

**State of California  
Office of Administrative Law**

**In re:**  
**California Health Benefit Exchange**

**Regulatory Action:**

**Title 10, California Code of Regulations**

**Adopt sections:** 6650, 6652, 6654, 6656,  
6657, 6658, 6660, 6662,  
6664, 6666, 6668, 6670

**Amend sections:**

**Repeal sections:**

**NOTICE OF APPROVAL OF EMERGENCY  
REGULATORY ACTION**

**Government Code Sections 11346.1 and  
11349.6**

**OAL File No. 2014-0129-01 EE**

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This re-adoption of emergency rulemaking action number 2013-0705-01E by the California Health Benefit Exchange establishes the Enrollment Assistance program (Program) within title 10 of the California Code of Regulations. These regulations include eligibility standards, application requirements, and other guidelines for individuals and entities to participate in the Program. These regulations also establish eligibility requirements for the Navigator program and incorporate the Request for Application form by reference.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 2/10/2014 and will expire on 5/13/2014. The Certificate of Compliance for this action is due no later than 5/12/2014.

Date: 2/10/2014

  
Eric Parlington  
Staff Counsel

For: DEBRA M. CORNEZ  
Director

Original: Peter Lee  
Copy: Daniel Eliav

# EMERGENCY

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER	EMERGENCY NUMBER <b>2014-0129-01E</b>
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ENDORSED FILED  
IN THE OFFICE OF

2014 FEB 10 PM 3:21

*Debra Bowen*  
DEBRA BOWEN  
SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

2014 JAN 29 PM 4:58  
OFFICE OF  
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
California Health Benefit Exchange

AGENCY FILE NUMBER (if any)

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Enrollment Assistance	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-0705-01E
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#### 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 6650, 6652, 6654, 6656, 6657, 6658, 6660, 6662, 6664, 6666, 6668, and 6670
	AMEND
	REPEAL
TITLE(S) 10	

#### 3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

#### 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

#### 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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#### 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Daniel Eliav	TELEPHONE NUMBER (916) 228-8492	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) daniel.eliav@covered.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Peter V. Lee</i>	DATE 01/27/2014
TYPED NAME AND TITLE OF SIGNATORY Peter V. Lee	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 10 2014

Office of Administrative Law

California Code of Regulations

Title 10. Investment

Chapter 12. California Health Benefit Exchange (§ 6650 et seq.)

Article 8. Enrollment Assistance.

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**§ 6650. Definitions.**

(a) For purposes of this Article, the following terms shall have the following associated meanings:

Authorized Contact: The individual appointed by the Certified Enrollment Entity to manage the agreement with the Exchange.

Certified Enrollment Entity: An entity or individual registered by the Exchange to provide one-on-one Consumer Assistance. A Certified Enrollment Entity shall be registered in the In-Person Assistance Program and/or the Navigator Program.

Consumer: A person or entity seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 of Article 2 of this Chapter.

Consumer Assistance: The programs and activities created under 45 C.F.R. § 155.205(d) to provide one-on-one assistance to consumers.

Financial Contact: The individual appointed by the Certified Enrollment Entity to communicate fiscal matters with the Exchange.

In-Person Assistance Program (IPA Program): The Program whereby Certified Enrollment Entities affiliate with Certified Enrollment Counselors to provide face-to-face Consumer Assistance.

In-Person Assister: A Certified Enrollment Counselor who is affiliated pursuant to Section 6654 with a Certified Enrollment Entity who is registered in the IPA Program.

Certified Enrollment Counselor: An individual who is certified by the Exchange pursuant to Sections 6654 or 6656 to provide one-on-one Consumer Assistance. A Certified Enrollment Counselor shall be registered in either the In-Person Assistance or the Navigator Program, but not both.

Navigator: A Certified Enrollment Counselor who is affiliated pursuant to Section 6656 with a Certified Enrollment Entity that is registered in the Navigator Program.

Navigator Program: The Program whereby Certified Enrollment Entities are awarded grants for conducting Outreach & Education and Consumer Assistance.

Outreach & Education: The programs and activities created under 45 C.F.R. § 155.205(e) to educate consumers about the Exchange and insurance affordability programs in order to encourage participation.

**Primary Contact:** The individual appointed by the Certified Enrollment Entity to be a liaison with the Exchange.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, and 155.215.

**§ 6652. Certified Enrollment Entities.**

(a) The following entities and individuals are eligible to apply to become a Certified Enrollment Entity in the In-Person Assistance Program pursuant to Section 6654:

- (1) American Indian Tribes or Tribal Organizations;
- (2) Chambers of Commerce;
- (3) Cities, Counties, and Local Government Agencies;
- (4) Commercial fishing industry organizations;
- (5) Community Colleges and Universities;
- (6) Faith-Based Organizations;
- (7) Indian Health Services Facilities;
- (8) Labor Unions;
- (9) Licensed attorneys (e.g., family law attorneys who have clients that are experiencing life transitions);
- (10) Licensed health care clinics;
- (11) Licensed health care institutions;
- (12) Licensed health care providers;
- (13) Non-Profit Community Organizations;
- (14) Ranching and farming organizations;
- (15) Resource partners of the Small Business Administration;
- (16) School Districts;
- (17) Tax preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code;
- (18) Trade, industry, and professional organizations;

(19) Other public or private entities or individuals who meet the requirements of this Article except for:

(A) Entities and individuals who are licensed by the Department of Insurance.

(b) The following entities and individuals are eligible to apply to become a Certified Enrollment Entity in the Navigator Program pursuant to Section 6656:

- (1) American Indian Tribes or Tribal Organizations;
- (2) Chambers of Commerce;
- (3) Cities, Counties, and Local Government Agencies;
- (4) Commercial fishing, industry organizations;
- (5) Community Colleges and Universities;
- (6) Faith-Based Organizations;
- (7) Indian Health Services Facilities;
- (8) Labor Unions;
- (9) Licensed attorneys (e.g., family law attorneys who have clients that are experiencing life transitions);
- (10) Non-Profit Community Organizations;
- (11) Ranching and farming organizations;
- (12) Resource partners of the Small Businesses Administration;
- (13) School Districts;
- (14) Tax preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code;
- (15) Trade, industry, and professional organizations;
- (16) Safety Net Clinics:
  - (A) Community Clinics as defined in Health and Safety Code Section 1204, subdivision (a)(1)(A);
  - (B) Free Clinics as defined in Health and Safety Code Section 1204, subdivision (a)(1)(B);

- (C) Federally Qualified Health Centers (FQHCs) under Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;
- (D) FQHC Look-Alikes designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration, 42 U.S.C. §§ 1395x and 1396d;
- (E) Health care facilities directly managed and funded by the Indian Health Services under the Indian Self-Determination and Education Assistance Act of 1975, 25 U.S.C. § 450 et seq.;
- (F) 638 Contracting or Compacting Clinics funded by the Indian Health Services under the Indian Self-Determination and Education Assistance Act of 1975, 25 U.S.C. § 450 et seq.;
- (G) Urban Indian Health Centers under Title V of the Indian Health Care Improvement Act, 25 U.S.C. § 1601, et seq; and

(17) Other public or private entities or individuals who meet the requirements of this Article except for:

- (A) Entities and individuals who are licensed by the Department of Insurance;
  - (B) Health insurance issuers or stop loss insurance issuers;
  - (C) Except for the Safety Net Clinics listed in subdivision (b)(16) above, Licensed Health Care Clinics;
  - (D) Licensed Health Care Institutions; and
  - (E) Licensed Health Care Providers.
- (c) The Exchange may require proof of a current or valid license, authority, certificate, or registration by the appropriate regulatory or licensing entity as a condition of eligibility to be registered as a Certified Enrollment Entity.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, and 155.215.

**§ 6654. In-Person Assistance Program Application.**

- (a) An entity or individual who is eligible pursuant to Section 6652 may apply to register in the IPA Program as a Certified Enrollment Entity according to the following process:

- (1) The entity or individual shall submit all information, documentation, and declarations required in subdivision (b) of this Section.
  - (2) The application shall demonstrate that the entity or individual is capable of carrying out at least those duties described in Section 6664 and has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a Qualified Health Plan (QHP).
  - (3) The Exchange shall review the application and, if applicable, request any additional or missing information necessary to determine eligibility.
  - (4) Entities or individuals who have submitted a completed application and demonstrated ability to meet the above requirements shall
    - (A) Be notified of available opportunities by the Exchange for the entity or individual's Authorized Contact, or his or her designee, to complete the training requirements established pursuant to Section 6660, subdivision (a); and
    - (B) Submit the following:
      1. An executed agreement conforming to the Roles and Responsibilities defined in Section 6664 and provided in the application provided by the Exchange;
      2. Proof of general liability insurance with coverage of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured, and workers compensation insurance; and
      3. A completed STD.204, Payee Data Record.
  - (5) Entities or individuals who complete and pass the training requirements established pursuant to Section 6660, subdivision (a), shall be registered as Certified Enrollment Entities by the Exchange and assigned a Certified Enrollment Entity Number. If the Authorized Contact, or his or her designee, fails to complete the training standards described in Section 6660, subdivision (b), within 30 calendar days, the applicant shall be deregistered.
  - (6) Individuals and entities who have been denied may appeal the denial of their Certified Enrollment Entity Application through the process established by Section 6662.
- (b) A Certified Enrollment Entity application for the IPA program shall contain the following information.
- (1) Full name;
  - (2) Legal name;
  - (3) Primary e-mail address;
  - (4) Primary phone number;

- (5) Secondary phone number;
- (6) Fax number;
- (7) An indication of whether the entity prefers to communicate via e-mail, phone, fax, or mail;
- (8) Website address;
- (9) Federal Employment Identification Number;
- (10) State Tax Identification Number;
- (11) Identification of applicant's status as a non-profit, for-profit, or governmental organization and a copy of supporting documentation;
- (12) Identification of the type of organization and, if applicable, a copy of the license or other certification;
- (13) Identification of the counties served;
- (14) An indication of whether applicant wants to receive compensation;
- (15) An indication of whether applicant received an Outreach & Education Grant from the Exchange and/or the Department of Health Care Services and, if applicable, the Grant Contract Number and Grant Award Amount;
- (16) A certification that the applicant and all of its employees comply with Section 6666;
- (17) Indication of whether the entity serves families of mixed immigration status;
- (18) Identification of whether the entity provide services to persons with disabilities;
- (19) An indication of whether the entity serves disabled individuals and, if so, the disability(ies) served;
- (20) Identification of the year the entity was established;
- (21) For the primary site and each sub-site, the following information:
  - (A) Site Location Address;
  - (B) Mailing Address;
  - (C) County;
  - (D) Contact name;
  - (E) Primary e-mail address;
  - (F) Primary phone number;
  - (G) Secondary phone number;
  - (H) An indication of whether the entity or individual wants to receive referrals for individuals seeking assistance at this site;

- (I) Hours of operation;
  - (J) Estimated number of individuals served annually;
  - (K) Spoken languages;
  - (L) Written languages;
  - (M) An indication of whether the entity or individual offers services in sign language;
  - (N) Ethnicities served;
  - (O) Estimated number of individuals served by age; and
  - (P) Types of industries served;
- (22) Name, e-mail address, primary and secondary phone number, and an indication of the preferred method of communication for the Authorized Contact, Primary Contact, and Financial Contact;
- (23) If the Certified Enrollment Entity is eligible for compensation per Section 6668 and wants to receive payment, the applicant shall enter the following payment information:
- (A) For Electronic Funds Transfers, the Bank Name, Account Owner, Routing Number, Account Number, Account Type (Checking or Savings); or
  - (B) For Paper Checks, Bank Address and Payment Address;
- (24) A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;
- (25) For each In-Person Assister to be affiliated with the applicant,
- (A) All information required by Section 6657 that is not already included elsewhere in the application; and
  - (B) An indication of whether or not he or she is certified by the Exchange and, if applicable, the certification number; and

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, 155.215, and 155.260.

