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Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress

Grant Announcement

1. Cooperative Agreement to Support Navigators in Federally Facilitated and State Partnership Exchanges

Online Forms

1. SF-424 Application for Federal Assistance Version 2
 - (Upload #1): BudgetNarrativeAttachments-Attachments-1234-Budget Narrative Final.pdf
 - (Upload #2): SF424_2_1-AdditionalProjectTitle-1238-NHCOA Navigator Timeline.pdf
 - (Upload #3): ProjectNarrativeAttachments-Attachments-1236-NHCOA Narrative Final.pdf
 - (Upload #4): BudgetNarrativeAttachments-Attachments-1235-Indirect cost rate agreement approved 2011 .pdf
 - (Upload #5): SF424_2_1-AdditionalProjectTitle-1237-Cover Letter.pdf
 - (Upload #6): SF424_2_1-AdditionalProjectTitle-1239-Project Abstract.pdf
2. SF-424A Budget Information - Non-Construction
3. SF-424B Assurances - Non-Construction
4. SF-LLL Disclosure of Lobbying Activities
5. Project Abstract Summary
6. Key Personnel

Program Narrative

1. CCIIO - Budget Narrative (Upload File)
2. CCIIO - Project Narrative (Upload File)

Additional Information to be Submitted

1. CCIIO - Miscellaneous Information

Note: Upload document(s) printed in order after online forms.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

- Other (Specify)

* 3. Date Received:

06/06/2013

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name: National Hispanic Council on Aging

* b. Employer/Taxpayer Identification Number (EIN/TIN):

521306347

* c. Organizational DUNS:

[Redacted]

d. Address:

- * Street1: [Redacted]
- Street2: [Redacted]
- * City: [Redacted]
- County: [Redacted]
- * State: [Redacted]
- Province: [Redacted]
- * Country: [Redacted]
- * Zip / Postal Code: [Redacted]

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

f. Name and contact information of person to be contacted on matters involving this application:

- Prefix: [Redacted] * First Name: [Redacted]
- Middle Name: [Redacted]
- * Last Name: [Redacted]
- Suffix: [Redacted]

Title: Vice President

Organizational Affiliation:

[Redacted]

* Telephone Number: [Redacted] Fax Number: [Redacted]

* Email: [Redacted]

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

CMS-Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.750

CFDA Title:

PPHF - 2013 - Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Ex

*** 12. Funding Opportunity Number:**

CA-NAV-13-001

*** Title:**

PPHF 2013 Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges

13. Competition Identification Number:

Title:

PPHF - 2013 - Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Exchange Navigator program: Targeting underserved Latino communities

Attach supporting documents as specified in agency instructions.

AdditionalProjectTitle-1237-Cover Letter.pdf

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant [REDACTED]

* b. Program/Project [REDACTED]

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 08/15/2013

* b. End Date: 08/15/2014

18. Estimated Funding (\$):

* a. Federal	1293651
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program income	0
* g. TOTAL	1293651

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on [REDACTED]
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: [REDACTED] * First Name: [REDACTED]
Middle Name: [REDACTED]
* Last Name: [REDACTED]
Suffix: [REDACTED]

* Title: President

* Telephone Number: [REDACTED] Fax Number: [REDACTED]

* Email: [REDACTED]

* Signature of Authorized Representative: [REDACTED] * Date Signed: 06/06/2013

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. N/A				\$1,293,651.00		\$1,293,651.00
2.						
3.						
4.						
5. Totals				\$1,293,651.00		\$1,293,651.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) N/A	(2)	(3)	(4)	
a. Personnel		\$948,700.00			\$948,700.00
b. Fringe Benefits					
c. Travel		\$68,250.00			\$68,250.00
d. Equipment		\$37,500.00			\$37,500.00
e. Supplies		\$6,000.00			\$6,000.00
f. Contractual					
g. Construction					
h. Other		\$15,000.00			\$15,000.00
i. Total Direct Charges (sum of 6a-6h)		\$1,075,450.00			\$1,075,450.00
j. Indirect Charges		\$218,201.00			\$218,201.00
k. TOTALS (sum of 6i and 6j)		\$1,293,651.00			\$1,293,651.00
7. Program Income					

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 N/A					
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. N/A					
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	* TITLE President
* APPLICATION ORGANIZATION National Hispanic Council on Aging	* DATE SUBMITTED 06/06/2013

Standard Form 424B (Rev. 7-97) Back

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: National Hispanic Council on Aging [REDACTED] Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:	
6. Federal Department/Agency: N/A	7. Federal Program Name/Description: PPHF 2013 - Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges CFDA Number, if applicable: <u>93.750</u>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NA, NA	b. Individuals Performing Services (including address if different from No. 10a) (if individual, last name, first name, MI): NA, NA	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: [REDACTED] Print Name: [REDACTED] Title: <u>President</u> Telephone No: _____ Date: <u>06/06/2013</u>	

Project Abstract Summary

Program Announcement (CFDA) 93.750		
* Program Announcement (Funding Opportunity Number) CA-NAV-13-001		
* Closing Date 06/07/2013		
* Applicant Name National Hispanic Council on Aging		
* Length of Proposed Project: 1		
Application Control No.		
Federal Share Requested (for each year)		
* Federal Share 1st Year \$ 1,293,651.00	* Federal Share 2nd Year \$ 0.00	* Federal Share 3rd Year \$ 0.00
* Federal Share 4th Year \$ 0.00	* Federal Share 5th Year \$ 0.00	
Non-Federal Share Requested (for each year)		
* Non-Federal Share 1st Year \$ 0.00	* Non-Federal Share 2nd Year \$ 0.00	* Non-Federal Share 3rd Year \$ 0.00
* Non-Federal Share 4th Year \$ 0.00	* Non-Federal Share 5th Year \$ 0.00	
* Project Title Exchange Navigator program: Targeting underserved Latino communities		

Project Abstract Summary

* Project Summary

The National Hispanic Council on Aging (NHCOA) is requesting \$646,825.5 to implement an Exchange Navigator program in [REDACTED] and \$646,825.5 to implement a parallel program in [REDACTED]. The proposed program will target the uninsured Hispanic population in these two counties with a focus on members of this population that are socially isolated due to cultural and linguistic differences and are often not served by local social service programs. Beyond these two targeted populations, the proposed program will serve the general public, providing exchange navigator services to anyone that requests help.

