



Request for Applications

DCHBX-2018-RFA 01

District of Columbia

Health Benefit Exchange Authority

Assister Program

Application Released: June 1, 2018

Notice of Intent to Apply: June 6, 2018, 4:00 EDT

Application Deadline: June 22, 2018, 2:00pm EDT

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL

District of Columbia Health Benefit Exchange Authority

Assister Request for Applications

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I. NOTICE OF INTENT TO APPLY (OPTIONAL)

Organizations intending to apply for funding should complete and return this Notice of Intent to Apply by Wednesday, June 6, 2018 at 4pm EDT to help grant administrators plan for the application review process.

This Notice of Intent to Apply is optional and applicants that do not submit a Notice are still eligible to apply, though we highly encourage you to complete this step of the process. *Doing so also helps to ensure you receive any clarifications or addendums to the Request for Applications.*

NOTICE OF INTENT TO APPLY – DCHBX-2018-RFA 01*

Please submit by Wednesday, June 6, 2018 at 4pm EDT

Please complete this form and fax or email this information to:

Email: Assister.help@dc.gov

Fax: (202) 730-1658

Contact Name _____

Organization Name _____

Type of Organization _____

Street address _____

Email Address _____

Telephone(s) _____

Name all additional organizations you expect will be a part of this application as partners or as sub-contractors.

****THIS IS NOT A MANDATORY COMPONENT OF THE APPLICATION***

II. Grant Solicitation Overview

Solicitation:

The purpose of this solicitation is to award grants to qualified applicants who will serve as Assister organizations in the District of Columbia. District of Columbia Assister Program operates under the authority of the Navigator Program established pursuant to 45 C.F.R. 155.205(d) and 45 C.F.R. 155.210. These Assister grants will cover the time period from October 1, 2018 – September 30, 2019. Additional grant option years beyond 2019 may be available, with funding amounts to be determined on an annual basis.

The DC Health Benefit Exchange Authority (“Exchange”) is issuing an open call for proposals that will be judged based on the criteria outlined in the solicitation.

Complete applications must be received by June 22, 2018 at 2:00 pm EDT.

LATE APPLICATIONS WILL NOT BE CONSIDERED.

Submit to the DC Health Benefit Exchange Authority as outlined below:

Email all materials to: Assister.help@dc.gov

Applications should be submitted electronically in one email as follows:

- 1) Core Application Components (see page 20 for breakout); and
- 2) Additional Required Documentation (see page 20 for breakout).

Application files may be submitted as combined documents (MS Word or PDF) or separate files, but the Core Application Components should be separated from the Additional Required Documentation. If applicants need to scan signature pages or other documents and do not have access to that technology, those documents may be mailed or delivered in person to the DC Health Benefit Exchange Authority, but all documents must be received by the deadline. Be sure to include a cover page with organization’s name and contact number.

Applicants should expect confirmation of receipt within one business day of submission.

Questions may also be submitted electronically to:

Assister.help@dc.gov

Deadline for question submission: **June 8, 2018, 4:00 pm EDT**

Responses to all questions will be posted by **June 13, 2018 at 4:00 pm EDT** on the DC Health Benefit Exchange website at <http://hbx.dc.gov/>.

Notable Dates for Request for Applications Process:

Timeline	
RFA Release	June 1, 2018
Optional Notice of Intent to Apply	June 6, 2018 by 4:00 pm EDT
RFA Question Submission Deadline	June 8, 2018 at 4:00 pm EDT
Answers Posted Publicly	June 13, 2018 at 4:00 pm EDT
RFA Application Deadline	June 22, 2018, 2:00 pm EDT
Grant Awards Announced	On or before August 1, 2018

Application Details

Late questions or proposals will NOT be considered. Successful applications will be prepared simply and economically, providing a straightforward, concise description of the applicant's abilities to satisfy the requirements of the RFA.

Unnecessarily elaborate applications, brochures, or other presentations beyond those sufficient to present a complete and effective response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Bound materials, brochures, and visual aids will not be forwarded to the review committee and therefore will not be considered in support of the application.

Various sections and questions have word or page limits. Strict adherence to limits is required.

III. Assister Program Introduction and Background

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) became law. This law put into place comprehensive reforms that improve access to affordable health insurance coverage for all Americans. It aims to protect consumers from unfair health insurance practices and allows all Americans to make health insurance choices that work best for them. At the same time, it guarantees access to care for the most vulnerable populations and provides new ways to lower costs and improve the quality of care.

As part of the ACA, all states and the District of Columbia have insurance marketplaces. The District established the DC Health Benefit Exchange Authority (“Exchange”) to set up an insurance marketplace for individuals and small businesses (those with 50 and fewer employees) to help them shop, compare, and purchase health insurance plans. The Exchange officially opened for business on October 1, 2013, and has been successfully operating since that date. The Exchange offers private health insurance to individuals and families and small businesses in the District of Columbia. Individuals and families who do not have access to employer-based health insurance or Medicaid may be eligible to receive tax credits to make individual health insurance coverage more affordable.

To successfully assist these individuals, families, and businesses to enroll in health insurance coverage, the District has been operating an Assister Program since 2013. The Assister Program is aimed at providing outreach, education, and enrollment services to uninsured and hard-to-reach populations to help consumers learn about, apply for, and enroll in an appropriate health insurance product, including a Qualified Health Plan, or completing an application for Medicaid.

The Assister Program offers services through “Assister organizations,” which are organizations that can perform the full range of Assister duties (see below). Assister organizations perform these duties with a range of staff, including both certified and non-certified personnel. Certified personnel, known as Assistors, will be required to complete an online training program offered by the Exchange and successfully complete a skills-based exam. Non-certified personnel can include administrative personnel and others such as Project Managers who support and enable Assistors to be successful.

