



Request for Applications DCHBX-
2015-RFA 01

District of Columbia
Health Benefit Exchange Authority

DC Health Link Navigator Program

Application Released:

August 17, 2015 8:00am EST

Notice of Intent to Apply:

August 24, 2015 5:00pm EST

Application Deadline:

September 8, 2015 5:00pm EST

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL

District of Columbia Health Benefit Exchange Authority

DC Health Link Navigator Request for Applications

TABLE OF CONTENTS

SECTION NUMBER	SECTION TITLE	SECTION PAGE
I.	OPTIONAL Notice of Intent to Apply	3
II.	Grant Solicitation Overview	4
III.	Navigator Program Introduction and Background	7
IV.	Navigator Program Goals	10
V.	Navigator Program Target Population	11
VI.	Duties of Navigator Entities and Individuals	13
VII.	Infrastructure to Support Navigator Activities	17
VIII.	Applicant Eligibility	19
IX.	Conflict of Interest	20
X.	Required Application Components:	21
	1. Submission Requirements Checklist	21
	2. Cover Page	22
	3. DC Health Link Navigator Plan Overview	23
	4. Application Narrative - Description of Program Activities and Applicant Qualifications	24
XI.	Grant Evaluation Criteria and Weight	30
XII.	RFA Terms and Conditions	31
XIII.	Statement of Certification	33
XIV.	Compliance with Laws	35
XV.	Appendices:	36
	A. Conflict of Interest Attestation	36
	B. Navigator Job Description	37

I. **OPTIONAL*** NOTICE OF INTENT TO APPLY

Organizations intending to apply for funding should complete and return this **OPTIONAL*** Notice of Intent to Apply by Monday, August 24, 2015, at 5:00pm EST to help facilitate 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, although 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.*

OPTIONAL* NOTICE OF INTENT TO APPLY – DCHBX-2015-RFA 01

Please submit by Monday, August 24, 2015, at 5:00pm EST*

Please complete this form and fax, email, or hand deliver:

Email: info@dchbx.com [subject line: Navigator RFA: Notice of Intent to Apply]

Fax: 202-730-1658

Or Hand Deliver:

DC Health Benefit Exchange Authority
ATTN: DC Health Link Navigator Program
1225 Eye Street, NW, Fourth Floor
Washington, DC 20005

Contact Name _____

Organization Name _____

Type of Organization (see Section VIII) _____

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 two (2) qualified applicants who will serve as Navigator Entities in the District of Columbia. 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. These grants will cover the time period from October 2015 to September 2018: the award is for one year (October 1, 2015-September 30, 2016) with four option years (October 1, 2016-September 30, 2017; October 1, 2017-September 30, 2018; October 1, 2018-September 30, 2019; October 1, 2019-September 30, 2020). For FY16, the Exchange is making a total of up to \$150,000, subject to Exchange Board approval, available for two competitive grant awards.

Complete Proposals must be received by **Tuesday, September 8, 2015, at 5:00 pm EST:**

Submit to the DC Health Benefit Exchange Authority by:

1. EMAIL: info@dchbx.com [subject line: **Navigator RFA: Application & Documentation**]

Applications should be submitted electronically in one email as follows:

- 1) Core Application Components (see page 21 for breakout); and
- 2) Additional Required Documentation (see page 21 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 separately to the address listed below, 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.

OR

2. In person or by mail, one complete hardcopy and one electronic version per above directions on a flash drive to:

DC Health Benefit Exchange Authority
ATTN: DC Health Link Navigator Program
1225 Eye Street, NW,
Fourth Floor
Washington, DC 20005

Mailed applications must be received by the deadline **regardless of the postmark.**

Grant Applicant Webinar:

There will be one pre-proposal grant applicant webinar to assist organizations in understanding the requirements in the RFA and to provide an opportunity to ask questions and receive answers.

Date: Wednesday, August 19, 2015 Time: 10:00am-11:00am EST

Dial-In Number: 866-740-1260 Access Code: 6283030

<https://cc.readytalk.com/cc/s/registrations/new?cid=s8yfgvmcg7ph>

Questions may also be submitted electronically to the DC Health Benefit Exchange Authority:

- info@dchbx.com [subject line: Navigator RFA: Question]
- Deadline for webinar question submission: **Wednesday, August 19, 2015, 8:00am EST**
- Last day to submit questions: **Monday, August 24, 2015**
- Responses to all questions will be posted on **Wednesday, August 26, 2015, at 12:00pm noon EST** on the Exchange website at <http://hbx.dc.gov/page/navigator-program>.

