specific organization's services as an IPC entity. Educational and marketing materials describing features of the Health Insurance Marketplace, eligibility requirements, enrollment processes, common features of health insurance products, and other materials not specific to promoting awareness of individual IPC entities will be produced by the State and translated into several languages. Applicants should therefore not apply for funding for the production of such materials.

The grant funds may not be used for institutional, organizational, or community-based overhead costs not

directly related to grant objectives; indirect costs exceeding 10% of funding amount (unless Federally approved rate); or levies. Grants awarded through this RFA are intended to augment current funding for required grantee activities and are not intended to replace that funding. Additionally, funds received under this grant **may not** be used for any of the following purposes:

- To cover the costs to provide direct health care services to individuals.
- To match any other Federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as 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.
- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- To cover any pre-award costs.
- To carry out services that are the responsibility of the Health Insurance Marketplace, such as eligibility determinations and transferring enrollment information for consumers to a QHP, or to carry out any functions already funded through federal Exchange Establishment grants under section 1311(a) of the Affordable Care Act.
- To assist consumers with enrollment in non-Illinois health programs. Grantees may provide these consumers with basic information about Health Insurance Marketplaces, but should refer them to Navigators or Counselors, the Marketplace Call Center, and other resources within the State where the consumer resides for more in-depth assistance.
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislative body. Grant recipients may lobby at their own expense if they can segregate federal funds from other financial resources used for that purpose.
- To cover the cost of food or beverage.
- To fund staff retreats or promotional giveaways.
- To purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party, that would be provided to any applicant or enrollee.
- Tests, exams, screenings, or other costs associated with hiring new employees which are not required by the State under this program

Additionally, IPC staff may not receive any funds provided under this Grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis. Please indicate in the Narrative the type of documentation that will be maintained and used to allocate staff costs to the grant (e.g., time sheets, cost allocation plans, certifications of time allocable to grant, other (please describe), not applicable to this grant application). If applicable, cash and in-kind contributions from applicant organization should be identified.

V. Program Requirements

Activities

Organizations awarded funding through this grant opportunity will be required to provide in-person assistance to eligible individuals and small employers seeking to enroll in QHPs (including advanced premium tax credits and cost-sharing reductions), Medicaid, and All Kids (Illinois' Children's Health Insurance Program).

The list of required duties includes those referenced in Section I of this application. In addition, outreach and education activities must be performed by all grantee and sub-grantee organizations in order to raise awareness and knowledge of coverage options in Illinois.

Examples of required outreach and educational activities include but are not limited to:

- Canvassing local communities and small businesses (for the purpose of education and outreach only; please refer to page 5 of the application instructions for a detailed explanation of program requirements related to door-to-door activities.)
- Lead generation

- Data entry of lead generation (Request for Information cards)
- Educational presentations
- Visibility and tabling events
- Stakeholder engagement

IDPH and Get Covered Illinois are committed to engaging the communities that we are serving at times that are most beneficial to the public. Grantees and In-Person Counselors **must** be regularly available for client services during evening and weekend hours. IPCs will be required to regularly conduct outreach and education activities outside the grantee offices.

Due to the condensed open enrollment period, granted organizations and IPCs will have a very narrow and limited period of time that operations will be closed due to holidays.

Grantees and sub-grantees are encouraged to participate in State-provided Community Health Worker trainings and to implement projects which address models which are sustainable beyond the life of the grant.

Organizational Structure and Staffing Requirements

All Grantees will appoint a Program Director responsible for managing all IPC grant activities for the program. Grantees must propose a minimum of five In-Person Counselor (IPC) staff, including from any sub-grantees, in each region in which they apply for funding. For applicants applying with sub-grantee organizations, this total may be achieved by combining all regional IPC staff across all participating organizations. Grantees must acknowledge and affirm that the organization will hold all sub-grantee organizations with which it works to the same standards and requirements as it is held to. The organization will facilitate communication between the state and the organization (and its sub-grantees) for problem solving performance reporting, and issue resolution. In-Person Counselors must be dedicated to fulfilling the duties and activities outlined in Sections I and V of the RFA instructions on a full-time basis.

While IPCs should be the focus of all grant applications and comprise the majority of proposed staff positions, applicants must also identify a management structure that allows for the efficient execution of the program's outreach and enrollment activities. The organizational structure of the applicant and any sub-grantees must be clearly articulated in the application and should comply with the following guiding principles:

- Non-IPC administrative/management positions should be minimal and, for organizations applying with sub-grantees, concentrated in the Grantee organization.
- Sub-grantees should identify Project Supervisors to coordinate IPC activities within their organizations; sub-grantees with small amounts of staff dedicated to the grant should consider assigning these duties to an individual who also performs IPC duties.
- Applicants with a large number of sub-grantee organizations or IPC staff may want to consider appointing a Regional Project Manager to coordinate grant activities among sub-grantee partners within the region.

Please see Section 4.4 and Appendix II of the grant application for detailed descriptions of the above positions, as well as other non-IPC staff potentially appropriate for the grant project. For any additional positions proposed, the applicant must provide a detailed explanation as to how they will help efficiently execute the goals of the grant program.

Target Populations

Grantees are expected to engage with all individuals seeking health coverage, regardless of the coverage program they ultimately enroll in. Using the Get Covered Illinois website, IPCs are expected to work with consumers to apply for coverage through either the Marketplace or Medicaid. IPCs are also expected to assist small businesses with enrollment through the SHOP Marketplace. IPCs will conduct referrals to experts for other health programs, such as Medicare, or to agents or brokers as requested by consumers.

In general, adults with income under 138% of the Federal Poverty Level ((FPL), \$16,105 for a single adult or \$32,913 for an adult in a family of 4) may be eligible for the Illinois Medicaid program. Pregnant women and children may

be eligible for the Medicaid or All Kids programs at higher income levels. Individuals with incomes above Medicaid levels are typically eligible for Marketplace coverage, and individuals and families with income below 400% FPL (\$45,960 for a single individual and \$94,200 for a family of 4) may be eligible for financial assistance with Marketplace plan premiums and/or cost-sharing requirements. Small businesses with 50 or fewer full-time equivalent employees are eligible for small group coverage through the SHOP Marketplace.

Grantees are expected to refine their messages and outreach activities in order to reach the Marketplace eligible population. Marketplace applicants must complete a longer enrollment process, may be more apprehensive about completing a purchase due to cost, and are typically confronted with more options than consumers under other programs. It is expected that IPCs and grantees expend the necessary effort to reach this population.

Certification

All In-Person Counselors, Project Directors, Program Managers, and management personnel designated in the proposal and participating in grant activities through successful applicant organizations will be required to be certified and receive online training from the federal government and in-person training from the State's training partners at the University of Illinois at Chicago (UIC). Upon completion of the training, trainees will be required to demonstrate their knowledge of coverage options, eligibility rules, enrollment procedures, the needs of underserved and vulnerable populations, consumer assistance rules, conflict of interest standards, and privacy and security considerations through an examination; trainees will have three opportunities to pass each exam. Training will be free of charge for grantees. Travel costs associated with training are eligible for reimbursement through grant funding. The certification process is conducted through the Illinois Department of Insurance.