#### **§ 6656. Navigator Program Request for Application and Selection Criteria**

- (a) Applicants shall submit a proposal in response to the Request for Application (Revd. January 2014) herein incorporated by reference.
- (b) Grants will be awarded under the Navigator Program to successful applicants submitted to the Exchange.

(c) At least one of the grants shall be awarded to each of the following:

- (1) A non-profit Community Organization as described in Section 6652(b)(10); and
- (2) Any one of the other categories listed in Section 6652.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 CFR §§ 155.205, 155.210, and 155.260.

### **§ 6657. Certified Enrollment Counselor Application.**

(a) An individual may become a Certified Enrollment Counselor according to the following process:

(1) The Certified Enrollment Entity shall notify the Exchange of the individual to be affiliated according to the process described in subdivision (c) of this Section.

(2) The individual shall:

(A) Submit the following:

1. All information, documentation, and declarations required in subdivision (b) of this Section; and
2. An executed agreement conforming to the Roles and Responsibilities defined in Section 6664 and as indicated in the application provided by the Exchange;

(B) Within 30 calendar days of completing the requirements in (a)(2)(A) of this Section:

1. Submit fingerprinting images in accordance with Section 6558 (a);
2. Disclose to the Exchange all criminal convictions and administrative actions taken against the applicant;
3. Complete the required training established in Section 6660; and
4. Pass the required certification exam administered by the Exchange.

(3) Individuals who complete the above requirements and pass the Certified Enrollment Counselor Fingerprinting and Criminal Record Check described in Section 6658 shall be certified as Certified Enrollment Counselors by the Exchange.

(4) Applicants who have been denied for reasons other than failure to pass the Certified Enrollment Counselor Fingerprinting and Criminal Record Check may appeal the denial of their Certified Enrollment Counselor Application through the process established by Section 6662.

(b) An individual's application to become a Certified Enrollment Counselor shall contain the following information:

- (1) Name, e-mail address, primary and secondary phone number, and preferred method of communication;
  - (2) Driver's License Number or Identification Number issued by the California Department of Motor Vehicles. If neither is available, the applicant may provide any other unique identifier found on an identification card issued by a federal, state, or local government agency or entity;
  - (3) Identification of the Certified Enrollment Entity that the individual will affiliate with;
  - (4) Affiliated Certified Enrollment Entity's primary site location address;
  - (5) An indication of whether the Counselor wants to work in the In-Person Assistance Program or the Navigator Program;
  - (6) Site(s) served by the individual;
  - (7) Mailing Address of the primary site for the Certified Enrollment Entity;
  - (8) An indication of the languages that the Certified Enrollment Counselor can speak;
  - (9) An indication of the languages that the Certified Enrollment Counselor can write;
  - (10) Disclosure of all criminal convictions and administrative actions taken against the individual;
  - (11) A certification by the individual that:
    - (A) The individual complies with Section 6666;
    - (B) The individual is a natural person of not less than 18 years of age; and
    - (C) The statements made in the application are true, correct and complete to the best of his or her knowledge and belief.
  - (12) For the individual applying to become a Certified Enrollment Counselor, signature, and date signed; and
  - (13) For the Authorized Contact from the Certified Enrollment Entity that the individual will be affiliated with, name, signature, and date signed.
- (c) A Certified Enrollment Entity shall notify the Exchange of every individual to be added or removed as an affiliated Certified Enrollment Counselor. Such notification shall include:
- (1) Name of the Certified Enrollment Entity and the Certified Enrollment Entity Number;
  - (2) Name and signature of the Authorized Contact from the Certified Enrollment Entity;
  - (3) Name, e-mail, and primary phone number of the individual to be added or removed;
  - (4) Effective date for the addition or removal of the individual; and
  - (5) An indication of whether the individual is certified as an Certified Enrollment Counselor, and if so, the following information:

(A) Certification number; and

(B) When adding an individual, site(s) to be served by the individual.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, 155.215, and 155.260.

**§ 6658. Certified Enrollment Counselor Fingerprinting and Criminal Record Checks.**

**(a) Roles Requiring Fingerprinting.**

(1) Individuals seeking certification under this Article shall submit fingerprint images and associated criminal history information pursuant to Government Code Section 1043 and Section 6456(a)-(e) of Article 4 of this Chapter.

**(b) Interim Fitness Determination.**

(1) Before any final determination or certification decision is made based on the criminal record, the Exchange shall comply with the requirements of Section 6456(d)-(e) of Article 4 of this Chapter.

(2) If the Exchange finds that an individual seeking certification under this Article has a potentially disqualifying criminal record under Section 6456(d)-(e) of Article 4 of this chapter, the Exchange shall promptly provide the individual with a copy of his or her criminal record pursuant to Penal Code Section 11105(t), notify the individual of the specific disqualifying offense(s) for the interim determination, and provide the individual information on how to request a written appeal, including examples of the types of additional evidence the individual may provide, to dispute the accuracy and relevancy of the criminal record.

**(c) Appeal and Final Determination.**

**(1) Inaccurate or Incomplete Federal and Out of State Disqualifying Offenses.**

(A) If the individual believes that the potentially disqualifying offense in the Federal Bureau of Investigation national criminal response identified in the notice sent pursuant to subdivision (b)(2) of this Section is inaccurate or incomplete, within 60 calendar days from the date of the notice, the individual may seek to correct or complete the response by providing information to the Exchange, including official court and law enforcement records, identifying and correcting the incomplete or inaccurate criminal history information. Upon receipt of such information, the Exchange shall reevaluate the interim fitness determination. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.

(2) Inaccurate or Incomplete California Disqualifying Offenses.

(A) If the individual believes that the potentially disqualifying offense in the California Department of Justice state criminal response identified in the notice sent pursuant to subdivision (b)(2) is inaccurate or incomplete, within 60 calendar days from the date of the notice, the individual shall notify the Exchange and follow the procedures set forth in Penal Code Sections 11120-11127 to correct or complete the criminal response with the DOJ. The fitness determination shall not be final until the DOJ has acted to correct the state criminal response. Upon receipt of the corrected response, the Exchange shall reevaluate the interim fitness determination. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.

(3) If the individual determines that his or her criminal record is accurate, within 60 days from the date of the notice in subdivision (b)(2) of this Section, the individual may dispute the interim determination by producing additional written evidence of rehabilitation and mitigating circumstances related to any potentially disqualifying offense. The Exchange, within 60 calendar days, shall respond to the individual with a final determination.

(A) For purposes of reevaluating the interim determination pursuant to subdivision (c)(3) of this Section, the Exchange shall take into account any of the following:

(i) Any additional evidence of rehabilitation and mitigating circumstances provided by the individual in subdivision (c)(3) of this Section;

(ii) Information received as a result of the criminal record check;

(iii) Information received through the individual's application process for a position requiring fingerprinting in subdivision (a) of this Section.

(iv) Information received as a result of the individual's employment history or qualifications for a position requiring fingerprinting in subdivision (a) of this Section.

(4) Absent good cause for late filing as determined by the Exchange on a case by case basis, the interim fitness determination shall become final.

(d) Costs.

(1) The Exchange shall pay the costs incurred by individuals whose duties require fingerprinting under subdivision (a) of this Section until December 31, 2014. After December 31, 2014, background check costs for individuals seeking certification under this Article shall be paid by the Certified Enrollment Entity.

Note: Authority cited: Sections 1043 and 100504, Government Code. Reference: Section 100502, Government Code; Section 11105, Penal Code; and 45 C.F.R. §§ 155.205, 155.210, 155.215, and 155.260.

**§ 6660. Training Standards.**

- (a) All individuals or entities who apply to become a Certified Enrollment Entity shall complete training for the management of Certified Enrollment Entities prior to any affiliated Certified Enrollment Counselors carrying out any Consumer Assistance functions.
- (b) To ensure that all Certified Enrollment Counselors are prepared to serve both the individual Exchange and the Small Business Health Options Program, all individuals or entities who carry out Consumer Assistance functions shall complete training in the following subjects prior to carrying out any Consumer Assistance functions:
  - (1) QHPs (including the metal levels described at 45 C.F.R. § 156.140(b)), and how they operate, including benefits covered, payment processes, rights and processes for appeals and grievances, and contacting individual plans;
  - (2) The range of insurance affordability programs, including Medicaid, the Children's Health Insurance Program, and other public programs;
  - (3) The tax implications of enrollment decisions;
  - (4) Eligibility requirements for premium tax credits and cost-sharing reductions, and the impacts of premium tax credits on the cost of premiums;
  - (5) Contact information for appropriate federal, state, and local agencies for consumers seeking additional information about specific coverage options not offered through the Exchange;
  - (6) Basic concepts about health insurance and the Exchange; the benefits of having health insurance and enrolling through an Exchange; and the individual responsibility to have health insurance;
  - (7) Eligibility and enrollment rules and procedures, including how to appeal an eligibility determination;
  - (8) Providing culturally and linguistically appropriate services;
  - (9) Ensuring physical and other accessibility for people with a full range of disabilities;
  - (10) Understanding differences among health plans;
  - (11) Privacy and security standards applicable under 45 C.F.R. § 155.260 for handling and safeguarding consumers' personally identifiable information;

- (12) Working effectively with individuals with limited English proficiency, people with a full range of disabilities, people of any gender identity, people of any sexual orientation, and vulnerable, rural, and underserved populations;
  - (13) Customer service standards;
  - (14) Outreach and education methods and strategies; and
  - (15) Applicable administrative rules, processes and systems related to Exchanges and QHPs.
  - (16) For governmental entities only, procedures for assisting consumers with voter registration in compliance with the National Voter Registration Act of 1993, 42 U.S.C. § 1973gg.
- (c) Training shall be provided by the Exchange through instructor-led training or computer-based training at the discretion of the Exchange.
  - (d) Certified Enrollment Counselors shall pass the exam administered by the Exchange on an annual basis to maintain certification with the Exchange.

Note: Authority cited: Section 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, and 155.260.