Notable Dates for Request for Applications Process:

Activity	Date
Release of Request for Application	Monday, August 17, 2015
Grant Applicant Webinar with Questions and Answers	Wednesday, August 19, 2015
OPTIONAL Notice of Intent to Respond Due	Monday, August 24, 2015
Last Day to Submit Inquiries and Questions	Monday, August 24, 2015
Response to Questions Posted on Exchange Website	Wednesday, August 26, 2015
Final Application Submission	Tuesday, September 8, 2015
Grant Application, Evaluation and Selection Process	Tuesday, Sep. 8, 2015 –Monday, Sep. 21, 2015
Notification of Funding Posted on the Exchange's Website	Tuesday, September 22, 2015
Last Day to Submit Protest	Friday, September 25, 2015
Navigator Grant Award Period	October 1, 2015 – September 30, 2016 with four option years (October 1, 2016-September 30, 2017; October 1, 2017-September 30, 2018; October 1, 2018-September 30, 2019; October 1, 2019-September 30, 2020)

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 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. Navigator Program Introduction and Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA). 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 quality of care.

As part of the ACA, all states and the District of Columbia have new health 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 compare and purchase health insurance plans. The Exchange offers private health insurance with better prices, better choices, and better quality. Individuals with incomes up to \$47,080¹ and families of four with incomes up to \$97,000 who do not have access to employer based health insurance or Medicaid are eligible to receive tax credits to make health insurance coverage more affordable.

To successfully enroll these individuals, families, and businesses into health insurance coverage, the District has developed a set of robust outreach and enrollment mechanisms. One of these resources, the DC Health Link Navigator Program (“Navigator Program”) is aimed at outreach to uninsured and hard-to-reach populations to help individuals and families learn about, apply for, and enroll in an appropriate health insurance product, including a Qualified Health Plan or completing an application for Medicaid.

The Navigator Program offers services through “Navigator Entities,” which are organizations that can perform the full range of Navigator duties. The Navigator role is vital in helping consumers prepare applications to establish eligibility and enroll in coverage through DC Health Link – the online Marketplace created for individuals and families in the District of Columbia to shop, compare, and select health insurance that meets their needs and budgets. This includes helping consumers find out if they qualify for insurance affordability programs, and if they are eligible, helping them choose a plan and enroll. Navigators also provide outreach and education to consumers to raise awareness about the DC Health Link, and refer consumers with complaints, questions, or grievances about their coverage to health insurance ombudsmen or other consumer assistance programs or state agencies.

Navigator Entities will perform these duties with a range of staff including both certified and non-certified personnel. Certified personnel, known as Navigators, will be required to complete a training sponsored by the Exchange and successfully complete a skills-based exam. Non-certified personnel can include administrative personnel and others who support and enable Navigators to be successful. Certified Navigators must complete comprehensive training and criminal background checks prior to assisting consumers.

At present, DC Primary Care Association serves as DC Health Link’s Navigator Entity. In FY2016 and beyond, the Navigator Program will have at least 2 Navigator Entities. In FY2016, the Navigator

Entities will receive in-person training and resources in conjunction with the Exchange’s DC Health Link Assister Program, a federally funded program that provides grants to community based organizations to build on their trusted relationships and expertise to reach, educate, enroll, and provide post-enrollment services to uninsured and hard to reach DC residents and small businesses. Please note that the Exchange uses the term “DC Health Link Assister” and “Assister” to describe all DC Health Link certified trained experts who provide in-person assistance to consumers, whether they are federally-funded In-Person Assisters (IPAs), Navigators funded through the Exchange, or non-grant funded Certified Application Counselors (CACs). Learn more about the Exchange’s [Assister Program](#) and [CAC Program](#).

¹ Income levels are based on the family’s income as a percent of the Federal Poverty Level and are adjusted each year.

