



COVERED
CALIFORNIA

Provider Education Grant Application

Draft June 20, 2013

CONTENTS

1. Executive Summary	3
2. Background	4
2.1. Background	4
2.1.1. Covered California's Vision, Mission and Values	4
2.1.2. California's Uninsured Population Data	5
2.1.3. Statewide Marketing, Outreach and Education Program and Certified Enrollment Counselors Program	6
2.1.4. Outreach and Education Grant Program	7
3. The Provider Education Grant Program	7
3.1. Activities Solicited	7
3.1.1. Approach to Conducting Education and Outreach	9
3.1.2. Service Delivery Channels	9
3.1.3. Enrollment Resources	10
3.1.4. Recruitment and Training	10
3.1.5. Program Monitoring and Quality Assurance	10
3.1.6. Reporting	11
3.1.7. Management of Materials	11
3.1.8. Equipment	12
3.2. Applicant Resources	12
4. Grant Application Process, Instructions And Schedule	13
4.1. Single Point of Contact	14
4.2. Grant Application Process	15
4.2.1. Grant Application Schedule	15
4.2.2. Letter of Intent to Respond	15
4.2.3. Optional Grant Application Conference/Webinar	16
4.2.4. Grant Application Submission	16
4.2.5. Applicant Questions and Clarification	16
4.3. Darfur Contracting Act Certification	17
4.4. Protest Process	17
5. Outreach And Education Grant Funding	18
5.1. Grant Award Size	18
5.2. Funding Priority	18
5.3. Funding Request Guidelines	19
6. Applicant Qualifications	20
6.1. Eligible Entities	20

6.2.	Conflict of Interest.....	20
6.3.	Minimum Qualifications.....	20
6.4.	Desired Qualifications	21
7.	Grant Application Submission.....	21
7.1.	Submission Methods.....	22
7.1.1.	Electronic Submission.....	22
7.2.	Use of Subcontractors	22
7.3.	Grant Application Organization and Format	22
7.3.1.	Grant Application Submission Structure.....	23
7.4.	Grant Application Content Requirements.....	24
7.4.1.	Narrative Section 1: Cover Letter (Maximum 1 page).....	24
7.4.2.	Narrative Section 2: Qualifications and References (Maximum 7 pages)	24
7.4.3.	Narrative Section 3: Project Personnel (Maximum 2 pages)	25
7.4.4.	Narrative Section 4: Approach to Statement of Work (Maximum 5 pages)	26
7.4.5.	Narrative Section 5: Project Costs (Maximum 1 page)	27
7.4.6.	Attachment A – Applicant Forms.....	27
7.4.7.	Attachment B – Applicant Worksheets	28
8.	Evaluation Process And Criteria.....	28
8.1.	Grant Application Evaluation Overview and Criteria.....	28
8.2.	Grant Application Evaluation Team.....	29
8.3.	Grant Application Evaluation Process	29
8.4.	Applicant Selection and Notification	29
DRAFT AGREEMENT		
	Exhibit A	
	Exhibit B	
	Exhibit C	
	Exhibit D	
	Exhibit E	
	Exhibit F	
FORMS AND ATTACHMENTS		
	Attachment A	
	Attachment B	
APPENDIX		
	Appendix A: CalSIM 1.8 Model Excerpts	
	Appendix B: Provider Education Grant Program Question Submission Form	

1. EXECUTIVE SUMMARY

The California Health Benefit Exchange (the Exchange), hereafter referred to as Covered California, is pleased to announce the availability of grant funds for Health Care Professional Organizations to raise awareness of Covered California among the profession and encourage incorporating consumer education into the provider practice. This grant will be known as the Provider Education Grant and part of the Covered California Outreach and Education Grants Program. Covered California will operate a marketplace for individual consumers and small businesses to enroll in affordable health insurance plans as authorized under the Patient Protection and Affordable Care Act of 2010 (the "Affordable Care Act").

On June 19, 2012, the Covered California Board approved \$43 million dollars to distribute grants to qualified organizations to conduct public awareness through outreach and education activities to Californian's population eligible for Covered California programs. This grant agreement will span the period of July 2013 through December 2014. Organizations submitted application proposals that went through a competitive grant application process. A Notice of Intent to Award was made public on May 14, 2013. Covered California awarded close to \$34 million dollars to 43 organizations proposing to reach individual consumers and \$3 million dollars to 5 organizations proposing to reach small businesses through the Covered California Small Business Health Options Program (SHOP).

Covered California conducted a thorough analysis to identify any gaps in access to target populations likely to enroll in the program. The area of provider education was found to be an area of priority for the Outreach and Education program. Covered California is anticipating to award up to \$3 million dollars to qualified health care professional organizations. The objective of the Provider Education Grant is to educate health care professionals and secondarily, individual consumers, about Covered California and the health insurance plans offered through Covered California.

A multi-faceted coordinated media, marketing, outreach and education strategy targeted to communities and populations at the local level will ensure that consumers and small businesses know about the affordable health insurance plans now available to them. It is well known that consumers react more positive to information delivered by trusted messengers. Patients rely upon and trust their physicians and medical support personnel to provide guidance and crucial information regarding not only their health, but for assistance in navigating the current health care system.

This grant application is soliciting the following:

- Proposals that include strategies and models for building health care professional capacity to deliver educational Covered California messaging to doctors, medical and hospital staff who interact with Covered California eligible consumers.
- Proposals that reach a particular region with a high number of Covered California eligible consumers.
- Proposals that present models, information, and resources to health care providers that can be instituted in the medical setting with the end goal of raising awareness about Covered California among consumers(patients);
- Statewide approaches that focus on organizations positioned to facilitate provider education through direct interface with health care professionals through train-the-trainer, peer-to peer learning or continuing education models.

Covered California is especially interested in those health care professionals and associations that represent culturally and linguistically diverse populations with access to eligible uninsured consumers.

Proposals whose focus is primarily on mass mailings, email blasts, or distribution of brochures are discouraged.

The Provider Education Grant Application release is June 27, 2013. The Notification of Intent to Award will occur in late August 2013.

2. BACKGROUND

2.1. BACKGROUND

Soon after the passage of national health care reform through the Patient Protection and Affordable Care Act of 2010 (the “Affordable Care Act”), California initiated a multi-agency, coordinated effort to actively implement its provisions and establish a new health insurance marketplace. California was the first State to enact legislation to establish a health benefit exchange (Chapter 655, Statutes of 2010-Perez and Chapter 659, Statutes of 2010-Alquist). The California State law, known as the California Patient Protection and Affordable Care Act established the California Health Benefit Exchange. The Exchange is a public entity within State government with a five-member board appointed by the Governor and the Legislature. The Exchange administers Covered California, the new health insurance marketplace.

Starting in 2014, a range of health insurance coverage opportunities will be available throughout California making health insurance easier for consumers and small business to afford. Covered California will offer subsidized health insurance plans with premium assistance and cost sharing reductions to qualified consumers and families. Premium assistance and/or cost sharing reductions will only be available to consumers through Covered California’s health insurance companies. Consumers will not be able to obtain premium assistance and/or cost sharing reductions through the private health insurance market. Covered California will also offer health insurance plans to consumers who do not qualify to receive premium assistance.

Covered California will operate a Small Business Health Options Program (SHOP) that offers small businesses (1 to 50 employees) and their employees, new health insurance choices. SHOP lets businesses easily compare and contrast a variety of Covered California Insurance Companies offered by private insurers.

2.1.1. COVERED CALIFORNIA’S VISION, MISSION AND VALUES

The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care. Beginning in 2013, consumers and small businesses will be able to compare plans and buy health insurance in a new marketplace, Covered California. A successful marketplace will provide purchasers with a more stable risk pool, greater purchasing power, more competition among insurers and detailed information regarding the price, quality and service of health insurance coverage. It will also streamline access for eligible consumers to programs that provide premium assistance for health insurance plans.

- **Vision** – The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care.

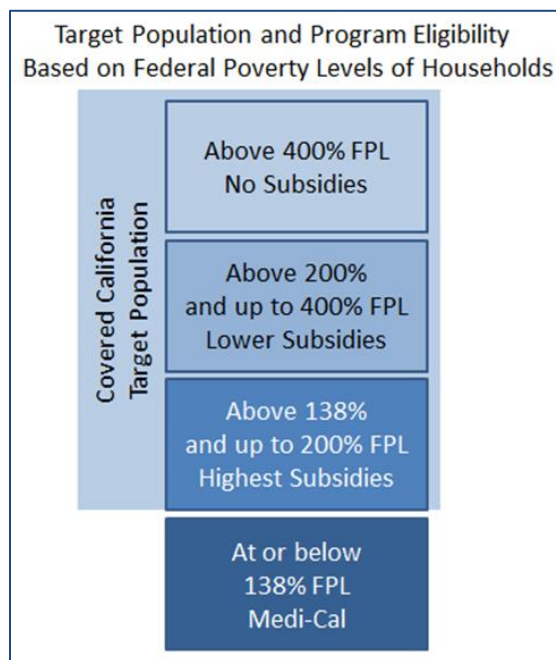
- **Mission** – The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose a health insurance plan and health care professionals that give them the best value.
- **Values** – Covered California is guided by the following values:
 - **Consumers-focused** – At the center of Covered California’s efforts are the people it serves, including patients and their families, and small business owners and their employees. Covered California will offer consumers a friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.
 - **Affordability** – Covered California will provide affordable health insurance plans while assuring quality and access.
 - **Catalyst** – Covered California will be a catalyst for change in California’s health care system, using its market role to stimulate new strategies for providing high quality, affordable health care, promoting prevention and wellness and reducing health disparities.
 - **Integrity** – Covered California will earn the public’s trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability and cooperation.
 - **Partnership** – Covered California welcomes partnerships by working with consumers, health care professionals, associations, collaborative partners, employers, government partners and other stakeholders.
 - **Results** – The impact of Covered California is measured by its contributions to expanding coverage and access, improving health care quality, promoting better health, health equity and lowering costs for all Californians.