### **§ 6662. Appeals Process**

- (a) Other than a determination made pursuant to Section 6658, Certified Enrollment Counselor Fingerprinting and Criminal Record Checks, a decision that an individual or entity is not eligible or qualified to participate or continue to participate in a program under this Article may be appealed to the Exchange in accordance with the requirements of this Section.
- (b) The Exchange shall allow an applicant to request an appeal within 60 calendar days of the date of the notice of eligibility determination.
- (c) The first phase of the Appeals Process shall include an informal review by the Exchange. The Exchange shall consider the information used to determine the appellant's eligibility as well as any additional relevant evidence presented during the course of the appeal. The Exchange shall make an informal resolution decision within 45 calendar days from the receipt of the appeal. The Exchange shall notify the appellant in writing of the decision.
- (d) If the appellant is satisfied with the outcome of the informal resolution decision, the appeal may be withdrawn. If the appeal is not withdrawn, it shall be automatically escalated to the second phase of the Appeals Process. During the second phase, an independent unit within the Exchange that had no involvement in the original eligibility or qualification determination or informal resolution decision shall review the eligibility or qualification of the appellant *de novo*. The appellant shall be allowed to present additional evidence during the second phase. The Exchange shall consider all relevant evidence presented during the

course of the appeal and notify the appellant in writing of the final decision within 60 calendar days from the receipt of the appeal.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205 155.210, and 155.215.

**§ 6664. Roles & Responsibilities.**

(a) Certified Enrollment Entities and Certified Enrollment Counselors shall perform the following functions:

- (1) Maintain expertise in eligibility, enrollment, and program specifications; Individuals and entities registered under the Navigator Program must also conduct outreach and education to raise awareness about the Exchange;
- (2) Provide information and services in a fair, accurate and impartial manner. Such information and services shall include assistance with all other insurance affordability programs (i.e., Medicaid and Children's Health Insurance Programs);
- (3) Facilitate selection of a QHP;
- (4) Provide referrals to any applicable office of health insurance Consumer Assistance or health insurance ombudsman established under Section 2793 of the Public Health Service Act, 42 U.S.C. § 300gg-93, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage;
- (5) Comply with the privacy and security standards established by the Exchange pursuant to 45 C.F.R. § 155.260;
- (6) For governmental entities, ensure that voter registration assistance is available as required under the National Voter Registration Act of 1993, 42 U.S.C. § 1973gg; and
- (7) Comply with any applicable federal or state laws and regulations.

(b) To ensure that information provided as part of any Consumer Assistance is culturally and linguistically appropriate to the needs of the population being served, including individuals with limited English proficiency as required by 45 C.F.R. §§ 155.205(c)(2) and 155.210(e)(5), Certified Enrollment Entities and Certified Enrollment Counselors shall:

- (1) Develop and maintain general knowledge about the racial, ethnic, and cultural groups in their service area, including each group's diverse cultural health beliefs and practices, preferred languages, health literacy, and other needs;
- (2) Collect and maintain updated information to help understand the composition of the communities in the service area, including the primary languages spoken;

- (3) Provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary to ensure meaningful access. Use of a consumer's family or friends as oral 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;
  - (4) Provide oral and written notice to consumers with limited English proficiency informing them of their right to receive language assistance services and how to obtain them;
  - (5) Receive ongoing education and training in culturally and linguistically appropriate service delivery; and
  - (6) Implement strategies to recruit, support, and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the communities in their service area.
- (c) To ensure that Consumer Assistance is accessible to people with disabilities, Certified Enrollment Entities and Certified Enrollment Counselors shall:
- (1) Ensure that any consumer education materials, Web sites, or other tools utilized for Consumer Assistance purposes are accessible to people with disabilities, including those with sensory impairments, such as visual or hearing impairments, and those with mental illness, addiction, and physical, intellectual, and developmental disabilities;
  - (2) Provide auxiliary aids and services for individuals with disabilities, at no cost, where necessary for effective communication. Use of a consumer's family or friends as interpreters can satisfy the requirement to provide auxiliary aids and services only when requested by the consumer as the preferred alternative to an offer of other auxiliary aids and services;
  - (3) Provide assistance to consumers in a location and in a manner that is physically and otherwise accessible to individuals with disabilities;
  - (4) Ensure that legally authorized representatives are permitted to assist an individual with a disability to make informed decisions;
  - (5) Acquire sufficient knowledge to refer people with disabilities to local, state, and federal long-term services and support programs when appropriate; and
- (d) To ensure that no consumer is discriminated against, Certified Enrollment Entities and Certified Enrollment Counselors shall provide the same level of service to all individuals regardless of age, disability, culture, sexual orientation, or gender identity and seek advice or experts when needed.

- (e) Certified Enrollment Counselors shall complete the Certified Enrollment Entity and Certified Enrollment Counselor section of a consumer's application to the Exchange, including the following:
- (1) Name and certification number of the Certified Enrollment Counselor;
  - (2) Name of the Certified Enrollment Entity and the Certified Enrollment Entity Number;  
and
  - (3) Signature and date of signature by the Certified Enrollment Counselor;
- (f) If any of the information listed in subdivision (e) of this Section is not included on the consumer's original application, it may not be added at a later time.
- (g) Certified Enrollment Counselors shall wear the badge issued by the Exchange at all times when providing Consumer Assistance.
- (h) The Certified Enrollment Entity and Certified Enrollment Counselor shall never:
- (1) Have a conflict of interest as defined in Section 6666.
  - (2) Mail the paper application for the consumer;
  - (3) Coach the consumer to provide inaccurate information on the application regarding income, residency, immigration status and other eligibility rules;
  - (4) Coach or recommend one plan or provider over another;
  - (5) Accept any premium payments from the consumer;
  - (6) Input any premium payment information on behalf of the consumer;
  - (7) Pay any part of the premium or any other type of consideration to or on behalf of the consumer.
  - (8) Induce or accept any type of direct or indirect remuneration from the consumer;
  - (9) Intentionally create multiple applications from the same household, as defined in 45 C.F.R. § 435.603(f); or
  - (10) Invite, influence, or arrange for an individual whose existing coverage through an eligible employer-sponsored plan is affordable and provides minimum value, as described in 26 USC § 36B(c)(2)(C) and in 26 C.F.R. § 1.36B-2(c)(3)(v) and (vi), to separate from employer-based group health coverage.
- (i) Certified Enrollment Counselors shall report to the Exchange any criminal convictions and administrative actions taken by any other agency within 30 calendar days of the date of the conviction or action.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§ 155.205, 155.210, 155.215, and 155.260.

**§ 6666. Conflict of Interest Standards.**

- (a) Certified Enrollment Entities and Certified Enrollment Counselors shall not concurrently hold a license issued by the California Department of Insurance.
- (b) Certified Enrollment Entities and Certified Enrollment Counselors shall not employ, be employed by or be in partnership with, or receive any remuneration arising out of functions performed under this Article from any individual or entity currently licensed by the California Department of Insurance.
- (c) Certified Enrollment Entities and Certified Enrollment Counselors shall:
  - (1) Not be:
    - (A) Health insurance issuers or stop loss insurance issuers;
    - (B) Subsidiaries of health insurance issuers or stop loss insurance issuers;
    - (C) Associations that include members of, or lobby on behalf of, the insurance industry; or
    - (D) Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or non-QHP.
  - (2) Submit to the Exchange a written attestation that the entity or individual:
    - (A) Is not a health insurance issuer or issuer of stop loss insurance;
    - (B) Is not a subsidiary of a health insurance issuer or issuer of stop loss insurance;
    - (C) Is not an association that includes members of, or lobbies on behalf of, the insurance industry; and
    - (D) Will not receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP.
  - (3) Create a written plan to remain free of conflicts of interest while carrying out Consumer Assistance functions under this Article which shall be made available upon request to the Exchange.
  - (4) Provide information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.
  - (5) Disclose to the Exchange and to each consumer who receives application assistance from the entity or individual:

- (A) Any lines of insurance business, not covered by the restrictions on participation and prohibitions on conduct in this Section, which the entity or individual intends to sell while carrying out the Consumer Assistance functions;
- (B) Any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and
- (C) Any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§155.205, 155.210, and 155.215.

#### **§ 6668. Compensation.**

- (a) Certified Enrollment Entities that are registered in the In-Person Assistance Program shall be compensated for Consumer Assistance resulting in successful enrollment and effectuation of coverage in a QHP provided by an affiliated In-Person Assister as follows:
  - (1) \$58 for each initial application during open or special enrollment;
  - (2) \$58 for each re-enrollment application; and
  - (3) \$25 for each annual renewal application.
- (b) Certified Enrollment Entities in the In-Person Assistance Program shall not be compensated for providing Consumer Assistance with address changes, income changes, health status changes, or tax or family (dependent) decreases due to divorce or death.
- (c) The following types of Certified Enrollment Entities in the In-Person Assistance Program shall not be compensated by the Exchange for any functions performed as Certified Enrollment Entities:
  - (1) City, County and Local Government Agencies that receive compensation from the Department of Health Care Services for assistance with the application defined under the Section 6470 of Article 5 of this Chapter;
  - (2) Licensed health care clinics;
  - (3) Licensed health care institutions;
  - (4) Licensed health care providers; and

- (5) Other public or private entities or individuals as determined by the Exchange to have a conflict of interest or who receive direct or indirect consideration for Consumer Assistance.
- (d) Subdivision (c) of this Section shall not apply to:
- (1) Community Clinics as defined in Health and Safety Code Section 1204, subdivision (a)(1)(A);
  - (2) Free Clinics as defined in Health and Safety Code Section 1204, subdivision (a)(1)(B);
  - (3) Federally Qualified Health Centers (FQHCs) under Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;
  - (4) FQHC Look-Alikes designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration, 42 U.S.C. §§ 1395x and 1396d;
  - (5) Health care facilities directly managed and funded by the Indian Health Services under the Indian Self-Determination and Education Assistance Act of 1975, 25 U.S.C. § 450 et seq.;
  - (6) 638 Contracting or Compacting Clinics funded by the Indian Health Services under the Indian Self-Determination and Education Assistance Act of 1975, 25 U.S.C. § 450 et seq.; and
  - (7) Urban Indian Health Centers under Title V of the Indian Health Care Improvement Act, 25 U.S.C. § 1601, et seq.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code; and 45 C.F.R. §§155.205 and 155.215.

#### **§ 6670. Suspension and Revocation.**

- (a) Each of the following shall be justification for the Exchange to suspend or revoke the certification of any Certified Enrollment Entity or Certified Enrollment Counselor:
- (1) Failure to comply with all applicable federal or state laws or regulations, including, but not limited to, Section 6664 or Section 6666 of this Article; and
  - (2) A potentially disqualifying criminal record under Section 6456 of Article 4 of this Chapter.
- (b) Appeals.
- (1) Individuals or entities may appeal a determination made pursuant to subdivision (a)(1) of this Section through the process described in Section 6662 of this Article.
  - (2) Individuals or entities may appeal a determination made pursuant to subdivision (a)(2) of this Section through the process described in Section 6658, subdivision (c).