Definitions to Note	
Navigator Program	An all-encompassing term for the DC-based Navigator Program, inclusive of all the Navigator Entities and their certified and non-certified personnel.
Navigator Entities	Organizations that receive grants from the DC Health Benefit Exchange Authority to perform the full range of Navigator duties.
Navigators	Certified personnel who provide in-person assistance to consumers after they successfully complete training and a skills-based exam, pass a criminal background check, and comply with additional guidelines.
DC Health Benefit Exchange Authority (Exchange)	The District of Columbia’s State-Based Exchange pursuant to the Affordable Care Act which operates DC Health Link, the District’s online health insurance marketplace which offers consumers the ability to apply for coverage, find out if they are eligible for help to lower the cost of their insurance, compare options, and enroll in the plan of their choice.
Qualified Health Plan (QHP)	A private health insurance plan certified to sell in the Exchange.
Broker or Producer	A licensed insurance professional who acts on behalf of a consumer, who can sell, solicit or negotiate insurance and is compensated by the insurance company.

Request for Applications

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. Under federal law, licensed Brokers or Producers cannot serve as Navigators. Please note the compressed timeline in order to ensure onboarding in time for DC Health Link’s Third Open Enrollment Period (OEP3) which begins November 1, 2015.

The DC Health Benefit Exchange Authority is issuing this Request for Application (RFA) seeking applications from qualified entities to serve as Navigator Entities in the District of Columbia. Under the Navigator Program, the Exchange is making a total of up to \$150,000, subject to Exchange Board approval, available for two competitive grant awards. The Exchange seeks creative and innovative applications from a range of District organizations that have trusted and established relationships, networks, and experience working with uninsured and hard-to-reach population groups.

The DC Health Link Navigator Program is a partnership with community organizations that have experience successfully reaching, educating, and enrolling the District's diverse uninsured and hard-to-reach populations into private health insurance coverage and which also provide effective post-enrollment and renewal support services to consumers, as appropriate. Navigators must provide culturally and linguistically appropriate and accessible services. Navigators must be flexible with their time and schedules, especially since consumers may require assistance during evenings and weekends. 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. Navigators partner closely with the Exchange and are essential participants in DC Health Link outreach and enrollment events.

Once grantees are selected, there will be ongoing communication and coordination among the grantees. In some cases, a Navigator Entity may have a particular area of expertise, such as a language competency, that will make it desirable to refer some consumers to that Navigator Entity. Thus, every grantee does not need to have expertise working with every population type, but they will need to actively work with other community partners to ensure that consumers' needs are met. Navigators will receive in-person training and resources in conjunction with the DC Health Link Assister Program and may also utilize the online DC Health Link Certified Application Counselor Program (CAC) training resources.

The Navigator Entity will receive the grant amount for costs incurred from award date. Payments will be disbursed based on required monthly financial documentation of expenditures as demonstration of best efforts based on performance metrics specified by the Exchange. If in the opinion of the Exchange the grantee is not fulfilling the goals of the Navigator 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 Navigator Entity is required to complete all duties through the term of the Grant Award regardless of whether or when that Navigator Entity has exhausted their full grant allotment.

The Navigator Program exists in a time of significant change to the health care system. As a result, grantees will need to show flexibility to changing federal and local laws and policies.

Timeline for Navigator Program

Timeline for Navigator Program	
Navigator FY2016 Grant Period Begins	October 1, 2015
Mandatory OEP3 Training for Navigators	<ul style="list-style-type: none"> • October 2015: 101 Training • October 2015: Refresher Training • November 2015/December 2015/January 2016: Continuing Education Training • February 2016: Post-OEP3 Debrief Session (exact dates to be provided when grants are awarded)
Third Open Enrollment Period (OEP3)	November 1, 2015-January 31, 2016
Post-OEP3 Period	February 1, 2016-September 30, 2016
Navigator FY2016 Grant Period Ends	September 30, 2016
Option Year One	October 1, 2016-September 30, 2017
Option Year Two	October 1, 2017-September 30, 2018
Option Year Three	October 1, 2018-September 30, 2019
Option Year Four	October 1, 2019-September 30, 2020
Navigator Grant Ends	September 30, 2020

