



## **DC Health Link Certified Application Counselors Frequently Asked Questions**

### **Q: Do hospitals that use contractors to do eligibility screenings need to apply to become Designated Organizations, or should the contractors apply?**

Both hospitals and contractors who do health insurance enrollments for hospitals can become CAC Designated Organizations. Whichever organization is the CAC Designated Organization is responsible for ensuring that all CAC certification requirements are met and is responsible for monitoring and supervising those who will be CACs.

The Department of Healthcare Finance is using the CAC program in its implementation of hospital-based presumptive eligibility. DHCF is requiring that hospitals that wish to make presumptive eligibility determinations become CAC Designated Organizations and have the staff who will be conducting these determinations become CACs. Federal regulations state that only hospital staff can make presumptive eligibility determinations, and that contractors may not make presumptive eligibility determinations (42 CFR 435.1102(vi)). This means that hospitals that wish to do hospital-based presumptive eligibility will need to become CAC Designated Organizations. For more information on hospital-based presumptive eligibility, contact the Division of Eligibility Policy at DHCF.

### **Q: Our organization already has In-Person Assisters. What do we need to do to have other staff members and volunteers certified as CACs?**

You will need to complete the brief application to be a CAC Designated Organization and submit it along with a signed Agreement to DC HBX in order to become a CAC Designated Organization.

There are a few key differences between the IPA and CAC programs to be aware of:

- CACs will receive the same training as IPAs, but in an online format, so a Designated Organization can add new CACs on an ongoing basis.
- The background check requirements for CACs are different than for IPAs. CAC Designated Organizations are responsible for completing background checks before certifying their CACs. The background check must be a criminal FBI finger-print based background check showing the person is free of conviction of any felonies and of financial crimes, crimes against children or vulnerable adults, and violent offenses in the past seven (7) years. The Agreement outlines the steps to take if a background check for a prospective CAC comes back with a hit.
- The CAC program is not funded.

**Q: Some of those we intend to certify have already undergone background checks. Can we use a background check we already have on file to meet the background check requirement for a CAC?**

You may use a background check you already completed if it meets all the requirements listed in the Agreement for background checks for CACs. The background check must:

- Have been done within the past 6 months
- Be criminal FBI finger-print based background check showing the person is free of conviction of any felonies and of financial crimes, crimes against children or vulnerable adults, and violent offenses in the past seven (7) years, and handled according to the process outlined in the Agreement if the background check comes back with a “hit”.

**Q: Are carrier CACs required to sell all plans?**

The resolution adopted by the DC HBX Board on August 13<sup>th</sup>, 2013 establishing requirements for employees of health insurance carriers serving as DC Health Link CACs states that carrier CACs are required to “let people they are helping know about all plan options for all carriers”. This means that carrier CACs who are assisting consumers with plan shopping must show and discuss all the plans available to the consumer, not just the plans offered by the carrier. This includes reviewing the specifics of plans offered by other carriers such as deductibles, cost-sharing, and network differences. CACs are not DC Health Link certified brokers, so CACs cannot recommend specific plans.