

1 Can outreach funds be used to finance senior and middle management positions that contribute to the success of both enrollment and outreach, e.g., Connector Program Director, Program Manager, Trainer, etc.? Or is the enrollment side of the budget expected to cover those costs alone? [The funding anticipates a Program Director, which can be paid out of either budget, or a portion of both. Outreach funds may only be used for outreach staff, including Outreach Director, and outreach activities. Titles such as Program Manager and Trainer are not contemplated in the funding. See budget template for additional guidance.](#)

2: Does the salary for the Outreach Manager come solely from the outreach budget? [Yes.](#)

3: Can outreach funds be used to support ongoing community engagement activities at co-location sites (e.g., the RFA mentions CEs purchasing art supplies)? [Yes.](#) If a co-location site hosts a food distribution day, can we offer to provide money for groceries? [In theory yes, although you might think about whether this is really the best use for outreach funds. Does money to buy groceries directly connect the recipient with the program? Could food help be more specific and directed, i.e., fresh produce available at the co-location site on Saturday mornings? Food co-op opportunities? Wellness baskets for the sick, elderly or isolated? High protein foods for diabetics? Can our presence and good intentions be coupled with specific ways that we can invest outreach funds into community-building? Yes, as long as the funds are specific and directed, as indicated above.](#)

4: The “rebalance” asks CE’s to focus on new enrollees, but on pg 5-6 discusses the CE’s responsibility to, among other things, provide retention assistance. What is the expectation or target specific to outreach towards retaining insured residents? Does that responsibility fall to the enrollment or outreach side of the team? [Retention assistance in most cases means appropriate referrals to Call Center, local agencies, or producers for direct renewal assistance. That responsibility falls to the enrollment side of the team, although outreach workers can certainly assist by redirecting most renewing consumers. If there is sufficient bandwidth, Navigators might consider directly providing retention assistance to mixed QHP/MA households.](#)

5: Our Fringe benefits are at a minimum 26%, will this be allowable based on previous comments? [It’s allowable if your budget will support it.](#)

6: If we can identify dedicated square footage in our existing building, only to Connector staff, may we allocate a portion of Headquarters rent to Connector program? [Only in indirect costs.](#)

7: In Central Region, it is “encouraged to hire a dedicated navigator from the within the transgender community”. If the CE is already fully staffed, is it allowable to identify an existing team member/navigator to support transgender individuals in the region? [Certainly an existing team member may support transgender individuals if the team member identifies with and has strong ties to the community, is deeply familiar with all the health needs and challenges of transgender individuals, is knowledgeable about other available resources, and current on pending and recent legislation impacting the community. An applicant could change the word](#)

“hire” to “identify” in the quoted text; but the most important part of the text is “from within the transgender community.”

8. With potential opportunities based on those entities that submitted a LOI, would MHBE reconsider allowing a Prime Entity to serve as a non-prime partner on another application? This could potentially maintain the navigator workforce that already exists and reduce the number of layoffs forced by the cut in navigator positions for some regions. **MHBE cannot consider this request. An organization may be prime, or non-prime, but it cannot be both.**