IV. Navigator Program Goals

The District's Navigator 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 plans (QHP) and insurance affordability programs; and
 - c. Promoting the retention of health insurance coverage.
2. Partner with creative and innovative District organizations that have trusted and established relationships, networks, and experience working with uninsured and hard-to-reach target population groups.
3. Develop a highly knowledgeable navigator workforce that can educate consumers on their full range of health coverage and access options and support consumers to understand and use health coverage.
4. Provide consumer-centered services (culturally and linguistically appropriate, physically accessible, plain language, geographically convenient, schedule friendly, etc.).
5. Navigate, or "float" throughout the District to coordinate with related programs and entities, serving as a mobile one-stop shop with the ability to enroll consumers on-site as well as provide warm hand-offs to other health and social services, as appropriate.
6. Work closely with the Exchange in DC Health Link outreach and enrollment events.
7. Track performance to measure efforts and success.

V. Navigator Program Target Population

The Navigator Program’s target population is uninsured and hard-to-reach populations. While outreach efforts should be focused on that target population, Navigators must be prepared to serve everyone who seeks help with eligibility or 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.

The target population includes the following:

- 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 and Amharic.
- Lesbian, Gay, Bisexual, and Transgender (LGBT) communities.
- African Americans and Hispanics: Both non-Hispanic Blacks and Hispanics are more likely to be uninsured than non-Hispanic Whites.
- Males: Males are more likely to lack coverage than females (67 percent of the uninsured are male, while 33 percent are female).
- Ages 18-34: Nearly half of the uninsured residents of DC are young adults ages 18-34.
- Low and middle income residents: Coverage rates rise as income rises.
- Unemployed: Nearly half of the uninsured are not working.
- Lack of employer offer of insurance: Large employers are more likely to offer insurance to their workers than small employers. As a result, uninsured DC residents are much more likely to work in a firm with fewer than 50 employees.
- Small businesses and their employees in the construction industry, retail trade, arts and entertainment, and food services workers as well as professional and scientific management jobs are much less likely to have coverage.
- Wards 1, 4, and 7: The uninsured (ages 18-64) are distributed across the District in the following way:

Ward 1	22.7%
Ward 2	9.7%
Ward 3	7.4%
Ward 4	18.7%
Ward 5	12.2%
Ward 6	5.4%
Ward 7	18.1%
Ward 8	5.7%
Total	100.0%

This list was developed by a stakeholder advisory committee to the DC Health Benefit Exchange Authority and approved by the Executive Board of the Exchange. Many of the populations were derived from a report by the Urban Institute titled, [“Uninsurance in the District of Columbia: A Profile of the](#)

[Uninsured, 2009](#),” by Barbara A. Ormond, Ashley Palmer, and Lokendra Phadera², a report based on the 2009 DC Health Insurance Survey, and data from the 2011 American Community Survey.

Those interviewed in the 2009 DC Health Insurance Survey indicated that they were uninsured primarily because coverage was not affordable. They also said it was caused by job loss or change, not being offered insurance through their employer, and not knowing how to attain health insurance. A very small percentage of uninsured residents believed they did not need it.

Successful applicants will employ innovative strategies for reaching some or all of the target populations focused on individuals and families (rather than small businesses). They will not rely exclusively on potential consumers coming to them; they will actively reach out to people where they live and/or work.

See also [District’s Uninsured Rate Drops by 43% in DC Health Link’s First Year; Covering the Uninsured Through DC Health Link: Report on the First Year *Uninsured rate drops by as much as 43 percent in the District* By Leighton Ku, PhD, MPH, December 26, 2014](#); [More Than 125,000 People Enrolled in Health Coverage Through DC Health Link, June 9, 2015](#)

² See <http://www.urban.org/UploadedPDF/412084-dc-uninsured-brief.pdf>.

VI. Duties of Navigator Entities and Individual Navigators

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about DC Health Link.
2. Provide information and services in a fair, accurate and impartial manner. Such outreach and education must acknowledge other health programs such as Medicaid and the DC Healthcare Alliance.
3. Facilitate selection of a Qualified Health Plan.
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 Navigator Entity, including individuals with limited English proficiency. The following parameters must be followed:
 - The Navigator Entity 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 Navigator Entity should provide both oral and written notification to consumers of their right to receive language assistance services and how to obtain such services;
 - The Navigator Entity 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 Exchange will make materials in various languages and a Language Line available to Navigator Entities);
 - Use of a consumer's family and friends as interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services; and
 - The Navigator Entity 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.
6. Ensure accessibility by following these federal rules:
 - Navigator Entities must not discriminate against people with disabilities and shall make reasonable accommodation so they have equal access to services. This must be consistent with Section 504 of the Rehabilitation Act.³
 - Navigator Entities shall make information accessible to consumers with disabilities. (The Exchange will make materials available in Braille and provide services for the hearing impaired to Navigator Entities).

