



**Community Health Access to Addiction and Mental Healthcare Project (CHAMP):
New York State's Independent Behavioral Health Ombudsman Program
Request for Proposals, Western NY**

October 7, 2026

Introduction

Through this Request for Proposals (RFP), the Community Service Society of New York (CSS), seeks a non-profit community-based organization (CBO) that serves the Western New York area of the State to participate in New York's independent health insurance ombudsman program for mental health and substance use disorder care. CSS operates the Community Health Access to Addiction and Mental Healthcare Project (CHAMP), on behalf of the New York State Behavioral Health Ombudsman Office. CHAMP educates and assists New Yorkers in overcoming health insurance barriers to substance use disorder and mental health treatment. Through this RFP, CSS anticipates awarding one contract to a local CBO to provide direct assistance with health insurance issues to individuals in its community as well as education and outreach about the availability of CHAMP services.

The grant award is approximately \$80,000 for a 12-month period, but will be pro-rated during the 2026-2027 contract year, which is expected to run from January 1, 2027, to June 30, 2027, with an award of up to \$40,000. In subsequent years, the grant award will be approximately \$80,000 for a 12-month period running from July 1 to June 30 annually. CSS expects to announce the award on December 1, 2026, via the CHAMP website, www.champny.org. The contract is expected to begin on January 1, 2027, and end on June 30, 2027, with the expectation of renewal for a 12-month period subject to performance and New York State budget appropriations. **Project grant and dates are contingent upon a State award to CSS and receipt of State funding.**

In March 2018, Section 33.27 of the New York State Mental Hygiene Law established the independent substance use disorder and mental health ombudsman program, known as CHAMP. CHAMP is supervised by the Office of Addiction Services and Supports (OASAS), in consultation with the Office of Mental Health (OMH). OASAS contracts with CSS to administer CHAMP and provide services to consumers through a helpline and a network of non-profit organizations. CSS operates CHAMP in partnership with three specialist agencies that provide technical assistance, training, and/or assistance to consumers and health care providers. The CHAMP network currently consists of eight CBOs that provide direct assistance to people with mental health and substance use disorders, as well as their families, providers, and advocates, to help them overcome insurance barriers to treatment. In addition to this assistance, CHAMP CBOs provide education and outreach to the communities they serve.

CSS seeks to fund a CBO that serves diverse populations, such as consumers from culturally, geographically and linguistically isolated communities; people with mental and physical disabilities; people who are LGBTQ+; veterans; youth and young adults; pregnant and parenting persons; individuals who are or have been involved with the criminal legal system; and other vulnerable



populations. Organizations that have expertise doing outreach and providing healthcare information and assistance are also encouraged to apply.

Eligibility Criteria

Applicants *must* be non-profit organizations, membership associations, or other mission-driven organizations that have demonstrated experience serving healthcare consumers with mental health and substance use disorder needs in the Western Region of New York State.

CSS will *not* fund:

- organizations or individuals that have a conflict of interest, such as individuals or companies that sell insurance or insurance-like products, including discount plans; or
- the provision of direct healthcare services, including outpatient and specialty visits with a provider.

Applicants must be able to demonstrate financial viability to carry out services based on information required in this RFP. In addition, any information deemed confidential or proprietary shall be specified as such by applicants. Should a proposal be accepted, however, all claims to confidentiality are subject to the terms of any prime agreement that may be entered into with CSS and approved by OASAS governing the Ombuds.

Important Dates

<u>EVENT</u>	<u>DATE</u>
Release of RFP	October 7, 2026
Questions About This RFP Due	October 14, 2026
Answers Posted	October 19, 2026
Application Due	November 6, 2026
Award Announcements	December 1, 2026
Projected contract start date	January 1, 2027
Awardee Orientation and Two-day Intensive Training in Albany	May 2027 (exact date TBD)

Services To Be Provided Under This Contract:



The organization will provide the following services in an accessible, culturally and linguistically appropriate manner, including options for telephone, web, email, mail, and in-person assistance:

1. **Individual assistance cases:** Counsel and assist consumers individually on health insurance (e.g., Medicaid, Essential Plan, Child Health Plus, Medicare, employer- or union-sponsored or other commercial insurance) and healthcare access issues related to substance use disorder and mental health care.