Definitions to Note	
Assister Program	An all-encompassing term for the DC-based Assister program, inclusive of all the organizations providing services under the Navigator programs and their certified and non-certified personnel.
Assister Organizations	Organizations that receive grants from the DC Health Benefit Exchange Authority to perform the full range of Assister duties.
Assisters	Certified Navigator personnel who successfully complete training and a skills-based exam.
DC Health Benefit Exchange Authority (Exchange)	The District's health insurance marketplace offering transparent choices of private health insurance options for individuals and small business and premium tax credits to lower the cost of individual insurance.
Qualified Health Plan (QHP)	A private health insurance plan certified to be sold on the Exchange.
Broker, Producer, or General Agent	A licensed insurance professional who acts on behalf of a consumer; can sell, solicit or negotiate insurance; and is compensated by the insurance company. Brokers and producers cannot charge individuals or small businesses a fee for their services.
Medicaid	An insurance program that provides free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities.
DC Healthcare Alliance	A locally-funded program designed to provide medical assistance to District residents who are not eligible for Medicaid. The Alliance program serves low-income individuals who have no other health insurance and are not eligible for either Medicaid or Medicare.
CoverAll DC	A program allowing District residents who do not meet eligibility requirements for on-exchange coverage, Medicaid, or DC Healthcare Alliance to enroll in private health insurance.

The Request for Applications

The DC Health Benefit Exchange Authority is issuing this Request for Applications (RFA) seeking applications from qualified entities to serve as Assister organizations in the District of Columbia. Under the Assister Program, the Exchange is making up to \$650,000 in total grant funds available for no more than 10 competitive grant awards.

The Exchange seeks creative and innovative applications from a range of District organizations and community-based groups that have trusted and established relationships, networks, and experience working with uninsured and hard-to-reach population groups.

Once grantees are selected, there will be ongoing communication and coordination among the grantees. In some cases, an Assister organization may have a particular area of expertise, such as a language competency, that will make it desirable to refer some consumers to that organization. Thus, every grantee does not need to have expertise working with every population type, but they will need to actively work with other Assister organizations to ensure that every consumer’s needs are met.

Timeline for Assister Program

Timeline for Assister Program	
Assister Grant Awards Announcement	Made on or before August 1, 2018
Mandatory Online Training for Assisters (approx. 15 hours)	Available beginning October 1, 2018
Open Enrollment for Individuals	November 1, 2018 – Jan 31, 2019

IV. Assister Program Goals

The District's Assister program will:

1. Reduce the number of uninsured individuals in the District through:
 - a. Raising awareness of coverage options;
 - b. Facilitating enrollment in qualified health/dental plans and insurance affordability programs; and
 - c. Promoting the retention of health insurance coverage.
2. Develop a highly knowledgeable Assister workforce that can educate consumers on their full range of health coverage and access options and support consumers to understand and use health coverage.
3. Coordinate with related programs and entities, serving as a one-stop shop with the ability to provide warm hand-offs to other health and social services.
4. Track performance to measure efforts and success.

V. Assister Program Target Population

The Assister Program's target populations are uninsured and hard-to-reach residents. While outreach efforts should be focused on the identified target populations, Assisters must be prepared to serve everyone who seeks help with eligibility and enrollment in private insurance offered in the Exchange, Medicaid, as well as with follow-up and referrals as appropriate for other programs such as the DC Healthcare Alliance.

While there are fluctuations in data from year to year, Assisters will be expected to focus their efforts on the following target populations in 2018-2019:

- Those who would have difficulty filling out an online application, such as those who do not have easy or regular access to a computer or the Internet.
- Those with limited English proficiency, including those who speak Spanish or Amharic.
- Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities.
- African Americans, particularly men, and Hispanic, African, and Asian populations as these groups are more likely to be uninsured than non-Hispanic Whites.
- Young adults aged 18-34 -- nearly half of the uninsured residents of DC are young adults.
- Low and middle income residents.
- Wards 1, 4, and 5, where a greater proportion of QHP-eligible uninsured may live, according to HBX data sources.

Successful applicants will demonstrate their ties to or ability to reach a particular community or communities and employ innovative strategies for reaching some or all of the target populations listed above. They will not rely exclusively on potential consumers coming to them; they will have to actively seek and reach out to people where they "live, work, shop, play, and/or pray."

VI. Duties of Assister Organizations and Individual Assisters

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the DC Health Benefit Exchange Authority and its online marketplace, www.DCHealthlink.com.
2. Provide information and services in a fair, accurate, and impartial manner. Outreach and education must acknowledge other health programs such as Medicaid, CoverAll DC, and the DC Healthcare Alliance.
3. Facilitate selection of a QHP.
4. Provide referrals to appropriate resources for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.
5. Provide information in a manner that is culturally and linguistically appropriate to meet the needs of the population being served by the Assister organization, including individuals with limited English proficiency. The following parameters must be followed:
 - The Assister organization must develop, maintain and regularly update general knowledge about the racial, ethnic, and cultural groups they expect to serve, including the primary languages spoken, and continue to use this information;
 - The Assister organization must provide both oral and written notification to consumers of their right to receive language assistance services and how to obtain such services;
 - The Assister organization must provide consumers with information and assistance in the consumer's preferred language at no cost to the consumer in both oral and written form (the DC Health Benefit Exchange Authority will make materials in various languages and a language line available to Assister organizations);
 - An Assister may not rely on a consumer's family member or accompanying adult to provide interpretation services, except (1) where the consumer specifically requests that an accompanying adult facilitate communication and the accompanying adult agrees to provide this assistance and this assistance is appropriate under the circumstances or (2) in an emergency (imminent threat to safety or welfare) where no qualified interpreter is available. The Assister organization must implement strategies to recruit and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the applicant's target population(s).
6. Ensure accessibility by following these federal rules:
 - Assister organizations must not discriminate against people with disabilities and must make reasonable accommodation so they have equal access to services. This must be consistent