The proposed program will deploy 25 Exchange navigators in each of the targeted counties. Exchange navigators will seek out uninsured eligible county residents by going door-to-door; setting up a portable booth at local businesses and gathering places (i.e., churches, community-based organizations, beauty salons, barber shops, grocery stores, malls and restaurants) and seeking out residents on the medical representative model; and conducting outreach and education at local community events, such as health and street fairs. In addition, the program will implement a media campaign targeting the Hispanic community in each of the targeted counties through a variety of media outlets, including, television, radio, print media and social media. Specific objectives for the program are as follows.

??? To reach 85% of the uninsured Hispanic population in the two targeted counties (544,683 people) through either direct or media outreach by the end of the program year.

??? To directly interact with and provide literature and other information to 385,000 people in each targeted county by the end of the program year or 770,000 total.

??? To enroll 75% of those reached directly by the program through provision of literature and other information for a total of 288,750 per targeted county by the end of the program year, or 577,500 total by the end of the program year.

??? To demonstrate an increase in the insured rate in the targeted counties by about 15% by the end of the program year.

The Exchange Navigator program can be especially beneficial to Hispanics who have the highest rate of uninsurance and poverty of any racial/ethnic group in the nation. Hispanics are also a highly vulnerable population group, suffering from disproportionate levels of some chronic diseases. In addition, many Hispanics have low levels of health literacy, making the health care system difficult for them to negotiate. Exchange Navigators especially targeting this hard-to-reach and vulnerable population are critically needed to ensure the success of Affordable Care Act implementation, while concurrently contributing to lower human suffering in the Hispanic community and cost burdens on the health care system stemming from untreated chronic conditions becoming critical episodes because of uninsurance.

NHCOA is uniquely able to implement the proposed program. NHCOA is the national expert on reaching and serving older Hispanic adults and their families - an extremely hard-to-reach and serve population ??? and, by extension, the entire Hispanic community. NHCOA has a highly successful track record in implementing programs at the national and multi-state level, by working closely with its Hispanic Aging Network, composed of 39 community-based organizations across the continental U.S., the [REDACTED] and [REDACTED]. For example, NHCOA implements the National Hispanic Senior Medicare Patrol (SMP) that provides technical assistance for SMP???'s across the nation in their effort to reach the Hispanic community to prevent and report Medicare fraud. In addition, NHCOA reaches a total of 10 million Hispanics each year through its programs, its national communications work and its network for individuals across the country.

* Estimated number of people to be served as a result of the award of this grant.: 1314683

Upload #1

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: BudgetNarrativeAttachments-Attachments-1234-Budget Narrative Final.pdf

C. Budget Narrative

The following is a presentation of the categories of expenditure reflected in the proposed budget for the National Hispanic Council on Aging's Exchange Navigator program to take place in [REDACTED] and [REDACTED]. The following narrative presents the budget figures for both targeted Counties. Two budgets will be presented. A table describing expenses per county and total will be found at the end.

I. PERSONNEL
Total [REDACTED] County: \$474,350
Total [REDACTED] County: \$474,350

Following is a description of Project Personnel:

- **President and CEO** [REDACTED] will provide oversight to the project, dedicating 10% of her time to the project, on a salary of \$200,000 for a total of \$10,000.
- **Vice President** [REDACTED], will ensure the project adheres to NHCOA and CMS requirements, dedicating 10% of her time to the project, based on a salary of \$130,000 for a total of \$13,000.
- **Medicine & Public Health Director** [REDACTED] will be Project Director and will dedicate 50% of his time to the project at a salary of \$80,000 for a total of \$40,000
- **Communications Assistant** [REDACTED] will manage the media campaign, dedicating 30% of her time to the program at a base salary of \$36,000 for a total of \$10,800
- **Grants Manager** [REDACTED] will manage the grants expenditure to ensure compliance, dedicating 30% of her time to the program at a base salary of \$60,000 for a total of \$18,000
- **Two Program Coordinators (To Be Hired)**, will manage the project at the local level, dedicating 100% of their time to the program at a salary of \$30,000 for a total of \$60,000.
- **50 Exchange Navigators (To Be Hired)** will dedicate 100% of their time to the program at a salary of \$15,738 for a total of \$786,900 (\$393,450 per county)

II. FRINGE BENEFITS

Fringe benefits are included in the approved indirect cost rate

III. EQUIPMENT
Total [REDACTED] County: \$18,750
Total [REDACTED] County: \$18,750

NHCOA will work with TechSoup with which it has a membership to provide equipment for its Program Coordinators and Navigators. TechSoup is a nonprofit organization that provides technical equipment to nonprofit organizations across the country at reduced cost. Equipment includes the following:

- Each program Coordinator and Navigator will require a portable computer with mobile broadband connectivity. NHCOA estimates that refurbished portable computers can be acquired through TechSoup at \$200.00 each x 25 Navigators per county, or \$5,000 per county
- Mobile broadband for the project is estimated at \$45 per month per navigator for a total of \$13,500 per county
- NHCOA will also purchase a printer for each of its county offices estimated at about \$250 per printer for a total of \$500.

NHCOA will follow HIPAA procedures to ensure the privacy of any personal data to which it has access during the implementation of the program. NHCOA will not require equipment for its home office.

TRAVEL

Total [REDACTED] County: \$34,125
Total [REDACTED] County: \$34,125

NHCOA will cover travel costs in the following two categories:

- **Local Travel:** Each of the 50 navigators will receive a local travel stipend of \$100 per month to help cover costs of transportation for a total of \$60,000 total.
- **Long Distance Travel:** Long Distance travel is estimated at three trips for project staff per targeted county for three days each to provide training in use of program materials and evaluation tools to navigators and to follow up on program progress. Airfare for each of the trips is estimated at \$525 for each trip plus \$150 per night for two nights, \$150 for meals for three days and \$100 for on-site transportation, or 1,375 per trip.