Examples of cases include, but are not limited to:

- Helping consumers understand how to use and access their health insurance benefits.
- Resolving medical billing and debt issues.
- Identifying violations of state and federal mental health and substance use disorder parity laws and helping consumers and providers file appeals, complaints, and requests for information.
- Helping secure prior authorizations, access to specialists and out-of-network services, and hospital and prescription financial assistance programs when needed.

The level of a network organization's assistance and involvement in a case may vary depending on the circumstances.

2. **Community Outreach and Presentations:** The organization will be required to provide community presentations designed to educate consumers, family groups, advocates, healthcare providers, and other stakeholders about CHAMP, how to secure payment and authorization of mental health and substance use disorder health services from a health insurance plan, and/or mental health and substance use disorder parity laws and other laws that protect consumers' rights to access those health services. Venues for these presentations may include but are not limited to: faith-based institutions, community centers or groups, health centers, community healthcare providers, social service organizations, schools, or the organization's sites. Audiences may include mixed audiences of consumers, family groups, advocates, and/or healthcare providers.
3. **Client Stories:** The organization will identify consumers who have benefited from the Ombuds and are willing to share their stories with the public and will submit their stories to CSS following CSS protocols. Clients' information may be de-identified.
4. **Sentinel function:** CSS expects that the organization will be ready, willing, and able to collaborate with other organizations in the network to identify trends and issues affecting individuals within the healthcare and health insurance arenas in New York State as they arise.

Organization Requirements



The organization selected will be provided with a subcontract and a Policies and Procedures Manual for the program. Generally, the agency should expect the following requirements:

1. Staffing and Responsibilities

The organization will agree to designate a Program Coordinator and will be responsible for:

- attending program meetings;
- overseeing other program staff at his/her organization, including reviewing cases and monitoring presentations;
- collecting and reporting data as directed by CSS on a timely basis;
- collecting client stories during the contract period with appropriate media releases;
- remaining current on health policy as it pertains to the services provided; coordinating with CSS to create and implement corrective action plans, if required; and
- cooperating with CSS to ensure that any program staff at their organization is adequately trained and competent to provide services.

2. Reporting

The organization will agree to:

- collect and report data, via the cloud-based CSS database (Salesforce), about activities performed, consumers and employers served, health-related issues addressed, and services provided following CSS guidelines in the subcontract and Policies and Procedures Manual. Organizations must *currently* have computers with internet access, printers, telephone, and email;
- adhere to appropriate confidentiality procedures for health consumer assistance, including any applicable heightened confidentiality procedures for substance use disorder and mental health information;
- cooperate with monitoring by CSS, which may include site visits, observations of community presentations, and reviews of individual services reported through the database; and
- encourage consumer participation in any program evaluations, as deemed necessary by CSS, including client satisfaction surveys, presentation participant evaluations, and surveys.

3. Performance Measures for Services

The organization must comply with the following:

- provide high quality services;
- ensure that data is entered accurately and completely reflects services provided;
- ensure continuity and appropriateness of staff and organization competence in providing services;
- timely compliance with contractual requirements;
- timely data entry; and
- cost-efficiency.



4. Training and Ongoing Education

The organization must complete:

- Remote CHAMP certification trainings;
- Mandatory two-day intensive training to take place in Albany; and
- Receive regular monthly trainings from CSS and the Specialist organizations.

5. Feedback and Assessment

The organization will agree to:

- provide feedback on consumer, small employer, and advocate materials, presentations, and other special projects to advance program goals upon CSS's request; and
- participate in evaluations and assessments of the program and its components on an as-needed basis.

Range of Award

The amount of the grant awarded to the organization is contingent upon an award to CSS and depends upon the scope of work and services proposed by applicants. **CSS anticipates awarding a grant up to \$40,000 for a 6-month period.**

Grants consist of two components:

1. **Baselines:** This refers to the numbers of individual assistance cases and outreach/training events the organization is contractually obligated to achieve on an annual basis. Typical baselines for existing sub-contractors are 100-200 direct assistance cases and 10-30 outreach events annually. Applicants may pro-rate their proposed baselines for the 6-month 2026-2027 contract period.
2. **Deliverables:** This includes attendance at CSS meetings and presentations, timely reporting, and quality services.

