District of Columbia Health Benefit Exchange Authority
Navigator
Request for Applications
DCHBX-2015-RFA 01
Questions & Answers FINAL
Release Date: 08-26-15

The following questions and answers are from the pre-proposal webinar which was held on 08-19-15 AND questions submitted to the Exchange by the August 24, 2015, deadline. They relate to the Request for Applications (DCHBX-2015-RFA 01) released on 08-17-15.

Pre-Proposal Information

Q: Will a list of registrants from the pre-proposal webinar be made available?
A: No, in order to maintain the privacy of the registrants, a list will not be distributed.

Q: Will the PowerPoint presentation or any other form of information from the pre-proposal webinar be available?
A: The PowerPoint presentation will not be shared. The information conveyed in the presentation came directly from the RFA which should be considered the primary source of information about the Navigator Program. An audio recording of the presentation is available here.

Q: Will a list of organizations that submitted letters of intent be shared publicly?
A: No, for privacy reasons, a list of letters of intent submissions will not be distributed.

Q: Is there any other information I should know before submitting our proposal?
A: The District of Columbia Health Benefit Exchange Authority Navigator Request for Applications DCHBX-2015-RFA 01 has been reposted on the Navigator Program webpage. It includes helpful updates:
- Required application documents, including key forms and signature pages, are now available in a fillable or editable format. Use of these specific forms is optional; however, the content must still be included in the final application submission.
- In addition to submitting completed proposals by **Tuesday, September 8, 2015, at 5:00pm EST**, to the Exchange in person, by mail, or by e-mail to info@dchbx.com per the instructions in the RFA, applicants also now have the option of using the NEW program e-mail: navigator@dc.gov or navigator.hbx@dc.gov [subject line: Navigator RFA: Application & Documentation]. Completed proposals received by the deadline will receive the same consideration regardless of the method of submission.

Here is a link to the Updated Navigator RFA.

Eligibility

Q: We don't have a business license. Can we still apply?
A: Some organizations might see that a business license is requested in the application and have concern if the organization does not have a business license. The DC Health Benefit Exchange Authority recognizes that many organizations, like churches, are not required to have a DC business license. If your organization does not have a license, or has recently applied for a license, please provide that information as a part of your application. There is no negative scoring for not having a DC business license where a license is not required to undertake your organization's current functions. If your organization receives a grant award, additional information or documentation may be requested. To learn more about obtaining a DC Business License, please visit http://dcra.dc.gov/service/apply-basic-business-license-bbl.

Q: My organization is a former or current participant in the DC Health Link Assister, Navigator, and/or Certified Application Counselor (CAC) Program. Am I eligible to apply for Navigator funding?
A: Yes. Please refer to page 8 of the Navigator RFA: "This Request for Applications (RFA) is open to all interested entities in the District of Columbia. While previous participation in the Exchange's DC Health Link Assister Program, Navigator Program, and/or Certified Application Counselor Program is not mandatory for applicants, such organizations are strongly encouraged to apply, and the Exchange will place a high value on such experience in its consideration process. An organization can simultaneously serve as both an Assister grantee and a Navigator grantee."

Q: Though an Assister organization is encouraged to apply, can an organization receiving Assister funding simultaneously receive Navigator funding?
A: Yes. Please refer to page 8 of the Navigator RFA: "An organization can simultaneously serve as both an Assister grantee and a Navigator grantee."

Residency and Service Area Coverage

Q: My organization serves people throughout the Washington, DC, metropolitan area – not just DC. Can I still apply?
A: It is fine to have office locations in addition to DC, but applicants should demonstrate that they are physically located in DC and have been conducting official business in the District. In addition to information required in the application, tax records, site visits, and other means can help verify if the organization is indeed operating in the District of Columbia. Regarding the use of funds, the target population for the DC Health Link Navigator Program is residents of the District. Grant funding cannot be used to support consumers that reside outside of the District of Columbia. Each state and jurisdiction have similar programs to help residents understand how to access the marketplaces in those states.

Grant Awards

Q: What is the funding range for the grants? Is there a minimum or maximum grant award?
A: No, there is no established range or minimum/maximum grant award. Grant awards will be determined by the quality and proposed work of the applications submitted. Since the Navigator Program has up to $150,000 in funding available, subject to Exchange Board approval, and the Exchange will award two grants with such funding, the DC Health Link Navigator Plan Overview document (Navigator RFA page 23)

asks organizations to limit their grant requests to no more than $100,000 (understanding that an even financial split between two organizations would be $75,000).

Q: Is the $150K split between the two awards or is it for each of the two awards?
A: The $150K split is between the two awards. The Navigator Program has up to $150,000 in funding available, subject to Exchange Board approval, and the Exchange will award two grants with such funding. The DC Health Link Navigator Plan Overview document (Navigator RFA page 23) asks organizations to limit their grant requests to no more than $100,000 (understanding that an even financial split between two organizations would be $75,000).

Hiring

Q: Would this grant enable people to be hired who had not been through the 2013 training?
A: Yes, individuals can be hired as Navigators without having been trained as Assisters in 2013. Regardless of a successful applicant's previous inexperience/experience with the DC Health Link Assister, Navigator, and/or Certified Application Counselor (CAC) Programs, the successful applicant will have the ability to hire new Navigators and/or to shift current staff members to Navigator Program funding. Since this Request for Applications (RFA) is open to all interested entities in the District of Columbia, and previous participation in the Exchange's DC Health Link Assister Program is not mandatory for applicants (refer to page 8 of the Navigator RFA), a successful applicant could be a new partner with no previous experience or familiarity with the Assister Program.