VI. OTHER DIRECT COSTS

Total [REDACTED] County: \$10,500
Total [REDACTED] County): \$10,500

- **Facilities:** Office space for local navigators calculated at \$25 per navigator per month for a total of \$7,500 per county.
- **Supplies:** This figure includes desktop supplies for all staff for ongoing use, including paper, file folders, writing pads, pencils and pens, mailing labels, one-time purchase of such items

as scissors, tape dispensers, and staplers for new staff, estimated at \$10 per month per navigator per county for a total of \$3,000

VII. INDIRECT COSTS --

Total [redacted] County: \$109,100.50

Total [redacted] County): \$109,100.50

Indirect cost rate approved = 23% of personnel costs (attached)

Total Project Costs: \$1,293,651

Total [redacted] County: \$646,825.5

Total [redacted] County: \$646,825.5

The table below shows a detailed description of the calculated costs per county and total

NHCOA Navigators Program										Total Budget Two Counties
Dallas County					Dade County					
	Salary	%	Amount	#	Total	Salary	%	Amount	#	Total
Personnel										
President	\$200,000	5%	\$10,000	1	\$10,000	\$200,000	5%	\$10,000	1	\$10,000
Vice President	\$130,000	5%	\$6,500	1	\$6,500	\$130,000	5%	\$6,500	1	\$6,500
Director	\$80,000	25%	\$20,000	1	\$20,000	\$80,000	25%	\$20,000	1	\$20,000
Communications Ass	\$36,000	15%	\$5,400	1	\$5,400	\$36,000	15%	\$5,400	1	\$5,400
Grants Manager	\$60,000	15%	\$9,000	1	\$9,000	\$60,000	15%	\$9,000	1	\$9,000
Project Coordinator	\$30,000	100%	\$30,000	1	\$30,000	\$30,000	100%	\$30,000	1	\$30,000
Navigators	\$15,738	100%	\$15,738	#	\$393,450	\$15,738	100%	\$15,738	#	\$393,450
Total Personnel					\$474,350					\$474,350
										\$948,700
Fringe Benefits (included in indirect cost rate)										
		No.	Frequency			No.	Frequency			
Equipment										
Laptops	\$ 200	25	1	\$ 5,000	\$ 200	25	1	\$ 5,000	\$ 10,000	
Mobile broadband	\$ 45	25	12	\$ 13,500	\$ 45	25	12	\$ 13,500	\$ 27,000	
Printer	\$ 250	1	1	\$ 250	\$ 250	1	1	\$ 250	\$ 500	
Total Equipment				\$ 18,750				\$ 18,750	\$ 37,500	
Travel										
Local Travel	100	25	12	30000	100	25	12	30000	60000	
Out of town Travel	1375	3		4125	1375	3		4125	8250	
Total travel				\$ 34,125.00				\$ 34,125.00	\$ 68,250.00	
Facilities										
Space costs	25	25	12	\$ 7,500.00	25	25	12	\$ 7,500.00	\$ 15,000.00	
Supplies										
	10	25	12	\$ 3,000.00	10	25	12	\$ 3,000.00	\$ 6,000.00	
Indirect cost 23% of Personnel costs				\$109,100.50				\$109,100.50	\$218,201.00	
Grand Total Approx				\$646,825.50				\$646,825.50	\$1,293,651.00	

Upload #2

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: SF424_2_1-AdditionalProjectTitle-1238-NHCOA Navigator Timeline.pdf

B. Workplan and Timeline (Dates based on Anticipated Award Date of August 15, 2013)

Task	Staff Member Responsible	Date Completed
Finalizing of agreement with local affiliated sites for hosting project in █████ County, █████ and █████ County, █████ (sites are already in agreement)	Vice President █████ █████	August 22, 2013
Hiring of Program Coordinators – one for each site	Medicine & Public Health Director █████	August 29, 2013
Hiring of 25 Navigators from among cohort of ECET graduates	Medicine & Public Health Director █████ with input from Vice President █████ █████ and final input from Program Coordinators	September 2, 2013
Development of culturally and linguistically appropriate program education materials, including flipchart, reference guide, brochures and flyers, as well as evaluation tools (modeled on similar materials and tools developed for successful NHCOA programs)	Medicine & Public Health Director █████	September 5, 2013

Navigator training completed for Program Coordinators and Navigators	Program Coordinators and Navigators take HHS training	September 12, 2013
Training of Navigators on use of tools, as well as a briefing on the insurance landscape in their state	Training on tools: Medicine & Public Health Director [REDACTED] [REDACTED] Briefing on Insurance Landscape: Program Coordinators	September 12, 2013
Deployment of Navigators to provide services in targeted counties	Program Coordinators will manage Navigators and provide assistance in providing navigation services to clients who may need referrals Navigators will provide services Medicine & Public Health Director [REDACTED] will manage and monitor program and manage Program Coordinators	Beginning September 13, 2013 and ongoing throughout program until September 14, 2014
Evaluation of program	Navigators will gather data Program Coordinators will input data and provide it to Medicine & Public Health Director [REDACTED] [REDACTED] Under [REDACTED] supervision,	Beginning September 13, 2013 and ongoing throughout program until September 14, 2014

	data will be evaluated by evaluation specialist contracted as a consultant	
Adjustments to Program based on evaluation	Evaluation Specialist will make adjustment recommendations that will then be implemented by Medicine & Public Health Director [REDACTED], Program Coordinators and Navigators	Beginning September 13, 2013 and ongoing throughout program until September 14, 2014
Implementation of media campaign	NHCOA Media Specialist Consultant with oversight by Vice President [REDACTED]	Beginning September 13, 2013 and ongoing throughout program until September 14, 2014
Oversight and supervision of program to ensure that it is proceeding within the mission of NHCOA and parameters of HHS and is being operated within budget	President & CEO [REDACTED] Dr. PH and Vice President [REDACTED]	Beginning September 15, 2013 and ongoing throughout program until September 14, 2014
Development of final report	Medicine & Public Health Director [REDACTED]	September 21, 2014

Upload #3

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: ProjectNarrativeAttachments-Attachments-1236-NHCOA Narrative Final.pdf

A. Project Narrative

1. Type of Entity and Description of Communities to be Served

The National Hispanic Council on Aging (NHCOA) is proposing a navigator outreach and enrollment project to serve two counties, one in each of two states – [REDACTED] County, [REDACTED] and [REDACTED] County, [REDACTED], working through its affiliated Hispanic serving community-based organizations in these states. The proposed project is designed to train and develop Exchange Navigators that will provide outreach and enrollment for local Exchange Programs targeting uninsured and medically underserved segments of the Hispanic population. Hispanics in the U.S. had the highest uninsured rate in 2011 of any major group at 30.1%, representing 15.8 million people. Unlike the uninsured rate for non-Hispanic whites that decreased from 11.6% to 11.1% and non-Hispanic blacks that decreased from 20.8% to 19.5%,¹ the Hispanic uninsured rate has remained consistent and did not drop significantly in 2011.