Certified individuals are required to pass a criminal background check, conducted by the Illinois State Police through a process designated by the State. The cost of the background check is a reimbursable grant expenditure — see Section 6.9 of the Grant Application Instructions. For prospective IPCs that are current employees, the background check must be submitted within 2 weeks of the grant award. For prospective IPCs that are new employees, background checks must be submitted within 2 weeks of the hiring date. Individuals who are denied certification are ineligible to receive any funds under this Grant following such denial. IPCs who are already certified by the state must complete certificate renewal requirements only. Additionally, organizations working under the IPC program (lead grantee and sub grantees) must be certified by the Department of Insurance. Organizations apply for certification through the NIPR system and must also provide the state with a list of IPCs working for their organization.

Equipment: Collected Data: Intellectual Property

Organizations must have sufficient infrastructure to facilitate online submission of enrollment applications through the Marketplace or Medicaid, including: secure computers and secure internet access to facilitate online enrollment; scanners to assist potential enrollees with uploading copies of documents to the Marketplace online web portal; and printers. Except in rare instances, all enrollment applications assisted through the IPC program will be electronically submitted through the federal Marketplace or state Application for Benefits Eligibility (ABE) online portal. All collection, use and storage of PII arising as a result of the grantee's performance of its duties under this Grant must comply with the applicable federal privacy and security standards, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation). All PII obtained by a grantee under this Grant shall be the property of the State, may not be disclosed to third parties, and must be used by the grantee solely for purposes of the grantee's performance of its duties under this Grant, and not for any secondary purpose. As a term and condition of a grant award, the State and federal HHS will retain a royalty-free, nonexclusive, irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for government purposes: (a) the copyright in any work developed under a grant, subgrant or contract under a grant or subgrant, and (b) any rights of copyright to which grantee, subgrantee, or a contractor purchases ownership with grant support.

Reporting

Grantees will be required to participate in regular calls and meetings with the state and other organizations providing application assistance and outreach services in order to share best practices and coordinate activities within common geographic regions.

Funded applicants will be required to abide by the grant agreement and submit progress reports and expenditure reports

every two months. Additionally, Grantees will be required to fulfill all reporting requirements put forth by the Get Covered Illinois team. No consumer PII shall be electronically communicated to the State except through approved secure means.

Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)

Protecting consumers' personally identifiable information is of great importance. Successful applicants will be required to demonstrate their ability to ensure consumers are protected. Successful applicants will be required to:

1. Identity of the member of the IPC's staff that will be responsible for the IPC's compliance with applicable privacy and security regulations and policies;
2. A privacy and security risk assessment report;
3. Evidence of appropriate liability insurance covering privacy and security risk, naming the State as an additional insured; and
4. A plan to protect the privacy and security of consumers' personally identifiable information (PII) that includes a discussion of the following:
 - How the applicant intends to comply with federal privacy and security standards and to use computers, including laptops or tablets, in accordance with the applicable federal privacy and security standards, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation); and

- Process for ensuring staff and volunteers complete all required training related to ensuring privacy and security of consumer PII, including training on compliance with applicable federal privacy and security standards.
- Process for evaluating staff qualifications for receiving, securing, and handling PII or other sensitive data.
- Process for ensuring that Marketplace applicants (1) are informed of the functions and responsibilities of IPCs; (2) provide authorization prior to an IPC's obtaining access to a Marketplace applicant's personally identifiable information⁴; and (3) may revoke at any time the authorization provided to the IPC.
- Process for establishing secure electronic transmission of consumer PII;
- Process for ensuring that any PII in the custody of IPC staff that is stored electronically is encrypted;
- Process for ensuring that any mobile devices used by IPC staff to process, transmit or store PII are secure (e.g., utilizing the NIST Configuration Checklists Program, <http://csrc.nist.gov/groups/SNS/checklists/>, <http://web.nvd.nist.gov/view/ncp/repository>);
- Process for providing the State prompt notice of the potential loss of any mobile devices used by IPC staff to process, transmit or store PII, or breach of (or unauthorized access to) the IPC's systems or records containing PII; and
- Process for transferring to the State all PII data collected by the IPCs as directed by the Marketplace and at the termination of the grant period.

Compliance checklists will be required from each IPC employed by any organization performing work under any grant agreements resulting from this solicitation, as well as from the Organization's director attesting on behalf of the organization.⁵ Submission of these checklists will be required as a condition of payment.

⁴ The State will provide an appropriate form of consumer authorization for the IPCs use.

⁵ The state will provide checklists for completion by all organizations.

VI. Grant Application Instructions

Checklist

Please complete all eight sections of this application packet on the Electronic Grant Application and Management System (EGrAMS).

- SECTION 1: Applicant Information
- SECTION 2: Organizational Eligibility
- SECTION 3: Applicant Grant History
- SECTION 4: Grant Project Scope of Work
- SECTION 5: Grant Project Work Plan
- SECTION 6: Grant Project Budget
- SECTION 7: Applicant Certification
- SECTION 8: Required Attachments

If **ALL** forms are not completed and received by the Illinois Department of Public Health through the EGrAMS website by **5:00 PM CDT on Friday, September 25, 2015**, the application will not be accepted.

Informational webinar for potential applicants:

Monday, September 21, 2015, at 10:30AM

Webinar Registration Link: Please visit the Get Covered Illinois website for more information. The webinar link will be made available shortly.

NOTE: This document is intended to be a guide for the actual Request for Application in the EGrAMS system. The formatting and layout in EGrAMS may differ.

**Illinois Department of Public Health
Affordable Care Act IPC Grant Program Application Instructions**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under the State Finance Act [30 ILCS 105/1 et. seq]. Failure to provide this information may prevent this application for funds from being processed.

The following information is for informational purposes only. Applications for this funding opportunity must be submitted through the Illinois Department of Public Health’s instructional document. [System \(EGrAMS\)](#). The EGrAMS grant application will become available shortly after the release of this instructional document. Both the applicant organization and the individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Instructions for using EGrAMS are located in the Training Materials section of <http://idphgrants.com>.

SECTION 1. APPLICANT INFORMATION

1.1 Applicant Information

Legal (Applicant) Name			
Address:			
Address Line 2:			
City, State, Zip Code, Zip 2:			
Federal I.D. Number			
DUNS Number			
Agency Fiscal Year (beginning month and day)			
Agency Type (Check One)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Services Corp.	
	<input type="checkbox"/> Tax Exempt	<input type="checkbox"/> Corp. providing or billing	
	<input type="checkbox"/> Corp. no providing or billing Medical and/or health care services	<input type="checkbox"/> Medical and/or Health Care Services	
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental	
Website:			
Telephone #			
Fax #			
Email			
Chief Officer Information			
Name			
Title			
Address			
City, State, Zip Code			
Telephone#, Fax #			
Email			
<input type="checkbox"/> <i>Before proceeding, please verify that you have read the RFA instructions.</i>			

If applicable, list all Names and FEINs that are registered to your organization or have been registered during the last 3 years.	Names:	FEIN Numbers:
Illinois Department of Human Rights Number (if applicable):		
<u>Legislative Districts (Number)</u> State Senator: State Representative: Congressional Representative:		

1.2 Lead Contact Information

Program Director: <i>(Please see Section 4.4, Key Staff, on the position requirements for Program Director)</i>			
EGrAMS Login			
Lead Address			
Lead Address 2			
City, State, Zip Code, Zip 2			
Telephone (Extension)			
Fax			
Email Address			
Designation/Title			
Attachment			