(3) Until a final determination or decision is made regarding an individual or entity's appeal, the appellant shall be disqualified from performing any functions under this Article.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code.



**COVERED  
CALIFORNIA**

*Navigator Program Request for Application*



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## 1 EXECUTIVE SUMMARY

The California Health Benefit Exchange, hereafter referred to as Covered California, is the state's marketplace for the federal Patient Protection and Affordable Care Act. Individuals and small businesses can shop the marketplace for affordable and high quality health insurance plans. In addition, Covered California helps individuals determine whether they are eligible for premium assistance, cost sharing reductions or other insurance affordability programs such as low-cost or no-cost Medi-Cal. For more information on Covered California, visit [www.CoveredCA.com](http://www.CoveredCA.com).

Covered California is announcing a Navigator Program with \$5 million in grant funds available for the grant award period of June 1, 2014 through December 31, 2014. Eligible organizations may apply for funds to conduct outreach, education, and enrollment on behalf of Covered California. Navigator Program Activities include informing consumers of the availability and benefits of obtaining health care coverage, promoting the value of purchasing health care coverage, motivating consumers to act, helping consumers to shop and compare plans and facilitating enrollment into Qualified Health Plans.

Covered California is looking to engage organizations with experience providing outreach to California's diverse populations and proven success enrolling consumers in health care programs. Navigator Grantees will provide outreach and education throughout the grant award period and assist California consumers with the enrollment application process during the annual Open Enrollment period of October 15, 2014 through December 7, 2014 or during the Special Open Enrollment Period for those individuals with a qualifying event.

Covered California has established two funding pools for the Navigator Program, the Regional Funding Pool and Targeted Funding Pool. Funding in the amount of \$3-4 million has been allocated to the Regional Funding Pool. Covered California anticipates awarding at least one grant in each of the six regions to ensure adequate resources are allocated to reach consumers across the state. Approximately \$2 million has been allocated for up to eight grants to organizations who will serve the Targeted Funding Pool.

Organizations will be selected through a competitive grant application process. Applications will be evaluated based on the best overall value and most effective enrollment strategies. Grant applicants must comply with the Enrollment Assistance Program regulations and all other instructions contained in this document. Interested organizations are encouraged to carefully consider the information contained in this document and review the resources on our stakeholder website at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

## 2 NAVIGATOR GRANT PROGRAM

### 2.1 PURPOSE OF THE NAVIGATOR PROGRAM

The Navigator Program is a requirement of the Patient Protection and Affordable Care Act of 2010, which prohibits the use of federal grant dollars for the implementation of the program. The Navigator Program will be funded from revenue generated by Covered California.

At a minimum, an entity that serves as a Navigator must carry out the Navigator Program Activities described in the Enrollment Assistance Program regulations (CCR Chapter 12 Article 8 Section 6664), including:

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Exchange;

2. Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
3. Facilitate selection of a Qualified Health Plan (QHP);
4. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

## 2.2 PURPOSE OF THIS REQUEST FOR APPLICATION

The purpose of this Request for Application (RFA) is to solicit applications from interested organizations to participate in the Navigator Program. Organizations selected will work with Covered California to develop a strategic workplan for their region and/or target market segments that will leverage existing relationships within their communities to reach eligible consumers to enroll them in Covered California Plans. This workplan will take into account the aggressive enrollment goals and establish an outreach and education strategy that incorporates a staffing plan to accomplish the goals of Covered California. The workplan should include:

- A plan to conduct outreach and education throughout the term of the Agreement with enrollment activities concentrated during Open Enrollment;
- Monitoring and evaluation tools that measure the total number of consumers reached through outreach and education and number of households it plans to enroll; and
- A staffing plan that demonstrates the organizations capacity to carry out the Navigator Program Activities.

Once the work plan has been developed and approved by Covered California, the Navigator Grantee will implement the activities identified in the workplan.

## 2.3 GRANT AWARD PERIOD

The grant award period is from June 1, 2014 through December 31, 2014. During the entire term of the Agreement, Navigator Grantees will perform outreach and education activities. The majority of enrollment activities will occur during the 7-week Open Enrollment period from October 15, 2014 through December 7, 2014 for a coverage effectuation date of January 1, 2015. However, Navigator Grantees will also provide enrollment assistance for consumers who have a qualifying life event and are eligible to enroll during the Special Enrollment Period. Applicant workplans, budgets and staffing plans should reflect the concentration of activity during this period and an understanding of Covered California's aggressive enrollment goals. Covered California may elect to extend Navigator Agreements based on an assessment of performance and program priorities and available funding.

Navigator Program	Date*
Navigator Grant Application Release	Feb. 3, 2014
Navigator Applications Due	March 3, 2014
Announcement of Intent to Award	April 23, 2014
Contract Negotiations	April 24 – May 14, 2014
Grant Award Period Begins	June 1, 2014
Navigator Grantee Training and Certification	June 2014
Grantees Final Strategic Workplan Due	June 15, 2014
Navigators Begin Enrollment Assistance	July 1, 2014
Grant Award Period Ends	Dec. 31, 2014

\*Note: Dates subject to change

## 2.4 FUNDING POOLS

Covered California has established two funding pools for the Navigator Program:

- **Regional Funding Pool:** \$3-4 million to conduct Navigator Program Activities within six established regions; and
- **Targeted Funding Pool:** \$1-2 million to conduct Navigator Program Activities to hard-to-reach populations.

	Targeted Funding Pool	Regional Funding Pool
<b>Purpose</b>	Engage entities or collaboratives with access to targeted segments of the population that share common characteristics such as language, ethnicity or employment sector.	Engage entities or collaboratives to reach eligible consumers in each of the six established regions of the state.
<b>Target Populations</b>	Populations with high levels of uninsured, such as the hard-to-reach, young invincibles, and those with limited English proficiency	Six regions: North, Bay Area, Central, Los Angeles/Orange County, Inland, and San Diego
<b>Funding Allocation</b>	\$1-2 million	\$3-4 million
<b>Grant Award Sizes</b>	\$250,000 - \$500,000	\$250,000 - \$2,000,000
<b># of Awards</b>	2-8	One per region

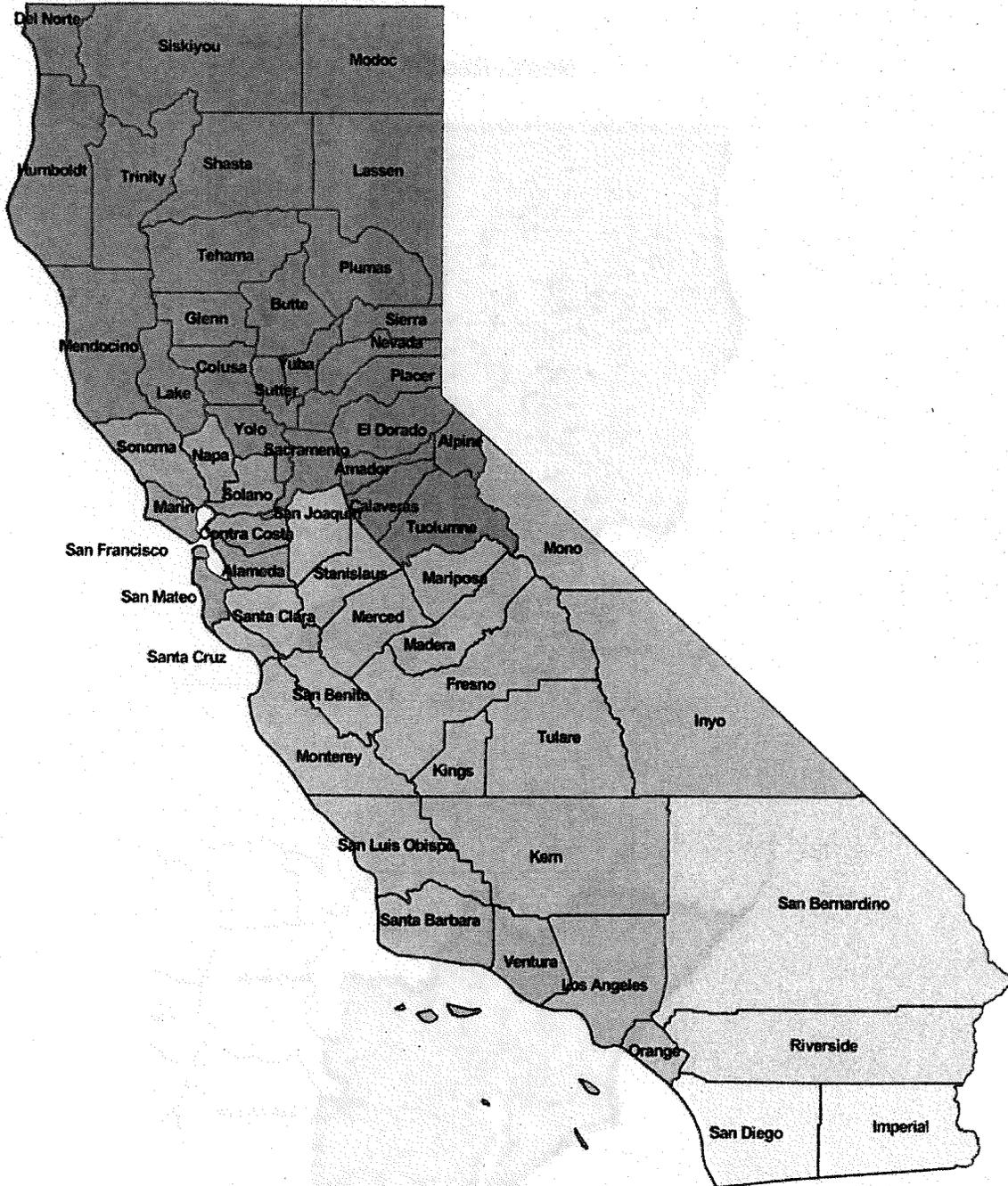
Applicants may submit Applications to both the Regional and Targeted Funding Pools. Please see **Section 3.5 – Grant Application Submission** for more information.