Hispanics are medically underserved and face several barriers to accessing health care and health insurance. Socioeconomic status is a major barrier. The poverty rate for Hispanics in 2011 was 25.3%, compared to 9.8% for non-Hispanic whites². This rate rose dramatically when calculated using the United States Census Bureau supplemental poverty measure that takes into account health and housing costs and government benefits. The supplemental poverty measure placed Hispanics as the poorest group in the nation, with a poverty rate of 28.2%.³ The current socioeconomic status of Hispanics impedes their ability to purchase healthcare and health insurance, making access to the Affordable Care Act (ACA) exchanges critically important for them.

¹ U.S. Census Bureau, "Health Insurance," Highlights 2011, accessed 5/16/2013 at <http://www.census.gov/hhes/www/hlt/hltbr/in-covr/hlt/2011/highlights.html>

² DeNevez-Walt, Carmen, Bernadeta D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-243, Income, Poverty, and Health Insurance Coverage in the United States: 2011, U.S. Government Printing Office, Washington, DC, 2012.

³ Lopez, Mark Hugo, Cohn, D'Vera, Hispanic Poverty Rate Highest In New Supplemental Census Measure, Pew Hispanic Center, November 8, 2011

Additional barriers to accessing health care faced by Hispanics include low formal educational attainment, leading to low health literacy and lack of understanding of the healthcare system; cultural and linguistic differences, including Spanish language dominance that make them hard to reach with English language education efforts; and high levels of social isolation, resulting in their not being reached by existing community outreach or education programs.⁴

NHCOA is very concerned that many socially isolated Hispanics who are eligible for benefits under the ACA may “fall through the cracks” of the navigator outreach and enrollment effort. This is because many Hispanics, especially older adults, their families and caregivers, are not being currently served by most outreach, education or service programs by virtue of cultural and linguistic barriers, as well as socioeconomic barriers that limit their mobility and ability to participate in local programs. This group of individuals will need targeted culturally and linguistically appropriate outreach. In addition to the human need for healthcare associated with this subpopulation of Hispanics, this population is also a particularly vulnerable one. Hispanics in general demonstrate higher rates of costly chronic diseases, including diabetes, HIV/AIDS and Alzheimer’s disease. Socially isolated Hispanics may never receive healthcare and remain undiagnosed until they experience a critical episode and are hospitalized. For this subpopulation of Hispanics, the ACA provides an unprecedented opportunity for them to enroll in health insurance exchanges and become affiliated with a medical home. The proposed program, therefore, is specifically designed to reach the hard-to-reach and highly vulnerable population of socially isolated Hispanics – or those not currently being reached by other programs – in the targeted counties, as well as the larger Hispanic population of the counties and non-Hispanics.

⁴ Ecarce, Jose J., Kapur, Kanika, Access to and Quality of Healthcare, National Academy of Sciences, 2006.

NHCOA will provide all five required activities in each of the two counties working through its local partner community based organizations. A major benefit of the proposed program is that it leverages the organizational capacity of a national non-profit Hispanic organization (NHCOA) behind the effort. NHCOA has extensive experience in implementing programs on a local level as models for national efforts. Moreover, the national presence in the proposed program ensures that local outreach and enrollment efforts in the two targeted counties are not influenced by local political pressures. A national organization will assure that the program will be dedicated to upholding CMS standards and achieving full coverage of the targeted individuals.

NHCOA has chosen the two states for the diversity of their Hispanic population and their high rate of uninsurance. NHCOA aims to target the highly diverse Hispanic community, with a focus on socially isolated Hispanics. The diversity of the Hispanic community can be expressed through a number of factors, including national origin, time in the U.S., geographic location and level of acculturation. For example,

- [REDACTED] has a majority Mexican American Hispanic population, with high numbers of Hispanic families that have been in the U.S. for generations, as well as new immigrants.
- [REDACTED] has a large Cuban population, as well as other Caribbeans and Central and South Americans. Florida's Hispanic population tends to have immigrated within the last 60 years.

Texas has the highest rate of uninsured in the nation and Florida is ranked third.

- [REDACTED]: According to data from a Gallup poll conducted this year the uninsurance rate is 28.8% in [REDACTED].⁵ Moreover, [REDACTED] Hispanics faced a disparity in insurance coverage with a rate of 37% uninsured, followed by African Americans at 21.4%, Asians at 21.1% and non-Hispanic whites at 13.5%. Non-citizens had an especially high rate of uninsurance at 62%.⁶

⁵ "Gallup: Texas Uninsured Rate Rises, Sets Record" *Insurance Journal*, March 11, 2013.

⁶ Texas Medical Association, The Uninsured in Texas, accessed 5/6/2013 at http://www.texmed.org/Uninsured_in_Texas/

- [REDACTED]: According to a 2011 Gallup poll, Florida was ranked third in uninsurance, behind [REDACTED] and [REDACTED] with a 22.9% rate.⁷ In 2000, in [REDACTED] County, Hispanics were uninsured at two and a half times the rate of non-Hispanic whites⁸.

The two counties to be served by the project have especially high uninsurance rates and high Hispanic populations.

- [REDACTED] County's uninsurance rate is 31%, with a Hispanic population of 38.9%. [REDACTED] County had a population of 2,453,843 people in 2012, with about 760,691 uninsured. Among those, at least 295,909 of the uninsured were Hispanic (almost 40%).
- [REDACTED] County's uninsurance rate in 2010 was 35.8%, with a Hispanic population of 64.5%. [REDACTED] County had a population of 2,591,035 in 2012. Of these, about 963,391 were uninsured and at least 344,894 were Hispanic (approximately 36%).

The socially isolated segment of the Hispanic population often includes those who are first generation immigrants – meaning anyone born outside of the U.S., as well as those who are Spanish-language dominant, those who are less acculturated to the U.S. mainstream or who have faced high levels of discrimination based on their ethnicity throughout their lives. Many are older adults. A starting number for the socially isolated segment of the two counties is the foreign born population, therefore. In [REDACTED] County, the foreign born population is about 16%, or about 392,615 people. In [REDACTED] County, the foreign-born population is 51%, or about 175,896 people.⁹ NHCOA will especially target the socially isolated segment of the Hispanic population during the program period, but will expand its reach to target the entire Hispanic community of the counties, seeking to enroll all eligible uninsured Hispanics, and will also provide navigator services to uninsured people who are non-Hispanic. Through this effort, therefore, NHCOA will reach the entire Hispanic population of the targeted counties and will also provide navigator services to the larger population of the targeted counties.

⁷ Jones, Jeffrey M., "Texas Widens Gap over other States in Percentage Uninsured," Gallup Wellbeing, State of the States, March 2, 2012.