2.1.2. CALIFORNIA’S UNINSURED POPULATION DATA

U.S. citizens, nationals and individuals consumers lawfully present in the U.S. who meet eligibility requirements may enroll in the coverage available through Covered California. Federal health care reform provides premium assistance and cost sharing reductions to consumers. Health insurance plans are for individuals and families who make between 139 percent and up to 400 percent of the Federal Poverty Level (FPL), i.e. an individual making up to \$44,680 or a family of four earning up to \$92,200, may be eligible for subsidies and premium assistance. Consumers with incomes above the subsidy-eligible level will also be able to purchase affordable health care at non-subsidized prices.

Covered California commissioned UCLA’s Center for Health Policy Research and UC Berkeley’s Center for Labor Research to use the California Simulation of Insurance Markets (CalSIM) model. The model was designed to estimate the impacts of various elements of the Affordable Care Act on employer decisions to offer health insurance plans and consumer decisions to obtain coverage in California. Refer to Appendix A, which details Covered California’s enrollment projections from the CalSIM Model Version 1.8.

The diagram on the following page depicts Covered California's target populations based on FPL of households. The Affordable Care Act allows for an optional expansion of Medi-Cal to adults with incomes up to 138% of the FPL.



The primary target population of Covered California's marketing and outreach efforts are the 5.3 million California residents projected to be uninsured or eligible for premium assistance in 2014: 2.6 million who qualify for subsidies and are eligible for Covered California Health Plans; and 2.7 million who do not qualify for subsidies, but now benefit from guaranteed coverage and can enroll inside or outside of Covered California.

2.1.3. STATEWIDE MARKETING, OUTREACH AND EDUCATION PROGRAM AND CERTIFIED ENROLLMENT COUNSELORS PROGRAM

In June 2012, the Board of the California Health Benefit Exchange approved the comprehensive Statewide Marketing, Outreach and Education Program and the Certified Enrollment Counselors Program. Strategies outlined in these plans included:

- Creative development and advertising production in multiple languages (e.g., television, radio, bulletins, posters, print ads, digital/mobile, direct mail and grass roots);
- Paid media planning;
- Public relations efforts;
- Social media efforts;
- Outreach and Education Grant Program; and
- A Community Outreach Network that will serve as the community relations arm of Covered California helping to coordinate public and private partnerships, and complement Outreach and Education grantees and Certified Enrollment Counselors.

2.1.4. OUTREACH AND EDUCATION GRANT PROGRAM

The overall intent of the Outreach and Grant Program is to raise awareness among eligible consumers about the opportunities for premium assistance in Covered California health insurance plans by engaging trusted organizations to conduct outreach and education activities. The Outreach and Education Grant Program will ensure coverage penetration in all target markets. The list of organizations selected and a description of the grant application and award process can be found here:

<http://www.healthexchange.ca.gov/Pages/OutrchandEdProg.aspx>

The guiding principles of the Outreach and Education Grant Program are:

- Target resources based on the greatest opportunity to reach the highest number of uninsured and subsidy eligible consumers where they live, work, play and shop.
- Ensure that all regions and markets in the state, including the hard to move (e.g. rural and limited English proficient populations) receive the Covered California message.

3. THE PROVIDER EDUCATION GRANT PROGRAM

The overall purpose of the Provider Education Grant for health care professional organizations is to raise awareness among health care professional organizations and associations and encourage incorporating consumer education into the provider practice.

Covered California is seeking innovative and proven proposals from health care professional organizations, associations or collaborative partners interested in representing the culturally and linguistically diverse California population. Proposals that focus on the delivery of in-depth education about Covered California to health care professionals and association membership are strongly encouraged. Proposals should also engage health care professionals to build medical setting models that educate and inform the consumers about Covered California health insurance plans.

3.1. ACTIVITIES SOLICITED

Covered California is seeking grant application proposals from health care professional organizations, associations and their partners. Suggested activities that will be considered for funding include, but are not limited to:

- Increase awareness about Covered California among health care professionals and providers;
- Develop and implement continuing education models for health care professionals and provider to deliver education about Covered California health insurance plans;
- Organize learning communities of health care professionals and providers to share practices in delivering consumer education about Covered California;
- Educate and inform health care professionals and providers about strategies for incorporating consumer education about Covered California into day-to-day operations and practices;
- Develop and implement models and systems for health care professionals and providers to deliver information about Covered California health insurance plans that touch the consumer at multiple points during doctor or hospital visits;

- Educate consumers at multiple points including, but not limited to intake services, discharge services and delivery services at health care organizations that serve uninsured consumers eligible for Covered California health insurance plans.
- Direct outreach to health care professionals through mailings, email blasts, webinars and other low-touch methods;
- Dissemination of educational services through health care professional provider networks by trusted messengers and peers, including development and provision of continuing education courses related to Covered California, meetings, and trainings;
- Deployment of a team of trained health care professional educators to local doctors and hospitals to provide education services to medical staff and other allied staff that have regular consumers contact;
- Convening of learning communities to share best practices and promote peer learning;
- Development and dissemination of collateral materials targeting health care professionals (subject to approval by Covered California);
- Other innovative approaches to building health care professional organizations capacity to deliver consumer education related to Covered California health insurance plans;
- Tracking implementation of models for health care professional education and other models for reaching consumers through the organizations in which they access care.

Education: Proposals that allocate a majority of time or all of the time to education are strongly encouraged. Education is the provision of in-depth information to health care professionals. Education sessions may range anywhere from a 15 minute one-on-one, small group presentations, day-long or multi-day health care professionals education series or trainings addressing Covered California role in the health care community. While a range of educational formats are appropriate in achieving these objectives, applicants will need to demonstrate their approach to achieving the program goals.

Learning Communities: Learning communities are opportunities for health care professionals, associations or collaborative partners to come together and share best practices, challenges, and models for incorporating consumer (patient) education about Covered California. Facilitated by the grantee, the purpose of a Learning Community is to provide a forum for health care professionals to share learning and strengthen their implementation of education models for the consumer. Applicants may propose a variety of formats for convening learning communities, including, but not limited to: webinars, conferences, or cohort meetings.

All grantees will be required to participate in on-going meetings coordinated by Covered California to share lessons-learned and best practices. Grantees may also be required to coordinate with media and marketing events that will take place in the Grantee's geographic area.

Applicants will need to develop a plan to educate health care professionals about Covered California and strategies for incorporating consumer education:

- Describe the plan's strategies, tactics, target goals and objectives;
- Describe how the plan will be monitored, evaluated, and adjusted as necessary to meet goals and objectives;
- Explain why the proposed approach is a proven and effective one; and

- Demonstrate the Applicant's prior success in effectively reaching and educating the targets of the proposed education effort.

Interested organizations are highly encouraged to submit a Letter of Intent to Respond. Please refer to **Section 4.2.2** for more details. Collateral materials for the consumer market are available after grantees receive training.

Interested entities applying for the Provider Education Grant must comply with the instructions and agree with the Draft Agreement's terms and conditions. **Covered California will accept only one application per entity.**

Collaborative Partners with a designated lead entity and additional subcontractors are eligible to apply.

During the grantee selection process, Covered California will evaluate all applications as described in **Section 8 – Evaluation Process and Criteria.**

All grantees will be required to complete a two to three day grantee training prior to implementing their Education plan. Components of the training include:

- In-depth-orientation, available in English, on Covered California and the health insurance plans offered in strategic regional locations; and
- General message points for consumers.

3.1.1. APPROACH TO CONDUCTING EDUCATION AND OUTREACH

The services solicited through this grant application include the delivery of education to health care professionals along with a secondary objective to strengthen organizational capacity to educate consumers about Covered California. Applicants may refer to Section 3.1 for additional suggested activities.

For those grantees whose activities include the dissemination and placement of Covered California collateral materials targeting consumers at medical offices, only approved Covered California materials may be used.

No collateral materials may be developed and disseminated without the explicit approval of Covered California. Covered California will work with grantees to modify materials for the purposes of health care education.

3.1.2. SERVICE DELIVERY CHANNELS

Applicants may define the channels in which they propose to deliver the services solicited through this Grant Application. Applicants should consider channels and venues in which health care professionals will be open to receiving information about Covered California. Delivery channels may include:

- Existing conferences, events or meetings where health care professionals are in attendance (targets);
- Newly created conferences, meetings, events or education sessions that leverage another interest/need of targets to deliver information about Covered California;
- Trainings or education sessions delivered at health care professional organizations (on-site)- one on-one, small group, or a cohort model;
- Social media, webinars, and electronic communication;
- Other venues/channels appropriate to reaching targets.

3.1.3. ENROLLMENT RESOURCES

An important outcome of the Provider Education Grant Program is to help consumers gain access to resources that will help them to apply for coverage. Covered California will provide grantees with training on the range of enrollment resources consumers can access such as the web-based enrollment portal, California Health Care Eligibility, Enrollment and Retention System (CalHEERs) and the Covered California Service Center.

3.1.4. RECRUITMENT AND TRAINING

Grantees are required to have dedicated staff positions to fulfill the services requested in this grant proposal. Applicants must demonstrate their capacity to ramp up their operations and begin delivering educational services upon award. Organizations with existing staff and capacity to conduct education to health care professionals are strongly encouraged.

All grantees will be required to receive grantee training (provided at no cost) from Covered California prior to implementing their Statement of Work. Grantees must participate in updates and special topic trainings, webinars, forums and meetings provided throughout the grant agreement period. Grantees shall ensure that educators are knowledgeable of effective education techniques and health insurance plans offered through Covered California. Other content areas identified by Covered California program standards, policies and procedures.

3.1.5. PROGRAM MONITORING AND QUALITY ASSURANCE

Covered California will closely monitor the performance of grantee. The grantee must comply with monitoring and evaluation requirements established by Covered California.

Program requirements include, but is not limited to, completing required reports on a monthly, quarterly and annual basis, as described in the subsequent section, cooperating with all mandated monitoring and evaluation activities. The submission of performance and fiscal reports to the state documenting their progress towards meeting agreed upon deliverables and established program outcomes according to prescribed timelines. Comprehensive records of program expenditures and activities throughout the period of the grant and provide them to Covered California upon request.

Site visits by field monitors, providing requested data to Covered California in a timely matter, and participating in research projects related to the effectiveness of the Covered California Statewide Outreach and Marketing campaign. Grantees must attend regional quarterly grantee and annual meetings organized by Covered California.