1.3 Regions

Regions Applying for <i>(Check all regions you are applying for)</i>	Region 01: Region 02: Region 03: Region 04: Region 05:	Region 06: Region 07: Region 08: Region 09: Region 10:
Will subcontractors be used under this grant application? If no, subgrantee information is not required.	Yes/No	

<p>Sub-grantee Organizations (if applicable) <i>(Please provide information for each Sub-Grantee organization.)</i></p>	<p>Region 01:</p> <p>Region 02:</p> <p>Region 03:</p> <p>Region 04:</p> <p>Region 05:</p> <p>Region 06:</p> <p>Region 07:</p> <p>Region 08:</p> <p>Region 09:</p> <p>Region 10:</p>
<p>Please provide information for each Sub-Grantee organization <i>(List all participating organizations and which regions they will serve)</i></p>	<p>Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone:</p> <p>Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone:</p> <p>Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone:</p> <p>Region No.: Sub-Grantee Org.: FEIN No.: Address: City, State, Zip: Phone:</p>

1.4 Project Information

Project Name:	Affordable Care Act IPC Grant Program 2016
Project Start Date	10/01/2015
Project End Date	02/15/2016
Total Grant Request	TOTAL:
Total Project Cost <i>(Please include any in-kind or match dollars in the Total Project Cost amount).</i>	
Brief Project Description	
What is your organization's annual operating budget?	

SECTION 2. ORGANIZATIONAL ELIGIBILITY

2.1 Organizational Eligibility:

Applicants must be able to check “yes” to all of the following questions to be considered eligible to submit a project proposal:

1. Is the applicant organization capable of carrying out the following activities: 1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Health Insurance Marketplace; 2) Provide information and services in a fair, accurate and impartial manner, which includes providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs; 3) Facilitate selection of a QHP or, when appropriate, a public insurance plan; 4) Provide referrals to the Illinois Department of Insurance, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; 5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Health Insurance Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of IPA tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act; and 6) Maintain a physical presence in the Exchange service area, so that face-to-face assistance can be provided to applicants and enrollees? **Yes or No**
2. Does the applicant have existing relationships, or is it capable of readily establishing relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid? **Yes or No**
3. Is the applicant and each individual employee participating in activities funded under the grant, capable of meeting the certification standards prescribed within this application, including completing required training and passing a written test? **Yes or No**
4. Is the applicant and each individual employee participating in activities funded under the grant, free from any conflict of interest related to required grant activities? **Yes or No**
5. Is the applicant and each individual employee participating in activities funded under the grant, capable of complying with the privacy and security standards adopted by IDPH, Get Covered Illinois, and HHS, including those found in 45 CFR 155.260 (see Appendix III for a web link to this regulation)? **Yes or No**

Applicants must be able to check “yes” to the following question, and the organization’s authorized official must provide a signature acknowledging that answer, in order to be considered eligible to submit an application.

6. The applicant acknowledges that it is not one of the following: a health insurance or stop-loss insurance issuer; a subsidiary of a health insurance or stop-loss insurance issuer; or an association that includes members of, or lobbies on behalf of, the insurance industry; and will not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP. **Yes or No**

Official Name: _____ **Date:** _____

Applicants applying as a lead organization with sub-grantees must be able to check “yes” to the following questions to be considered eligible to submit an application. Applicants not applying as a lead organization with sub-grantees should check “No” for Question 1 and “N/A.” for Questions 2 and 3:

1. Is the applicant applying as a lead organization? **Yes or No**
2. If the applicant is applying as a lead organization with sub-grantees, has it submitted documentation of its agreement with proposed sub-grantees, or a plan for developing such agreements? **Yes, No, or N/A**
3. If the applicant is applying as a lead organization with sub-grantees, do all proposed sub-grantees meet the organizational eligibility criteria (See “Section III. Eligible Applicants” of this application) for this grant? **Yes, No, or N/A**

SECTION 3. APPLICANT GRANT HISTORY

3.1 Description of Applicant Organization

Briefly describe the lead applicant organization (500 Character Maximum)

3.2 Description of Sub-Grantee Organizations

Briefly describe all Sub-grantee organizations (500 Character Maximum per organization)

3.3 Federal and State of Illinois Funding

Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years?

YES **NO**

If yes, please upload a list of grants received to include:

Agency providing grant funding:

Grant Number:

Grant Amount:

Grant Term:

Brief Description of grant:

How long has the applicant been incorporated?

Is the applicant in “good standing” with the Illinois Office of the Secretary of State?

YES **NO**

Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?

YES NO

If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible. (1024 Character Maximum)

Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant’s knowledge threatened against applicant and/or any principal that may result in any adverse change to the applicant’s financial condition or materially and adversely affect applicant’s operations?

YES NO

If yes, identify the nature of the proceedings and how they may affect the applicant’s financial situation and/or operations. (1024 Character Maximum)

Does the applicant or any principal owe any debt to the State of Illinois?

YES NO

If yes, list the agency, amount of debt, and reason for the debt. Attach additional documentation to explain the debt owed to the state.

3.4 Grant Funding from Other Sources

Describe grant funding received from other sources, including state and local government agencies, as of 2015. Grantees will be required to provide updates on any new grant funding received during the grant period (See “Section V. Program Requirements, Reporting”).

Grant Source	Agency/Name of Grant	Term of Grant	Funding
Federal			
State			
Local			
Other			
Other			
Total			

SECTION 4. GRANT PROJECT SCOPE OF WORK

4.1 Brief Description of Organization(s) History and Mission

Please Provide a brief description of each organization's history and its mission. (Maximum 250 words for each organization).	
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4.2 Services by Region

The Get Covered Illinois team has delineated 10 geographic regions in which IPC organizations will provide outreach services under the program. Applicants applying as a single organization or with sub-grantee organizations will respond to each question describing how they wish to perform IPC services in the identified regions. Please review the geographic and demographic details for each region provided in Appendix I. The information provided in Appendix I is to guide your response based on the needs of uninsured populations in each outreach region.

1. Briefly describe your organization and any sub-grantee organizations experience working in this region.
2. Briefly describe how your organization and any sub-grantees currently provide services, education, or otherwise engages the population in the identified regions.
3. Provide a brief overview of your organization and any sub-grantees expertise and accomplishments in providing application assistance for government programs or private health insurance in the identified regions.
4. Describe what makes your organization and any sub-grantees well-suited to provide in-person application assistance in the identified region for the target population(s) outlined in Appendix I.
5. Check the box corresponding to the population(s) that your organization(s) will assist in the identified regions.
 - Individuals eligible for QHPs, financial assistance, and/or Medicaid
 - Small employers eligible for participation in the Marketplace
 - Specific ethnic, cultural, or linguistic groups (please list)
 - Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list):

6. Based on the geographic information provided for this region in Appendix I, please check whether you will provide coverage for this entire geographic region. If not, please check the specific Counties, Cities/Townships, and/or Chicago Community Areas, as provided in Appendix I.