Outreach

Q: Is there a role for systems-level advocacy as the Navigator?
A: The District is filled with community experts, and it is encouraging that key stakeholders, including DC Health Link grantees, actively help bring about progress at both the micro and macro levels. While there is always a role for systems-level advocacy, the purpose of Navigator Program funding is to support certified Navigators who will enroll uninsured and hard-to-reach District consumers from identified target populations into affordable health insurance through DC Health Link. Program funding is not intended for administrative or advocacy purposes such as convening conferences, holding meetings, and/or lobbying. As stated on page 9 of the Navigator RFA, "Navigators must also demonstrate an ability to navigate or 'float' throughout all 8 Wards of the District of Columbia in order to provide DC Health Link enrollment services to consumers where needs arise," so program funding is focused on "boots on the ground" as opposed to systems-level advocacy. The Exchange will alert interested partner organizations to volunteer opportunities for systems-level engagement as they arise.

Enrollments

Q: In terms of activity for the Navigator, what is the breakdown of effort between community education and direct client assistance? (i.e. what % education, what % assistance)
A: Both the DC Health Link Navigator Program and the DC Health Link Assister Program are grant funded programs that require in-person education, outreach, and enrollment efforts to enroll the District's uninsured and hard-to-reach target populations. Rather than delineate between consumer education versus assistance, the Exchange scales performance metrics to consumer enrollments and measures Navigators' and Assisters' steps toward enrollment since, as a health insurance marketplace, a successfully enrolled consumer is our ultimate goal. Like Assisters, Navigators utilize the Assister

Reporting Tool (ART) to record the various stages of consumer engagement toward enrollment (informational help, account set up, completed eligibility determination, completed application/referral, etc.).

Q: Is there a target number of consumers that the Exchange wants to see?
A: The Institute for Public Health Innovation (IPHI) serves as the grant administrator for the DC Health Link Assister Program and the DC Health Link Navigator Program. While there is no monthly enrollment quota expected from each grantee, the number of consumers enrolled is one of the criteria on which grantees will ultimately be judged in order to evaluate overall success. Various factors are taken into account in creating goal productivity numbers, including organization type and size as well as target population(s). If an organization's outreach and enrollment strategy is not working, the organization is expected to modify their plan and try a different approach. Successful applicants will work with the Exchange and IPHI on performance metrics.

Q: Should we provide targets in our application?
A: Organizations are not required to provide numeric targets in their application submissions but should feel free to do so. While optional, furnishing metrics of success and/or usage of numbers is one possible way to help "tell your story" about how you propose to reach target population(s) and share what you aim to accomplish in the Navigator Program.

Training

Q: What is the expectation of the existing Assisters and CAC program sites? Will there be a training established for those Assisters and CAC program sites?
A: Successful applicants under the Navigator Program will receive in-person training with the Assister Program starting in October 2015. Certified Application Counselor (CAC) Designated Organizations may decide to train (via DC Health Link online training) and certify CACs now so that such CACs could serve as Navigators if your organization's Navigator Program application is successful. Candidates should be advised that hiring is contingent upon receiving a grant award.

In-Person Consumer Assistance Program Distinctions

Q: What is the difference between the Navigator Program and the Certified Application Counselor (CAC) Program?
A: Certified Application Counselors (CACs) are staff and volunteers of CAC Designated Organizations who provide in-person assistance to District residents applying for individual and family health coverage through DC Health Link. CAC Designated Organizations certify staff and volunteers who meet program requirements, which is different from Navigators and Assisters who receive certification from the Exchange. CACs receive the same training and DC Health Link system access as Navigators and Assisters, but the CAC Program does not provide grant funding. Also, CAC Program training is provided online whereas the Navigator entity (currently DC Primary Care Association) has received in-person training with Assister Program grantees. Learn more about the CAC Program.

Q: What is the difference between the Navigator Program and the Assister Program?
A: At present, the Assister Program's five grantees (Community of Hope; La Clinica del Pueblo; Mary's Center; Unity Health Care; Whitman-Walker Health) are trusted and established community health centers that serve consumers at DC Health Link Storefront Enrollment Centers at their locations which

helps reinforce the "coverage to care" model. By contrast, the Navigator Program is modeled on Navigators navigating, or "floating" throughout the community to meet people where they are throughout the District as coverage needs arise. The programs also utilize separate funding streams: the DC Health Link Assister Program is federally funded, and the DC Health Link Navigator Program is Exchange-funded. The Navigator Program is much smaller in scope than the Assister Program (1 versus 33 grantees in 2013). Whereas the Assister Program is scheduled to sunset in 2016, both the Navigator Program and the Certified Application Counselor (CAC) Program will continue as part of marketplace operations as the Exchange seeks to sustain the in-person consumer assistance strides made during the first few years of the Affordable Care Act.

It is worth noting that the Navigator Program and the Assister Program are similar in many ways in that they are both grant funded partnerships and share the same uninsured and hard-to-reach target populations, service provision to consumers, performance metrics reporting and invoicing structures, need for trained expert flexibility and cultural competence, etc. In both programs, the Exchange intends to partner with organizations that already have experience, trusted relationships, and established networks within their communities that will enable them to effectively reach their target population(s).