At the sole discretion of Covered California, grantees not performing their scope of work or meeting pre-established goals and deliverables are in jeopardy of termination. Grantees will receive re-training and correct the deficiency within 30 days or risk grant termination. Failure to deliver the agreed upon deliverables may result in a modification to the grantee's scope of work and award level.

Grantees must also establish an internal system for overseeing and managing program quality, including evaluating the performance of educators responsible for conducting grant-funded services. This includes verifying: educational activities are performed according to the work plan, accurate messages and information are disseminated to health care professionals, and overall compliance with program standards and guidelines are maintained. Covered California seeks to use monitoring and evaluation

data to learn about effective models and approaches from health care professionals to deliver education to consumers eligible for subsidies through Covered California.

3.1.6. REPORTING

Grantees must maintain compliance with established reporting requirements. At a minimum, grantees will be required to submit monthly, quarterly and annual reports on their activities, progress towards deliverables and program outcomes in a web-based information management system managed by Covered California. If project benchmarks are not met, grantees may be required to submit additional ad hoc reports upon Covered California's request. Grantees will also be required to report any proposed adjustments to their approved work plan using the information management system.

Monthly Reports: Grantees will be required to report fiscal and educational activities on a monthly basis in the information management system. At a minimum, grantees will be required to report on scheduled events, education activities, and demographic profile of health care professionals reached.

Quarterly Reports: Grantees will be required to submit quarterly fiscal and performance reports documenting progress toward meeting program deliverables and outcomes, challenges and successes and any changes to an approved Work Plan.

Closeout Report: Grantees will be required to submit a final fiscal and narrative closeout report.

Minimum reporting requirements for Provider Education Grantees include:

- The number and characteristics of health care professionals reached through educational activities;
- The format for and location of education sessions (one-on-one, small group, or events);
- Materials and curriculum used for educational sessions;
- The number of collateral materials disseminated to health care professionals;
- The number of health care professionals that adopt and implement education models reaching the consumers at intake services, discharge services and service delivery.

3.1.7. MANAGEMENT OF MATERIALS

- Covered California will provide organizations with grantee training, standard message points for each phase of the education campaign and collateral materials free of charge.
- Covered California will work with organizations to modify existing collateral materials for the purposes of educating health care professionals.
- Grantees will be required to order and track collateral materials from Covered California or their designated entity.
- Grantees must utilize approved materials and non-consumables with Covered California's branding (i.e. tablecloths, banners and signs) when conducting education activities during the agreement period.
- Grantees must maintain compliance with established policies regarding the ordering and use of collateral materials. At the end of the agreement period, grantees will be required to return all non-consumables to Covered California.

Giveaway or promotional items are not to be produced or distributed with grant funds.

3.1.8. EQUIPMENT

Grantees may procure equipment with grant funding needed to carry out the education activities funded through the Provider Education Grant. Examples of types of equipment that may be necessary to carry out program activities include, but are not limited to: cell phones, tablets, laptops, desktop computers or printers. This type of technology enable grantees to demonstrate to health care professionals how to access enrollment resources, view videos or other online media promoting affordable health coverage.

Equipment expenditures shall not exceed 5% of grantee's funding award. In no instances shall total equipment expenditures exceed \$25,000.

An agreement in which equipment is procured with Outreach and Education Grant Program funds must comply with federal and state laws. Exhibit A will provide additional contract language regarding the purchase of equipment and other supplies and will be part of the Standard Agreement.

3.2. APPLICANT RESOURCES

Applicants are encouraged to review the CalSIM 1.8, included in Appendix A, in order to obtain a better understanding of the eligible populations that qualify for health care insurance. This information is very important for Applicants to understand when identifying the geographic areas and/or targets of their proposed education efforts in their Grant proposal.

TABLE 3.2 – APPLICANT RESOURCES

Description	Source
Federal health care reform	www.healthcare.gov www.healthcare.gov/center/regulations/index.html
The Centers for Medicare and Medicaid Services' Center for Consumers Information and Insurance Oversight	http://cciio.cms.gov/
California State law enabling a California Health Benefit Exchange (CA-ACA,) and the current status of Covered California operation California Health Benefit Exchange Planning and Establishment Grants	www.hbex.ca.gov
California Statewide Marketing, Outreach and Education Program (dated June 26, 2012)	"Statewide Marketing, Outreach and Education Program" click here . Or, visit Covered California's home page at: http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx . On the home page, scroll down to the link titled, " <i>Final Draft - Statewide Marketing, Outreach and Education Program Final Design Options, Recommendations and Work Plan for the California Benefit Plan Marketplace.</i> "
Outreach and Education Grant Funding Announcement Report (dated May 23, 2013)	http://www.healthexchange.ca.gov/Documents/Grant%20Funding%20Announcement%20Report.pdf
Covered California Plan Announcement Booklet	http://www.coveredca.com/news/PDFs/CC_Health_Plans_Booklet.pdf

4. GRANT APPLICATION PROCESS, INSTRUCTIONS AND SCHEDULE

Enabling statutes, exempt Covered California from certain provisions of the State law related to competitive bidding. Covered California is committed to assuring a fair, open and rigorous competition for the grant awards and will use a competitive process to select grantees. The grant application process is a competitive process through which Covered California can evaluate and test the strengths and weaknesses of their proposals, and make final selections based on the criterion contained in this grant application document. The goal of the competitive grant application process is to identify grantees that provide the maximum levels of activities, cost-effective budgets and work plans that meet the goals, objectives and guiding principles of the Provider Education Grant. The goal of the competitive grant application process is to ensure that Covered California obtains the overall best value.

All Applicants are encouraged to offer their best method of how to provide educational messaging in order to achieve Covered California's desired outcomes. Applicants should make use of their best business practices and knowledge of tactics to target their proposed populations. Covered California reserves the right to:

- Accept grant applications as submitted;
- Reject a part or all of a grant application; and/or

- Reject all grant applications.

Applicants who have demonstrated their ability and experience to deliver effectively the Covered California message as described in this grant application and Draft Agreement (Exhibit A) with a competitive price will be reviewed for possible grant funding.

Applicants applying as a lead agency for a collaborative may subcontract with other entities to provide services under this agreement. The use of any subcontractor must be fully explained in the grant application. Any and all subcontracts entered into by the grantee for the purpose of meeting the requirements of the contract are the responsibility of the grantee. Covered California will hold the grantee responsible for assuring that subcontractors meet all of the requirements of the negotiated agreement for services.

The grant Applicant agrees to:

- Comply with the instructions contained in this grant application;
- Submit the grant application by the due date;
- Meet the organizational eligibility and minimum qualification requirements;
- Comply with and propose approaches to educate health care professionals as set forth in this grant application and in the Draft Agreement (Exhibit A), and Statement of Work;
- Agree to the Contract Terms and Conditions, which are set forth in the Draft Agreement and Exhibits.

4.1. SINGLE POINT OF CONTACT

Applicants may only contact the Single Point of Contact as noted in Table below for any matters related to this grant application. Comments or questions must be submitted in writing.

TABLE 4.1 - GRANT APPLICATION SINGLE POINT OF CONTACT

Physical Address	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
Mailing Address	Richard Heath and Associates, Inc. Senior Program Manager 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711
Phone	(866) 622-5252 (Grants Help Desk)
Fax	559-436-5929
E-mail	grantinfo@ccgrantsandassistors.org

4.2. GRANT APPLICATION PROCESS

A multi-step grant application process will be used to select the Provider Education Grantees. The major steps include:

- Letter of Intent to Respond (strongly encouraged)
- Grant Applicant Conference/Webinar (optional)
- Grant Application Submission (required)
- Grant Application Evaluation and Selection Process
- Grant Award

To learn more about the **Grant Application Content Requirements**, please refer to **Section 7.4**.

4.2.1. GRANT APPLICATION SCHEDULE

The following table outlines the schedule for important Activities and Dates. Unless otherwise Stated, **the deadline for all scheduled Activities is 5:00 p.m. (PST)** on the specified date. If Covered California finds it necessary to change any of the dates prior to the final application submission, it will be accomplished through an addendum to this grant application. Addendums will be posted on Covered California's website. All dates subsequent to the Final Application submission date are approximate and may be adjusted as conditions dictate without an addendum to this grant application. The grant application schedule is as follows:

TABLE 4.2.1 – GRANT APPLICATION SCHEDULE

Activity	Date
Stakeholder Webinar	June 3, 2013
Stakeholder Feedback Due	June 6, 2013
Grant Application Release Date	June 27, 2013
Bidder's Conference Webinar	July 8, 2013
Questions Due	July 11, 2013
Letter of Intent Due	July 12, 2013
Questions and Answers Posted	July 17, 2013
Grant Application Due	July 26, 2013
Grant Application Review and Evaluation	July 29, 2013 – August 9, 2013
Intent to Award Announcement	Late August 2013

4.2.2. LETTER OF INTENT TO RESPOND

Potential Applicants should submit the Letter of Intent to Respond to the **Single Point of Contact identified in Section 4.1**, by **July 12, 2013 (5:00 p.m. PST)** as specified in **Section 4.2.1 – Grant Application Schedule**. The Letter of Intent to Respond should conform to the following guidelines:

- Written on the organization's letterhead;

- Identify a single contact person, including their first and last name, title, email address and direct phone number;
- Signed and sent from a person who is authorized to contractually bind the organization in a potential future contract engagement;
- Describe the proposed targets of education services;
- Indicate the intent to apply on-line or by mail.

A list of organizations that have submitted a Letter of Intent to Respond will be posted unless an organization stipulates otherwise in the letter. The Letter of Intent to Respond may be submitted via e-mail or by mail to the Single Point of Contact. Covered California encourages organizations to send the letter as soon as the entity believes that they will be applying for the Provider Education Grant to aid in Covered California's administrative planning purposes. **In addition, applicants that submit a Letter of Intent to Respond will receive updates via email to any changes to the Request for Applications, addendums or modifications to the timeline.**

4.2.3. OPTIONAL GRANT APPLICATION CONFERENCE/WEBINAR

Applicants are strongly encouraged to attend the optional grant application webinar. Attendance is not required. Interested parties can register at:

<https://attendee.gotowebinar.com/register/1653011629570690560>

Date:	July 8, 2013
Time:	1:00 pm – 2:00 pm
Location:	Webinar

Covered California strongly encourages Grant Applicants to submit questions prior to the Conference/Webinar date on a flow basis as questions arise. Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified consumers with disabilities upon request. Requests for such accommodations shall be made at info@hbex.ca.gov in advance of the conference/webinar.