Region 1 – Chicago South:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties, Townships, and/or Chicago Community Areas, as application. (Please select all values)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Oakland | <input type="checkbox"/> Fuller Park | <input type="checkbox"/> Grand Boulevard |
| <input type="checkbox"/> Kenwood | <input type="checkbox"/> Washington Park | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> Woodlawn |
| <input type="checkbox"/> South Shore | <input type="checkbox"/> Chatham | <input type="checkbox"/> Avalon Park | <input type="checkbox"/> South Chicago |
| <input type="checkbox"/> Burnside | <input type="checkbox"/> Calumet Heights | <input type="checkbox"/> Roseland | <input type="checkbox"/> Pullman |
| <input type="checkbox"/> South Deering | <input type="checkbox"/> East Side | <input type="checkbox"/> West Pullman | <input type="checkbox"/> Riverdale |
| <input type="checkbox"/> Hegewisch | <input type="checkbox"/> Garfield Ridge | <input type="checkbox"/> West Elsdon | <input type="checkbox"/> Gage Park |
| <input type="checkbox"/> Clearing | <input type="checkbox"/> West Lawn | <input type="checkbox"/> Chicago Lawn | <input type="checkbox"/> West Englewood |
| <input type="checkbox"/> Englewood | <input type="checkbox"/> Greater Grand Crossing | <input type="checkbox"/> Ashburn | <input type="checkbox"/> Auburn Gresham |
| <input type="checkbox"/> Beverly | <input type="checkbox"/> Washington Heights | <input type="checkbox"/> Mount Greenwood | <input type="checkbox"/> Morgan Park |

Region 2 – Chicago Central:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties, Townships, and/or Chicago Community Areas, as application. (Please select all values)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Near North Side | <input type="checkbox"/> Hermosa | <input type="checkbox"/> Avondale | <input type="checkbox"/> Logan Square |
| <input type="checkbox"/> Humboldt Park | <input type="checkbox"/> West Town | <input type="checkbox"/> Austin | <input type="checkbox"/> West Garfield Park |
| <input type="checkbox"/> East Garfield Park | <input type="checkbox"/> Near West Side | <input type="checkbox"/> North Lawndale | <input type="checkbox"/> South Lawndale |
| <input type="checkbox"/> Lower West Side | <input type="checkbox"/> Loop | <input type="checkbox"/> Near South Side | <input type="checkbox"/> Armour Square |
| <input type="checkbox"/> Archer Heights | <input type="checkbox"/> Brighton Park | <input type="checkbox"/> McKinley Park | <input type="checkbox"/> Bridgeport |

Region 3 – Chicago North:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties, Townships, and/or Chicago Community Areas, as application. (Please select all values)

- | | | | |
|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Rogers Park | <input type="checkbox"/> West Ridge | <input type="checkbox"/> Uptown | <input type="checkbox"/> Lincoln Square |
| <input type="checkbox"/> North Center | <input type="checkbox"/> Lake View | <input type="checkbox"/> Lincoln Park | <input type="checkbox"/> Edison Park |
| <input type="checkbox"/> Norwood Park | <input type="checkbox"/> Jefferson Park | <input type="checkbox"/> Forest Glen | <input type="checkbox"/> North Park |
| <input type="checkbox"/> Albany Park | <input type="checkbox"/> Portage Park | <input type="checkbox"/> Irving Park | <input type="checkbox"/> Dunning |
| <input type="checkbox"/> Montclare | <input type="checkbox"/> Belmont Cragin | <input type="checkbox"/> OHare | <input type="checkbox"/> Edgewater |

Region 4 – The Southlands:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> Will County	<input type="checkbox"/> Grundy County	<input type="checkbox"/> Bloom Township (Cook)
<input type="checkbox"/> Bremen Township (Cook)	<input type="checkbox"/> Calumet Township (Cook)	<input type="checkbox"/> Lemont Township (Cook)
<input type="checkbox"/> Orland Township (Cook)	<input type="checkbox"/> Palos Township (Cook)	<input type="checkbox"/> Rich Township (Cook)
<input type="checkbox"/> Thornton Township (Cook)	<input type="checkbox"/> Worth Township (Cook)	

Region 5 – Near Western Suburbs:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> DuPage County	<input type="checkbox"/> Berwyn Township (Cook)	<input type="checkbox"/> Cicero Township (Cook)
<input type="checkbox"/> Lyons Township (Cook)	<input type="checkbox"/> Oak Park Township (Cook)	<input type="checkbox"/> Proviso Township (Cook)
<input type="checkbox"/> River Forest Township (Cook)	<input type="checkbox"/> Riverside Township (Cook)	<input type="checkbox"/> Stickney Township (Cook)

Region 6 – Far Western Suburbs:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> Kane County	<input type="checkbox"/> Kendall County	<input type="checkbox"/> McHenry County
<input type="checkbox"/> Barrington Township (Cook)	<input type="checkbox"/> Hanover Township (Cook)	<input type="checkbox"/> Palatine Township (Cook)
<input type="checkbox"/> Schaumburg Township (Cook)		

Region 7 – Northern Suburbs:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> Lake County	<input type="checkbox"/> Elk Grove Township (Cook)	<input type="checkbox"/> Evanston Township (Cook)
<input type="checkbox"/> Leyden Township (Cook)	<input type="checkbox"/> Maine Township (Cook)	<input type="checkbox"/> New Trier Township (Cook)
<input type="checkbox"/> Niles Township (Cook)	<input type="checkbox"/> Northfield Township (Cook)	<input type="checkbox"/> Norwood Park Township (Cook)
<input type="checkbox"/> Wheeling Township (Cook)		

Region 8 – Western Illinois:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> County of Adams	<input type="checkbox"/> County of Boone	<input type="checkbox"/> County of Brown	<input type="checkbox"/> County of Bureau
<input type="checkbox"/> County of Carroll	<input type="checkbox"/> County of DeKalb	<input type="checkbox"/> County of Fulton	<input type="checkbox"/> County of Hancock
<input type="checkbox"/> County of Henderson	<input type="checkbox"/> County of Henry	<input type="checkbox"/> County of Jo Daviess	<input type="checkbox"/> County of Knox
<input type="checkbox"/> County of LaSalle	<input type="checkbox"/> County of Lee	<input type="checkbox"/> County of Marshall	<input type="checkbox"/> County of Mason
<input type="checkbox"/> County of McDonough	<input type="checkbox"/> County of Mercer	<input type="checkbox"/> County of Ogle	<input type="checkbox"/> County of Pike
<input type="checkbox"/> County of Putnam	<input type="checkbox"/> County of Rock Island	<input type="checkbox"/> County of Schuyler	<input type="checkbox"/> County of Stark

Region 9 – Central Illinois:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> County of Champaign	<input type="checkbox"/> County of Christian	<input type="checkbox"/> County of Coles	<input type="checkbox"/> County of Cumberland
<input type="checkbox"/> County of De Witt	<input type="checkbox"/> County of Douglas	<input type="checkbox"/> County of Edgar	<input type="checkbox"/> County of Ford
<input type="checkbox"/> County of Iroquois	<input type="checkbox"/> County of Kankakee	<input type="checkbox"/> County of Livingston	<input type="checkbox"/> County of Logan
<input type="checkbox"/> County of Macon	<input type="checkbox"/> County of McLean	<input type="checkbox"/> County of Menard	<input type="checkbox"/> County of Moultrie
<input type="checkbox"/> County of Peoria	<input type="checkbox"/> County of Piatt	<input type="checkbox"/> County of Sangamon	<input type="checkbox"/> County of Shelby
<input type="checkbox"/> County of Tazewell	<input type="checkbox"/> County of Vermillion	<input type="checkbox"/> County of Woodford	