#### **2.4.1 REGIONAL FUNDING POOL**

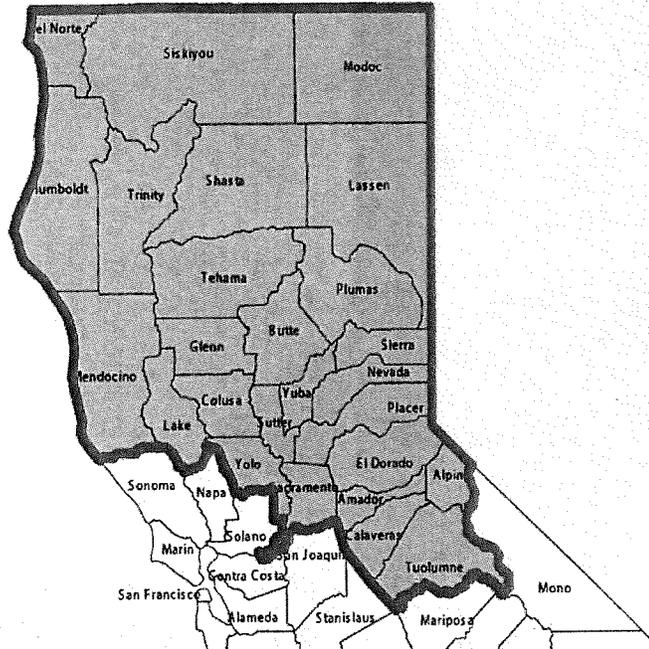
Covered California has established a Regional Funding Pool to support Navigator functions in the following six regions: North, Bay Area, Central California, Los Angeles/Orange County, Inland, and San Diego. The Regional Funding Pool ensures that all regions of the state benefit from the Navigator Program, while also directing adequate resources to those regions with the greatest number of Californians eligible to enroll.

The Regional Funding Pool is intended to encourage regional collaborations, including established and emerging partnerships, to submit joint proposals to reach Covered California's target markets within a single region. Covered California anticipates funding allocations for each region based on the number of consumers likely to enroll.

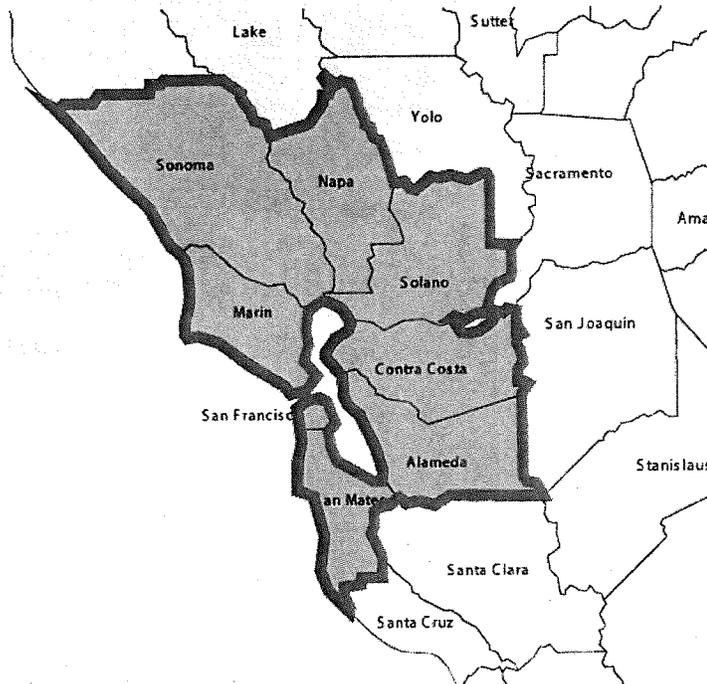
The maps below show the six regions in the Regional Funding Pool and the counties in each region.



### NORTH REGION

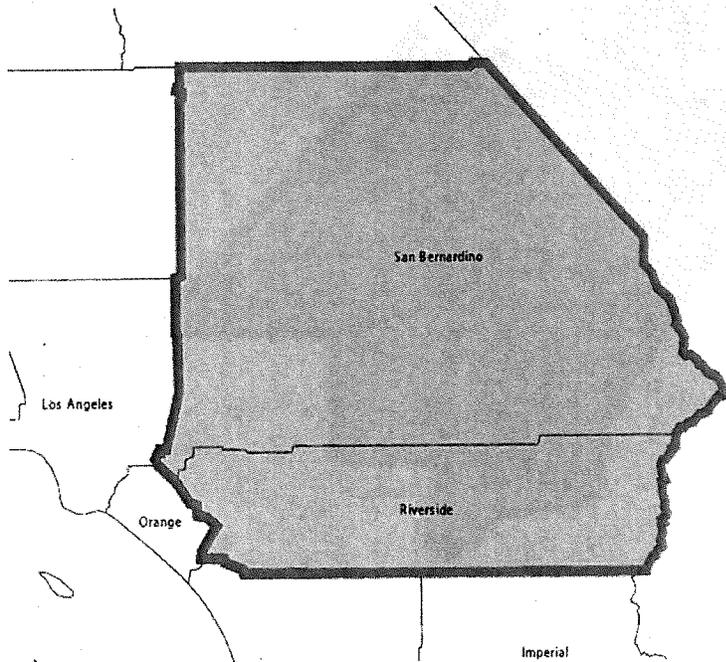


### BAY AREA REGION

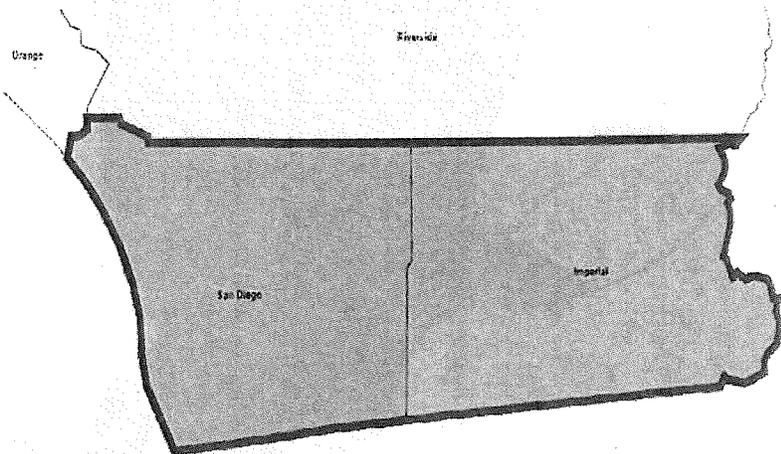




**INLAND REGION**



**SAN DIEGO REGION**



## 2.4.2 TARGETED FUNDING POOL

Covered California established a Targeted Funding Pool based on non-geographic factors to reach those market segments and populations that have significantly high rates of uninsured individuals. Examples of Target Markets include:

- Hard-to-move populations with high numbers of uninsured (e.g. young invincibles) who are unlikely to obtain health care coverage because they do not understand the value of having coverage;
- Populations with Limited English Proficiency;
- College students;
- LGBTQ individuals;
- Culturally diverse populations and communities, such as Native American Indians, Latinos, Asians, Asian Pacific Islanders, and African Americans;
- Families with mixed immigration status; and
- Employment sectors in which there are high numbers of uninsured workers, including but not limited to:
  - Construction;
  - Restaurant and other food services;
  - Crop production;
  - Elementary and secondary schools;
  - Services to buildings and dwellings (except construction);
  - Grocery stores;
  - Truck transportation;
  - Real Estate;
  - Automotive repair and maintenance;
  - Child day care services;
  - Traveler accommodation;
  - Hospitals;
  - Investigation and security services; and
  - Independent artists, performing arts, spectator sports and related industries.

Covered California anticipates funding allocations for each targeted population will be based on the estimated distribution of the uninsured individuals in the targeted population and the number of consumers that the applicant is proposing to reach.

## 2.5 COLLABORATIVE APPLICATIONS AND USE OF SUBCONTRACTORS

Covered California encourages applicants to submit collaborative applications. Collaborative applications should identify existing or emerging partnerships that can demonstrate operational readiness and the ability to meet aggressive enrollment goals. Collaborative applications should identify a lead organization, and list all other collaborative partners as

subcontractors. It is the sole responsibility of the Grantee (lead organization) to ensure subcontractors meet the eligibility criteria and follow all other aspects of the Navigator Program.

If a prospective applicant plans to subcontract any part of this effort, the Grant Application must include the information detailed in **Section A.2 - Subcontractor Information** of the Electronic Grant Application (Attachment I). In addition, the applicant and each Subcontractor must submit **Attachment II - Subcontractor Letter of Intent to Participate**. There is no provision for re-granting. The use of any subcontractor(s) must be fully explained in the Grant Application.

### 3 GRANT APPLICATION PROCESS, INSTRUCTIONS AND SCHEDULE

The Grant Application Process is a competitive process through which Covered California can evaluate the strengths and weaknesses of the applicants and make final selections based on the criteria contained in this Grant Application document. The goal of the competitive Grant Application Process is to identify Grantees that will provide the overall best value and most effective activities to meet the goals, objectives and guiding principles of the Navigator Program. Applicants who demonstrate their experience and ability to effectively provide the services sought at a competitive price will be favorably considered for grant funding.

Covered California reserves the right to:

- Accept grant Applications as submitted;
- Reject a grant Application, in whole or in part; and/or
- Reject all grant Applications.

#### 3.1 SINGLE POINT OF CONTACT

Applicants may only contact the Single Point of Contact as noted in the Table below for any matters related to this Grant Application.

##### GRANT APPLICATION SINGLE POINT OF CONTACT

<b>Physical Address</b>	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
<b>Mailing Address</b>	Richard Heath and Associates, Inc. Attn: Covered California Program 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711
<b>Email Address</b>	grantinfo@ccgrantsandassistors.org

#### 3.2 GRANT APPLICATION PROCESS

A multi-step Grant Application process will be used to select the Navigator Grantees. The major steps include:

- Letter of Intent to Respond (Optional)

- Grant Applicant Conference/Webinar (Optional)
- Grant Application Submission (Required)
- Grant Application Evaluation and Selection Process (Required)
- Grant Award (Required)

### 3.2.1 GRANT APPLICATION SCHEDULE

The following table outlines the tentative schedule for important Activities and Dates. Unless otherwise stated, **the deadline for all scheduled Activities is 5:00 p.m. (PST)** on the specified date. All dates are approximate and subject to change as necessary without an addendum to this Grant Application. Changes will be posted at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

Activity	Approximate Date
Release of Request for Applications	Feb. 3, 2014
Letter of Intent to Respond Due	Feb. 7, 2014
Grant Applicant Webinar with Questions and Answers	Feb. 12, 2014 at 9:30 a.m.
Round 1 Response to Questions Received through Feb. 12 Posted on Exchange Website	Feb. 19, 2014
Last Day to Submit Inquiries and Questions	Feb. 21, 2014
Round 2 Response to Questions Received through Feb. 21 Posted on Exchange Website	Feb. 28, 2014
Final Application Submission	March 3, 2014
Grant Application, Evaluation and Selection Process	March 4 – April 22, 2014
Notification of Intent to Award Posted on the Exchange's Website	April 23, 2014
Last Day to Submit Protest	April 30, 2014

### 3.2.2 LETTER OF INTENT TO RESPOND

Potential applicants should submit a Letter of Intent to the Single Point of Contact identified in **Section 3.1**, by the date and time specified in **Section 3.2.1 - Grant Application Schedule**. The Letter of Intent should conform to the following guidelines:

- Be provided on the organization's letterhead;
- Identify a single contact person, including their first and last name, title, email address and direct phone number;
- Be signed by a person who is authorized to contractually bind the organization in a potential future agreement;

- Indicate the estimated number of consumers that the applicant will enroll during the grant award period; and
- Indicate the funding pool(s) for which the applicant intends to apply, including identification of the target population(s) and/or region(s). Applicants that intend to submit more than one Application should only submit a single Letter of Intent identifying funding pools, regions and/or target populations.