with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.¹

- Assister organizations must make information accessible to consumers with disabilities.
 - An Assister may not rely on a consumer's family member or accompanying adult to provide interpretation services, except (1) where the consumer specifically requests that an accompanying adult facilitate communication and the accompanying adult agrees to provide this assistance and this assistance is appropriate under the circumstances or (2) in an emergency (imminent threat to safety or welfare) where no qualified interpreter is available.
 - Assister organizations must provide assistance to consumers in a location and in a manner that is accessible to individuals with disabilities.
 - Legally authorized representatives must be permitted to assist individuals with disabilities to make informed decisions.
 - Assistors and Assister organizations may not serve as Authorized Representatives for consumers.
 - Assister organizations must have the ability to refer people with disabilities to local and federal long- term services and support programs when appropriate.
7. Provide outreach to both individuals and families and small businesses (those with 50 or fewer employees) in the District who may need health insurance.
8. If a small business is interested in purchasing a product in the Exchange's small group market, the Assister organization should help facilitate the enrollment of the group. This could include directly helping the group, or referring the group to a broker or producer that can help facilitate a customer experience for that business that meets their needs. If the small business is ultimately unable to provide employer-sponsored health insurance coverage to their employees or no longer would like to offer coverage to its employees, the Assister organization should assist the employees in enrolling in individual coverage through private plans in the Exchange or Medicaid as applicable, or make other referrals.
9. Individual Assistors must complete training provided by the DC Health Benefit Exchange Authority on the following:
- The Affordable Care Act;
 - Eligibility and enrollment rules and procedures, including information related to premium tax credits, tax implications of enrollment decisions, and changes in income and eligibility that could take place during the year;
 - How to use the online enrollment portal;
 - How to help consumers weigh the range of QHP options including the quality, cost and overall value of available QHPs (including qualified dental plans);

¹ See <http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf>.

- Basic information on how insurance works and various terms consumers will need to understand;
- Essential Health Benefits;
- Provider networks;
- Understanding notices sent by the Exchange and health plans;
- Coverage renewals;
- Managing coverage transitions and special enrollment periods;
- Medicaid, CoverAll DC, and DC Alliance;
- The needs of underserved and vulnerable populations, including
 - immigrants;
 - those with limited proficiency in English;
 - those with disabilities; and,
 - those with particular health conditions, who may be looking for unique features in a health insurance plan;
- Culturally and linguistically appropriate services and materials;
- Ensuring physical and other accessibility and usability for people with a full range of disabilities;
- How to comply with requirements that information be offered in “plain language,” including how to present oral and written information in a clear and understandable way;
- Outreach and marketing approach and protocols;
- Means of appeal and dispute resolution;
- Conflict of interest;
- Privacy and security;
- Protocols for hand-offs with other relevant groups including: Medicaid/Alliance, DC Ombudsman, Department of Insurance, Securities, and Banking (DISB), DC Health Link call center, brokers or producers, and other Assister organizations; and
- Use of authorized representatives.

10. Upon completing the training, each individual Assister must pass a skills-oriented competency exam.

11. Assister organizations must report on performance metrics regularly as established by the Exchange. The Exchange will provide established protocols and directions for accurate reporting and submission of performance metrics after grant awards are made. The metrics will be collected, analyzed and shared with Assister organizations so they can be used for performance improvement throughout the program. At a minimum Assister organizations will be required to report data to the Exchange on the following:

- Number of applicants assisted;
- Number of applicants enrolled in Qualified Health Plans;
- Number of Medicaid applications completed;
- Average time taken to complete various types of applications;

- Outreach activities and follow-up completed;
- General demographic information on customers (such as Ward where the applicant lives)

12. The Assister organization and all individual Assistors must adhere to privacy and security standards as developed by the Exchange and required by federal law. Assister organizations and individual Assistors will be handling private and personal data. In some cases, this data will be available through the Exchange website as an Assister helps consumers as they determine their eligibility for healthcare coverage or financial assistance. In other cases, personal data will be provided directly to Assistors by consumers. All Assistors will be given training on how to maintain the privacy and security of personal information. Assister organizations must provide sufficient oversight, both in terms of technology and personnel, to ensure that privacy and security breaches do not occur. Assister organization and Assistors must report any potential privacy matter to HBX, consistent with HBX policy.

Consistent with federal guidance, Assister organizations must be capable of fulfilling all of the required duties. Some Assister organizations may focus more on some duties, such as outreach and education, or eligibility and enrollment, but must have the training and the capability of performing all required duties of the program.

VII. Infrastructure to Support Assister Activities

The following will be provided by the DC Health Benefit Exchange Authority:

- Exchange web portal for eligibility and enrollment of consumers and businesses
The DC Health Benefit Exchange Authority will make available a website/portal for eligibility and enrollment of consumers and businesses that allows Assister organizations to oversee their consumer caseload. To use this website, Assister organizations must have:
 - Internet access at point of service
 - Printing and scanning capability at point of service
 - Portable computer capability commensurate with outreach plan (i.e. laptops)
 - Other technology as needed for activities proposed

- Language and Hearing Impaired Service Line
Language competency is required for a target population proposed by the applicant that speaks a language other than English. For other individuals that request services in a language not spoken by one of the Assister organizations, a translation or language telephone line will be available to Assisters to help serve all consumers. In addition, the Exchange will provide TTY/TTD capabilities and services for the hearing impaired.