4.2.4. GRANT APPLICATION SUBMISSION

The application must be completed in its entirety and must include required signatures. **Refer to Section 7 – Grant Application Submission** for more details on requirements of the grant application process. Grant applications are due and must be received by July 26, 2013 (by 5:00 p.m. PST).

In the event an organization submits their grant application prior to the due date, the organization may revise their application, **so long as the revision is received by the due date.** When submitting the revised grant application, the revised document will completely replace the prior submission. Organizations must re-submit their grant application in its entirety. Replacement pages will not be accepted.

4.2.5. APPLICANT QUESTIONS AND CLARIFICATION

Covered California will accept written questions or concerns related to this grant application and/or its accompanying materials, instructions, or requirements, until the

date and time specified in **Section 4.2.1– Grant Application Schedule**. Applicants are encouraged to send questions on a flow basis.

Organizations may submit questions by completing the Grant Program Question Submission Form, located in Appendix B, and sending via e-mail or by mail, to the Single Point of Contact listed in Section 4.1. The last day to submit inquiries is **July 11, 2013, by 5:00 p.m. PST**. During the grant application process, the Single Point of Contact will coordinate responses with staff. Application inquiries, please insert “Provider Education Grant Application” in the subject line of the email.

All questions and comments regarding this Grant Application must be submitted by completing the Grant Program Question Submission Form, located in Appendix B. Applicants are responsible for confirming that their questions have been received by Covered California. Covered California will not accept or respond to inquiries outside of the question and answer timeframes outlined in the Grant Application Schedule.

During this period, Covered California will provide continual feedback. Covered California will not respond to questions received after the deadline, unless it is in the best interest of Covered California to do so. Covered California will post responses to inquiries on the Covered Californian’s website by **July 17, 2013 (8:00 p.m. PST)**.

Applicants must notify the Single Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this grant application by the deadline for submitting questions and comments. If an organization fails to notify Covered California of these issues, the organization will submit an application at their own risk, and if awarded a Grant:

1. Shall have waived any claim of error or ambiguity in this grant application or resultant Agreement;
2. Shall not contest Covered California’s interpretation of such provision(s); and
3. Shall not be entitled to additional compensation, relief, or time by reason of the ambiguity, error, or later correction.

If questions or concerns indicate significant problems with the requirements of this Grant Application, Covered California may, at its sole discretion, amend this Grant Application accordingly through a formal written Addendum.

4.3. DARFUR CONTRACTING ACT CERTIFICATION

All Grantees must address the requirements of the Darfur Contracting Act of 2008 for the reason described in the Public Contract Code Section 10475 prior to entering into contract. Any scrutinized companies are ineligible to, and cannot, submit a proposal for contract with a State agency for goods or services. A scrutinized company is defined in the Public Contract Code Section 10476. However, proposals may be submitted by scrutinized companies if permission is obtained first from the Department of General Services, according to the criteria set forth in the Public Contract Code Section 10477(b).

4.4. PROTEST PROCESS

A protest may be submitted according to the procedures set forth below. If an organization has submitted an application, which it believes totally to be responsive to the requirements of the solicitation process and believes the applicant should have been selected, according to **Section 8.1 – Grant Application Evaluation Overview and Criteria**. If the applicant believes Covered California has incorrectly selected another applicant for the award, the applicant may submit a protest of the selection as described below. Protests regarding

selection of Grantees will be heard and resolved at the sole discretion of Covered California's Executive Director.

All protests must be made in writing, signed by an individual who is authorized to contractually bind the proposer, and contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based. The protester must provide facts and evidence to support their claim. Certified or registered mail must be used unless delivered in person, in which case the protester should obtain a receipt of delivery. The final day to receive a protest is five business days after the date on the Letter of Notification of Intent to Award. Protests must be mailed or delivered to:

Physical Address	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
Mailing Address	Richard Heath and Associates, Inc. 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711

5. OUTREACH AND EDUCATION GRANT FUNDING

Covered California has identified up to \$3 million for the Provider Education Grant Program. The focus will be on funding health care professionals, associations and collaborative partners. The intent is to raise awareness of Covered California among the health care professionals and encourage incorporating consumers' education into the health care professionals practice. Grant awards are contingent on federal funding and will be awarded based on the evaluation and selection criteria outlined in **Section 8 – Evaluation Process and Criteria**.

The term of the award under this Grant Application is from September 2013 through December 2014. Applicants are instructed to make one grant-funding request for the performance period, to provide an estimated work plan and budget expenditure plan for each month of the grant program.

5.1. GRANT AWARD SIZE

Covered California has established a minimum award grant request of \$500,000 to conduct the education and outreach activities solicited in this Grant Application and a maximum award size of \$1,000,000 (one million).

Covered California strongly encourages regional or statewide proposals that strengthen the capacity of health care professionals, associations and collaborative partners to deliver educational materials to health care professionals. Proposals aimed at health care professions educating the target markets consumer eligible for premium assistance Covered California health insurance plans are encouraged. Single county proposals will not be eligible.

5.2. FUNDING PRIORITY

The funding priority for the Provider Education Grant Application is to engage health care professionals, associations and collaborative partners for the purposes of educating them about Covered California, and strategies/models for incorporating health care professionals' education into their day-to-day operations.

Covered California is especially interested in those health care professionals, associations and collaborative partners whose organizations maintain access to and represent the cultural and linguistic diversity of target markets eligible for enrollment in Covered California.

Examples of the populations Covered California aims to target through the Provider Education Grant include:

- Health care professionals, health care association members and collaborative partners that provide medical care to consumers eligible for coverage;
- Culturally and linguistically diverse health care professionals, associations and collaborative partners;

Applicants have broad discretion in defining the targets of the education efforts. They may propose to target:

- One or more sectors of health care health care professionals, associations and collaborative partners (e.g. Nurse Practitioners or Physicians) statewide or within a specific region;
- One of more types of health care professional organizations statewide or specific membership (e.g. Hispanic doctors, African American nurses);
- A system or network of health care professional organizations within a specific region (e.g. Hospitals, Urgent Care Clinics, and Private Professional Offices that are part of a network of a multi-county area where there is a high concentration of Covered California eligible consumers).

Applicants must clearly describe the nature of their relationship with the targets they are proposing to reach in their grant application. Applicants must also demonstrate knowledge of effective strategies for educating health care professionals, and standardizing health care professionals' education into their day-to-day operations. Applicants with knowledge of and experience with standardizing practices across complex health care systems and/or developing and implementing health care professionals' education, training, professional development will be highly considered. **Please see Sections 6.3 and 6.4 for additional information on minimum and desirable qualifications.**

Applicants may apply as a single entity or as a collaborative (lead agencies with sub-contractors) provided they meet other eligibility criteria. **Please see Section 6.1 on Eligible Entities.**

5.3. FUNDING REQUEST GUIDELINES

The minimum funding request is \$500,000. The recommended maximum funding request is \$1,000,000. Covered California will consider requests larger than \$1 million based on scope of work and reach into target populations. Delivering cost-effective programs is a priority for Covered California. Applicants must demonstrate that requested funds are justified, cost-effective, and likely to achieve the desired results in their budget narrative and work plan.

Administrative overhead costs must not exceed 15% of the total funding request, and in no instance shall exceed \$150,000.

Equipment costs must not exceed 5% of the total funding request and in no instance shall exceed \$25,000.

6. APPLICANT QUALIFICATIONS

6.1. ELIGIBLE ENTITIES

Entities eligible to receive a Provider Education Grant include statewide associations and provider academies. Statewide or regional organizations that reach an expansive network of healthcare providers will be highly considered (single county proposals will not be considered).

Collaborative applications that can extend the reach of a lead organization to targeted healthcare providers and medical professionals are highly encouraged.

Entities that meet these eligibility requirements and the minimum qualifications are eligible to apply as single applicants or may apply as a lead agency of a collaborative with subcontractors.

Entities not eligible to apply as a lead organization can apply as subcontractors provided they meet minimum qualifications and do not have a conflict of interest.

Covered California will consider collaborative applications that include subcontractors whose mission, goals and activities align with Covered California's, but do not meet the organizational eligibility requirements.

Recipients of Individual and SHOP Outreach & Education Grant Funding are not eligible to apply.

State departments are not eligible to receive grant funding.

6.2. CONFLICT OF INTEREST

Applicants are responsible for complying with the Conflict of Interest standards (Exhibit C, Paragraph XI, D, 1) and Contractor Limitations (Exhibit E, Paragraph VI) requirements in the Agreement. **It is the responsibility of each applicant to consult with their Legal Advisors to determine if a conflict of interest exists.**

6.3. MINIMUM QUALIFICATIONS

- Prior experience and demonstrated success with providing education to health care professionals who have access to consumers eligible for Covered California health insurance plans;
- An established presence and demonstrated trusted source for information to health care professionals;
- Knowledge of the barriers and effective strategies to providing health care professionals' education;
- Knowledge of and experience with developing and delivering education, training, and/or professional development to health care professionals;
- Demonstrated ability to deliver cost-effective grant activities which are in line with the purpose of the Provider Education Grant Program and established goals, objectives and guiding principles;
- Demonstrated management, administrative and fiscal infrastructure to implement a complex, federally funded project as planned;
- Basic knowledge of the new health care insurance plans available to Californians;
- Knowledge and experience with measuring the impact and success of education efforts; and,
- Ability to comply with all applicable federal, State codes rules and regulation.

6.4. DESIRED QUALIFICATIONS

- Regional or Statewide access to health care professionals;
- Direct experience in prior projects with a focus on health care professionals' education;
- Direct experience in prior projects that resulted in the standardization of health care professionals' education in the day-to-day operations of health care professionals organization operations (i.e. at intake services, during service delivery, and upon discharge);
- Prior experience and success developing and implementing education and outreach efforts for public and private health care programs;
- Knowledge of and experience with conducting education to California's diverse populations;
- Knowledge of the barriers that prevent consumers from enrolling in or purchasing health insurance plans.