Region 10 – Southern Illinois:

Will you provide coverage in this region? Yes/No (if no, proceed to next question)

Will you provide coverage for this entire geographic region? Yes/No

If no, please check the specific Counties or Townships. (Please select all values)

<input type="checkbox"/> County of Alexander	<input type="checkbox"/> County of Bond	<input type="checkbox"/> County of Calhoun	<input type="checkbox"/> County of Cass
<input type="checkbox"/> County of Clark	<input type="checkbox"/> County of Clay	<input type="checkbox"/> County of Clinton	<input type="checkbox"/> County of Crawford
<input type="checkbox"/> County of Edwards	<input type="checkbox"/> County of Effingham	<input type="checkbox"/> County of Fayette	<input type="checkbox"/> County of Franklin
<input type="checkbox"/> County of Gallatin	<input type="checkbox"/> County of Greene	<input type="checkbox"/> County of Hamilton	<input type="checkbox"/> County of Hardin
<input type="checkbox"/> County of Jackson	<input type="checkbox"/> County of Jasper	<input type="checkbox"/> County of Jefferson	<input type="checkbox"/> County of Jersey
<input type="checkbox"/> County of Johnson	<input type="checkbox"/> County of Lawrence	<input type="checkbox"/> County of Macoupin	<input type="checkbox"/> County of Madison

7. Please list the total number of IPCs (all existing, if applicable, and newly hired) that will be employed by both the grantee and subgrantee organization(s) for the identified regions. Please list all Counties, Community Areas, and/or Townships as described in the previous question, as applicable. Please note that there is a minimum of 5 total full-time IPCs.

Criteria for Scoring Proposals: Sections 4.1 and 4.2 will be reviewed and scored according to the following criteria (25 points):

- The applicant organization currently works with the population in the identified regions and demonstrates its current capacity for providing services and education opportunities.
- Describes the organization's experience, expertise and previous accomplishments in providing application assistance for government programs or private health insurance. The applicant includes specific information about previous activities and strategies used to reach out to applicable populations.
- Staffing structure is in accordance with guidelines presented in Section 4.4 of the application or provides a solid justification for any differences in structure.
- The applicant organization is well suited to provide in-person application assistance and education about new coverage options to the intended population.

4.3 Project Narrative

- 2. Describe all strategies for identifying individuals and small employers in need of services.**
- 3. Describe specific strategies for targeting populations your organization is applying for.**
- 4. Describe strategies for enrolling consumers, including times and locations in which enrollment activities will be performed (including any non-traditional work hours accommodating the needs of the target population), types of events (regular "office hours" at familiar locations, special health fairs, booths/rooms at larger events, etc.).**
- 5. Describe how you will address the unique needs of people eligible for coverage through the Marketplace, including explaining the terms of private insurance to populations that may have never had access and ensuring successful completion of enrollment.**
- 6. Describe strategies for following up with consumers after enrollment to ensure proper utilization of coverage.**
- 7. Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.**
- 8. Describe how you will ensure that activities are culturally, linguistically and developmentally appropriate to the target population within the proposed project.**
- 9. Include a clear description of your organization decision-making authority and structure, financial**

management experience, and provide evidence of its capacity to provide for the effective use of resources needed to conduct the project.

10. Describe any cultural, economic, or other factors that create barriers to delivering application assistance to the proposed target population.

11. Given the barriers described in your answer to #9 above, describe your plan to deliver your programming in light of the described barriers.

12. Describe your organization's plans to sustain outreach, education, and enrollment efforts beyond this funding opportunity.

Criteria for Scoring Proposals: Section 4.3 of the application will be reviewed and scored according to the following criteria (40 points):

- The extent to which the applicant's plan to carry out the activities within a specific region is feasible and consistent with the stated purposes of the funding opportunity announcement.
- The extent to which the applicant's plan is likely to achieve program goals.
- Strategies to identify individuals and small employers in need of application assistance are realistic and demonstrate an expertise with the needs of the target population(s).
- Strategies for working with the Marketplace eligible population and meeting consumers where and when they are available using culturally appropriate approaches are realistic, executable, and comprehensive.
- Includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for or obtain the effective use of resources needed to conduct the project.
- Factors that create barriers to delivering application assistance to the population are fully described and strategies to mitigate barriers are feasible.
- The applicant is setting achievable goals for assistance that deliver strong value for the funding requested and align with grant guidelines.

4.4 Key Staff

It is suggested that organizations follow certain staffing guidelines for the 2016 IPC program. Any positions identified in the "Required Positions" section below must be filled by the agency. Any additional positions must be justified with a detailed list of job responsibilities and the full or part time status of the position.

Each IPC staff member that fails to obtain any required DOI certification is ineligible to receive any funds under this Grant following either (i) the expiration of any applicable time period for the successful receipt of such certification, or (ii) a final determination that such certification has been denied.

Required Positions:

1. All Grantees will be required to designate a Project Manager or **Program Director** to oversee *all regions* in which the organization and any sub-grantee organizations choose to provide services. The Project Manager or Program Director must be assigned from the Grantee. The Program Manager or Project Director will serve as the lead supervisor of all IPC operations.

How many new positions is the organization creating as a result of this grant? How many of these positions are full-time and part-time?

Please provide a detailed list of job responsibilities for all positions. Be sure to include number of staff for each position, and how many hours each employee will be dedicating to this program.

What other positions, aside from the required positions, is your organization proposing to fund under this grant opportunity?

Criteria for Scoring Proposals: The Key Staff, Project Management Structure, and Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII) sections of the application will be reviewed and scored according to the following criteria (15 points):

- Staffing structure is in accordance with guidelines presented in Section 4.4 of the application or provides a solid justification for any differences in structure.
- Key Staff are clearly identified (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project). The application provides the name of the person employed in each position or notes that the position is vacant.
- Demonstrates experienced, strong project leadership, including executive sponsorship, governance structures and functions, decision-making processes, dedicated coordinator, point-of-contact for the project and ability to oversee financial and reporting relationships among all partners.
- Identified staff members are experienced and capable of performing required duties.
- Applicant demonstrates a clear management structure and system for accountability within the organization and between Lead Grantees and sub-grantee organizations.

Please provide a detailed program chart which maps all of the positions of all participating Lead Grantee and sub-grantee organizations. The chart should indicate hierarchy and full-time and part-time status of each employee.

4.5 Metrics

Statewide standards for the metrics below have been determined by the Get Covered Illinois team and will be monitored throughout the grant period. Grantees will be held accountable to Get Covered Illinois standards prescribed during the appropriate campaign phase. Please see Appendix IV for more information on the metrics below. After reviewing the metrics, complete the attestation committing your agency to the identified expectations.

Metric	# Per-IPC, Per- Week
Number of Valid RFI Cards Collected	15
*Applications completed (ABE or Marketplace)	15
*Number of Posted, Out-of-Office Enrollment Events	1
*Number of Appointments	15

*Weekly metrics for open enrollment period

The applicant acknowledges that it is responsible for ensuring compliance with the above identified weekly metrics and that it will commit to working with the State to achieve the numbers for each identified weekly metric.