- Outreach and Education Materials
The Exchange will develop outreach and education materials for use by Assister organizations. These materials will use approved messaging that has been developed and tested to be culturally and linguistically appropriate for different target populations. Materials will be made available in English and Spanish and in any other languages as deemed appropriate and necessary. The Exchange will provide for the printing of outreach materials, including in these other languages. However, the Assister organization should anticipate and budget for the cost of distribution of marketing materials (shipping, delivery) to meet their outreach and education goals. Materials that Assister organizations feel are necessary for their work and are not provided by the Exchange must be approved prior to any drafting, printing or distributing of such materials.

Customizable Materials: Limited materials will be designed for Assister organizations to be customizable solely for the purposes of adding event details and contact information. Such materials will be available in formats that can be reproduced for outreach (e.g. printed, posted on-line, emailed, etc.). Assister organizations should anticipate and budget for the cost of printing these specific materials.

- Training Program
 - Approximately 15 hours of mandatory online and in-person training will be provided. Materials and in person coordination meetings will supplement online tools.

- Training is mandatory for each individual Assister. An Assister will not be certified unless training is complete and a competency test based on the training is successfully passed.

- Ongoing Support

Ongoing support for Assisters and Assister organizations will be available throughout the year by staff of the Health Benefit Exchange Authority. Bi-weekly phone calls for grantee program managers, and other periodic all-Assister trainings will be provided to share best practices, address any challenges, and disseminate general program updates.

- Collaboration with DCHBX Communications and Outreach Team

Assisters will be expected to work with the DC Health Benefit Exchange Authority's Communications and Outreach team on outreach programs and to serve on an Assister Advisory Committee that is convened every Open Enrollment Period. The Advisory Committees were established to strategize on effective engagement and outreach to target communities. These sessions ensure that Assister organizations are working collaboratively during the busiest months of the year and that any high-potential outreach events are appropriately covered. In addition to mobilizing Assister resources as needed, the Exchange's Communications and Outreach team requires that Assister organizations seek prior approval and concurrence before organizing or participating in any community engagement events to ensure alignment with the program's mission and goals.

VIII. Eligibility

Organizations Eligible to Apply

This is an open call for proposals and varying types of organizations may be eligible to apply. Not-for-profit, for-profit, and other types of organizations are eligible. Some examples include, but are not limited to:

- Faith-Based Organizations
- Community-Based Health Providers
- Civic Organizations
- Patient and Consumer Advocacy Organizations
- Business Associations
- Trade Associations
- Professional Associations
- Cultural Associations
- Legal Assistance Organizations

Organizations PROHIBITED from Serving as Assister Organizations

- Health insurance issuers or stop-loss issuers and their subsidiaries.
- Associations that include members of, or lobby on behalf of, the health insurance industry.
- Entities that receive, or where an employee receives, any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a Qualified Health Plan or other health insurance plan.
- Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that are directly or indirectly owned by or exclusively contract with a single insurer or its subsidiaries.
- Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that directly or indirectly own a single insurer or its subsidiaries.
- Other restrictions are listed in Section XIII, 7.

IX. Conflict of Interest

In general, having a conflict of interest means having a private or personal interest sufficient to influence, or appear to influence, the objective exercise of an Assister organization or Assister's official duties. The conflict of interest standards apply to Assister organizations and all of their employees.

1. Brokers and producers are allowed to serve as Assisters as long as they do not receive consideration from a health plan issuer (or an issuer of stop-loss insurance). They are allowed to receive consideration from other types of insurers (e.g. auto insurance or homeowners insurance).
2. Applicants must submit a written attestation that the applicant and its employees are not prohibited from being an Assister organization under Section VIII (See Appendix A).
3. Applicants must DISCLOSE to the Exchange in the application and to each consumer who receives application assistance from the Assister organization the following:
 - A. Any lines of insurance business, other than health insurance or stop-loss insurance, which the Assister organization or their staff members intend to market while serving as an Assister organization;
 - B. Any former or existing employment relationships the Assister organizations or their staff have had within the last five years with any issuer of health insurance or stop-loss insurance, or subsidiaries of such issuers;
 - C. Any existing or anticipated financial, business, or contractual relationships (of the Assister organizations or their staff) with one or more issuers of health insurance or stop-loss insurance or subsidiaries of such issuers; and,
 - D. Any relationships where an employee of an Assister organization has a spouse or domestic partner who is employed by health insurance issuer or stop-loss issuer or their subsidiaries.
4. Applicants must submit a written plan ("Conflict of Interest Plan") that describes how the applicant plans to remain free of conflicts of interest during their term as an Assister organization. The Conflict of Interest Plan should include a list of any possible items that do not rise to the level of precluding the Assister organization from participating in the Assister Program, but that would have the potential of creating conflict of interest or lead to the appearance of a conflict of interest, and how the Assister organization would mitigate the risk for a potential for a conflict of interest.

The Conflict of Interest Plan must include at least the following items:

- A description of how the Assister organization confirmed that they are free from any

prohibited conflict of interest;

- Any relevant disclosures required;
- A plan for mitigating any risks or the appearance of any risks that could lead to a conflict of interest;
- A description of the plan for monitoring ongoing compliance.

- X. **Required Application Components:** Following is a checklist of all the submission requirements, a cover page for the application, detailed questions, and estimated targets for the proposal.