³ See <http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf>.

- Use of a consumer's family or friends as interpreters can satisfy the requirement to make information accessible to consumers with disabilities only when requested by the consumer as the preferred alternative to other options.
 - Navigator Entities 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.
 - Navigator Entities shall have the ability to refer people with disabilities to local and federal long-term services and supports programs when appropriate.
7. If a small business is interested in purchasing a product in the Exchange's small group market, the Navigator Entity should refer the business to the DC Health Link broker list or the Exchange's Small Business Health Options Program (SHOP) Team in order to help facilitate a customer experience for that business that meets its needs. If the small business is unable or unwilling to provide employer-sponsored health insurance coverage, the Navigator Entity should assist its employees in enrolling in individual coverage through private plans in the Exchange or Medicaid as applicable, or make other referrals.
8. Individual Navigators shall complete training provided by the DC Health Benefit Exchange Authority on the following:
- 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 and how to complete paper coverage applications;
 - How to help consumers weigh the range of QHP options including the quality, cost and overall value of available QHPs (including qualified dental plans);
 - 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 renewal;
 - Managing coverage transitions and special enrollment periods;
 - Medicaid and DC Alliance;

- Needs of underserved and vulnerable populations, including
 - immigrants;
 - those with limited proficiency in English;
 - those with disabilities; and,
 - those with particular health conditions, such as HIV/AIDS or MS, who may be looking for unique features in a health insurance plan;
 - Culturally and linguistically appropriate approaches, 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), call center, brokers or producers, and others providing in-person consumer assistance (Navigators; In-Person Assisters; Certified Application Counselors)
 - Use of authorized representatives; and,
 - Exchange-specific training for small businesses.
9. Upon completing the training, each individual Navigator must pass a skills-oriented competency exam.
10. Report on performance metrics regularly as established by the Exchange. The Exchange will establish protocols for submission of performance metrics. Directions on how to report accurately will be provided. Metrics will be tracked through an electronic Assister Reporting Tool (ART) as well as the Exchange web portal. The metrics will be collected, analyzed and shared back with Navigator Entities so they can be used for performance improvement throughout the program. The following types of information will be reported or tracked:
- Number of applicants assisted;
 - Type of application assistance provided and stage of consumer engagement toward completed enrollment
 - Average time taken to complete various types of applications;
 - Outreach (how consumers were contacted; site of services; activities; follow-up completed; resources used; event results)
 - Number and types of referrals (Medicaid; Brokers/Producer; Assister/Navigator/CAC; social services programs such as the Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants and Children (WIC) program)

- Use of the web portal as opposed to paper applications;
- Uninsured consumers
- Target population demographics (age, gender, race/ethnicity, etc.)
- New enrollments and rates of continuous coverage;
- Enrollment patterns (to ensure consumers are not being steered to one plan or another);
- Accuracy of the applications submitted;
- Consumer testimonials; and
- Navigator experience using a survey.

11. The Navigator Entity and all individual Navigators must adhere to privacy and security standards as developed by the Exchange and required by law. In general, Navigator Entities and individual Navigators will be handling private and personal data. In some cases, this data will be available through the Exchange website as a Navigator assists a consumer as they determine their eligibility for healthcare coverage or financial assistance. In other cases, personal data will be provided by consumers. All Navigators will be given training on how to maintain the privacy and security of personal information. Navigator Entities must provide sufficient oversight, both in terms of technology and personnel, to ensure that privacy and security breaches do not occur.

Consistent with federal guidance, Navigator Entities shall be capable of fulfilling all of the required duties. Some Navigator Entities may focus more on some duties, such as outreach and education, or eligibility and enrollment, but must partner with other Navigator Entities or others to fulfill all duties.