Official Name: _____ **Date:** _____

Criteria for Scoring Proposals: Sections 4.4 and 4.5 of the application will be reviewed and scored according to the following criteria (40 points):

- The extent to which the applicant’s plan to carry out the activities is feasible and consistent with the stated purposes of the funding opportunity announcement.
- The extent to which the applicant’s plan is likely to achieve program goals.
- Strategies to identify individuals and small employers in need of application assistance are realistic and demonstrate an expertise with the needs of the target population(s).
- Strategies for working with the Marketplace eligible population and meeting consumers where and when they are available using culturally appropriate approaches are realistic, executable, and comprehensive.
- Includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for or obtain the effective use of resources needed to conduct the project.
- Factors that create barriers to delivering application assistance to the population are fully described and strategies to mitigate barriers are feasible.
- The applicant completed the attestation and agrees to work toward obtaining the identified metrics

4.6 Ensuring Privacy and Security of Consumer Personally Identifiable Information (PII)

For each of the requirements in this section, indicate your understanding of the requirement, that your organization and its employees will be responsible for complying with the requirements, and that any subcontractors performing work under any resulting contract will be held to the same requirements.

Applicant has read 45 CFR 155.260 (see Appendix III for a web link to this regulation)	<input type="checkbox"/>
Applicant agrees to comply with 45 CFR 155.260, Get Covered Illinois Security Policies, and other applicable Privacy and Security requirements.	<input type="checkbox"/>
Applicant agrees to only store and transmit PII securely.	<input type="checkbox"/>
Applicant agrees to encrypt all PII stored electronically.	<input type="checkbox"/>
Applicant agrees to use a State- provided or applicant- provided secure email service for transmission of PII.	<input type="checkbox"/>
Applicant agrees to use consumer data collected only for purposes authorized by Get Covered Illinois.	<input type="checkbox"/>
Applicant agrees to transfer consumer data collected to Get Covered Illinois as directed by the Marketplace and at the termination of the grant period.	<input type="checkbox"/>
Applicant agrees to return to the consumer or destroy after scanning all documents provided by consumer	<input type="checkbox"/>

SECTION 5. GRANT PROJECT WORK PLAN

Please provide objective and activity statements in the format below. All objectives should be specific, measurable, attainable, relevant, and time-sensitive (SMART). For example: “By January 31, 2016 complete XX number of educational events to enroll individuals.” Activities should describe specific tasks needed to complete each objective. The Work Plan should be organized as follows.

Objective 1: By X date, increase the number of people in Region XX enrolled in health insurance from X to Y.				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Objective 2: By X date, increase the number of certified Navigators from X to Y.				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Objective 3: By X date, develop reporting operations for required quarterly grant fiscal and progress reports as well as project metrics.				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Objective 4: By X date, develop and submit an outreach and communication plan for Region XX.				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)

Criteria for Scoring Proposals: Section 5 of the application will be reviewed and scored according to the following criteria (10 Points):

- Includes a complete and reasonable timeline of activities that incorporates the strategies presented in the application and accurately reflects the goals of the grant program.
- The links between activities, objectives, and outcomes are logical and reflect the broader narrative of the application.
- The entirety of the project as presented in the broader application is documented in a coherent fashion within the Work Plan.

SECTION 6. GRANT PROJECT BUDGET

Totals for each item, category, and for the overall request will be calculated by the EGrAMS system.

6.1 Personal Services (Salaries and Wages)

Please reference section 4.4. Key Staff and Appendix II before completing this section. Organizations are required to provide staffing in accordance with the guidelines provided.

Please indicate in the Narrative the type of documentation that will be maintained and used to allocate staff costs to the grant (e.g., time sheets, cost allocation plans, certifications of time allocable to grant, other (please describe), not applicable to this grant application). If applicable, cash and in-kind contributions from applicant organization should be identified. No IPC staff may receive any funds provided under this Grant as compensation on a per-application, per-individual-assisted, or per-enrollment basis.

Please complete the budget detail below using ‘Quantity’ (QTY) for the projected monthly salary, ‘Rate’ for the percentage of time on the grant (expressed as a decimal (0.0-1.0)), and ‘Units’ for the number of months in each year. Applicants should note that all Program Director, Regional Project Manager, Program Supervisor, and IPC positions should be full-time. The Unit of Measure (UoM) should be set to Month (MTH) for this expense category (note that the maximum unit quantity under this grant is 9.5, corresponding to the length of the grant period in months). Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the applicant meet the goals of the grant program.

Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	In-kind
Total:							

6.2 Fringe Benefits

Fringe benefits should be relative to the salaries provided in section 6.1 and consistent with benefits provided and method of determination for your organization.

If the proposed budget includes Fringe Benefits costs, please indicate in the narrative the type of documentation that will be maintained and used to allocate fringe benefits. If applicable, cash and in-kind contributions from applicant organization should be identified.

Please complete the budget detail below using 'Percent' to indicate the percentage of the total salary (for all staff) indicated by the 'Unit' amount.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Percent	Units	Total	Amount Requested	In-kind
Total:					

6.3 Contractual Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.4 Travel Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should budget travel and accommodations for three days of in-state training for each staff member who will participate in activities related to enrollment in health coverage.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.5 Commodities/Supplies Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. Items of information technology hardware and software should be identified in section 6.6 below, even if having a useful life of less than one year and a cost of under \$5,000.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.6 Printing Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.7 Equipment Expenses

Equipment is tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold, which may therefore be classified as supplies, must still be individually tagged and recorded in an equipment log provided by the State.

Get Covered Illinois believes that each IPC will be required to have access to the following equipment when Away from the IPC organization's office:

- Laptop or Tablet
- Portable Scanner

Please describe the Equipment the IPC entity and its IPC staff intends to use to perform its obligations under this Grant; for Equipment whose use is acquired under this Grant, please indicate the equipment needed and the grant expense in the 'Amount' field. All IT equipment should be uniquely identified. Show the unit cost of each item, number needed, and total amount. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. All Grantees will be required to follow certain Equipment specifications, configurations, and software requirements, and privacy and security standards and guidelines in regards to Equipment and data collected as prescribed by IDPH and the GCI team.

Applicant must provide a written justification for any additional equipment request, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	In-kind
Total:			

6.8 Telecommunications Costs

Each IPC will be required to have the following equipment:

- Portable Phone
- MIFI or Wi-Fi Hotspot or air card time

Please complete the budget detail below using ‘Quantity’ (QTY) for the number of units and ‘Rate’ for the projected cost per unit (without duplication of costs reflected in 6.7 above). If applicable, cash and in-kind contributions from your agency should be identified in the budget detail. All Grantees will be required to follow certain security standards and guidelines in regards to Telecommunications Equipment as prescribed by IDPH and the GCI team.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	In-kind
Total:						

6.9 Administrative Costs

Please complete the budget detail below using ‘Quantity’ (QTY) for the number of units and ‘Rate’ for the projected cost per unit. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should include the cost of a criminal background check for each employee working on grant activities in this section. Applicants must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	In-kind
Total:						

Criteria for Scoring Proposals: The Project Budget and Project Budget Narrative section of the application will be reviewed and scored according to the following criteria (10 Points):

- The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities.
- Staffing structure is in accordance with guidelines of the application or provides a solid justification for any differences in structure.
- The costs projected for the proposed activities and staffing level are reasonable, justified, and in line with project goals.