1. Submission Requirements Checklist

The following items are required for a complete application. Applications missing any of these elements cannot be reviewed. This checklist is for applicant use and need NOT be submitted with the application:

CORE APPLICATION COMPONENTS

- Cover Page
- Application Narrative – Description of Program Activities and Applicant Qualifications
- Proposed Budget and Budget Narrative (Budget Components 1-5)
- Organization’s Operating Budget for Current Fiscal Year
- Organizational Chart

ADDITIONAL REQUIRED DOCUMENTATION

- Most Recent Audited Financial Statements and Auditor’s Report
- DC Business License
- Terms and Conditions: Disclosure of indictments, charges, convictions, or legal proceedings required by Section XII, 11) where applicable
- Terms and Conditions: Disclosure of all insurance held by the applicant (see Section XII, 12)
- Signed Statement of Certification
- Signed Conflict of Interest Attestation
- Conflict of Interest Plan and Disclosures (see Section IX, 4)

2. Cover Page (Submit with Application)

Full name of organization	
Federal EIN number	
Contact Person/Project Manager	
Address (the applicant must have a physical location in the District of Columbia)	
Telephone number(s)	
Fax number	
Email(s)	
Website if applicable	
Date organization established	
Type of organization (see section VIII)	
Not-for-profit, for-profit or other status	
Brief overview of the organization, including last year's budget (100 word maximum)	
Proposal abstract: Provide a brief summary of the application (150 word maximum, may extend table to a second page)	

**3. Application Narrative - Description of Program Activities and Applicant Qualifications
(Submit with Application)**

Applicants Should Respond to Each Question Fully.

Total Page Limit for Application Narrative: 22 pages maximum, double-spaced, 12-point font, Times New Roman

Please number all application narrative pages.

A. Target Population

Page Limit: **1 page maximum, double-spaced.**

Describe the target population(s) you propose to reach (see Section V).

B. Summary of Approach for Providing Assister Program

Services Page Limit: **5 pages maximum, double-spaced.**

- Describe the applicant's approach to meeting the Assister Program's goals (see Section IV) and reaching and enrolling the target population. Describe the strategic approach and mechanisms/tactics for conducting outreach, education, eligibility, and enrollment into health coverage. Address how technology will be leveraged to conduct Assister Program activities.
- Provide a high-level work plan indicating the steps the applicant plans to take to implement the project in the available timeline. Use specific, measureable objectives that include realistic targets for contacts and enrollment.
- Those applicants that expect referrals or expect to make referrals to other organizations to fulfill duties, or are jointly submitting an application with another organization(s) should include such information in their response.

C. Qualifications and Experience

Page Limit: **4 pages maximum, double-spaced.**

- Describe the applicant's experience similar to any of the duties described in Section VI, including but not limited to education, outreach, eligibility, and enrollment of individuals into health insurance programs or coverage. Please describe the scale and scope of these programs.
- If the applicant is already providing similar services, or expects to provide similar services with funds that are forthcoming, describe in detail how Assister Program funding will supplement and not supplant existing and expected funds and services.
- Describe the applicant's existing relationships with the target population(s) Include a description of the applicant's experience reaching and working with the target population(s).
- Describe the applicant's experience working with District of Columbia agencies. Such experience is not a requirement.

D. Personnel/Staffing

Page Limit: **4 pages maximum, double-spaced.**

- Assister organizations must assign a project manager who will serve as the contact person for the Assister organization, provide oversight and management for the Assister project, and ensure that all deliverables are being met. Provide the name, relevant experience, and qualifications of the key individual who will serve as the project manager. Note if new hiring is required for the position. In addition, provide the names, duties, relevant experience, and qualifications of any other managerial positions and the key individuals who will serve in those positions. Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X, 5.
- Provide the names, relevant experience, and qualifications of the key individuals who will serve as individual Assisters. Note if new hiring is required for the position(s). For reference, a proposed Assister job description is included as Appendix B. Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X, 5.
- Provide the names, duties, relevant experience, and qualifications of any administrative and other staff proposed for this project such as reporting performance metrics, billing and auditing functions. Note if new hiring is required for the position(s). Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X, 5.
- Describe the applicant's approach to developing a staffing model that allows for additional staff and flexibility in scheduling Assisters for extended hours during peak enrollment periods.

E. Cultural and Linguistic Competency

Page Limit: **2 pages maximum, double-spaced.**

- Describe the applicant's approach to providing services with cultural and linguistic competency (see duties in Section VI, 5).
- Describe the applicant's understanding of the cultural and linguistic characteristics of the applicant's target population and how it is uniquely situated to serve this population.
- Describe how the applicant will provide information in plain language and how the applicant intends to serve those with limited literacy.

F. Accessibility of Services

Page Limit: **1 page maximum, double-spaced.**

- Describe how the applicant will meet the duties in Section VI, 6 regarding providing services in an accessible manner.
- State whether the applicant's proposed site of service is metro or bus accessible.
- Describe if and how the applicant proposes to provide services where the applicant's target population(s) lives and/or works.

G. Outreach and Communication

Page Limit: **2 pages maximum, double-spaced.**

- Describe the applicant's communications capabilities and how they will be utilized in the Assister Program. Include information about contact lists and the ways you typically communicate with the population(s) you currently serve.
- Describe how the applicant proposes to promote health insurance coverage and financial help available, e.g. through printed material, the Internet, telephone, in-person outreach or other means (Exchange will develop and make printed and on-line materials available for the Assister organization's use).

H. Quality Assurance

Page Limit: **2 pages maximum, double-spaced.**

- Describe the applicant's proposal for quality assurance mechanisms to ensure Assisters deliver accurate and high quality services.
- Describe how the applicant handles the privacy and security of confidential and sensitive information the organization currently receives as a part of its work.
- Describe the financial oversight and budget controls currently used by the applicant to ensure fiscal accountability and timely and accurate budget reporting.

I. Proposal Targets

Estimate answers to the following questions. With each estimate, please indicate how you arrived at that estimate.

