DeGregorio, Elisa N

From: Burbridge, Katherine A

Sent: Wednesday, May 10, 2017 8:41 AM

To: Rodriguez, Daisy M

Cc: Benedict, Lourdes; DeGregorio, Elisa N

Subject: RE: Grants Intent to Apply Received - Cooperative Agreement to Support...

OMB has no objection to the department submitting a grant application to the US Department of Health and Human Services, Centers for Medicare and Medicaid Services, to obtain continuation funding for the County to provide health plan marketplace services to its residents.

Requested funding is \$580,000 from the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces. A match is not required.

The County Administrator can sign off on this application. Please include this email when you send a submittal through Granicus.

If you have any questions, please do not hesitate to contact me.

Thank you.

Katherine Burbridge, AICP, LEED AP

Pinellas County Office of Management and Budget (727) 453-3457

kburbridge@pinellascounty.org

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From: Grants Center of Excellence [mailto:Sharepoint1-vm@co.pinellas.fl.us]

Sent: Friday, May 05, 2017 10:26 AM

To: Burbridge, Katherine A

Subject: Grants Intent to Apply Received - Cooperative Agreement to Support...

SharePoint Tasks List: Grants Database

http://sharepoint1-vm.co.pinellas.fl.us/bcc/omb/process/Grants/Lists/Tasks

Grants Center of Excellence

Cooperative Agreement to Support... has been added

Modify my alert settings | View Cooperative Agreement to Support... | View Grants Database | Mobile View

Program Manager:	Rodriguez, Daisy
Program Manager Phone #:	727-464-4206
County Department:	HS - Human Services
Director's Name:	Lourdes Benedict
Granting Agency:	U.S. Health & Human Services
CFDA/CSFA #:	93.332
Grant Funding Program Name:	Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces

Grant Funding Type:	Project
Grant Award Type:	Reimbursement
Grant Funding Program Funding Cap (\$):	\$580,000.00
Amount Requested:	\$580,000.00
What fiscal year(s) will the award amount be made available?:	FY17 (Award made on 9/2/17)
Match Amount:	\$0.00
Required Match Type:	None
Anticipated Match Source (Fund/Center/Program):	
Is the Match in the Current Budget?:	
Will the Match need to be added to the Budget?:	
Total Cost of Project (including Grant, County match, and other Resources):	\$580,000.00
Granting Agency Contact Name:	Gian Johnson
Granting Agency Phone or Email:	gian.johnson@cms.hhs.gov
Granting Agency Address:	Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Consumer Information & Insurance Oversight, 200 Independence Avenue SW, Washington, DC 20201
OPUS Project Title:	
Duration:	Single Year
Proposed Abstract (Project Scope of Work):	The applicant, Pinellas County Board of County Commissioners, serves as the lead agency for Pinellas County for the Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces opportunity. The Year 3 (Y3) award of the Cooperative Agreement will allow the Project to continue to offer accessible, comprehensive health exchange information and (re)enrollment into health plans that meet the community's need. Pinellas County Human Services has established a structure and plan for overseeing implementation of the Cooperative Agreement in compliance with the Navigators duties identified in 45 CFR 155.210 and 45 CFR 155.215 and summarized as follows: Maintaining a physical presence in the Marketplace Service Area Conducting public education activities to raise awareness about the Marketplace Facilitating the selection of a Qualified Health Plan Providing information in a manner that is culturally and linguistically appropriate to the population served by the Marketplace, including individuals with limited English Proficiency and that is accessible to individuals with disabilities Complying with applicable training and conflict of interest standards Obtaining authorization of applicants for coverage prior to accessing their PII The Y3 budget is \$580,000. Funding will be used to re-hire the 11 Navigators contracted during the first year, purchase supplies and conduct marketing outreach. There are approximately 3.5 million uninsured residents in the State of Florida with approximately 156,534 uninsured residents in Pinellas County. Pinellas County will continue to serve all individuals and families within the County's geographic service area. The County intends to target areas with higher concentrations of uninsured or underinsured residents, Medically Underserved Populations (MUP) a reas, and communities with a high concentration of the population living at or below 100% of the Federal Poverty Level (FPL). The Y3 goals are to provide education, information, selection,

Participants will be able to obtain services at 13 access points throughout the County. Navigators will assist individuals with limited English proficiency have made services accessible to individuals with disabilities. All service centers are ADA compliant and accessible to individuals with physical disabilities. Navigator staff will make every effort to provide any additional reasonable accommodations when possible to support individuals with disabilities. Through collaborative efforts, a solid workplan, intensive training for the Navigators, and a strong marketing campaign, Pinellas County has the optimum capability for success. Benefit Summary (How will this Ensure Public Health, Safety, and Welfare benefit the County, Dept, etc?): 2.2 Be a facilitator, convener and purchaser of services for those in need Deliver First Class Services to the Public and our Customers 5.1 Maximize partner relationships and public outreach 5.2 Be responsible stewards of the public's resources Director Approval (Attach): Is the proposal submitted for a Nο different Department?: If submitting for a different department, what is that department name?: Concept Paper Deadline (if applicable): **Grant Application Due Date:** 6/9/2017 **Source of Notification of Grant Administering Agency** Solicitation: If Other, provide source: PLEASE DO NOT ENTER DATA BELOW THIS LINE FOR OMB USE ONLY BELOW THIS LINE: **OMB Analyst:** Assigned To: OPUS Project #: **Grant Contract #: Award Amount: Grant Status:** Submitted to OMB **Grant Start Date: Grant End Date: OMB Comments:** Granicus #: Predecessors:

Last Modified 5/5/2017 10:25 AM by DeGregorio, Elisa N