⁸ Pryor, Carol, MPH, Med., "Lives at Risk: Nearly Half Million With Health Insurance in Miami-Dade County," The Access Project, Heller graduate School, Brandeis University, September, 2000 (prepared for the Human Services Coalition of Dade County, Inc.

⁹ Ibid

NHCOA is recognized as a national leader in reaching the most hard-to-reach persons in the Hispanic population, including those with low formal education, those who are Spanish-language dominant and those who are first-generation immigrants. A major strategy contributing to NHCOA's success in reaching this segment of its population is the training and deployment of community leaders, who act much like navigators, educating community members about U.S. systems, guiding them toward enrollment in programs and accessing services for which they are eligible, and serving as cultural and linguistic bridges between the community and mainstream systems. The efforts of the proposed NHCOA Exchange Navigator outreach and education program will result in a model program and best practices that can inform navigator efforts across the nation in reaching the nation's most uninsured ethnic group – Hispanics -- and the most hard-to-reach segment of this population – those who are socially isolated.

2. Scope of Activities

NHCOA will fulfill all five of the required activities in their targeted counties:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;
- Provide information and services in a fair, accurate, and impartial manner. This information will acknowledge other health programs such as Medicaid and CHIP;
- Facilitate selection of a qualified health plan;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

NHCOA will fulfill these five activities through the implementation of a comprehensive outreach and enrollment plan based on its successful Leadership Development Program, which includes training through NHCOA's Empowerment and Civic Engagement Training (ECET) program. The ECET is a hands-on-training program that provides community leaders with the tools to empower and mobilize local community members, including those who are socially isolated, to take action to effect positive change in their lives and the lives of those around them (family and community members). The training is delivered using educational strategies that are culturally and linguistically appropriate to demystify community leadership. Graduates from the program develop the confidence and skills to reach and mobilize Hispanic community members that are generally not reached through other means. Their ability to bridge cultures and languages and deliver technical information to community members who are socially isolated and often Spanish-language dominant with low levels of formal education are unique skills that are needed to reach vulnerable and socially-isolated Hispanics through the proposed Exchange Navigator program. These individuals will be ideal Exchange Navigators. The ECET program is certified by the University of [REDACTED], offering graduates Continuing Education Units (CEUs). Graduates from the ECET program have founded organizations and launched efforts to address major challenges in their local communities. Key elements of the ECET training include: 1. What each of us brings to the table to work for the community; 2. How to choose and analyze the root causes of a community problem; 3. How to gather information about that problem; 4. What resources the community already possesses to address the problem; 5. How to set a Specific, Measureable, Attainable, Relevant, Time-bound (SMART) goal to address that problem— including identifying a decision- maker; 6. How to develop a campaign to achieve that goal; 7. How to use their and other community member's stories as

an essential component of a campaign; 8. How to include those stories in a presentation to a decision-maker; and 9. How to create an agenda for a meeting with a decision-maker, including using our stories.

NHCOA will leverage its existing cadre of community leaders in the two targeted states and counties. Local ECET graduates will be hired as Exchange Navigators. They will be certified under the HHS online certification process. In addition, they will receive a state-specific briefing from the Program Coordinators. One Program Coordinator will be hired in each targeted state. They will be experts in health insurance within their state. The briefing provided by the Program Coordinators will focus on privacy and security standards in the state, as well as an overview of qualified health plan options within the state. Moreover, Program Coordinators will train Exchange Navigators to use a program-specific outreach and education toolbox, as well as program evaluation tools. The culturally and linguistically appropriate toolbox will include a flip chart and reference guide to use during outreach and enrollment campaign efforts, as well as brochures and flyers. These materials will be developed by NHCOA and will be in easy-to-understand and simply expressed Spanish targeting members of the community with low levels of formal education who are Spanish-language dominant. Materials will be modeled on those already in use with other highly successful NHCOA programs and so will be developed quickly. Skills gained from the ECET, as well as the Coordinator provided training will prepare Exchange Navigators to:

- Reach and mobilize hard-to-reach community members of the Hispanic community in a culturally and linguistically appropriate manner within their insurance exchanges. The Exchange Navigators will possess knowledge and skills that will make them uniquely able to reach this hard-to-reach and vulnerable group.
- Research, analyze and find solutions to community challenges, barriers and problems related to accessing and enrolling in the insurance exchanges and communicate those problems to other community members. Those ECET graduates hired as Exchange Navigators will be

required to already have the formal educational skills necessary to successfully complete the navigator training and fully understand the enrollment and exchange system in their state.

- Work with a range of community stakeholders (organizations, churches, businesses, etc.) to identify and reach persons who should receive information about the health insurance exchange.

The outreach program will be structured as follows. NHCOA will assign a Program Coordinator with expert knowledge on health insurance and the new system under the ACA for each state. Program Coordinators will be identified through NHCOA's local networks. Program Coordinators will be required to be bilingual and bicultural. They will be housed at the offices of NHCOA's affiliated Hispanic-serving nonprofit partner in each targeted county. The Program Coordinators will hire a cadre of 25 Exchange Navigators to reach out to each targeted county from among the universe of ECET graduates in each state. Those ECET graduates hired as Exchange Navigators will become full-time employees of the program and will be expected to dedicate their skills to their Navigator role for the life of the program. Program Coordinators will also be full-time. Navigators will reach and serve community members in their targeted counties through the following strategies that have been successful in previous NHCOA outreach projects:

- **Reaching people in their neighborhoods** -- Navigators will reach uninsured individuals by going door-to-door to their community neighbors and friends. Through this method, Exchange Navigators will focus on reaching entire families. Hispanics often live in multigenerational households where the Grandmother, as well as her children and grandchildren may lack health insurance, but be eligible under the exchange system. Exchange Navigators reaching households will provide an individualized chat or *charla* concerning health insurance opportunities, using their culturally and linguistically appropriate flipchart and other materials (described above) and will offer families the opportunity to enroll online using a laptop with mobile broadband and a guarantee of protection of their privacy.
- **Reaching people where they are, using the Medical Sales-Representative Model** -- Medical sales representatives successfully visit every medical practice, hospital, pharmacy and other centers in a large service area. In this model, Exchange Navigators will work in local community gathering places to set up a portable booth or table with a laptop and mobile

broadband service. Such gathering places will include churches or other places of worship, community-based organizations, grocery stores, restaurants, hairdressers and barbershops. At the portable booth, the Exchange Navigators will hand out information about opportunities for coverage under the exchanges, speak with members of the community one-on-one and help them to enroll through the online system onsite, adhering to privacy rules. Exchange Navigators will generally undertake this type of outreach in pairs. Navigators will work with the community groups to set up a schedule and advertise the dates and times they will be on site.