7. GRANT APPLICATION SUBMISSION

All interested Applicants are invited to submit a grant application for consideration. Responses to this grant application require thoroughness, the ability to recognize and understand all the details necessary for performing the required work, and a detailed evaluation of the personnel requirements and costs for performing public awareness, outreach and education activities on behalf of Covered California. Submission of an application indicates that an Applicant has read and understands this entire grant application, including the Provider Education Grant Program's purpose, goals, objectives, guiding principles, all schedules, requirements, attachments, and addenda (if applicable).

Applications must ensure that their proposal complies with the instructions contained in this grant application. Materials submitted by proposed Applicants will be kept confidential to the extent provided by law. Requests to view and/or obtain copies of applications submitted by other organizations are exempt from disclosure under the Public Records Act. In addition, Government Code Section 100508(a)(1) exempts from disclosure under the Public Records Act all deliberative processes, communications, or portions of negotiations with entities contracting or seeking to contract with Covered California and entities with which Covered California is considering a contract. Included within the exemption are evaluation materials, forms and score sheets which are produced during the evaluation process.

Content that is provided beyond the stated page limits for each section will not be reviewed or scored.

Applicants must respond to each narrative question completely, and should not reference other sections of the application to supplement their responses, as each section will be scored independently.

Applicants must respond to each section (and questions contained therein) in the order in which they are asked and label each response according to the specific section and question number.

Information included as part of Attachment A will be referenced when evaluating narrative responses in applicable sections.

The electronic application will be accessible through the Covered California website at <http://www.healthexchange.ca.gov/Pages/OutranchEdProg.aspx>.

Applications must be submitted through the electronic application by **July 26, 2013 (5:00 p.m. PST)**. Late Applications will not be accepted.

In the event an organization submits their grant application prior to the due date, the organization may revise their application, **so long as the revision is received by 5:00 p.m. on the due date**. When submitting the revised grant application, the revised document will completely replace the prior submission. **Applicants must re-submit their grant application in its entirety. Replacement sections will not be accepted.**

7.1. SUBMISSION METHODS

7.1.1. ELECTRONIC SUBMISSION

Covered California requires applicants to submit their application electronically. Electronic submission reduces waste and includes safeguards to help ensure that the application includes all materials outlined in the grant application Submission Structure identified in **Section 7.3.1**.

Applicants will need to refer to this document for direction on providing narrative elements, as outlined in **Section 7.4** Grant Application Content Requirements.

Narrative responses must contain text only and may not include tables, graphs, charts, pictures or other graphic images. If those items are included, they will not be reviewed as a part of the response evaluation.

Page limits are converted to character limits in the electronic grant application. 1 page = 3,000 characters and does not count spaces or paragraph breaks.

The electronic grant application link and an electronic copy of this document will be available starting June 27, 2013 on Covered California's website at <http://www.healthexchange.ca.gov/Pages/OutrchandEdProg.aspx>.

7.2. USE OF SUBCONTRACTORS

Applicants may apply as a single entity or as a lead agency with identified subcontractors. If a prospective grantee plans to subcontract any part of this effort, the grant application must include the information detailed in Attachment A.4. There is no provision for re-granting.

The use of any subcontractor(s) must be fully explained in the grant application. Any and all subcontractors employed for the purpose of this agreement must meet all of the same standards as the grantee. It is the sole responsibility of the grantee to ensure that such standards are met. Covered California will hold the grantee responsible for ensuring that all subcontractors satisfy the requirements of this agreement.

The tasks, or portions thereof, that are intended to be subcontracted must be identified and defined. The subcontractor(s) responsible shall be identified by name, responsible point of contact, address and phone number. The rationale for selection of the subcontractor(s) must be stated. Copies of the subcontract(s) are to be submitted within ten (10) business days of their agreement execution.

7.3. GRANT APPLICATION ORGANIZATION AND FORMAT

The grant application must adhere to the format described in the following subsection. Grant applications should be prepared in such a way that provides a straightforward, concise description of the proposing applicant's capabilities and targets of education efforts, in order to satisfy the requirements of this grant application.

Emphasis should be concentrated on conformance to the instructions contained in this grant application, responsiveness to the requirements contained in this grant application and completeness and clarity of content.

7.3.1. GRANT APPLICATION SUBMISSION STRUCTURE

Covered California is interested in receiving thorough, yet concise, responses. Applicants are advised to adhere to the maximum page/character count per section as noted in the following table. Sections submitted that exceed the page/character count may be rejected. Applicants completing electronic submission will be required to conform with character counts that correspond to the established page/character limit.

The Applicant must submit Proposals in accordance with the outline structure reflected in the following table.

TABLE 7.3.1 – GRANT APPLICATION SUBMISSION STRUCTURE

Section #	Title	Maximum Page Count*
1.0	Cover Letter	1
2.0	Qualifications and References	7
3.0	Project Personnel	2
4.0	Approach to Statement of Work	5
	Target Population	N/A
	Education Plan	N/A
	Approach to Monitoring, Quality Assurance and Reporting	N/A
5.0	Project Costs	1
Attachments		
A	Applicant Forms	
A.1	Applicant Background Information Worksheets	N/A
A.2	Applicant Funding Information Worksheets	N/A
A.3	Target Population To Be Reached Worksheets	N/A
A.4	Subcontractor Information Worksheet (If applicable)	N/A
B	Applicant Worksheets	
B.1	Evidence of Eligibility	N/A
B.2	Budget Worksheets	N/A
B.3	Education Work Plan	N/A

*Page counts are converted to character counts in the electronic grant application. 1 page = 3,000 alphanumeric characters, spaces or paragraph breaks are not counted.

7.4. GRANT APPLICATION CONTENT REQUIREMENTS

This section describes the content Applicants must include in their proposal. The content follows the structure defined in the Grant Application Submission Structure.

Narrative responses must contain text only and may not include graphs, charts, pictures or other graphic images

7.4.1. NARRATIVE SECTION 1: COVER LETTER (MAXIMUM 1 PAGE)

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

- Title of this grant application;
- Submission date of the proposal;
- Applicant's company name, mailing address, telephone number and website (if applicable);
- Name, telephone number, email address and title of the main contact person;
- A brief summary of proposed project, including a description of the specific targets that will be reached with Applicant's education and outreach efforts;
- Signature of an individual authorized to enter into contracts on behalf of the applying entity.

7.4.2. NARRATIVE SECTION 2: QUALIFICATIONS AND REFERENCES (MAXIMUM 7 PAGES)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the applicant meets the minimum and desired qualifications identified in Section 6.3 and 6.4 by addressing the following criteria. For lead agencies applying as a collaborative with subcontractors, please provide a response that addresses the qualifications of each partner for each question below. Please order and number your responses as follows:

Qualifications

1. Provide an overall description of the applicant's organization, its length of operation, mission, and overall activities/mission. If the applicant is applying as a collaborative, lead agency with subcontractors, describe the nature of the collaborative, the mission, qualifications, and role of each partner in this project.
2. Describe experience and provide examples of the applicant's success with providing education services to health care professionals that serve target populations who will be eligible for coverage through Covered California health insurance plans. Describe the applicant's experience in successfully delivering education, training, professional development to health care professionals, including any experience standardizing health care professionals' education into day-to-day operations.
3. Describe the applicant's experience and approach to effectively engaging health care professionals to listen to and/or participate in education offered by the applicant. Describe the barriers to engaging targets and strategies for overcoming them.

4. Describe the applicant's ability to deliver a cost-effective grant program in line with the established goals, objectives and guiding principles of the Provider Education Grant Program.
5. Describe the applicant's knowledge of the Affordable Care Act, the expansion of Medicaid as it pertains to California, and the role of Covered California.
6. Describe the applicant's administrative and fiscal capacity to manage a project of this scope.
7. Describe the applicant's experience with measuring the impact and success of education efforts.

Complete the ***Applicant Background Information Worksheet***, Attachment A.1; provide up to three examples of relevant experience on the applicants work on current or recent contracts and/or grants, if applicable. The examples should be selected for contracts/grants that are related to the education activities, which are identified in this grant application.

Complete the ***Target Population To Be Reached Worksheet***, Attachment A.3.

If the applicant is applying as the lead agency for a collaborative, complete the Subcontractor Information Worksheet, Attachment A.4.

References

Following the Qualifications section above, attach two (2) letters of recommendation from organizations or entities that have successfully collaborated in the past with the applicant. The letter should address the nature of the collaborative relationship and the applicant's strengths along with a Statement recommending the applicant for Covered California's Provider Education Grant. These letters must be on presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter. The two reference letters are not included in the page limit for this section. Attach one (1) letter of recommendation for each subcontractor. For collaborative applicants, letters of recommendation may not be submitted by organizations that are part of the collaborative application. Letters should be submitted with the application and should not be sent to Covered California or the Single Point of Contact.

7.4.3. NARRATIVE SECTION 3: PROJECT PERSONNEL (MAXIMUM 2 PAGES)

Please order and number your responses as follows:

1. Describe the applicant's staffing plan and how it is appropriate to meet the goals and objectives of the proposed project. Include biographical Statements for the project manager and senior staff members who will be responsible for oversight of the staff who will be conducting education activities. Indicate the title of each project lead and staff member, their role on this project, and the percentage of effort (FTE) that will be dedicated to this project.

If the Applicant is applying as a collaborative partner, lead agency with subcontractors, describe the role of each partner in this project; each partner's percentage of effort and how the collaborative will contribute to the achievement of project goals and objectives. Describe whether dedicated staff will be used to complete the activities for the project, and if not, describe how time will be

tracked accurately. Describe any plans to hire new staff, including anticipated length of time from award to hire.

2. Describe the proposed staff's expertise in conducting education services to health care professionals.
3. Describe any special or relevant training related to health care that the Applicant's staff members have undergone and how this preparation will further the goals and objectives of the project.
4. Describe the Applicant's plan for managing and monitoring education staff, including organizational practices related to employee screening, evaluation and due diligence.

7.4.4. NARRATIVE SECTION 4: APPROACH TO STATEMENT OF WORK (MAXIMUM 5 PAGES)

Please order and number your responses as follows:

Target

1. Describe the target that the applicant is proposing to reach through education efforts, including the type of health care professionals, the geographic region, and the number of providers the applicant proposes to reach. Specifically: describe the characteristics of the target population(s) in terms of the type of health care services provided, level of access to consumers eligible for Covered California health insurance plans, and how educating this audience will facilitate consumer education.
2. Describe how educating this target population will standardize health care professionals' education into day-to-day operations.
3. Describe the consumers/patient populations served by the health care professionals that are the target of the proposed project.
4. Describe and provide examples of how the applicant has established relationships and access to health care professionals, health care workers, and/or health care health care professionals' organizations, including current relationship, activities and numbers reached. Describe how the applicant proposes to leverage these relationships for the proposed project.