The organization must meet both requirements to receive full payment.

Proposal Submission

Please include the following in your proposal submission. Proposals missing any component will not be considered.

1. **Proposal Checklist (Attached):** Please fill out and submit the attached checklist to ensure that your application is complete.
2. **Cover Form (Attached):** Complete and submit the cover form, signed and dated by: (1) the organization's Executive Director; or (2) the President or Leader of the organization's Board of Directors or governing board (and of the organization's fiscal sponsor, if applicable). Include the organization's Employer Identification Number (EIN).
3. **Letter of Commitment from the organization's Executive Director or President of the Board of Directors**



4. Proposal Narrative (not to exceed 6 pages): Please include the following information in your proposal:

- a. Mission:** Tell us about your organization's mission and experience helping consumers, families, and/or providers with substance use disorders and/or mental illness navigate their health insurance and/or healthcare related issues.
- b. Diversity & Population Served:** Tell us about the consumers you will serve, including but not limited to:
 - i.** income status;
 - ii.** primary language(s) spoken;
 - iii.** race/ethnicity;
 - iv.** geographic location;
 - v.** unique populations served (e.g. individuals in recovery, people with substance use disorder and/or mental illness, rural populations, veterans, formerly incarcerated, LGBTQ+ populations), and;
 - vi.** health coverage, insurance, or care (e.g. commercial insurance; public insurance such as Medicaid, Medicare, the Essential Plan or Child Health Plus, hospital financial assistance) they use.
- c. Staffing and Deliverables:** We would like to know if your organization would be ready to begin provision of services at the contract start date of January 1, 2027. Please include information about the following:
 - 1. Staffing** Describe the staffing that will be dedicated to the grant to provide these services, including the background, experience, and current duties of any personnel already on staff who will deliver or supervise services under this project.
 - 2. Deliverables:**
 - a.** Describe the number of individual assistance cases the organization will handle per year.
 - b.** Provide the number of outreach/training events the organization will provide each year and the number of potential attendees at these events.
- d. Health Equity:** Describe any experience the organization has in reducing health disparities and promoting health equity in the community you serve.
- e. Advocacy:** Are there any restrictions on the organization's ability to advocate freely and vigorously on behalf of consumers? If so, please describe. Describe any experience the organization has in advocating systemic changes on behalf of the service population or constituency and any experience using clients' stories to advocate for systemic changes.
- f. Outreach:**
 - i.** Tell us about your organization's experience conducting outreach, marketing, and/or educational events.
 - ii.** Describe how the organization will market and do outreach to consumers and providers about consumers' rights, CHAMP, and otherwise promote services. Describe the target audience for these events. Describe any media (including social media) experience your organization may have.
- g. Confidentiality:** Describe the organization's policy regarding confidentiality and protecting health-related information as required under the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 regulations. Please provide copies of written policies, if any.



Conditions

CSS reserves rights to postpone or cancel this RFP; reject all proposals; request additional information; negotiate with applicants individually; modify the number of awardees and dollar amounts of grants; amend specifications; eliminate requirements; accept only those proposals that serve the best interests of the program; terminate subcontracts for poor performance or in the best interest of the program; and amend terms of subcontracts to serve best interests of the program. The organization selected will be asked to provide evidence of general liability insurance, workers compensation, disability, and errors and omissions insurance upon signing a subcontract with CSS.

Organization subcontracts awarded through this RFP are contingent on the award and availability of funds provided by New York State.

Questions

Questions about this RFP should be *emailed* **by 5:00 pm on October 14, 2026**, to champRFP@cssny.org. The subject line should read: "CHAMP RFP Questions." Responses to common questions will be posted on the CHAMP website, <http://www.champny.org>, by 5:00 pm on October 19, 2026.

