

ATTACHMENT A – PROPOSAL INSTRUCTIONS

PROPOSAL INSTRUCTIONS FOR THE MARYLAND HEALTH BENEFIT EXCHANGE CAPITAL REGION CONNECTOR ENTITY PROGRAM OUTREACH SERVICES FOR MONTGOMERY COUNTY

July 2015

Please clearly label and sequence your responses and attachments according to the application outline below. Written applications will be reviewed and approved based on the applicant's demonstrated capacity to serve the targeted population(s) referenced within the proposal. Only applicants who strongly demonstrate such competence will be considered.

The Application, not including other requested attachments, should be no more than five (5) pages. Please see PARTS B and C.

THE APPLICATION MUST CLEARLY INDICATE WHICH POPULATION(S) THE APPLICANT WISHES TO SERVE. IF APPLYING FOR MORE THAN ONE POPULATION, THE APPLICANT MUST COMPLETE ALL COMPONENTS OF PARTS B AND C FOR EACH POPULATION.

ALL PAGES OF YOUR PROPOSAL MUST BE NUMBERED.

PART A: QUALIFICATIONS AND REQUIREMENTS OF APPLICANT

- Demonstrate existing presence within Montgomery County;
- Demonstrate successful track record of serving as a trusted resource and/or community partner within the specified population(s) to be served within the County;
- Possess existing capacity/experience to conduct public forums/events and presentations;
- Possess prior knowledge and experience conducting targeted outreach within the specified population(s) to be served within the County;
- Demonstrate existing capacity to meet all contracting requirements of the Maryland Health Benefit Exchange (MHBE), Montgomery County Government, and the Department of Health and Human Services (DHHS);
- The Contractor must have existing general and professional liability coverage as required by the County's Office of Risk Management and should expect these components to be a part of any resulting contract;
- The Contractor must be able to initiate services immediately following implementation of the signed agreement, and;
- Possess knowledge and experience working with, and connection to racial/ethnic and special needs populations.

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PART B: SUBMISSION REQUIREMENTS

1. Description of the proposed plan to conduct outreach services described in the program requirements. **Services targeting the African, African American, Chinese, Ethiopian, French, Korean, South Asian, and Vietnamese communities within Montgomery County are desired. Additional needs exist within the homeless, veterans, disabled and young invincibles (resident between 18-34 years of age) communities within the County.**
2. The Contractor must show a commitment to providing culturally competent services to the public. Please detail how outreach/educational services will be available to residents with disabilities and/or special needs.
3. Clearly describe the population(s) to be served. The applicant must show demonstrated capacity to serve the specified population(s).
4. Indicate the number of clients to be reached. No less than three (3) events per month must be **sponsored / coordinated** by the awardee. These events are to occur within Montgomery County during the course of the contract. Contractor should also participate in additional events beyond the monthly minimum described above.
5. Clearly describe how outreach and educational information will be accurately and clearly presented as stipulated by the MHBE, Maryland Insurance Administration (MIA), or the County. Please discuss any quality control measures that will be instituted to ensure compliance the MHBE, MIA, and County regulations in relation to this project.
6. Describe ability to:
 - a. Outreach to targeted populations;
 - b. Conduct public forums and presentations regarding the Patient Protection and Affordable Care Act (ACA) and/or the regional MHBE enrollment process;
 - c. Meet all contracting requirements with the MHBE, MIA, DHHS, and the County;
 - d. Manage organizational administrative services/needs in relation to this project.
7. Confirm willingness and ability to prepare and submit monthly/quarterly program, financial, and expenditure reports in a format approved by the County. Confirm willingness to participate in scheduled project-related conference calls and meetings as scheduled by the County or designee. Please note that occasional travel to the Baltimore area may be required to participate in quarterly MHBE meetings.
8. Proposed plan must include a budget that outlines costs ranging from **\$25,000 to \$50,000 (total requested amount)**. The proposed budget should indicate cost allocations for each population selected. **Budget should reflect services/staffing needs from September 01, 2015 through April 30, 2016.**

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PART C: ADDITIONAL SUBMISSION DOCUMENTS REQUIRED

1. Proof of entity's legal name and tax ID number and status with the State Department of Assessments and Taxation. The following documents are required: W-9 Form, Articles of Incorporation or Articles of Amendment (if applicable).
2. **Five (5) copies** of the proposal (and attachments) explaining how you would provide services based on the requirements outlined in the Program Requirements (no more than five (5) pages in length).
3. A one page letter of introduction that includes the following:
 - a. Date of proposal submission;
 - b. Name and address of the organization/provider;
 - c. Contact person, email, phone and fax numbers;
 - d. Social Security Number or Federal Taxpayer Identification Number;
 - e. Indication of which population(s) the applicant wishes to serve.

Information contained in this proposal and all copies submitted become the property of Montgomery County Government, Maryland, and are subject to the Maryland Public Information Act. **Please indicate at time of submission if any portions of your application are proprietary or confidential, or otherwise subject to non-disclosure under the Maryland Public Information Act.**

ADDITIONAL INFORMATION

- **Five (5) copies** of the application **MUST** be submitted by mail or in person to Ms. Trudy-Ann Durace, located at 401 Hungerford Drive; 5th Floor, Rockville, MD 20850 by **5:00 p.m. on July 23, 2015.**
- **Late applications will NOT be accepted. Incomplete applications will NOT be considered. Electronic copies will NOT be accepted.**
- The Application, not including other requested attachments, should not exceed **five (5) pages in length**. This does not include any required attachments.
- **THE APPLICATION MUST CLEARLY DESCRIBE THE POPULATION(S) TO BE SERVED. IF THE APPLICANT PLANS TO SERVE MORE THAN ONE POPULATION, THE APPLICANT MUST SUBMIT A SCOPE of SERVICE FOR EACH POPULATION.**
- Written applications will be reviewed and approved based on the applicant's demonstrated capacity to serve the targeted population(s). Only applicants who strongly demonstrate such competence will be considered.
- Applications will be reviewed and approved by DHHS employees.
- Recommendations for approval will be based on written applications and other appropriate information provided.

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- There is no commitment expressed or implied by Montgomery County Government in soliciting applications for this project. The County reserves the right to reject any or all applications and re-advertise outreach services for the Connector Entity program.
- Please do not contact anyone not listed in this announcement for additional information. Interested organizations should direct all inquiries to Ms. Trudy-Ann Durace; contact information provided below.

For information and submissions contact:
Montgomery County Department of Health and Human Services
Ms. Trudy-Ann Durace, Management and Budget Specialist
401 Hungerford Drive, 5th Floor
Rockville, MD 20850
240-777-4155 (office)
240-777-1494 (fax)