Education Plan

1. Describe the applicant's proposed approach and strategy for conducting education to promote health care professionals education to consumers eligible for Covered California health insurance plans. Identify proposed goals and objectives of the project. Describe why this approach is an effective one and how it will result in increased health care professionals' capacity to educate consumers and support Covered California enrollment goals. Describe the call to action for the target audience.
2. Describe the applicant's proposed education activities for the proposed project. Include a description of the format, instructors/educators, number and type of participants, types of curriculum or materials to support education, channels and

venues, learning objectives, and mechanisms for checking for understanding. Describe how these activities are appropriate to achieving project goals, specifically motivating health care professionals to institutionalize Covered California education into their day-to-day operations.

3. Describe the messenger/educator for conducting education and outreach activities and why this type of messenger is appropriate to motivate health care professionals.
4. Describe the applicant's plan for accomplishing the goals and objectives over the grant program award period. In addition, describe how the applicant's plan supports Covered California's guiding principles (refer to Section 3 – The Provider Education Grant Program).

Approach to Monitoring, Quality Assurance and Reporting

1. Describe the applicant's plan to identify and share best practices with health care professionals, associations and collaborative partners to promote health care professionals education.
2. Describe how the applicant will monitor the performance, quality and impact of the program. Specifically, describe how the applicant will ensure that accurate information about Covered California is delivered, that high touch and personalized education and outreach activities are delivered, that Covered California provided tools are used, and that Covered California branding requirements for education activities are met. If the applicant is applying as a collaborative, lead agency with subcontractors, describe how the lead agency will monitor progress towards accomplishing project goals; also describe any anticipated challenges and how the applicant proposes to overcome them.
3. Describe the applicant's capacity and experience complying with monitoring, evaluation and reporting requirements on similar projects.
4. Describe the applicant's experience with and proposed approach to addressing instances of non-compliance with established program standards and guidelines.

7.4.5. NARRATIVE SECTION 5: PROJECT COSTS (MAXIMUM 1 PAGE)

Provide a budget narrative, describing the cost-effectiveness of the proposed education plan and why the costs are appropriate to accomplishing the goals and objectives and Statement of work.

7.4.6. ATTACHMENT A – APPLICANT FORMS

The applicant shall complete and submit, in the following order, all applicable Applicant Worksheets as described in this section. The Applicant Worksheets shall include:

Attachment A:

- A.1 Applicant Background Information Worksheets

Complete the ***Applicant Background Information Worksheet***, Attachment A.1; and provide up to three examples of relevant experience on the applicant's work on current or recent contracts and/or grants, if applicable. The examples should be selected for contracts/grants that are related to the education activities, which are identified in this grant application.

- A.2 Applicant Funding Information Worksheets
- A.3 Target Population To Be Reached Worksheets
- A.4 Subcontractor Information Worksheet (If applicable)

Attachment B – Applicant Worksheets

Attachment B:

- B.1 Evidence of Eligibility

The applicant shall provide documentation providing evidence of eligibility to participate in this grant program. The document required for this section is outlined in the Grant Application Attachment A.1.5

- B.2 Budget Worksheets

Complete and submit the **Budget Worksheet**, Attachment B.2.

- Identify the costs for the project by the following categories: personnel, benefits, travel, equipment and other expenses required to complete the activities identified in the applicant's work plan and Exhibit A, Statement of Work.
- The project cost must identify the requested funding for each month of the grant program. The worksheets are divided up by each State fiscal year.
- The administrative overhead indirect rate shall not exceed 15%.
- Equipment expenditures shall not exceed 5% **and in no instance shall exceed \$25,000**. Grant funds shall not be used to conduct direct outreach to eligible consumers, or to enroll consumers in Covered California Health Plans.
- A budget worksheet needs to be submitted for each subcontractor.

- B.3 Education Work Plan

Complete and submit the **Education Work Plan**, Attachment B.3.

The applicant shall complete and attach the provided outreach and education activity worksheet.

8. EVALUATION PROCESS AND CRITERIA

8.1. GRANT APPLICATION EVALUATION OVERVIEW AND CRITERIA

Covered California will select applicants based on an assessment of the best overall value to implement outreach and education activities to the targets of the Provider Education Grant Application. Covered California is not required to select the lowest priced application submitted.

Covered California will thoroughly review responses to this application. During the evaluation process, Covered California will consider the following:

- Covered California will award grants to organizations with proven, effective and cost-effective approaches to conducting education.
- Only organizations who propose to conduct education to health care professionals will be considered for grant funding.

- Applications will be evaluated based on approaches that align with the Provider Education Grant Program's purpose, goals, objectives and guiding principles.
- Statewide strategies will be highly considered.

The evaluation process will use a 100-point rating using the following factors:

- A. (20 Points) Desired Qualifications and References (**Section 7.4.2**)
- B. (40 points) Statement of Work: Approaches to Performing Education Activities, Covered California **will only consider plans that are effective, measurable and evidence-based.**
- C. (10 points) Approach to Monitoring, Quality Assurance, Reporting (**Section 7.4.4**); and,
- D. (30 points) Proposed Personnel and Project Costs (**Section 7.4.3 and 7.4.5**)

8.2. GRANT APPLICATION EVALUATION TEAM

Covered California will establish a formal evaluation team to assist in completing all steps of the evaluation process and in making a final recommendation for selection to Covered California. The evaluation team will be responsible for reviewing and evaluating the Application and preparing the final report that recommends funding allocation. To bring the appropriate expertise to the selection process, the evaluation team will be comprised of management, program, procurement, and technical staff designated by Covered California. Covered California reserves the right to designate other appropriate experts to assist in the process or to alter the composition of the evaluation team, as deemed necessary.

8.3. GRANT APPLICATION EVALUATION PROCESS

The following subsections describe the key steps of the proposal evaluation process:

- Stage 1 – Mandatory Requirements Review
- Stage 2 – Priority Level Review
- Stage 3 – Target Population Review
- Stage 4 – Detailed Approach Review
- Stage 5 – Project Cost Review

8.4. APPLICANT SELECTION AND NOTIFICATION

Awards shall be based on a thorough review of all grant applications, based on the evaluation criterion identified in Section 8. Notification of Intent to Award will occur in late August 2013. The Notification of Intent to Award will be posted on Covered California website at <http://www.healthexchange.ca.gov/Pages/OutrchandEdProg.aspx>.

ATTACHMENT A - APPLICANT WORKSHEETS

General Instructions:

1. Complete all fields of these worksheets. Refer to Section 7 of the Covered California Provider Education Grant Program Application for direction in completing these forms.
2. The Grant Application must be typed; handwritten forms will not be accepted.
3. If a field is not applicable, indicate N/A. **Do not leave blank fields.**
4. Submit these forms as attachments in the order outlined in Section 7.4.7 of the Covered California Provider Education Grant Program Application.

Table of Contents:

- A.1 Applicant Background Information
 - A.1.1 Organization Information
 - A.1.2 Primary Contact
 - A.1.3 Organization Background
 - A.1.4 Organization Status
 - A.1.5 Organization Entity Type
 - A.1.6 Previous Applicant Experience
- A.2 Applicant Funding Information Worksheets
 - A.2.1 Applicant Funding Information
 - A.2.2 Funding by County
 - A.2.3 Additional Funding
- A.3 Target Population To Be Reached
- A.4 Subcontractor Information

Attachment A.1 - APPLICANT BACKGROUND INFORMATION

Attachment A.1.1 - Organization Information

Organization Full and Legal Name:										
Federal Tax ID Number:			-							
Submission Date:										
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:										
Title:										
Physical Address of Primary Office:										
City:										
Zip:										
Mailing Address of Primary Office:										
City:										
Zip:										
Phone Number:	()									
Fax Number:	()									
Email Address:										
Website Address:										

Attachment A.1.2 - Primary Contact

The Primary Contact Person is the person authorized by the applying entity to enter into contractual obligation. This person is not necessarily the grant writer.

Outreach Contact Person:	
Title:	
Physical Address:	
City:	
Zip:	
Phone Number:	()
Fax Number:	()
Email Address:	

Attachment A.1.3 - Organization Background

Enter the date the organization was originally founded/established:	
Number of Full Time Employees:	
Number of Part Time Employees:	
Gross Revenue of the Organization for the Last Fiscal Year:	
List addresses of additional sites associated with the proposed project (do not include locations outside of proposed target community or county):	

Attachment A.1.4 - Organization Status

Indicate the applicant's organizational status. (Check one)

<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	For-Profit
--------------------------	------------	--------------------------	------------

Attachment A.1.5 - Organization Entity Type

Only statewide provider and other medical professional associations, provider academies, and related Primary Care society organizations are eligible to apply as lead organizations on this grant application. Additionally, the Organization must meet all of the following criteria:

1. Significant interaction with target population(s);
2. The organization is **not** a licensed health, dental or vision plan;
3. The organization has a federal Tax Identification Number;
4. The organization's mission, activities and reach align with Covered California goals of promoting a culture of coverage to the targeted populations.

Indicate the lead organization's entity type below (select only one):

<input type="checkbox"/>	Medical association
<input type="checkbox"/>	Other provider professional association
<input type="checkbox"/>	Provider academy
<input type="checkbox"/>	Primary care society

Attach Tax Identification Number on Official Letterhead and most recent tax report as required documentation of eligibility separately as Attachment B.1.

Attachment A.1.6 - Previous Applicant Experience

Provide up to three (3) examples of relevant experience on the Applicant's work on current or recent projects, if applicable. The examples should be selected for projects that are related to peer-to-peer and provider education activities.

Example 1

Project Name:	
Project Amount, if applicable:	
Term of Project:	
Name of Awarding Entity:	
Goals of the Project:	
Successful outcomes and impacts of this project:	

Attachment A.2 - APPLICANT FUNDING INFORMATION WORKSHEETS

Attachment A.2.1 - Applicant Funding Information

Total Funding	
Total Requested Funding Amount: (round to nearest dollar)	\$

Attachment A.2.2 - Funding by County

List each county the Applicant is planning to reach and the requested annual funding. Attach additional copies of this table if necessary.