VII. Infrastructure to Support Navigator Activities

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

- Exchange web portal for eligibility and enrollment of consumers

The Exchange will make available a website/portal for eligibility and enrollment of consumers that allows Navigator Entities to manage their consumer caseload. To use this website, a Navigator must have or secure upon grant award:

- 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 Navigator Entities, a translation or language telephone line will be available to Navigators to help serve all consumers. In addition, the Exchange will organize TTY/TTD capabilities and services for the hearing impaired. Details will be provided during training.

- Outreach and Education Materials

The Exchange will develop outreach and education materials for use by Navigator Entities. 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, Spanish and in Braille. The Exchange will provide for the printing of outreach materials, including in these other languages.

Customizable Materials: Limited materials will be designed for Navigator Entities 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.).

- Training Program

- Mandatory in-person training will be provided. Materials and online tools will supplement in-person seminars. Exact dates will be provided after grant awards are made. See the training section in [Timeline for Navigator Program](#).
- Training is mandatory for each individual Navigator. A Navigator will not be certified unless training is complete and a competency test based on the training is passed.

- Ongoing Support

If questions arise beyond those addressed in training, support will be available to individual Navigators. Specific information will be provided by the Exchange during training. In addition, there will be required ongoing meetings among Navigator Entities and Exchange personnel to share best practices, trouble-shoot common problems and challenges, and disseminate general program updates.

VIII. Applicant 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 Navigator Entities

- 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.

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 a Navigator Entity or Navigator Navigator's official duties. The conflict of interest standards apply to Navigator Entities and all of their employees.

1. Individuals are allowed to serve as Navigators 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 a Navigator Entity under Section VIII (See Appendix A).
3. Applicants shall DISCLOSE to the Exchange in the application and to each consumer who receives application assistance the Navigator Entity the following:
 - A. Any lines of insurance business, other than health insurance or stop loss insurance, which the Navigator Entity or their staff members intend to market while serving as an Navigator Entity;
 - B. Any former or existing employment relationships the Navigator Entities 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 Navigator Entity 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 a Navigator Entity 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 a Navigator Entity. The Conflict of Interest Plan should include a list of any possible items that do not rise to the level of precluding the Navigator Entity from participating in the Navigator 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 Navigator Entity would mitigate the risk for a potential for a conflict of interest.

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

 - A description of how the Navigator Entity confirmed their freedom from a 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.

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
- DC Health Link Navigator Plan Overview
- Application Narrative – Description of Program Activities and Applicant Qualifications
- 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)

Cover Page (Submit with Application)

Full name of organization	
Federal EIN number	
Contact Person/Project Manager	
Organization Address (the applicant must have a physical location in the District of Columbia) and District Ward	
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)	

DC Health Link Navigator Plan Overview

Organization Name:		
Grant Amount Requested (October 1, 2015-September 30, 2016) – <i>no more than \$100,000</i> :		
Navigator Staffing for 3 rd Open Enrollment Period Prep and Service (October 1, 2015-January 31, 2016) – <i>maximum staffing flexibility required</i> :	<i>Number of Navigator FTEs (Full Time Equivalents)</i> <i>Include Management Time</i> <i>Note Language Skills, if applicable</i>	
	<i>Number of Navigators</i> <i>Include Management Personnel</i> <i>Note Language Skills, if applicable</i>	
Scaled-Down Navigator Staffing Post-3 rd Open Enrollment Period (February 1, 2016-September 30, 2016) – <i>non-peak season</i> :	<i>Number of Navigator FTEs (Full Time Equivalents)</i> <i>Include Management Time</i> <i>Note Language Skills, if applicable</i>	
	<i>Number of Navigators</i> <i>Include Management Personnel</i> <i>Note Language Skills, if applicable</i>	
Target Population(s) and Approach to Education, Outreach, & Enrollment (150 word maximum, may extend table to a second page):		
Any Additional Information Not Otherwise Covered You Deem Important to This Application – <i>100 word maximum (OPTIONAL)</i>		

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 items A-F: 12 pages maximum, single-spaced, 12-point font, Times New Roman

Please number all application narrative pages.

A. Summary of Approach for Providing Navigator Program

Services Page Limit: 4 pages maximum, single-spaced.