Page Limit: **1 page maximum, double-spaced.**

- Number of individuals in the target population the applicant proposes to contact?
- Number of small businesses (50 employees or less) the applicant proposes to contact?
- Applicant's total proposed budget (Budget Component 4 from Section 4 below)?
- Cost per number of individuals and businesses contacted?

(Applicant's total proposed budget) ÷

(Number of individuals in the target population the applicant proposes to contact/help enroll + Number of small businesses the applicant proposes to contact, if applicable)

4. Budget Submission Requirements

The Assister organization will receive the grant amount as reimbursement for services and costs incurred. Invoices are due to the Exchange by the 15th of the month for all labor and costs incurred during the previous month. Example: An invoice for all services performed and costs incurred during the month of February is due to the Exchange by March 15th.

If in the opinion of the Exchange the grantee is not fulfilling the goals of the Assister Program, the Exchange reserves the right to negotiate a change to a grantee work plan and/or strategic approach and, when applicable, terminate or reduce the grant award.

Each Assister organization is required to complete all duties through the term of the program, September 30, 2019, regardless of whether or when that Assister organization has exhausted their full grant award.

Provide a budget for the proposal meeting the following components: (Submit with Application)

Budget Component 1: Personnel Budget

Complete this table to demonstrate the personnel budget. Every person listed in this table should also be listed in section X(3)(D) under Personnel/Staffing. In section X(3)(D), each person’s duties, experiences, and qualifications, should be listed, including duties of new hires anticipated.

Position Title	Name and Title/Function (or state “new hire”)	Hourly Rate²	Hours weekly (40 hours = full time)	Proposed Number of Weeks Worked (October 1, 2018 – September 30, 2019)	Proposed Cost (October 1, 2018 – September 30, 2019)
Assister Managerial					

² Include fringe benefits.

Individual Assistors					
TOTAL					

Provide Total Personnel Budget:

Budget Component 2: Non-Personnel Costs

Complete this table to demonstrate the non-personnel budget (put N/A if not applicable). Please note that grant funds for items such as general office supplies, IT supplies, equipment, software, furniture, or rent should be included in the indirect cost rate associated with the grant, rather than identified separately. Additional questions on whether an item is permissible should be addressed during the pre-application Q and A submission period.

Categories	Item	Unit Cost	Quantity Needed	Total Cost
Outreach and Communications				
Travel	Local travel to meetings or outreach events associated with grant.			
Indirect Cost	Ex: accounting, legal, or administrative staff support services, rent, supplies, IT equipment, postage and printing, office supplies, telephone use, etc.	Not to exceed 20% or Federal NICRA rate. Applicants are required to use the federal NICRA rate if available.		
TOTAL				

Budget Component 3: Budget Narrative

Provide a written description for each non-personnel item. Please indicate whether a particular cost is a one-time “start-up” cost or if it is ongoing. Note any single cost of \$2,500 or above requires approval from the DC Health Benefit Exchange Authority. Following are a description of specific items:

- *Travel:* Travel costs for personnel to conduct off-site activities associated with the applicant's proposal for reaching their target population. Traveling to trainings and regular meetings. No travel outside the District of Columbia is allowed.
- *Outreach and Communications:* Costs associated with the outreach and communications plan proposed by the applicant. Note the Exchange will be providing printed and on-line outreach and education materials. Some materials may be customized by the applicant, in which case the applicant should include some printing cost.
- *Indirect Costs:* Provide total amount of indirect cost based on the information provided by the DC Health Benefit Exchange in Budget Component 2.

In addition, provide a description of what is encompassed in fringe costs that are included in the hourly rate in the personnel budget.

Budget Component 4: Total Grant Request Amount

- Provide the total grant request amount (adding up budget component 1 and 2).

Please note, all budgets are subject to negotiation.

First Source: Any grant award in the amount of \$300,000 or above is subject to the requirements of the Workforce Intermediary Establishment and Reform of the First Source Amendment Act of 2011, D.C. Official Code § 2-219.01 et seq. This law requires awardees to make best efforts to have a majority of new hires be DC residents. Non-Profit organizations with 50 or fewer employees at the time of the award are exempt from this requirement.

Budget Component 5: Current Public Funding

If you currently receive Federal or District of Columbia funds to do similar work or you are already providing, outreach, education, eligibility, or enrollment services for healthcare coverage (including Medicaid or DC Alliance) through other funding sources, please indicate in detail what those sources of funding are and how they are used.

Assister Program grant funds must not supplement nor replace funding currently received for other enrollment and outreach activities. If other sources of funding exist, indicate how this proposal will ensure that funds, activities, and data metrics/tracking will be kept separate from other sources of funding.

Other Financial Documentation Requirements: Applicants should include with their application the following items or a statement explaining why they do not have one:

- Copy of their current fiscal year's operating budget,
- Copy of the most recently audited financial statements with the auditor's report, and
- DC business license.

5. Organizational Chart

Provide a current organization chart.