County	Requested Funding	Percentage Of Total Requested Funding
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total Requested Funding:	\$	100%

Attachment A.2.3 - Additional Funding

Is the Applicant currently receiving other funding for Outreach and Education for the Affordable Care Act? **If yes, please fill in the information below.**

☐ Yes ☐ No

Please Note: Organizations that have received Covered California Outreach and Education Grant Funding or HRSA Grant Funding are not eligible to participate as a lead or a subcontractor in this grant.

Funder Name:	
Contact Person:	
Telephone Number:	
Amount:	
Contract Term:	
Please provide a brief description of funding source and funded activities (3 sentences):	

Attachment A.3 - APPLICANT EXPERIENCE WITH THE TARGET POPULATION

For all applicants please complete this section for each county proposed to reach. Indicate the county at the top of each page. If completing this application as a collaborative with subcontractors, complete this section collectively for the entire group, and not just for the Lead.

County	
---------------	--

Provide a brief description of target population(s) such as types of healthcare professions targeted, regions, ethnicities etc.:

Number of providers/medical professionals currently reached per year:			
Number of providers/medical professionals projected to reach with this grant:			
Number Outreach activities to be performed in this county:		Number Education Activities to be performed in this county:	
Zip Codes expected to be reached:			

Target Population to be Reached – (continued)

County, same as previous page:	
---------------------------------------	--

Describe the ethnicity of Applicant's proposed target population(s):

Ethnicity:	Plan to Reach (Check)	Estimated Percentage Planned to Reach	Ethnicity:	Plan to Reach (Check)	Estimated Percentage Planned to Reach
African		%	African American		%
American Indian		%	Armenian		%
Cambodian		%	Caucasian		%
Chinese		%	Filipino		%
Hmong		%	Japanese		%
Korean		%	Laotian		%
Latino		%	Middle Eastern		%
Russian		%	Ukrainian		%
Vietnamese		%	Other*		%
Other*		%	Other*		%
Other*		%	Other*		%
Other*		%	Total Percent: 100%		

*Enter ethnicities not included above

Describe the languages spoken by the healthcare provider community:

Language	% of Total Services	Language	% of Total Services	Language	% of Total Services
Arabic:	%	Armenian:	%	Khmer:	%
Cantonese:	%	English:	%	Farsi:	%
Hmong:	%	Korean:	%	Mandarin:	%
Russian:	%	Spanish:	%	Tagalog:	%
Vietnamese:	%	Other*	%	Other*	%
Other*	%	Other*	%	Other*	%
Other*	%	Other*	%	Total Percent: 100%	

Target Population to be Reached – (continued)

County, same as previous page:	
---------------------------------------	--

Describe the Applicant's proposed target population(s) medical profession types:

<u>Medical Professions</u>	<u>Estimated Percentage of Target Audience Planned to Reach</u>
General Physicians:	%
Specialists:	%
Physician Assistants:	%
Nurse Practitioners:	%
Registered Nurses and LVNs:	%
Medical Assistants:	%
Other Providers, Specialists, or Technical Professions:	%
Totals:	100%

Language spoken fluently by all staff to be assigned to the Outreach and Education Grant:

Language	# of Staff	Language	# of Staff	Language	# of Staff
Arabic:		Armenian:		Cambodian:	
Cantonese:		English:		Farsi:	
Hmong:		Korean:		Mandarin:	
Russian:		Spanish:		Tagalog:	
Vietnamese:		Other*		Other*	
Other*		Other*		Other*	
Proposed total number of staff, including subcontractors, providing Outreach and Education: <i>(because some staff may speak more than one language, this total may not equal the total number of staff indicated above)</i>					

*Enter languages not included above

End of Target Population to be Reached Charts repeat these charts for each county proposed to be reached and indicate county at the top of each page.

Attachment A.4 - SUBCONTRACTOR INFORMATION

Is the organization applying as a collaborative (lead agency with subcontractors)?

☐

Yes

☐

No

If yes, complete this section. If no, continue to Section A.5.

Subcontractor 1

Subcontractor Organization:																			
Subcontractor Contact Name and Title:																			
Address:																			
Phone Number:		()																	
Email Address:																			
Year Collaborative was Established:																			
<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	For-Profit																
<input type="checkbox"/>		<input type="checkbox"/>	Government																
<p>Select the Subcontractor's organization Type:</p> <table border="0"> <tr> <td><input type="checkbox"/> Chamber of Commerce</td> <td><input type="checkbox"/> Faith-Based Organization</td> </tr> <tr> <td><input type="checkbox"/> City Government Agency</td> <td><input type="checkbox"/> For-Profit Organization</td> </tr> <tr> <td><input type="checkbox"/> Clinic</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Community College, University, or School</td> <td><input type="checkbox"/> Indian Tribe</td> </tr> <tr> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Labor Union</td> </tr> <tr> <td><input type="checkbox"/> Consumer Advocacy Organization</td> <td><input type="checkbox"/> Other Trade or Professional Association</td> </tr> <tr> <td><input type="checkbox"/> County Government Agency</td> <td><input type="checkbox"/> Provider</td> </tr> <tr> <td><input type="checkbox"/> County Health Department</td> <td><input type="checkbox"/> State Government Agency</td> </tr> </table>				<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> City Government Agency	<input type="checkbox"/> For-Profit Organization	<input type="checkbox"/> Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community College, University, or School	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Labor Union	<input type="checkbox"/> Consumer Advocacy Organization	<input type="checkbox"/> Other Trade or Professional Association	<input type="checkbox"/> County Government Agency	<input type="checkbox"/> Provider	<input type="checkbox"/> County Health Department	<input type="checkbox"/> State Government Agency
<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Faith-Based Organization																		
<input type="checkbox"/> City Government Agency	<input type="checkbox"/> For-Profit Organization																		
<input type="checkbox"/> Clinic	<input type="checkbox"/> Hospital																		
<input type="checkbox"/> Community College, University, or School	<input type="checkbox"/> Indian Tribe																		
<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Labor Union																		
<input type="checkbox"/> Consumer Advocacy Organization	<input type="checkbox"/> Other Trade or Professional Association																		
<input type="checkbox"/> County Government Agency	<input type="checkbox"/> Provider																		
<input type="checkbox"/> County Health Department	<input type="checkbox"/> State Government Agency																		
% of funding amount going to subcontractor:																			

Number of Staff of this Subcontractor who would be assigned to work on and trained for this Grant Program:	
Counties to be reached by this Subcontractor:	
Number of Outreach Activities to be performed by this Subcontractor:	
Number of Education Activities to be performed by this Subcontractor:	

Attach additional copies of this form for multiple subcontractors.

ATTACHMENT B.1 EVIDENCE OF ELIGIBILITY

For this section, Refer to Section A.1.5 and attach the required documentation indicated.

ATTACHMENT B.2 BUDGET WORKSHEET

For this section, attach a completed Budget Worksheet.

ATTACHMENT B.3 EDUCATION WORK PLAN

For this section, attach a completed activity worksheet.

Attachment B1: Evidence of Eligibility

Attach Tax Identification Number on Official Letterhead and most recent tax report as required documentation of eligibility.

Attachment B2: Budget Worksheet Instructions

1. The Lead Agency shall complete a summary budget by line item which identifies project costs in the following general categories: personnel, benefits, travel, training, equipment and other expenses required to complete the activities identified in the Applicants work plan.
2. The Lead Agency's budget shall also include a separate line for the total amount to be allocated each sub-contractor.
3. A separate budget, reflecting the same expense categories and format as the Lead Agency, shall be established for each sub-contractor. The sub-contractor budget shall detail expenses by each fiscal year and shall be equal to the total in the Lead Agency summary.
4. The two budgets need to be by fiscal years Year 1 July 2013-June 2014, Year 2 July 2014- December 2014
5. All project costs must identify the requested funding for each month of the grant program.
6. Equipment costs will not exceed 5% of total budget or \$25,000.
7. The administrative overhead (indirect) rate shall not exceed 15%. Expenses included in overhead rate shall not be included in the line item budget as this would result in duplicate funding of these expenses.
8. Indirect costs are overhead expenses generally incurred by the applicant organization and which are not easily identifiable with a specific project. These include administrative expenses related to overall operations and shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, rent, utilities, and facility maintenance.
9. The sub-contractor budget worksheet shall provide the following additional information:

Results	- number of individuals reached by Outreach activities by month
	- number of individuals reached by Education activities by month
	- total number of individuals reached by month

Lead Organization Name: _____

Budget Worksheet				September 2013	October 2013	November 2013	December 2013	2013
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	(5) Amount	(6) Amount	(7) Amount	(8) Amount	Total Requested
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project					
Benefits		Enter position title	Enter benefit % for each position listed above					
Travel		Mileage Reimbursement (\$0.565/mile)	Enter description of travel					
Equipment			Enter equipment description and quantity					
Other			Enter description					
Training		Training costs other than salary	Enter description of training cost					
Sub-contractor (s)		Enter name or firm	Enter total amount for each month					
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Indirect Administrative Rate			Not to exceed 15% of the total direct expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Requested Funding Amount:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include Broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
-------------------------------	---

Lead Organization Name: _____

Budget Worksheet																		
				January 2014	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	2014	Entire Grant	
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	(1) Amount	(2) Amount	(3) Amount	(4) Amount	(5) Amount	(6) Amount	(7) Amount	(8) Amount	(9) Amount	(10) Amount	(11) Amount	(12) Amount	Total Requested	Total Requested	
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project															
Benefits		Enter position title	Enter benefit % for each position listed above															
Travel		Mileage Reimbursement (\$0.565/mile)	Enter description of travel															
Other			Enter description															
Equipment			Enter equipment description and quantity															
Training		Training costs other than salary	Enter description of training cost															
Sub-contractor (s)		enter name or firm																
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
*Indirect Administrative Rate			Not to exceed 15% of the total direct expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Requested Funding Amount:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
* Definition Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include Broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.																	