- Describe the target population(s) you propose to reach (see Section V).
- Describe the applicant's approach to meeting the Navigator Program's goals (see Section IV) and reaching and enrolling the target population. Describe the strategic approach and mechanisms/tactics for outreach, education, enrollment, and post-enrollment DC Health Link services.
- Describe the applicant's outreach and communications capabilities and how they will be utilized in the Navigator Program. Include information about contact lists and the ways you typically communicate with the population(s) you currently serve. Address how technology will be leveraged to conduct Navigator Program activities.
- Describe how the applicant proposes to promote the new health insurance coverage and financial help available through DC Health Link (the Exchange will develop and make printed and online materials available for the Navigator Entity use).
- Describe quality assurance mechanisms to ensure Navigators deliver accurate and high quality services.
- 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 this response.

B. Qualifications and Experience

Page Limit: 2 pages maximum, single-spaced.

- Describe the applicant's experience similar to any of the duties described in Section VI, including but not limited to education, outreach, enrollment, and post-enrollment of individuals into health insurance programs or coverage that demonstrate adequate knowledge, skills and capacity to perform the proposed program services. 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 Navigator Program funding will supplement and not supplant existing and expected funds and services.
- Describe the applicant's existing relationships with the target population(s) and/or the ability to readily establish such relationships. 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.
- Describe organizational experience, accounting and operational controls to show an adequate level of fiscal accountability.

C. Personnel/Staffing

Page Limit: 1 page maximum, single-spaced.

- Navigator Entities must assign a project manager who will serve as the contact person for the Navigator Entity, provide oversight and management for the Navigator 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.
- Provide the names, relevant experience, and qualifications of the key individuals who will serve as individual Navigators. Note if new hiring is required for the position(s). For reference, a proposed Navigator job description is included as Appendix B.
- 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).
- Describe a staffing model that allows for additional staff and flexibility in scheduling Navigators for extended hours during peak enrollment and scales down during non-peak times and the non-open enrollment period.

D. Consumer Access

Page Limit: 2 pages maximum, single-spaced.

➤ Cultural and Linguistic Competency

- 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.

➤ Accessibility of Services

- Describe how the applicant will meet the duties in Section VI, 6 regarding providing services in an accessible manner.
- State how applicant will make services accessible to those with disabilities and those with limited transportation options.
- Describe if and how the applicant proposes to provide services where the applicant’s target population(s) lives and/or works.
- Note innovative and creative ideas to increase the accessibility of in-person assistance services for DC Health Link consumers.

E. Quality Assurance

Page Limit: 2 pages maximum, single-spaced.

- Describe the applicant’s proposal for quality assurance mechanisms to ensure Navigators 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.

F. Budget & Funding

Page Limit: 1 page maximum, single-spaced.

➤ Navigator Budget

- A detailed personnel budget is not required at the time of application submission. Instead, applicants must submit requested funding and staffing plans in the “DC Health Link Navigator Organization Plan Overview” document.

Please note:

- The Exchange is not required to select the lowest priced Application submitted.
- The Exchange will develop work plans and budgets in partnership with successful applicants.
- Grantees will be required to submit strategic work plans and budgets each year for Exchange approval. All budgets are subject to negotiation.

➤ Current Public Funding

- If the applicant currently receives Federal or District of Columbia funds to do similar work or is already providing, outreach, education, eligibility or enrollment services for healthcare coverage through other funding sources, please indicate in detail. Navigator Program grant resources are required to supplement and not replace current levels of effort.
- If other sources of funding exist, indicate how the proposal will achieve this requirement. If no other such sources of funding exist, please state “Not Applicable.”