- **Community outreach through community or health fairs or other major events --** Through this model, Exchange Navigators will participate in established community events with a portable booth and laptops, with mobile broadband devices. They will interact with the public much as in the Medical Sales Representative Model, but will do so on a larger scale. Teams of Exchange Navigators will implement this type of outreach, generally in groups of 10.

A media campaign will be an integral component of the outreach effort, achieving the largest reach possible for the enrollment campaign. Media messages will highlight the importance of being insured and enrolling in exchanges, advertise program presence at local fairs and community events or kiosk placement at local gathering places, and will seek to use Spanish-language and other local media to reach hard-to-reach populations. NHCOA will use a variety of media outlets to ensure the reach into different segments of the Hispanic community, including use of more traditional media for those who are not technology savvy or do not have Internet access in their homes (i.e., older adults), along with the use of social media for younger members of the community. A description of media program elements follows.

- a. Radio --Radio PSAs:** NHCOA will tape 30 and 60 second Spanish language PSAs that promote enrollment. The PSAs will be available for airing on local stations and for download from the NHCOA website.
- b. Television – 1. TV PSA:** NHCOA has worked with Univision in the past and will seek to tape a 30-second PSA to be aired on the local Univision affiliates. The PSA will also be available to view on NHCOA's YouTube Channel and NHCOA website. **2. Earned Media:** the program will work to secure interview spots on local talk shows in relation to enrollment and will promote the program's presence at local community events.
- c. Print - 1.Op-Eds, PSAs, and Letters to the Editor:** the program will submit PSAs, op-eds and letters to the editor in local newspapers on the importance of insurance coverage and

enrollment in exchanges, how to enroll and presence of the program at sites in local communities; 2. **Advisories and press releases:** the program will create and disseminate a press release to announce the program launch and will follow up with advisories for main activities; 3. **Outreach Materials:** the program will distribute materials including flyers and brochures in the three targeted counties. These materials will be available on the NHCOA website and will be customized to submit to local community newspapers to run as PSAs and articles.

- d. **Web --** 1. NHCOA will maintain a page on its web- site dedicated to the program to update communities nationwide on the campaign through original targeted content and by linking to federal government information; 2. **Blogs:** NHCOA will blog about the program on its website and promote its blog for maximum reach in both English and Spanish.
- e. **Social Media –** 1. **Facebook:** NHCOA will continuously post updates and messages regarding the program and the importance of enrollment. These will be family focused messages so new generations will bring the information to parents and grandparents in their homes; 2. **Twitter:** NHCOA will use Twitter as an amplification to capture a wider audience to engender a larger conversation on insurance enrollment; 3. **YouTube:** NHCOA will use YouTube to post its television PSA and testimonial videos to capture a wider audience. Social media is being used a great deal by younger Hispanics.

Navigators will also assist any consumer with a grievance, complaint or question with referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the PHS Act, or any other appropriate State agency or agencies. For consumers reached by Exchange Navigators who are not prepared or willing to enroll on the spot through the Navigator’s computers, NHCOA will implement a program to use its text-messaging platform as a way to remind consumers reached by the program to enroll as soon as they are ready and able. Hispanics are among the leaders in mobile technology with higher use of smartphones (87%), than non-Hispanic whites (80%).¹⁰ Those reached by the program who choose to share their phone number, along with other intake information, will be texted three times, once per week, after the intervention to promote enrollment in the exchanges. The program will establish relationships with employers and employees through the navigators being in communities and developing relationships with them

¹⁰ Smith, Aaron, "Mobile Access, 2010" PewInternet, July 7, 2010

personally. Navigators will reach out to self-employed persons through their presence in kiosks in areas where the community gathers via media outreach. NHCOA and its partners are community-serving nonprofit organizations and so are eligible for the program. The statutory and regulatory duties of a navigator will be performed for the entire length of the cooperative agreement as described above. The navigators will remain free of conflict of interest as representatives of consumer representing nonprofit organizations. All Program Coordinators and navigators will be required to complete the required training. All navigators will use laptops or tablets to comply with data privacy and security standards.

The program will seek to achieve the following objectives:

- To directly reach and provide literature and other information to 385,000 people in each targeted county by the end of the program year or 770,000 total, calculated as follows:
 1. The program in each targeted county will hire and deploy 25 navigators. Per previous experience with community outreach leaders, these navigators will reach about 40 people per day through door-to-door outreach and 80 people per day on the medical sales representative model. Most people reached will represent their families estimated at about five people per family;
 2. Outreach will take place over a period of 47 weeks, with navigators spending two days per week engaged in door-to-door outreach and three days per week on medical sales model outreach. This calculation results in 94,000 people reached through door to door outreach and 282,000 reached through outreach on the medical sales model per targeted county;
 3. Navigators will also reach 9,000 people in each targeted county through community events for a total of 18,000.
- To enroll 75% of those reached directly by the program through provision of literature and other information for a total of 288,750 per targeted county by the end of the program year, or 577,500 total by the end of the program year
- To reach 85% of the uninsured Hispanic population in the two targeted counties (544,683 total individuals – 293,160 [redacted] Co and 251,523 [redacted] Co) through either direct or media outreach by the end of the program year. NHCOA media campaigns modeled like the ones described above have easily reached two and a half to three million people in targeted markets.
- To demonstrate an increase in the insured rate in the targeted counties by about 15% by the end of the program year.

Following is a chart for each county illustrating the calculation of the outreach numbers:

Dade County			
Type of Outreach	Number of Navigators	Calculation	Total People Reached
Direct Outreach: Door-to-Door	25	25 Navigators x 40 people x 2 days/week x 47 weeks	94,000
Direct Outreach: Medical Sales Representative Model	25	25 Navigators x 80 people x 3 days/week x 47 weeks	282,000
Direct Outreach: Events (i.e. Health or Street Fairs)	25	5 events x 1,800 people reached per event	9,000
Media Campaign	Implemented by NHCOA Media Staff	85% of number of uninsured Hispanics: 344,894 x .85	293,160
Total Direct Outreach	25	94,000 + 282,000 + 9,000	385,000
Total People Enrolled through Direct Outreach	25	385,000 x .75	288,750

Dallas County			
Type of Outreach	Number of Navigators	Calculation	Total People Reached
Direct Outreach: Door-to-Door	25	25 Navigators x 40 people x 2 days/week x 47 weeks	94,000
Direct Outreach: Medical Sales Representative Model	25	25 Navigators x 80 people x 3 days/week x 47 weeks	282,000
Direct Outreach: Events (i.e. Health or Street Fairs)	25	5 events x 1,800 people reached per event	9,000
Media Campaign	Implemented by NHCOA Media Staff	85% of number of uninsured Hispanics: 295,909 x .85	251,523
Total Direct Outreach	25	94,000 + 282,000 + 9,000	385,000
Total People Enrolled through Direct Outreach	25	385,000 x .75	288,750

The program evaluation will be implemented on three levels: process evaluation, outcome evaluation and impact evaluation. .