A list of organizations that have submitted a Letter of Intent will be posted unless an organization requests otherwise in its letter. The Letter of Intent may be submitted via email or by mail to the Single Point of Contact. Covered California encourages organizations to send the Letter of Intent as soon as the entity believes that it will be applying for the Grant Program. **In addition, Applicants that submit a Letter of Intent will receive updates via email regarding any new information regarding the Navigator Program or modifications to the timeline. Such information and modifications to the timeline will be posted at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).**

### 3.2.3 GRANT APPLICATION WEBINAR

Potential applicants are strongly encouraged, but not required, to attend a webinar regarding the Grant Application on February 12, 2014 at 9:30am. The webinar link will be available at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

Upon request, Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. Requests for such accommodations must be made at [grantinfo@ccgrantsandassistors.org](mailto:grantinfo@ccgrantsandassistors.org) with one week in advance of the conference/webinar.

### 3.2.4 GRANTEE QUESTIONS AND CLARIFICATION

Covered California will accept written questions or concerns related to this Grant Application and/or its accompanying materials, instructions, or requirements, until the date and time specified in **Section 3.2.1 – Grant Application Schedule**. Applicants are encouraged to send questions as they arise.

Organizations may submit questions by completing the Grant Program Question Submission Form, located at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx), and sending the Form via e-mail or by mail, to the Single Point of Contact. The last day to submit inquiries is February 21, 2014. Please reference the “Navigator Program” in the subject line when submitting inquiries.

Questions received after the deadline are not guaranteed to be answered. Covered California may, at its sole discretion, post responses to questions at the date and time specified in **Section 3.2.1 - Grant Application Schedule**.

Applicants must notify the Single Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this RFA by the deadline for submitting questions and comments. If an organization fails to notify Covered California of such issues, the organization will submit an Application at their own risk, and if awarded a Grant, the organization:

- Shall have waived any claim of error or ambiguity in this RFA;
- Shall not contest the Exchange’s interpretation of such provision(s); and

- Shall not be entitled to additional compensation, relief, or time by reason of the ambiguity, error, or later correction.

If questions or concerns indicate significant problems with the requirements of this RFA, Covered California may, at its sole discretion, post clarifications to this RFA without an amendment. Clarifications to the RFA will be posted at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

### 3.3 PROTEST PROCESS

A protest may be submitted according to the procedures set forth below. If an organization has submitted an Application which it believes to be responsive to the requirements of the solicitation process and should have been selected, according to **Section 4 – Evaluation Process and Criteria**, and the applicant believes Covered California has incorrectly selected another applicant for the award, the applicant may submit a protest of the selection as described below. Final decisions regarding the selection of Grantees and protests will be at the sole discretion of Covered California's Executive Director.

All protests must be made in writing, signed by an individual who is authorized to contractually bind the applicant, and contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based. The protester must provide facts and evidence to support its claim. Certified or registered mail must be used unless delivered in person, in which case the protester should obtain a receipt of delivery. Protests must be postmarked or delivered in person within five business days after the date on the Letter of Notification of Intent to Award to the Single Point of Contact by the date and time in **Section 3.2.1 – Grant Application Schedule**.

Protests must be mailed or delivered to:

<b>Physical Address</b>	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
<b>Mailing Address</b>	Richard Heath and Associates, Inc. Attn: Covered California Program 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711

### 3.4 GRANTEE RESOURCES

Applicants are strongly encouraged to review the documents listed below to better understand the eligible populations that qualify for health care coverage. This information is very important for applicants to understand when identifying their geographic areas and/or target populations in their Grant proposal.

- UCLA CalSIM 1.8 Model
- NORC Marketing Consumer Baseline/Segmentation Study
- Top 100 Zip Codes

These documents, along with other helpful resources such as links to Covered California's partners are posted at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

### 3.5 GRANT APPLICATION SUBMISSION

Entities are invited to submit a Grant Application for consideration. Applicants must respond to each narrative question completely, and should not reference other sections of the Application to supplement their responses, as each section will be scored independently. Content that is provided beyond the stated character limits for each section will not be reviewed or scored.

Applicants must ensure that their application complies with the instructions contained in this RFA document. Materials submitted by proposed applicants will be kept confidential to the extent provided by law. Requests to view and/or obtain copies of Applications submitted by other organizations are exempt from disclosure under the Public Records Act. In addition, Government Code Section 100508(a) (1) exempts from disclosure under the Public Records Act all deliberative processes, communications, or portions of negotiations with entities contracting or seeking to enter into an Agreement with the Exchange and entities with which the Exchange is considering an Agreement. Included within the exemption are evaluation materials, forms and score sheets which are produced during the evaluation process.

**Applicants may submit separate Applications to both the Regional and Targeted Funding Pools.** An applicant may submit one or more Applications as follows:

- A single Application to the Regional Funding Pool to serve one region;
- Up to 6 Applications to the Regional Funding Pool to serve multiple regions;
- A single Application to the Targeted Funding Pool; or,
- A single Application to the Targeted Funding Pool and up to 6 Applications to the Regional Funding Pool.

An entity may appear on only one Application per funding pool, either as the lead or as a subcontractor. Therefore, the maximum number of Applications that an entity may appear on is seven (7).

In the event an organization submits its Grant Application prior to the due date, the organization may later revise its Application **so long as the revision is received by the due date.** When submitting the revised Grant Application, the revised document will completely replace the prior submission. Organizations must re-submit their Grant Application in its entirety; replacement pages will not be accepted

### 3.6 SUBMISSION METHOD

Covered California will only accept Applications that are submitted electronically. Paper copy submissions will not be accepted. Applications must be submitted electronically at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

## 4 EVALUATION PROCESS AND CRITERIA

### 4.1 NAVIGATOR GRANT APPLICATION SELECTION CRITERIA

Covered California will select Grantees based on an assessment of the best overall value to implement Navigator Program Activities to uninsured communities. Covered California is not required to select the lowest priced Application submitted.

Covered California will thoroughly review responses to this Application. During the evaluation process, Covered California will consider the following:

- Alignment with the Navigator program objectives;
- Degree of innovation;
- Feasibility of staffing plan;
- Evidence demonstrating likely effectiveness; and
- Distinctiveness from other funded activities.

#### 4.2 NAVIGATOR GRANT APPLICATION EVALUATION PROCESS

The evaluation process will use a 100-point rating using the following factors:

- A. (20 Points) Qualifications and References (Section B.1.2 of Attachment I)
- B. (20 points) Proposed Personnel (Section B.1.3 of Attachment I)
- C. (40 points) Statement of Work (Section B.1.4 of Attachment I)
- D. (20 points) Project Costs (Section B.1.5 of Attachment I)

#### 4.3 NAVIGATOR GRANTEE NOTIFICATION

Awards will be based on the evaluation criterion identified in **Section 4.1 – Navigator Grant Application Selection Criteria**. Notification of Intent to Award will be sent out on the date and time in **Section 3.2.1 – Grant Application Schedule** and posted at [www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx](http://www.healthexchange.ca.gov/Pages/NavigatorProgram.aspx).

## Attachment I – Navigator Electronic Grant Application

### Section A - Applicant Information

This section will be completed by the Applicant once for all funding pools/regions.

#### A.1 General Applicant Information

- A.1.1 Organization Information
- A.1.2 Primary Contact
- A.1.3 Organization Entity Type and upload Documentation of Eligibility
- A.1.4 Previous Applicant Experience
- A.1.5 Additional Funding
- A.1.6 Requested Funding

#### A.2 Subcontractor Information and upload Letter of Intent to Participate

### Section B – Funding Pool Specific Application Information

This section will be completed for each individual funding pool/region selected.

#### B.1 Narrative Sections 1 – 5

- B.1.1 Cover Letter
- B.1.2.1 Qualifications
- B.1.2.2 References
- B.1.3 Project Personnel
- B.1.4 Approach to Statement of Work
  - B.1.4.1 Target Population
  - B.1.4.2 Navigator Workplan
  - B.1.4.3 Approach to Project Management and Quality Assurance
- B.1.5 Project Costs

#### B.2 County Funding Information

#### B.3 Experience with Target Population

#### B.4 Subcontractor Assignments

#### B.5 Applicant Worksheet Uploads

- B.5.1 Budget Worksheet
- B.5.2 Program Activity Workplan
- B.5.3 Staffing Plan Worksheet

## SECTION A - APPLICANT INFORMATION

### A.1 - General Applicant Information

#### A.1.1 ORGANIZATION INFORMATION

Organization Full and Legal Name:	
Federal ID Number:	
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:	
Title:	
Physical Address of Primary Office:	
City:	
Zip:	
Is Mailing Address same as above? If not, please provide mailing address:	
City:	
Zip:	
Office Phone Number:	(     )
Alternate Phone Number:	(     )
Fax Number:	(     )
Email Address:	
Website Address:	
Is the Organization a CEE in the In-Person Assistance Program? Yes / No	If Yes, what is the 10-Digit CEE #: _____

#### A.1.2 PRIMARY CONTACT

**The Primary Contact Person is the person authorized by the applying entity to be a liaison with Covered California. This person is not necessarily the grant writer.**

Primary Contact Person:	
Title:	
Physical Address:	
City:	
Zip:	
Office Phone Number:	(     )
Alternate Phone Number:	(     )
Fax Number:	(     )
Email Address:	

**A.1.3 ORGANIZATION ENTITY TYPE**

<b>Category</b>
American Indian Tribe or Tribal Organization
Chamber of Commerce
City, County or Local Government Agency
Commercial Fishing, Industry Organization
Community College or University
Faith-Based Organization
Indian Health Services Facility
Labor Union
Licensed Attorney
Non-Profit Community Organization
Ranching and Farming Organization
Resource Partners of the Small Business Administration
Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
School District
Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
Trade, Industry, or Professional Organization

**Documentation of Eligibility Upload Here**

Allowed Types: **Microsoft Word (.doc or .docx), Adobe Acrobat (.pdf)**. File must be uploaded as a single document, and must be less than 50 MB.

**Documentation of Eligibility includes:**

- IRS Determination Letter of your organization's 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.
- All entities must provide most recent Form 990 or Tax Return

**A.1.4 PREVIOUS APPLICANT EXPERIENCE**

Provide three (3) examples of experience, current or recent contracts and/or grants, related to Navigator Program activities as identified in this RFA. Specifically, describe the Applicant's experience in motivating consumers to enroll in health care or other programs or services.

**Example 1**

<b>Project Name:</b>	
<b>Contract/Grant Amount, if applicable:</b>	
<b>Term of Contract:</b>	
<b>Name of Awarding Entity:</b>	
<b>Outreach, Education and Enrollment Goals:</b> (3,000 Character / 1 Page Limit)	
<b>Successful Strategies, Outcomes, and Measurements of Impact and Success:</b> (3,000 Character / 1 Page Limit)	

(This table repeated two additional times, all three examples required)

**A.1.5 ADDITIONAL FUNDING**

Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children's Health Insurance Program, etc) or other programs?