XI. Grant Evaluation Criteria and Weight

Description of Program Activities and Applicant Qualifications	
<p>Target Population:</p> <ul style="list-style-type: none"> Comprehensive description of a target population(s) determined to be in high need for Assister services that the applicant proposes to reach. <p>Summary of Approach for Providing Assister Program Services:</p> <ul style="list-style-type: none"> Clear and convincing description of a strategic approach to meet the Assister Program’s goals and to reach, educate, and enroll the target population(s). Compelling description of how applicant will leverage technology. 	30 pts
<p>Qualifications and Experience:</p> <ul style="list-style-type: none"> Description of experience that demonstrates ability to reach and work with the target population(s) detailed in project plan. If applicant is a current or previous DC Health Link Assister, Navigator, or Certified Application Counselor organization, details should be provided on experience and successes in these roles. Description of experience that demonstrates adequate knowledge, skills, and capacity to perform the proposed program services. Demonstrated organizational experience, accounting, and operational controls to show an adequate level of fiscal accountability. <p>Personnel/Staffing:</p> <ul style="list-style-type: none"> Adequate plan for ensuring qualified staff, including those responsible for program management and oversight, Assister service provision, performance monitoring, and fiscal management. Description of a staffing model that allows for additional staff and flexibility in scheduling Assistors for extended hours during peak enrollment. 	30 pts
<p>Cultural and Linguistic Competency:</p> <ul style="list-style-type: none"> Demonstrated capability to serve the population in a culturally and linguistically appropriate manner and to serve those with limited literacy. Convincing description of how applicant will provide information in a linguistically and culturally appropriate manner. <p>Accessibility of Services:</p> <ul style="list-style-type: none"> Adequate plan for making services accessible to those with disabilities and those with limited transportation options. <p>Outreach and Marketing:</p> <ul style="list-style-type: none"> Demonstrated capacity and strategies to communicate with target population(s). <p>Quality Assurance:</p> <ul style="list-style-type: none"> Compelling description of quality assurance mechanisms to ensure Assistors deliver accurate and high quality services. 	20 pts
<p>Budget <i>Note: All budgets are subject to negotiation.</i></p> <ul style="list-style-type: none"> Clear and realistic budget. Cost-effective proposal. 	20 pts
TOTAL	100 pts

The Assister Program is intended to cover all target populations through diverse organizations that are geographically dispersed throughout the District. Final grant awards will be determined

taking these additional comparative criteria into consideration. This includes taking into account the DC Health Benefit Exchange Authority's past performance data and information from any current or former Assister, Navigator, or Certified Application Counselor organization. Additional required documentation will also be reviewed and considered.

XII. RFA Terms and Conditions

1. This RFA does not commit the Exchange to make an award.
2. The Exchange reserves the right to accept or deny any or all applications if it determines it is in the best interest of the Exchange to do so. The Exchange will notify the applicant if it rejects that applicant's proposal. The Exchange may suspend or terminate an outstanding RFA pursuant to any applicable District or federal regulation or requirement.
3. The Exchange reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind this RFA.
4. The Exchange is not liable for any costs incurred in the preparation of applications in response to this RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
5. The Exchange reserves the right to conduct pre-award on-site visits to verify information submitted in the application.
6. The Exchange may enter into negotiations with an applicant regarding the budget amount or other revision of the applicant's proposal that may result from negotiations.
7. The Exchange may audit the awardee before, during, or up to 3 years after the grant term in relation to participation in the Assister Program.
8. Upon award of the grant, the Exchange will provide the citations to the statute and implementing regulations that authorize the grant or subgrant.
9. Upon award, the Exchange will provide the payment provisions identifying how the grantee will be paid for performing under the award, the reporting requirements, including programmatic and financial, and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation will control and it is the responsibility of the applicant to ensure compliance.
11. The applicant must disclose in a written statement, the truth of which is sworn or attested to by the applicant, if the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application or during the term of the grant, has:
 - o Been indicted or had charges brought against them (if still pending) and/or been convicted of (a) any crime or offense arising directly or indirectly from the conduct of the applicant's organization or (b) any crime or offense involving financial misconduct or fraud;
 - Or
 - o Been the subject of legal proceedings arising directly from the provision of services by the organization.

If the response is in the affirmative, the applicant must fully describe any such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances. Note background checks will be performed on all personnel staffing the Assister Program for the Assister organization.

12. Please provide in writing the name of all your organization's insurance carriers and the type of insurance provided (e.g., general liability insurance, automobile insurance, workers' compensation, health insurance, etc.).

XIII. Statement of Certification (Submit with Application)

Please complete and sign the following statement of certification.

Please list no more than two individuals who are authorized to negotiate with the DC Health Benefit Exchange Authority on behalf of the organization and complete the following certification. List their name(s), title(s), work address(es), and phone number(s).

1. The applicant attests to a satisfactory record of performing similar activities as detailed in duties or, that the applicant has otherwise established that it has the skills and resources necessary to perform the duties.
2. The applicant has the financial resources and technical expertise necessary to perform the grant or subgrant, or the ability to obtain them.
3. The applicant attests to the ability to comply with the required performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments.
4. The applicant attests to have the necessary organization, experience, accounting and operational controls, and technical skills to implement the duties of the grant, or the ability to obtain them.
5. The applicant attests that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and can account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required.
6. The applicant attests that the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums.
7. For applicants seeking \$100,000 or more, the applicant attests that the applicant is in compliance with the prohibition on political contributions or solicitations as provided under DC Official Code 1-328.15(b)-(d).
8. The applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
9. The applicant attests to a satisfactory record of integrity and business ethics;
10. The applicant attests to be in compliance with the applicable District licensing and tax laws and regulations;
11. The applicant attests to be in compliance with provisions of the Drug-Free Workplace Act; and
12. The applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
13. The applicant agrees to indemnify, defend, and hold harmless the District of Columbia and

the DC Health Benefit Exchange Authority and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors, or omissions of any person and for any costs or expenses incurred on account of any claim therefore, except where such indemnification is prohibited by law.

14. The applicant attests they are not prohibited from serving as an Assister organization under Section VIII of the RFA.
15. The applicant attests that any and all conflict of interest disclosures required have been provided.
16. The applicant attests to remain free of conflict of interests through the term of the grant and provide required disclosures over the term of the program.
17. The applicant attests they will provide appropriate oversight and technical controls to ensure that the privacy and security of consumers is protected pursuant to protocols developed by the Exchange and to meet District and federal laws.