- **Process evaluation:** will be managed through regular tracking of meeting schedule deliverables and milestones. The Program Director at NHCOA will manage these schedules to ensure that the program is proceeding in a timely manner. Navigators will be charged with gathering basic data, such as how many people reached and kiosk presence at community events or at gathering places. Process measures will include the following: 1.the number of people reached through community outreach and 2. the number of outreach events implemented in local communities. All evaluation tools used by the program will be developed based on those already in use for other NHCOA programs
- **Outcome Evaluation** will focus on the effectiveness of the outreach activities implemented. Each activity will be implemented with a pre- and post-test evaluation tool that will measure the participants' knowledge of the subject before and after the outreach. The pre-and post-tests will also ask more subjective questions about the participant's perception of the *charla* or presentation effectiveness in terms of content and delivery. The pre- and post-test results will allow the program to adjust trainings during the program implementation to ensure their efficacy. The outcome evaluation will also seek to measure the effectiveness of community outreach efforts. This will be done by inviting community members reached through navigator outreach to share their contact information as well as answer a few brief intake questions designed to measure their knowledge of the insurance system. NHCOA will contact a sample of those who share their contact information through a follow up call to measure whether their understanding of the insurance system had increased and if they had retained the information after the passage of a week after coming into contact with the program and how this contributes to increasing their enrollment. Follow-up will ask the same questions used at intake. During follow-up, they will be asked whether they had applied for the program. Outcome measures will include gain in understanding of the insurance program, enrollment system and the changes under the ACA as shown on training pre- and post-tests. In addition, the outcome evaluation will log numbers of community members reached through the media campaign.
- **Impact evaluation** will measure whether the community members in the follow-up sample had actually applied for insurance. It will also measure how many in the follow-up sample actually enrolled in insurance as a result of the program. In addition, the impact evaluation will note official estimates of the insured rates in the targeted counties.

4. Accomplishments

NHCOA has extensive capacity on a number of levels that make it uniquely able to implement the proposed program in the targeted counties. NHCOA is a national 501c3 organization and the nation's premier national organization focusing on Hispanic older adults, their families and caregivers. NHCOA is recognized by national experts and decision makers as the national expert on reaching Hispanic older adults and their families -- an extremely hard-to-

reach and serve population-- and broadly reaches the entire Hispanic community through its programs and networks. NHCOA has a highly successful track record in implementing programs at the national and multi-state level. It does this by working closely with its Hispanic Aging Network, composed of 39 community-based organizations across the continental U.S., the [REDACTED] and [REDACTED]. For example, NHCOA has worked for 13 years in South Texas and statewide to fight Medicare fraud. This experience and the best practices garnered through this effort grew to become a national campaign -- the National Hispanic Senior Medicare Patrol (SMP) --that provides technical assistance for SMP's across the nation in their effort to reach the Hispanic community to prevent and report Medicare fraud. In addition, NHCOA reaches a total of 10 million Hispanics each year through its programs, its national communications work and its network for individuals across the country. As a national organization, NHCOA carries a high degree of respect in local communities and is able to work with multiple stakeholders in communities while staying out of any community-level conflict and conducting business without bias. In this case, cooperative work may be implemented with other grantees working in the same area, but focusing on differing populations, as well as meeting places of community members (businesses, faith communities, community-based organizations, etc.)

5. Expertise of Personnel

Following is a summary of personnel and their expertise:

- **President and CEO** [REDACTED] will provide oversight to the program, ensuring that it adheres to NHCOA and CMS standards. [REDACTED] will dedicate 10% of her time to the project. [REDACTED] is a highly respected national leader in the Hispanic community with many years of managing outreach and education programs in the community. [REDACTED] is bilingual and bi-cultural.
- **Vice President** [REDACTED] will provide management of operations and implementation of policies and procedures, ensuring that the efforts in the

proposed project are in line with CMS requirements, and advising on the administration, finance and human resources related to the project. [REDACTED] will ensure that departmental and organizational objectives and operating requirements are met and are in line with the mission of the program and the organization. [REDACTED] will dedicate 10 % of her time to the project. [REDACTED] is bilingual and bi-cultural leader with many years of experience developing, implementing, and managing culturally and linguistically programs, including *promotores de salud* and leadership programs, in the Hispanic community and with expertise in social marketing, leadership development, and business administration.

- **Medicine & Public Health Director** [REDACTED] will be Project Director from the NHCOA office in Washington, D.C., including management of Program Coordinators, evaluation, reporting, and financial management. [REDACTED] is a bilingual/bi-cultural licensed physician, with experience in primary care and public health, including health care delivery and financing at the local and national level, having worked on projects with all branches of HHS. [REDACTED] is a member of the CMS/OPE National and Local Hispanic/Latino Partner Organizations. He has directed public health programs of national and regional scope targeting Hispanic communities for over 20 years; has organized coalitions; developed technical assistance and training programs for community health centers, clinicians and support staff and community based organizations and other health and social service providers. [REDACTED] will dedicate 50% of his time to the project, including direct oversight of Program Coordinators, carried out through regular meetings and progress reports.
- **Two Program Coordinators (To Be Hired)**, will recruit, train and manage the Exchange Navigators at the local level. Program Coordinators will be housed in partnering local affiliated community-based partner organizations. They will be responsible for the day-to-day management of the project, including management of Exchange Navigators, gathering of evaluation data and reporting to NHCOA. They will be required to be experts in the insurance structures in their respective states, be certified as navigators and be bilingual and bi-cultural. They will dedicate 100% of their time to the program.
- **50 Exchange Navigators (To Be Hired)**, will carry out the day to day activities of the program, including outreach and education in their local communities, enrollment and referrals. They will be required to be bilingual and bi-cultural, residents of the local communities which they will serve and be certified as navigators. They will dedicate 100% of their time to the program.
- **Communications Assistant** [REDACTED], a communications professional with high-level expertise. [REDACTED] will manage the media campaign. [REDACTED] is a bilingual-bi-cultural communication expert with a Master's degree in Public Relations and Communications from Georgetown University. She will dedicate 30% of her time to the program.