Yes       No

If yes, please fill in the information below.

<b>Funding Source:</b>	
<b>Amount:</b>	
<b>Contract Term (Beginning and End Date):</b>	
Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding: (750 Character Limit)	

ADDITIONAL FUNDING –USERS MAY ADD AS MANY ADDITIONAL SOURCES AS NEEDED

**A.1.6 REQUESTED FUNDING**

Please indicate the different regions/funding pools from which the applicant intends to apply, and the amount requested for each:

Funding Pool / Region	Amount Requested
<input type="checkbox"/> Targeted Population	\$
<input type="checkbox"/> North Region	\$
<input type="checkbox"/> Bay Area Region	\$
<input type="checkbox"/> Central Region	\$
<input type="checkbox"/> Los Angeles/Orange County Region	\$
<input type="checkbox"/> Inland Region	\$
<input type="checkbox"/> San Diego Region	\$
<b>Total Requested Funding:</b>	\$ (Calculated Total)

**A.2 - Subcontractor Information**

Is the applicant applying as a collaborative (lead agency with subcontractors)?

Yes       No

If yes, complete this section for each subcontractor. You will be able to assign subcontractors to specific funding pools/regions in Section B.

**Subcontractor 1**

Organization Full and Legal Name:	
Federal ID Number:	
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:	
Title:	
Physical Address of Primary Office:	
City:	
Zip:	
Mailing Address of Primary Office:	
City:	
Zip:	
Office Phone Number:	(     )
Alternate Phone Number:	(     )
Fax Number:	(     )
Email Address:	
Website Address:	
Is the Organization a CEE in the In-Person Assistance Program? Yes / No	If Yes, what is the 10-Digit CEE #: _____

**Please provide information for the Primary Contact for this Subcontractor**

Primary Contact Person:	
Title:	
Physical Address:	
City:	
Zip:	
Office Phone Number:	(     )
Alternate Phone Number:	(     )
Fax Number:	(     )
Email Address:	

Website Address:	
------------------	--

**Subcontractor 1 (continued)**

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City, County or Local Government Agency
<input type="checkbox"/>	Commercial Fishing, Industry Organization
<input type="checkbox"/>	Community College or University
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration
<input type="checkbox"/>	Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
<input type="checkbox"/>	School District
<input type="checkbox"/>	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/>	Trade, Industry, or Professional Organization

**Subcontractor Letter of Intent to Participate Upload Here**

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). File must be uploaded as a single document, and must be less than 50 MB.

**Documentation of Eligibility Upload Here**

Documentation of Eligibility includes:

- IRS Determination Letter of your organization's 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.
- All entities must provide most recent Form 990 or Tax Return

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). File must be uploaded as a single document, and must be less than 50 MB.

**A.1.3 Organization Entity Type and A.2 Subcontractor Information:  
Documentation of Eligibility Upload**

Allowed Types: **Microsoft Word** (.doc or .docx), **Adobe Acrobat** (.pdf). Files must be uploaded as a single document, and must be less than 50 MB.

- IRS Determination Letter of the organization's 501(c)3 or 501(d) status, if applicable.
- Attach Tax Identification Number on official letterhead
- All entities must provide most recent Form 990 or Tax Return

**A.2 Subcontractor Information: Letter of Intent to Participate Upload**

This Letter of Intent to Participate stands as evidence that the "Lead Agency" (Insert applicant agency) and the "Subcontractor" (Insert subcontractor agency) intend to work together as a "Collaborative" to conduct outreach, education and enrollment activities to California's uninsured populations under the auspices of the Covered California Navigator Grant Program. If selected, both agencies will participate in the implementation of the Navigator Grant Program, as proposed in the Application, Applicant Worksheet Uploads, and all relevant attachments. Both agencies understand and acknowledge the following:

- a. *Lead Agency:* It is the responsibility of the Lead to verify that all Subcontractors meet the eligibility requirements of this grant and to report activity on behalf of the Collaborative, inclusive of all subcontractors.
- b. *Subcontractor:* It is the responsibility of the Subcontractor to report all activity and expenses to the Lead as outlined in the reporting requirements of this Application.
- c. *Collaborative:* The **Lead** and **Subcontractor(s)** will work cooperatively to plan and execute the Workplan as outlined in the Collaborative's Application, Applicant Worksheets, and all relevant attachments. The **Lead** and **Subcontractor(s)** will implement and monitor activities to reach enrollment goals per the Agreement.

The **Lead** and the **Subcontractor** attest that both agencies:

- Have read the Navigator Grant Program Request for Application (RFA) and all related documents;
- Understand the deliverables and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application.

We, the undersigned, as authorized representatives of (Insert applicant agency) and (Insert subcontractor agency), do hereby support the submission of this application.

\_\_\_\_\_  
*Authorized Signature from Lead*

\_\_\_\_\_  
*Authorized Signature from Subcontractor*

\_\_\_\_\_  
Name of Lead Signatory

\_\_\_\_\_  
Name of Subcontractor Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**END OF SECTION A**

## SECTION B – FUNDING POOL SPECIFIC APPLICATION INFORMATION

Applicant will then select what type of funding pool or region application to complete. There are 7 choices, and the applicant may work on one of each:

- Target Population
- North Region
- Bay Area Region
- Central Region
- Los Angeles/Orange Region
- Inland Region
- San Diego Region

The information in this section must be completed for each application type. Information entered in Section A will be used with Section B to create complete applications for submission.

### B.1 Narrative Sections

#### B.1.1 COVER LETTER (MAXIMUM 3,000 CHARACTERS)

Include a cover letter (on company letterhead) with the following information:

- A. Title of this grant Application;
- B. Submission date of the proposal;
- C. Funding Pool;
- D. Requested funding amount;
- E. A summary of proposed project, including a description of the populations, and communities targeted by the project, proposed approach and likely impact; and
- F. Signature of an individual authorized to enter into contracts on behalf of the proposer.

[Upload Cover Letter (.doc or .pdf)]

#### B.1.2 QUALIFICATIONS AND REFERENCES (MAXIMUM 6,000 CHARACTERS)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the Applicant meets the minimum and desired qualifications identified in **RFA and Grant Applicant Webinar**. For lead agencies applying as a collaborative with subcontractors, please provide a response that addresses the **qualifications of the collaborative** for each question below. Please order and number your responses as follows:

##### B.1.2.1. Qualifications

1. Provide an overall description of the Applicant's organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Describe how the Applicant's established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead agency with subcontractors, describe the nature of the collaborative, the mission, qualifications, experience, and role of each partner and

established physical sites providing service.

2. Describe the Applicant's operational readiness to meet aggressive enrollment goals during the 7-week Open Enrollment period, including the Applicant's program management experience and administrative and fiscal capacity to manage a project of this scope. Describe and provide examples of the Applicant's ability to ramp up quickly, experience meeting aggressive goals in a short time frame and managing subcontractors (if applying as a collaborative).
3. Describe the Applicant's knowledge of and experience with the Affordable Care Act and the role of Covered California.
4. If the Applicant is applying as the lead agency for a collaborative, submit a Subcontractor Letter of Intent to Participate for each subcontractor agency (see Attachment II – Letter of Intent to Participate).

#### B.1.2.2. References

1. Attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter. Letters of recommendation from any Subcontractor performing services as part of the Applicant's proposal, or from any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are **not** included in the character limit for this section.

Each letter should address:

- The nature and length of the relationship between the entities;
- The Applicant's strengths and examples of success in similar programs;
- A statement recommending the Applicant for Covered California's Navigator Program.

[Upload for Letter of Recommendation 1 (.doc or .pdf)]

[Upload for Letter or Recommendation 2 (.doc or .pdf)]

#### B.1.3 PROJECT PERSONNEL (MAXIMUM 6,000 CHARACTERS)

Please order and number your responses as follows:

1. Describe the Applicant's strategy for staffing enrollment activities and why this approach is effective in meeting aggressive enrollment goals.
2. Describe the Applicant's current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.
4. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
5. If the Applicant is applying as a collaborative with a lead agency and subcontractors, describe the role of each partner in this project and the value

added to the proposed enrollment campaign.

6. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.
7. Describe the education level – including specialized certifications such as Certified Health Education Specialists (CHES) – and relevant training related to health care, the Affordable Care Act, and/or outreach, education, and enrollment of the Applicant's staff members and how this preparation will further the goals and objectives of the Navigator Program.

**B.1.4 APPROACH TO STATEMENT OF WORK (MAXIMUM 18,000 CHARACTERS)**

Please order and number your responses as follows:

**B.1.4.1. Target Population (Maximum 3,000 Characters)**

1. Describe how the Applicant assessed the needs of the communities served and how the design of the proposed approach and strategy will meet the needs of the population based on age, ethnicity, culture, language proficiency, income, geography, and other defining characteristics.
2. Identify individuals and organizations in the communities served and what will motivate or influence them to partner with the Applicant to design and implement enrollment campaigns.
3. Describe the nature of the Applicant's relationship with the communities served, how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project. Describe the Applicant's approach, and demonstrated ability to eliminate barriers in order to motivate them to enroll in Qualified Health Plans or other insurance affordability programs.

**B.1.4.2. Navigator Workplan (Maximum 12,000 Characters)**

1. Describe the Applicant's proposed approach and strategy for maximizing enrollments during the Open Enrollment period of October 15, 2014 through December 7, 2014 and how goals will be achieved.
2. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations.
3. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target population(s).

**B.1.4.3. Approach to Project Management and Quality Assurance (Maximum 3,000 Characters)**

1. Describe the Applicant's project management plan for the proposed project.
  - Describe the Applicant's plan for managing and monitoring Navigator Program Activities.



**B.2 – County Funding Information**

<b>Total Requested Funding For this Application:</b>	<b>\$</b>
--	-----------

For each county please indicate the requested funding, and the total number of successful applications projected for each county that this Application proposes to reach.