Print Name: _____

Signature _____

Title _____

Organization _____

Date _____

XIV. Compliance with Laws

If awarded a grant, the organization must comply with all applicable District and Federal law as may be amended from time to time including, but not necessarily limited to:

- The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990, 104 Stat. 327 (42 U.S.C. 12101 et seq.)
- Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973, 87 Stat. 355 (29 U.S.C. 701 et seq.)
- The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
- The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
- The Clean Air Act (Subgrants over \$100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
- The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
- The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975, 89 Stat. 728 (42 U.S.C.6101 et. seq.)
- Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972, 86 Stat. 235, (20 U.S.C. 1001)
- Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359,(8 U.S.C. 1101)
- Executive Order 12459 (Debarment, Suspension and Exclusion)
- Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C.1352)
- Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 etseq.)
- Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- Title VI of the Civil Rights Act of 1964
- District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- Workforce Intermediary Establishment and Reform of the First Source Amendment Act of 2011, D.C. Official Code § 2-219.01 et seq.

I. Appendices

Appendix A – Conflict of Interest Attestation (Submit with Application)

A. "Conflict of interest" means having a private or personal interest sufficient to influence, or appear to influence, the objective exercise of an Assister Organization or Assister's official duties.

B. I (Name of Lead at Assister Organization) attest that (Name of Organization) and all of its employees:

- Are NOT Health insurance or stop-loss issuers or a subsidiary of such;
- Are NOT an association that includes a member of, or lobbies on behalf of, the health insurance industry;
- Do NOT receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a Qualified Health Plan (QHP) or a non-QHP;
- Are NOT directly or indirectly owned by or exclusively contract with a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices);
- Do NOT directly or indirectly own a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices); and
- Will remain free of conflicts of interest during the term of this program.

C. The undersigned agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the Assister Organization must immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure must include a description of actions which the Assister Organization has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Assister Organization must continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____ By: _____

(Authorized Representative and Affiant)

Appendix B

Assister Job Description and Competencies

General Description:

The Assister Program is crucial to the DC Health Benefit Exchange Authority's ("Exchange's") customer service experience and to the overall success of linking people to appropriate health coverage. Assisters will deliver education, outreach, and in person-assistance with attention to the particular communication, cultural, and linguistic needs of the population served. Training and certification will be provided by the Exchange.

Assister Role:

The role of the Assister will be to provide customers with fair and impartial information and services that help guide them through applying for and enrolling in health coverage. Assisters will provide education about a consumer's options for health coverage (including both Medicaid and qualified health insurance plans) and health services. Some Assisters will work with small groups to help them understand their options for coverage, including employer-sponsored coverage, possible tax subsidies, and options for employees. Assisters will ensure customers understand basic insurance terminology to help them filter and sort their health plan options. Assisters will also assist customers with making changes to their account in the event of income fluctuations or changes in household, and renewing coverage during the appropriate renewal periods. In the event a customer has a grievance, complaint, or question, Assisters will provide referrals to the appropriate entity. Assisters will be asked to connect customers to a range of community resources, both within the Exchange (e.g., the Contact Center and website) and beyond.

Assister Duties:

- Deliver general education about the ACA and the Exchange;
- Meet with customers in person to explain Assister services, reasons to buy health insurance, and options for coverage;
- Assist customers with opening or accessing an account with the Exchange;
- Explain affordability programs, Qualified Health Plans, Essential Health Benefits, and rights when using insurance;
- Explain Medicaid, CoverAll DC, and DC Healthcare Alliance;
- Assist customers with their application and determining eligibility for premium tax credits and Medicaid;
- Assist customers with understanding web-based decision tools to help narrow the choices for qualified health plans.
- Ensure customers know about their health plan options through the Exchange and help them filter and sort based on those options;
- Refer customers with appeals, grievances, and complaints to the appropriate agency;
- Make referrals as needed to the DC Alliance, a broker, the Exchange, or government and community resources;
- Explain to customers when life changes can be reported and when renewal will be needed;
- Provide all services in a manner that is culturally and linguistically relevant to the customer;
- Provide all services in a private and secure manner;
- Achieve certification and maintain expertise through continuing education; and
- Accurately track and record activities for required reporting to the Exchange.

Skill Requirements:

- Proficiency using the Internet
- Good interpersonal skills and the ability to work well with members of the public
- Basic knowledge of health insurance and health service delivery
- Ability to recognize cultural, language, and learning differences
- Ability to explain and summarize detailed and complex concepts
- Experience working with people in a one-on-one setting to provide objective education about public or private health programs helpful

DC Health Benefit Exchange Authority will provide a training and certification program. Upon training and certification, a trained and certified Assister will be able to:

- Deliver approved and tested Exchange messages to the community
- Assess current health insurance or health care payment source and needs for health insurance
- Empower customers to make their own decisions and act in their own best interests
- Educate on insurance and health payment options in and outside the Exchange including Medicaid, DC Healthcare Alliance, premium tax credits, cost sharing reductions, and Qualified Health Plans
- Translate insurance terms and concepts into plain language
- Explain provider networks and types of insurance plans available
- Effectively use the Exchange Internet-based webportal for assistance with applications
- Recognize a customer with an appeal, grievance, or complaint and assist customer with appropriate referral
- Provide appropriate warm hand-offs to Exchange and community-based resources
- Encourage decision making, highlight the importance of follow through, provide next steps and what to expect, inform customers when changes can or should be made
- Engage customers with flexible and culturally/linguistically appropriate communication skills
- Use Exchange education materials and references to maintain expertise
- Report activities and maintain knowledge of policies, procedures, and system uses

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