SECTION 7. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete.

I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I hereby release to IDPH the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Date

Signature

Printed Name/Title

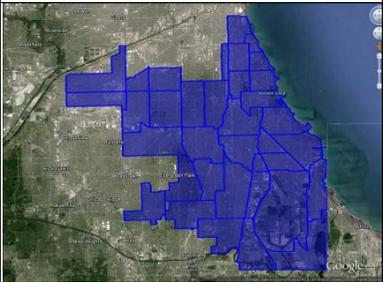
SECTION 8. REQUIRED ATTACHMENTS

1. The organization is required to attach its W-9 form.
2. The organization is required to attach its latest audit report. If no such report is available, please attach an explanation. *(1024 Character Maximum)*
3. If Applicable: If organization has applied for funding under another ACA enrollment program (HHS Navigator program, HRSA Education and Outreach program, etc.), please attach an explanation of all activities in which requested funding overlaps with this funding opportunity.
4. If Applicable: If organization has applied for funding under another ACA enrollment program (HHS Navigator program, HRSA Education and Outreach program, etc.), please attach Project Narrative or similar document.

APPENDIX I

Overview of Outreach Regions

All Uninsured Characteristics are derived from U.S. Census Bureau data.

Region 01 - Chicago South	
	Region Overview
	Description: Region 01 contains the southern part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.
	Counties: County of Cook
	Cities/Townships: City of Chicago
	Chicago Community Areas: <ul style="list-style-type: none"> 35 – Douglas 36 – Oakland 37 - Fuller Park 38 - Grand Boulevard 39 – Kenwood 40 - Washington Park 41 - Hyde Park 42 – Woodlawn 43 - South Shore 44 – Chatham 45 - Avalon Park 46 - South Chicago 47 – Burnside 48 - Calumet Heights 49 – Roseland 50 – Pullman 51 - South Deering 52 - East Side 53 - West Pullman 54 – Riverdale 55 – Hegewisch 56 - Garfield Ridge 62 - West Elsdon 63 - Gage Park 64 – Clearing 65 - West Lawn 66 - Chicago Lawn 67 - West Englewood 68 – Englewood 69 - Greater Grand Crossing 70 – Ashburn 71 - Auburn Gresham 72 – Beverly 73 - Washington Heights 74 - Mount Greenwood 75 - Morgan Park

Male: 85,552
 Female: 77,091
 Asian: 2,295
 Black: 102,132
 Latino: 46,511
 White: 10,433
 Other: 1,174

Region 02 – Chicago Central



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Region 2 contains the central part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.

N/A

N/A

- 08 - Near North Side
- 20 - Hermosa
- 21 - Avondale
- 22 - Logan Square
- 23 - Humboldt Park
- 24 - West Town
- 25 - Austin
- 26 - West Garfield Park
- 27 - East Garfield Park
- 28 - Near West Side
- 29 - North Lawndale
- 30 - South Lawndale
- 31 - Lower West Side
- 32 - Loop
- 33 - Near South Side
- 34 - Armour Square
- 57 - Archer Heights
- 58 - Brighton Park
- 59 - McKinley Park
- 60 - Bridgeport
- 61 - New City

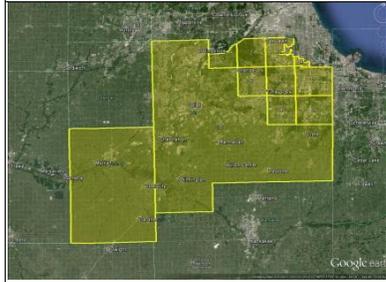
Region 03 – Chicago North



Region Overview

Description:	Region 3 contains the northern part of the City of Chicago. Since the Region consists of only a portion of the City, applicants will make the selection of key target areas based only on Chicago Community Areas outlined below.
Counties:	N/A
Cities/Townships:	N/A
Chicago Community Areas:	<ul style="list-style-type: none"> 01 - Rogers Park 02 - West Ridge 03 - Uptown 04 - Lincoln Square 05 - North Center 06 - Lake View 07 - Lincoln Park 09 - Edison Park 10 - Norwood Park 11 - Jefferson Park 12 - Forest Glen 13 - North Park 14 - Albany Park 15 - Portage Park 16 - Irving Park 17 - Dunning 18 - Montclare 19 - Belmont Cragin 76 - O'Hare 77 - Edgewater

Region 04 – The Southland



Region Overview

Description:	Region 4 contains Will, Grundy, and suburban Cook counties in the southern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts
Counties:	Will, Grundy, and suburban Cook
Cities/Townships:	Bloom Township (Cook) Bremen Township (Cook) Calumet Township (Cook) Lemont Township (Cook) Orland Township (Cook) Palos Township (Cook) Rich Township (Cook) Thornton Township (Cook) Worth Township (Cook)
Chicago Community Areas:	N/A

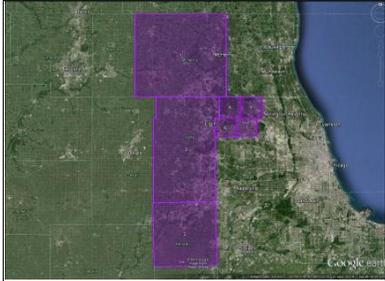
Region 05 – Near Western Suburbs



Region Overview

Description:	Region 5 contains DuPage and suburban Cook counties in the western suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.
Counties:	DuPage and suburban Cook
Cities/Townships:	Berwyn Township (Cook) Cicero Township (Cook) Lyons Township (Cook) Oak Park Township (Cook) Proviso Township (Cook) River Forest Township (Cook) Riverside Township (Cook) Stickney Township (Cook)
Chicago Community Areas:	N/A

Region 06 – Far Western Suburbs



Region Overview

Description:	Region 6 contains Kane, Kendall, McHenry, and suburban Cook counties in the western / northwestern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.
Counties:	Kane, Kendall, McHenry, and suburban Cook
Cities/Townships:	Barrington Township (Cook) Hanover Township (Cook) Palatine Township (Cook) Schaumburg Township (Cook)
Chicago Community Areas:	N/A

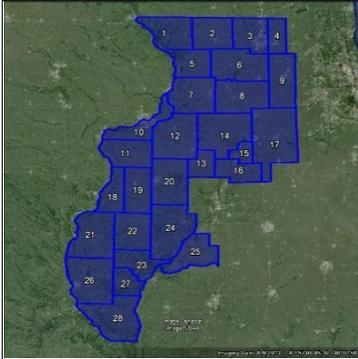
Region 07 – Northern Suburbs



Region Overview

Description:	Region 7 contains Lake and suburban Cook counties in the northern suburbs. Applicants will be required to state whether they will cover the entire outreach region or specify which counties or cities/townships they will focus their outreach efforts.
Counties:	Lake and suburban Cook
Cities/Townships:	Elk Grove Township (Cook) Evanston Township (Cook) Leyden Township (Cook) Maine Township (Cook) New Trier Township (Cook) Niles Township (Cook) Northfield Township (Cook) Norwood Park Township (Cook) Wheeling Township (Cook)
Chicago Community Areas:	N/A