*If this is a regional application, all counties in that region will be pre-populated and are required. If this is a targeted population application, any counties may be selected.*

County	Amount Requested	Projected # of Outreach and Education touches	Projected # of Successful Applications
Counties Populated from Application Type	\$		
...	\$		
...	\$		
<b>Total:</b>	<b>\$</b>		

**B.3 - Experience with Target Population**

**Describe the ethnicity of proposed target population(s):**

Ethnicity:	Estimated Percentage	Projected Number of Outreach and Education Touches
African		
African American		
American Indian		
Armenian		
Cambodian		
Caucasian		
Chinese		
Filipino		
Hispanic/Latino		
Hmong		
Japanese		

Korean		
Laotian		
Middle Eastern		
Russian		
Ukrainian		
Vietnamese		
Other*		
Other*		
<b>Total (100%)</b>	<b>100%</b>	<b>Total O&amp;E For this County</b>

\*Enter ethnicities not included above

**Percentage of services provided in-language to proposed target population(s):**

Language	Percentage of In-Language Services	# of Outreach and Education Touches
Arabic:	%	
Armenian:	%	
Cantonese:	%	
English:	%	
Farsi:	%	
Hmong:	%	
Khmer:	%	
Korean:	%	
Mandarin:	%	
Russian:	%	
Spanish:	%	
Tagalog:	%	
Vietnamese:	%	
ASL:	%	
Other*	%	
Other*	%	
<b>Total Percent: 100%</b>	<b>100%</b>	<b>Total O&amp;E For this County</b>

\*Enter languages not included above

**Describe the proposed target population(s) income levels:**

<u>Federal Poverty Level (FPL)</u>	<u>Estimated Percentage Planned to Reach</u>	<u># of Outreach and Education Touches</u>
At or Below 138% of FPL:	%	(Calculated on % and county O&E)
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
<b>Totals:</b>	<b>100%</b>	

**Describe the age groups of the proposed target population(s):**

<u>Age Group</u>	<u>Estimated Percentage Planned to Reach</u>	<u># of Outreach and Education Touches</u>
Under 18 years of age:	%	(Calculated on % and county O&E)
18-34 years of age:	%	
35-64 years of age:	%	
65 years of age and older:	%	
<b>Total:</b>	<b>100%</b>	

**B.4 – Subcontractor Assignments**

Please select the subcontractors that would be assigned to this grant, should it be awarded:

**B.5 – Applicant Worksheet Uploads**

Please complete the worksheets in **Section B.5 – Budget Worksheet, Program Activity Workplan, and the Staffing Plan Worksheet.**

Allowed Document Types for Upload: **Microsoft Excel (.xls, .xlsx) ONLY.** Each worksheet file must be uploaded as a single document, and must be less than a total 50 MB.



### B.5.1: Budget Worksheet Instructions

1. The Lead Agency shall complete a summary budget by line item which identifies project costs in the following general categories: personnel, benefits, travel, training, equipment and other expenses required to complete the activities identified in the Applicant's workplan.
2. The Lead Agency's budget shall also include a separate line for the total amount to be allocated to each Subcontractor.
3. A separate budget, reflecting the same expense categories and format as the Lead Agency, shall be established for each Subcontractor. The Subcontractor budget shall detail expenses by month and fiscal year. The Subcontractor budget shall be equal to the total in the Lead Agency summary.
4. The budget needs to cover the entire grant term: June 2014 - Dec. 2014.
5. All project costs must identify the requested funding for each month of the grant program.
6. Marketing costs should be justified by Outreach, Education and Enrollment strategies as indicated on the Navigator Activity Workplan, and should complement, not supplant, the Statewide Marketing and Outreach Plan.
7. Equipment costs shall not exceed 10% of the total grant award or \$50,000.
8. Training expenses should only include costs not already identified under Personnel and Travel.
9. The administrative overhead (indirect) rate shall not exceed 15% of the total grant award. Expenses included in the indirect rate shall not be included in the line item budget as this would result in duplicate funding of these expenses. Indirect costs are overhead expenses generally incurred by the Applicant organization which are not easily identifiable with a specific project. These include administrative expenses related to overall operations and shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, legal expenses, rent, utilities, and facility maintenance.
10. Applicant should complete the section below each budget table to indicate the total number of households reached by outreach and education and the total number of successful applications projected to be completed for each organizations, by month. **Please note that these projections should match other areas of the grant application, including Navigator Activity Workplan, Section A and B.**

Lead Organization Name:

Budget Worksheet												
(1) Expense Area	(2) Organization Name or subcontractor name	(3) Line Item	(4) Description	(5) June 2014 Amount	(6) July 2014 Amount	(7) August 2014 Amount	(8) September 2014 Amount	(9) October 2014 Amount	(10) November 2014 Amount	(11) December 2014 Amount	Total Requested	
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Benefits		Enter position title	Enter benefit % for each position listed above	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel		mileage reimbursement (\$0.55/mile); per diem, accommodations for training, etc.	Enter description of travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Marketing		Must be justified by workplan activity strategies; not to supplement the Statewide Marketing and Outreach Plan.	Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Training		Training costs other than personnel and travel expenses	Enter description of training cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other			Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Lead Total Direct Expenses</b>				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 1		Enter name or firm	Enter total monthly Direct per Subcontractor 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 2		Enter name or firm	Enter total monthly Direct per Subcontractor 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Direct Expenses</b>			Lead Direct + Subcontractor 1 Direct + Subcontractor 2 Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Lead Indirect Administrative Rate</b>			Not to exceed 15% of the total grant award	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 1		Enter name or firm	Enter total monthly Indirect per Subcontractor 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 2		Enter name or firm	Enter total monthly Indirect per Subcontractor 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Indirect Expenses</b>			(Lead Indirect + Subcontractor 1 Indirect + Subcontractor 2 Indirect)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Lead Total Expenses</b>			Lead Direct + Lead Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 1			Subcontractor 1 Direct + Subcontractor 1 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subcontractor 2			Subcontractor 2 Direct + Subcontractor 2 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Grant Total Expenses</b>			<b>Total Direct + Total Indirect</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

\* Definition of Indirect Administrative Rate: Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.

Total Households Reached through Outreach and Education Activities by the Lead agency:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Lead agency:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for ALL Subcontractors:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by ALL Subcontractors:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for this Grant Application (Lead+Subs):	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Grant Application (Lead+Subs):	-	-	-	-	-	-	-	-	-	-	-

\*These projections must match the projections described in the Activity Workplan attachment.

Subcontractor Name:

Budget Worksheet												
(1) Expense Area	(2) Organization Name (Lead or Subcontractor name)	(3) Line Item	(4) Description	(5) June 2014 Amount	(6) July 2014 Amount	(7) August 2014 Amount	(8) September 2014 Amount	(9) October 2014 Amount	(10) November 2014 Amount	(11) December 2014 Amount	(12) Total Requested	
Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Benefits		Enter position title	Enter benefit % for each position listed above	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Travel		Mileage Reimbursement (\$0.55/mile), per diem, accommodations for training, etc.	Enter description of travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Marketing		Must be justified by written activity strategies; not to supplement the Statewide Marketing and Outreach Plan	Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Training		Training costs other than personnel and travel expenses	Enter description of training cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other			Enter description	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Direct Expenses</b>				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Indirect Administrative Rate			Not to exceed 15% of the total grant award	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total Expenses</b>			<b>Total Direct + Total Indirect</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

\* Definition of Indirect Administrative Rate: Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.

Total Households Reached through Outreach and Education Activities for this Subcontractor*	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Subcontractor*	-	-	-	-	-	-	-	-	-	-	-

\*These projections must match the projections described in the Activity Worksheet attachment.

### **B.5.2: Activity Workplan Instructions**

Applicant must fully complete this worksheet to demonstrate their capability, and that of their subcontractors, if applicable, to reach and enroll the number of individuals proposed in the application.

Applicant must complete all activities during the grant term June 1, 2014 - Dec. 31, 2014

The Lead organization must provide one comprehensive worksheet that includes both the lead and all subcontractor activities, if any subcontractor agencies exist.

This worksheet must be complete for each region/population proposed to be reached, for each county within that region, and for each organization reaching that county.

Please refer to the Sample tab for an example of how to complete this worksheet for many organizations reaching multiple counties.

Activities and projections should be unique. If a lead and a subcontractor plan to reach the same county, please list out their activities separately. If two organizations plan to collaborate together, please list projected numbers that are unique for each organization; do not duplicate projected numbers.

#### Explanation of Columns:

- Column 1 - Workplan ID for Reference
- Column 2 - Ending Date for The Reporting Week (Ends on Sunday)
- Column 3 - Name of Organization; must be completed for the Lead and each additional Subcontractor
- Column 4 - Activity Name for Reference
- Column 5 - County in which Outreach/Education and Enrollment activities are conducted
- Column 6 - Number of households reached through Outreach and Education, for the week, for the county
- Column 7 - Number of Successful Applications projected, for the week, for the county
- Column 8 - Special Target Populations expected to reach
- Column 9 - Specific Ethnicities expected to reach
- Column 10 - Strategies used for the week, for the county

Workplan									
(1) Work Plan ID	(2) Week Ending	(3) Organization Attending (Lead and/or subcontractor)	(4) Activity	(5) Location - County	(6) Number of Households reached through Outreach and Education	(7) Number of Projected Successful Applications	(8) Special Target Populations Reached	(9) Ethnicities Reached	(10) Strategies
1	7/6/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
2	7/13/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
3	7/20/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
4	7/27/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
5	8/3/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
6	8/10/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
7	8/17/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
8	8/24/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
9	8/31/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
10	9/7/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
11	9/14/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
12	9/21/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
13	9/28/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
14	10/5/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
15	10/12/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
16	10/19/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
17	10/26/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
18	11/2/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
19	11/9/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
20	11/16/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
21	11/23/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
22	11/30/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
23	12/7/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
24	12/14/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
25	12/21/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
26	12/31/2014	Subcontractor	Weekly Outreach and Enrollment Activities						

### B.5.3: Staffing Plan Worksheet Instructions

This worksheet is designed to indicate the Applicant's staffing readiness and enrollment capacity. It contains two tabs, one for Staff and one for Additional Sites; both tabs must be completed.

#### Staffing Plan Template:

The Lead organization must provide **one** comprehensive worksheet that includes both the lead and all subcontractor staff members, if any subcontractor agencies exist.

This worksheet must be complete for **each** staff member (currently hired or to-be-hired) that is proposed to conduct enrollments for this grant program. Please note that Certified Enrollment Counselors within the Navigator Grant Program will NOT be allowed to participate as Certified Educators or Certified Enrollment Counselors in any other Covered California funded program.

Please include any to-be-hired staff as well by denoting "Staff 1", "Staff 2", etc in the Staff Name rows.

#### Staffing Plan Template: Explanation of Columns:

- Column 1 - Organization Name for the Staff Member
- Column 2 - Staff Member's Name
- Column 3 - % Full time equivalent (FTE) of this Employee, Volunteer or Intern
- Column 4 - Staff Type; Indicate whether this staff member is an Employee, Volunteer or Intern
- Column 5 - Indication if this Staff Member is already a Certified Enrollment Counselor (CEC) through the In-Person Assistance Program
- Column 6 - Indication if this Staff Member is already a Certified Educator (CE) through the Outreach and Education Program
- Column 7 - Number of expected successful applications completed each week by this staff member during special enrollment
- Column 8 - Number of expected successful applications completed each week by this staff member during open enrollment
- Column 9 - Indicate the languages spoken by this staff member

#### Additional Sites Template:

This worksheet must be completed to include every additional site belonging to the lead and any subcontractors where Navigator Program Activities will be performed.

#### Additional Sites Template: Explanation of Columns:

- Column 1 - Site Name
- Column 2 - Name of the organization (Lead or Subcontractor) this site belongs to
- Column 3 - Physical Street Address
- Column 4 - Suite or Unit # (If applicable)
- Column 5 - City
- Column 6 - Zip Code