Upload #4

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: BudgetNarrativeAttachments-Attachments-1235-Indirect cost rate agreement approved 2011 .pdf

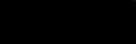


DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation



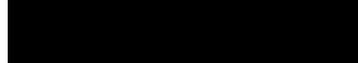
PHONE:
FAX:



March 31, 2011



President & CEO
National Hispanic Council on Aging



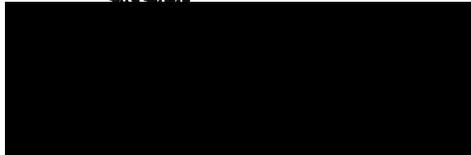
Dear [Redacted]

A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the original signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (301) 492-6081. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 12/31/2011, is due in our office by 08/30/2012.

Sincerely,



Enclosures

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

ORIGINAL

NONPROFIT RATE AGREEMENT

EIN: DATE:03/31/2011

ORGANIZATION:
National Hispanic Council on Aging



The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	02/10/2011	12/31/2011	23.00	All	All Programs
PROV.	01/01/2012	12/31/2011			Use the same rates and conditions as those cited for fiscal year ending December 31, 2011.

*BASE

Direct salaries and wages excluding all fringe benefits.

ORGANIZATION: National Hispanic Council on Aging

AGREEMENT DATE: 03/31/2011

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

All fringe benefits are included in indirect costs and are not claimed as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits include: Workers Compensation, Unemployment Insurance, FICA, Health Insurance, and Retirement Contribution.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year, and an acquisition cost of \$1,000 or more.

ORGANIZATION: National Hispanic Council on Aging
AGREEMENT DATE: 03/31/2011

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principle; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-133 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to those programs.

BY THE INSTITUTION:

National Hispanic Council on Aging

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES



(NAME)

PRESIDENT & CEO

(TITLE)

04/18/2011

(DATE)

(NAME)

Director, Mid-Atlantic Field Office

(TITLE)

3/31/2011

(DATE) 7141

DHS REPRESENTATIVE:

Telephone:

Upload #5

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: SF424_2_1-AdditionalProjectTitle-1237-Cover Letter.pdf



*Working to improve
the lives of Hispanic
older adults and
their families*

June 5, 2013

[Redacted]
Grants Management Officer
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
[Redacted]

Dear [Redacted]:

I am writing on behalf of the National Hispanic Council on Aging (NHCOA) to apply for the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Center for Consumer Information and Insurance Oversight PPHF – 2013 - Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges. NHCOA is proposing its Exchange Navigator program in two targeted counties and two states [Redacted] County, [Redacted] and [Redacted] County, [Redacted]). NHCOA is requesting \$646,825.5 for [Redacted] County and \$646,825.5 for [Redacted] County. The Project Director for the proposed program will be NHCOA's Medicine & Public Health Director [Redacted].

Enclosed is the completed application for the program.

Sincerely,

[Redacted Signature]

President & CEO

[Redacted Footer]

Upload #6

Applicant: National Hispanic Council on Aging
Application Number: NAV2013000276
Project Title Exchange Navigator program: Targeting underserved Latino communities
Status: Review in Progress
Document Title: SF424_2_1-AdditionalProjectTitle-1239-Project Abstract.pdf

Project Abstract

The National Hispanic Council on Aging (NHCOA) is requesting \$646,825.5 to implement an Exchange Navigator program in ██████ County, ██████ and \$646,825.5 to implement a parallel program in ██████ County, ██████. The proposed program will target the uninsured Hispanic population in these two counties with a focus on members of this population that are socially isolated due to cultural and linguistic differences and are often not served by local social service programs. Beyond these two targeted populations, the proposed program will serve the general public, providing exchange navigator services to anyone that requests help.

The proposed program will deploy 25 Exchange navigators in each of the targeted counties. Exchange navigators will seek out uninsured eligible county residents by going door-to-door; setting up a portable booth at local businesses and gathering places (i.e., churches, community-based organizations, beauty salons, barber shops, grocery stores, malls and restaurants) and seeking out residents on the medical representative model; and conducting outreach and education at local community events, such as health and street fairs. In addition, the program will implement a media campaign targeting the Hispanic community in each of the targeted counties through a variety of media outlets, including, television, radio, print media and social media. Specific objectives for the program are as follows.

- To reach 85% of the uninsured Hispanic population in the two targeted counties (544,683 people) through either direct or media outreach by the end of the program year.
- To directly interact with and provide literature and other information to 385,000 people in each targeted county by the end of the program year or 770,000 total.
- To enroll 75% of those reached directly by the program through provision of literature and other information for a total of 288,750 per targeted county by the end of the program year, or 577,500 total by the end of the program year.
- To demonstrate an increase in the insured rate in the targeted counties by about 15% by the end of the program year.

The Exchange Navigator program can be especially beneficial to Hispanics who have the highest rate of uninsurance and poverty of any racial/ethnic group in the nation. Hispanics are also a highly vulnerable population group, suffering from disproportionate levels of some chronic diseases. In addition, many Hispanics have low levels of health literacy, making the health care system difficult for them to negotiate. Exchange Navigators especially targeting this hard-to-reach and vulnerable population are critically needed to ensure the success of Affordable Care Act implementation, while concurrently contributing to lower human suffering in the Hispanic community and cost burdens on the health care system stemming from untreated chronic conditions becoming critical episodes because of uninsurance.

NHCOA is uniquely able to implement the proposed program. NHCOA is the national expert on reaching and serving older Hispanic adults and their families - an extremely hard-to-reach and serve population - and, by extension, the entire Hispanic community. NHCOA has a highly successful track record in implementing programs at the national and multi-state level, by working closely with its Hispanic Aging Network, composed of 39 community-based organizations across the continental U.S., the ██████ and ██████. For example, NHCOA implements the National Hispanic Senior Medicare Patrol (SMP) that provides technical assistance for SMP's across the nation in their effort to reach the Hispanic community to prevent and report Medicare fraud. In addition, NHCOA reaches a total of 10 million Hispanics each year through its programs, its national communications work and its network for individuals across the country.