Instructions for Submission

CSS requests that all organizations submit their proposal *electronically* to CSS **no later than 5:00 pm** on **November 6, 2026**. Emailed proposals should be sent to ChampRFP@cssny.org.

The proposal should be signed by the appropriate individuals (see Contents of the Proposal, Cover Form). Electronic signatures are allowed. Please use 12-point font, one-inch margins, and double spacing, unless otherwise indicated.

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Request for Proposals
Proposal Checklist
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Administrative Documents

- ☐ Completed Proposal Checklist
- ☐ Cover Form, signed and dated by organization's Executive Director or leader of its Board of Directors
- ☐ Letter of Commitment from the organization's Executive Director or leader of its Board of Directors
- ☐ Proof of Not-for-Profit Status (if applicable)
- ☐ Anti-Discrimination Compliance Attestation
- ☐ Conflict of Interest Attestation (if applicable)

Proposal Documents

- ☐ Proposal Narrative (not to exceed 6 pages)
- ☐ Proposed 8-month program budget (not to exceed 1 page)
- ☐ Proposed program budget narrative (not to exceed 2 pages)
- ☐ Two Letters of Reference (each not to exceed 1 page, single-spaced)

Financial Documents

- ☐ Organization's board-approved budget and actuals for the current fiscal year
- ☐ Organization's most recent audited financial statement(s) with the management letter from the auditors
- ☐ Copy of the organization's most recent CHAR500 and proof of filing (if available)
- ☐ Copy of the organization's most recent IRS Form 990 and proof of filing (if available)

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Cover Form
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Please note that this form must be signed by the organization's Executive Director or equivalent operational leader (and fiscal conduit, if applicable) and the President or Leader of the Board of Directors or governing board (and the fiscal conduit, if applicable). This form and the entire original application are due by the due date indicated in the Important Dates section.

NAME OF ORGANIZATION:

Address:

Telephone Number:

Fax Number:

Email Address:

EIN:

EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title:

Name: _____

Title: _____

Signature: _____

Date: _____

PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title

Name: _____

Title: _____

Signature: _____

Date: _____

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*****Only fill out this form if organization uses a Fiscal Conduit*****

FISCAL CONDUIT (if applicable):

Name:

Address:

Telephone Number:

Fax Number:

EXECUTIVE DIRECTOR (or equivalent operational leader) print name and title:

Name: _____

Title: _____

Signature: _____

Date: _____

PRESIDENT OR LEADER OF BOARD OF DIRECTORS (or governing board) print name and title

Name: _____

Title: _____

Signature: _____

Date: _____

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Anti-Discrimination Compliance Attestation
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	Yes	No
Organization abides by all Federal Equal Employment Opportunity regulations, including the Civil Rights Act of 1964 and the Age Discrimination Act of 1975		
Organization abides by the Americans with Disabilities Act of 1990		
Organization abides by the Rehabilitation Act of 1973		
Organization will provide services that are linguistically and culturally appropriate		

I hereby attest that the above is true and accurate.

Name: _____

Title: _____

Signature: _____

Date: _____

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Conflict of Interest Attestation Form
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NAME OF ORGANIZATION:

1. Describe the organization's primary activities.

2. Does the organization sell any insurance products or insurance-like products, including discount plans?

3. Does the organization receive any direct or indirect consideration from a health insurer? If yes, then please describe the terms and conditions for receipt of such consideration.
 - a. Explain why the organization's provision of services or products, or the relationship described will not create a conflict of interest or potential for non-objective performance of the ombuds program activities.

4. Is the organization a provider entity that provides direct healthcare services to consumers, including outpatient and specialty visits with a provider?

5. If applicable, describe the healthcare services or products that the organization currently provides or anticipates providing. If the organization has a fiscal or legal relationship with a healthcare provider, state the name of the provider and describe the relationship with the applicant organization.
 - a. Explain why the organization's provision of services or products, or the relationship described will not create a conflict of interest or potential for non-objective performance of the ombuds program activities.

By signing below, I represent that the above statements are factually correct, and I am authorized to sign and bind my respective organization to the statements herein.

Signature: _____

Name: _____

Title: _____

Date: _____