G. 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.

H. 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 target population(s) determined to be in high need for Navigator services that applicant proposes to reach. • Demonstrated success in providing assistance to DC Health Link eligible consumers in described target population(s). <p>Summary of Approach for Providing Navigator Program Services:</p> <ul style="list-style-type: none"> • Clear and convincing description of a strategic approach to meet the Navigator Program’s goals for outreach, education, enrollment, and post-enrollment services to target population(s). • Demonstrated capacity to communicate with and engage target populations via strategic outreach and ability to effectively leverage technology. <p>Budget</p> <ul style="list-style-type: none"> • Clear and realistic funding request. 	35%
<p>Qualifications and Experience:</p> <ul style="list-style-type: none"> • Description of experience that demonstrates ability to reach and work with target population(s). • 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, Navigator service provision, performance monitoring, and fiscal management. • Description of a staffing model that allows for additional staff and flexibility in scheduling Navigators for extended hours during peak enrollment and scales down during non-peak times and the non-open enrollment period. 	35%
<p>Cultural and Linguistic Competency:</p> <ul style="list-style-type: none"> • Demonstrated capability to serve the population in a culturally appropriate manner and to serve those with limited literacy. • Convincing description of how applicant will provide DC Health Link Navigator services 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. • Innovative and creative ideas to increase the accessibility of in-person assistance services for DC Health Link consumers. <p>Quality Assurance:</p> <ul style="list-style-type: none"> • Compelling description of quality assurance mechanisms to ensure Navigators deliver accurate and high quality services. 	20%
<p>Application</p> <ul style="list-style-type: none"> • Timely and complete 	10%
TOTAL	100%

The Navigator Program is intended to cover all target populations through diverse organizations that are geographically dispersed throughout the city. Final grant awards will be determined taking these additional comparative criteria into consideration. Additional Required Documentation will also be reviewed and considered.

XII. RFA Terms and Conditions

1. Funding for this award is contingent on continued Exchange funding. The 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 shall notify the applicant if it rejects that applicant's proposal. The Exchange may suspend or terminate an outstanding RFA pursuant to any applicable District of 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 shall not be 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 Navigator Program.
8. Upon award of the grant, the Exchange shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant.
9. Upon award, the Exchange shall 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 shall control and it shall be the responsibility of the applicant to ensure compliance.
11. The applicant shall 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 shall 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 Navigator Program for the Navigator Entity.

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. 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;
8. The applicant attests to a satisfactory record of integrity and business ethics;
9. The applicant attests to be in compliance with the applicable District licensing and tax laws and regulations;
10. The applicant attests to be in compliance with provisions of the Drug-Free Workplace Act; and
11. The applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
12. 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.

13. The applicant attests they are not prohibited from serving as a Navigator under Section VIII of the RFA.
14. The applicant attests that any and all conflict of interest disclosures required have been provided.
15. 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.
16. 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 shall 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 et seq.)
- 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 a Navigator Entity or Navigator's official duties.

B. I (Name of Lead at Navigator Entity) 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 Navigator Entity shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the Navigator Entity 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 Navigator Entity shall 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

Navigator Job Description and Competencies

General Description:

The Navigator 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. Navigators 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.

Navigator Role:

The role of the Navigator will be to provide customers with fair and impartial information and services that help guide them through applying for and enrolling in health coverage. Navigators will provide education about a consumer's options for health coverage (including both Medicaid and qualified health insurance plans) and health services. Navigators will ensure customers understand basic insurance terminology to help them filter and sort their health plan options. Navigators 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, Navigators will provide referrals to the appropriate entity. Navigators 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.

Navigator Duties:

- Deliver general education about the ACA and DC Health Link;
- Meet with customers in person to explain Navigator services, reasons to buy health insurance, and options for coverage;
- Assist customers with opening or accessing an account with DC Health Link;
- Explain affordability programs, Qualified Health Plans, Essential Health Benefits, and rights when using insurance;
- Explain Medicaid 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 DC Health Link 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 as needed;
- Explain to customers when life changes can be reported and when renewal will be needed;
- Provide all services in a manner that is accessible and culturally and linguistically relevant to the customer;
- Provide all services in a private and secure manner;
- Achieve certification and maintain expertise through continuing education;
- Navigate, or "float" throughout the District to coordinate with related programs and entities, serving as a mobile one-stop shop with the ability to enroll consumers on-site as well as provide warm hand-offs to other health and social services, as appropriate;

- Participate in the Exchange’s DC Health Link outreach and enrollment events; and
- Accurately track and record activities for 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 Navigator 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 such as Medicaid, DC Healthcare Alliance, premium tax credits and 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 web portal 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 and linguistically appropriate communication skills
- Use DC Health Link education materials and references to maintain expertise
- Report activities and maintain knowledge of policies, procedures, and system uses