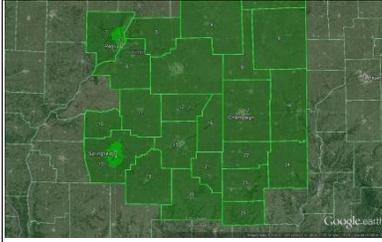
Region 08 – Western Illinois



Region Overview

Description:	Region 8 contains multiple counties as listed below in the Western part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
Counties:	<p>County of Adams County of Boone County of Brown County of Bureau County of Carroll County of DeKalb County of Fulton County of Hancock County of Henderson County of Henry County of Jo Daviess County of Knox County of LaSalle County of Lee County of Marshall County of Mason County of McDonough County of Mercer County of Ogle County of Pike County of Putnam County of Rock Island County of Schuyler County of Stark County of Stephenson County of Warren County of Whiteside County of Winnebago</p>
Cities/Townships:	N/A
Chicago Community Areas:	N/A

Region 9 – Central Illinois



Region Overview

Description:	Region 9 contains multiple counties as listed below in the Central part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
Counties:	County of Champaign County of Christian County of Coles County of Cumberland County of De Witt County of Douglas County of Edgar County of Ford County of Iroquois County of Kankakee County of Livingston County of Logan County of Macon County of McLean County of Menard County of Moultrie County of Peoria County of Piatt County of Sangamon County of Shelby County of Tazewell County of Vermilion County of Woodford
Cities/Townships:	N/A
Chicago Community Areas:	N/A

Region 10 – Southern Illinois



Region Overview

Description:	Region 10 contains multiple counties as listed below in the Southern part of Illinois. Applicants will be required to state whether they will cover the entire outreach region or specify which counties they will focus their outreach efforts.
Counties:	County of Alexander / County of Bond / County of Calhoun / County of Cass / County of Clark / County of Clay / County of Clinton / County of Crawford / County of Edwards / County of Effingham / County of Fayette / County of Franklin / County of Gallatin / County of Greene / County of Hamilton / County of Hardin / County of Jackson / County of Jasper / County of Jefferson / County of Jersey / County of Johnson / County of Lawrence / County of Macoupin / County of Madison / County of Marion / County of Massac / County of Monroe / County of Montgomery / County of Morgan / County of Perry / County of Pope / County of Pulaski / County of Randolph / County of Richland / County of Saline / County of Scott / County of St. Clair / County of Union / County of Wabash / County of Washington / County of Wayne / County of White / County of Williamson
Cities/Townships:	N/A
Chicago Community Areas:	N/A

APPENDIX II

Please review the following suggested job positions approved for the 2015 IPC grant program.

Job Title:	IPC (also known as In-Person Counselor)
Overview:	All In-Person Counselors will serve on a full-time basis. IPCs are responsible for conducting outreach and enrollment activities and must be certified by the Illinois Department of Public Health.
Allotted Positions:	Based on Organization Proposal
Status Requirement:	Full-Time
Project Period	October 2015 – February 2016
Duties and Responsibilities:	<ul style="list-style-type: none"> - Complete and maintain certification for the duration of employment under this position - Maintain expertise in eligibility, enrollment, and program requirements - Conduct public education activities to raise awareness about the Get Covered Illinois, Illinois Medicaid and utilization of health coverage <ul style="list-style-type: none"> - Examples of required outreach and educational activities include but are not limited to: <ul style="list-style-type: none"> • Canvassing local communities and small businesses • Lead generation • Data Entry of Lead Generation • Educational Presentations • Visibility and Tabling Events • Stakeholder Engagement - Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge all health benefit programs - Facilitate selection of a QHP or, when appropriate, a public insurance plan - Provide referrals to the Illinois Department of Insurance, or any other appropriate State agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage - Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by Get Covered Illinois at no cost to those individuals, including individuals with limited English proficiency, and ensure accessibility and usability of IPC tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act. - Maintain a work schedule that meets the needs of the population being served. - Report required information to necessary staff related to enrollment numbers, appointment, outreach activities, and other metrics as necessary.
Suggested Salary	\$2,800-4,200/month; Monthly In-Person Counselor salaries must be

Range:	determined on the basis of comparable positions within each organization and regional wages. If any IPC salaries are proposed above the suggested range, the applicant should provide a detailed explanation.
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Job Title:	Program Director
Overview:	All Grantees will be required to designate a Project Director to oversee <i>all regions</i> the organization chooses to provide services. The Project Director must be assigned from the Grantee. The Project Director will serve as the lead supervisor of all IPC operations.
Allotted Positions:	1 overall
Status Requirement:	Full-Time or Part-Time
Project Period	October 2015 – February 2016
Duties and Responsibilities:	<ul style="list-style-type: none"> - Manage sub-grantee organizations within all regions to ensure that project goals are being met - Responsible for metrics and reporting requirements set by the Get Covered Illinois team and the Illinois Department of Public Health - Ensure that hours of operation and activities requirements are being met in all regions. - Participate in calls, webinars, email communication, as needed - Engage with state agency staff - Ensure that certification requirements are met by all individuals expected to be certified under the grant (all In Person Counselors and Program Managers). - If no Regional Project Managers are assigned under the grant, coordinate outreach/enrollment events for assigned region and report through process designated by the state.

Job Title:	Fiscal Manager
Overview:	A Fiscal Manager will be required to oversee all financial and grant management activities. The Fiscal Manager must be assigned from the Grantee.
Allotted Positions:	Up to 1 overall
Status Requirement:	Full-Time or Part-Time
Project Period	October 2015 – February 2016
Duties and Responsibilities:	<ul style="list-style-type: none"> - Oversee all financial and grant management activities for the In-Person Counselor program - Fulfill all reporting requirements on a timely basis as required by the Get Covered Illinois team and IDPH - Establish and manage grant oversight program for Grantee organization and any sub-grantee organizations - Coordinate with IDPH, as necessary, on grant procedures, processes, and

requirements.

- Establish and implement appropriate tracking controls to ensure compliance with grant guidelines and requirements

APPENDI **XIII**

Federal regulations governing this program can be viewed online at the following location:

<http://www.ecfr.gov/cgi-bin/searchECFR?idno=45&q1=155&rgn1=PARTNBR&op2=and&q2=&rgn2=Part>

- See 155.205 and 155.210 for program standards
- See 155.215 for training and conflict-of-interest standards
- See 155.260 for privacy and security requirements

The current federal privacy and security standards governing this program can be viewed online at:

<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/privacy-and-security-terms-and-conditions-6-4-14.pdf>.

APPEND **IX IV**

Key Metrics – Outreach and Education Tactics

Number of Valid RFI Cards Collected: The number of valid Request For Information cards all IPCs have collected during the week. Valid RFI cards have contact information boxes filled out legibly and accurately. Blank RFI cards are distributed to successful grantee organizations for their use.

ABE Applications (complete): The number of applications successfully submitted by all IPCs for the week.

Marketplace Applications (complete): The number of Healthcare.gov applications successfully submitted by all IPCs for the week.

***Defining Complete vs. Incomplete Applications:** Complete means the consumer has selected a plan by clicking “SUBMIT” in the physical presence of the IPC. Clicking “SUBMIT” for an **eligibility determination** does not mean completed. Complete means the consumer has nothing left to do but:

- Pay their first month’s premium (if Marketplace application) -OR-
- Be contacted by the state (if ABE application)