Lead Organization Name: _____

Sub Contractor Name: _____

Sub Contractor Budget Worksheet								
				September 2013	October 2013	November 2013	December 2013	2013
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	(5) Amount	(6) Amount	(7) Amount	(8) Amount	Total Requested
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project					
Benefits		Enter position title	Enter benefit % for each position listed above					
Travel		Mileage Reimbursement (\$0.565/mile)	Enter description of travel					
Equipment			Enter equipment description and quantity					
Other			Enter description					
Training		Training costs other than salary	Enter description of training cost					
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	
*Indirect Administrative Rate			Not to exceed 15% of the total direct expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Requested Funding Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
--	--------	--------	--------	--------	--------

*Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include Broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
-------------------------------	---

Total Individuals Reached through Outreach Activities	Enter total # of individuals reached through outreach activities					0
Total Individuals reached through Education Activities	Enter total # of individuals reached through education activities					0
Total Individuals Reached		0	0	0	0	0

Sub Contractor Name: _____

[illegible]

* Definition Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include Broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
---	---

[illegible]

Attachment B3: Education Work Plan Instructions

Applicant must fully complete this worksheet to demonstrate their capability, and that of their subcontractors, if applicable, to reach the number of individuals proposed in the Application.

Applicant must fill in proposed key activities and events for each month of the grant cycle (September 2013-December 2014)

The Lead Agency must provide one comprehensive worksheet that includes both the lead and all subcontractor activities, if any subcontractor agencies exist.

Organization Name - Enter the lead agency name here.

Explanation of Columns:

1. Column 2 - Enter date of event in mm/dd/yyyy format.
2. Column 3 - Enter the name of the lead organization or the name of the designated subcontractor in attendance.
3. Column 4 - Indicate the proposed event that Applicant will attend, if applicable.
4. Column 5 - Choose from the drop down box the event type.
5. Column 6 - Enter the County of the location of the event
6. Column 7 - Enter the City of the location of the event.
7. Column 8 - Enter the Zip code of the location of the event.
8. Column 9 - Enter the number of staff attending the event.
- Column 10 - Enter the corresponding ID number of the target population from the ethnicity column on the far right using the drop down list to choose target population
9. reached. Grantee has the option to select multiple ethnicities.
10. Column 11 - Number of individuals provided with Education Messaging: Indicate the number who will receive Education messaging.
11. Column 12 - Number of individuals provided with Outreach Messaging: Indicate the number who will receive Outreach messaging.

Organization Name: _____

[illegible]

Appendix A:
Extract from
CalSIM 1.8 DATA BOOK, 2014-2019

Source: UC Berkeley / UCLA CalSIM version 1.8

Appendix A

1. Characteristics of Californians under Age 65 Eligible for Exchange Subsidies

2014	
Exchange Subsidy Eligible	Eligible
All	2,600,000
Race and Ethnicity	
Latino	1,190,000
Asian	370,000
African American	100,000
White	870,000
Other	70,000
Gender	
Male	1,390,000
Female	1,200,000
Age	
0-18 years	140,000
19-29 years	690,000
30-44 years	760,000
45-64 years	1,010,000
Income	
138% FPL or less	140,000
139-200% FPL	840,000
201-250% FPL	580,000
251-400% FPL	1,030,000
Limited English Proficiency (18 and older)	
18+ Limited English Proficiency	1,030,000
18+ Speaks English Very Well	1,430,000

2015	
Exchange Subsidy Eligible	Eligible
All	2,680,000
Race and Ethnicity	
Latino	1,220,000
Asian	370,000
African American	100,000
White	910,000
Other	70,000
Gender	
Male	1,440,000
Female	1,240,000
Age	
0-18 years	150,000
19-29 years	700,000
30-44 years	790,000
45-64 years	1,040,000
Income	
138% FPL or less	140,000
139-200% FPL	870,000
201-250% FPL	600,000
251-400% FPL	1,070,000
Limited English Proficiency (18 and older)	
18+ Limited English Proficiency	1,050,000
18+ Speaks English Very Well	1,480,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Appendix A

2. Characteristics of Californians under Age 65 who Take Up Coverage without Subsidies in the Exchange and Individual Market

	2014	2015
Race and Ethnicity		
Latino	430,000	480,000
Asian	220,000	230,000
African American	80,000	90,000
White	930,000	940,000
Other	60,000	60,000
Gender		
Male	890,000	940,000
Female	830,000	850,000
Age		
0-18 years	280,000	300,000
19-29 years	640,000	700,000
30-44 years	290,000	280,000
45-64 years	510,000	510,000
Income		
138% FPL or less	210,000	220,000
139-200% FPL	120,000	110,000
201-250% FPL	100,000	100,000
251-400% FPL	310,000	300,000
401%+ FPL	970,000	1,070,000
Limited English Proficiency		
18+ Limited English proficiency	190,000	210,000
18+ Speaks English very well	1,320,000	1,370,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Appendix A

3. REGION: Northern California and Sierra Counties

2014	
Exchange Subsidy Eligible	Eligible
All	99,000
Gender	
Male	52,000
Female	47,000
Race and Ethnicity	
Latino	16,000
Asian	5,000
African American	0
White	73,000
Other	5,000
Age	
0-18 years	4,000
19-29 years	32,000
30-44 years	19,000
45-64 years	45,000
Income	
138% FPL or less	2,000
139-200% FPL	39,000
201-250% FPL	27,000
251-400% FPL	31,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	82,000
18+ Limited English Proficiency	13,000
Employment Status	
Not Employed	23,000
Employed	76,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Includes the following Counties: Butte, Shasta, Humboldt, Lake, Mendocino, Yuba, Nevada, Sutter, Colusa, Glenn, Tehama, Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity, Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne

Appendix A

REGION: Greater Bay Area

2014	
Exchange Subsidy Eligible	Eligible
All	393,000
Gender	
Male	197,000
Female	196,000
Race and Ethnicity	
Latino	126,000
Asian	100,000
African American	16,000
White	134,000
Other	15,000
Age	
0-18 years	23,000
19-29 years	101,000
30-44 years	118,000
45-64 years	150,000
Income	
138% FPL or less	27,000
139-200% FPL	115,000
201-250% FPL	90,000
251-400% FPL	161,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	217,000
18+ Limited English Proficiency	155,000
Employment Status	
Not Employed	141,000
Employed	252,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Includes the following Counties: Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin, Napa

Appendix A

REGION: Sacramento Area

2014	
Exchange Subsidy Eligible	Eligible
All	126,000
Gender	
Male	65,000
Female	61,000
Race and Ethnicity	
Latino	35,000
Asian	18,000
African American	6,000
White	62,000
Other	5,000
Age	
0-18 years	6,000
19-29 years	40,000
30-44 years	30,000
45-64 years	50,000
Income	
138% FPL or less	8,000
139-200% FPL	41,000
201-250% FPL	32,000
251-400% FPL	44,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	84,000
18+ Limited English Proficiency	36,000
Employment Status	
Not Employed	32,000
Employed	94,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Sacramento, Placer, Yolo, El Dorado

Appendix A

REGION: San Joaquin Valley

2014	
Exchange Subsidy Eligible	Eligible
All	255,000
Gender	
Male	147,000
Female	108,000
Race and Ethnicity	
Latino	142,000
Asian	23,000
African American	5,000
White	78,000
Other	6,000
Age	
0-18 years	12,000
19-29 years	82,000
30-44 years	58,000
45-64 years	102,000
Income	
138% FPL or less	16,000
139-200% FPL	91,000
201-250% FPL	58,000
251-400% FPL	89,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	132,000
18+ Limited English Proficiency	112,000
Employment Status	
Not Employed	67,000
Employed	187,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Kings, Madera

Appendix A

REGION: Central Coast

2014	
Exchange Subsidy Eligible	Eligible
All	143,000
Gender	
Male	75,000
Female	69,000
Race and Ethnicity	
Latino	72,000
Asian	9,000
African American	2,000
White	57,000
Other	3,000
Age	
0-18 years	9,000
19-29 years	46,000
30-44 years	35,000
45-64 years	54,000
Income	
138% FPL or less	11,000
139-200% FPL	44,000
201-250% FPL	33,000
251-400% FPL	56,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	81,000
18+ Limited English Proficiency	54,000
Employment Status	
Not Employed	47,000
Employed	97,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Ventura, Santa Barbara, Santa Cruz, San Luis Obispo, Monterey, San Benito

Appendix A

REGION: Los Angeles

2014	
Exchange Subsidy Eligible	Eligible
All	779,000
Gender	
Male	430,000
Female	349,000
Race and Ethnicity	
Latino	472,000
Asian	101,000
African American	37,000
White	151,000
Other	17,000
Age	
0-18 years	40,000
19-29 years	200,000
30-44 years	241,000
45-64 years	297,000
Income	
138% FPL or less	44,000
139-200% FPL	262,000
201-250% FPL	172,000
251-400% FPL	301,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	324,000
18+ Limited English Proficiency	418,000
Employment Status	
Not Employed	238,000
Employed	541,000

Source: UC Berkeley / UCLA CalSIM version 1.8

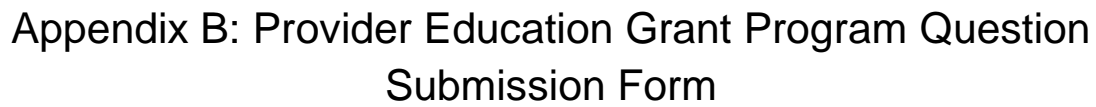
Appendix A

REGION: Other Southern California

2014	
Exchange Subsidy Eligible	Eligible
All	749,000
Gender	
Male	399,000
Female	350,000
Race and Ethnicity	
Latino	372,000
Asian	87,000
African American	22,000
White	249,000
Other	18,000
Age	
0-18 years	49,000
19-29 years	206,000
30-44 years	208,000
45-64 years	286,000
Income	
138% FPL or less	34,000
139-200% FPL	249,000
201-250% FPL	158,000
251-400% FPL	308,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	397,000
18+ Limited English Proficiency	307,000
Employment Status	
Not Employed	236,000
Employed	513,000


Source: UC Berkeley / UCLA CalSIM version 1.8

Include the following Counties: San Diego, Orange, San Bernardino, Riverside, Imperial



Please complete the following information:

Please provide a description of the subject or issue in question or discrepancy found and reference the specific section and page number:



Thank you for your interest in Covered California's Provider Education Grant Program.