Oklahoma Health Insurance Marketplace: PY 2027 Certified Application Counselor (CAC) Program Application Form

Instructions*:* Complete the information below to provide details about your organization and project goals. All responses should align with the CAC Program Standards as outlined in 45 Code of Federal Regulations (C.F.R.) §155.225 and Title 36 of the Oklahoma Statutes and Title 365 of the Oklahoma Administrative Code, Subchapter 31.

A. Organization Information	
1. Organization Legal Name	
2. Organization Employer Identification Number (EIN)	
3. Organization Type (e.g., provider, community or consumer-focused nonprofit, or other entity that meets requirements outlined in 45 C.F.R. § 155.225)	
4. Website URL (Please list your webpage that provides information about your CDO; this page will be linked on the "Find a Local Assister" tool on Oklahoma's Exchange website).	
5. Total Number of Planned Individual CACs	
6. Number of Physical Locations	
7. Addresses	
a. Primary Physical Address	
Street	
City, State	
Zip / Postal Code	
County	
b. Mailing Address* (complete only if different from above; P.O. Boxes allowed)	
Street	
City, State	
Zip / Postal Code	
c. Additional Project Site Location(s)* (submit an additional page with additional project site location(s), if needed)	
Street	
City, State	
Zip / Postal Code	
County	

B. Point of Contact: The Point of Contact is the assigned project lead responsible for overseeing and coordinating the work described in this form.	
8. Point of Contact (POC)	
Last Name	
First Name	
9. Job Title	
10. Telephone Number	
11. Email Address	
C. Authorized Organizational Representative: The Authorized Organizational Representative is the designated representative of the CDO with authority to act on the organization's behalf. This can be the same individual as the POC.	
12. Authorized Organizational Representative (AOR)	
Last Name	
First Name	
13. Job Title	
14. Telephone Number	
15. Email Address	

Project Description

CDO applicants must answer the following questions to describe their CAC Program throughout the performance period.

A. Proposed Service Area
Define the geographic area where Marketplace-related services and outreach will be conducted. Include all applicable counties, cities, regions, and/or zip codes.

B. Target Populations and Communities Served
Identify the priority population(s) you intend to assist with Marketplace-related support. For each priority population, provide the estimated number of consumers you expect to reach and any relevant geographic, demographic, and socioeconomic characteristics.

C. Application and Enrollment Strategy	
Number of consumers you anticipate assisting with their Marketplace application, plan shopping navigation, and/or enrollment or re-enrollment in a qualified health plan (QHP). *This may also include assisting consumers with Marketplace exemptions, coverage appeals, and tax forms.*	
Number of consumers you anticipate assisting who complete enrollment or re-enrollment in a QHP. *This may include enrollments completed online, via phone, or with paper applications. This goal's target number should be a subset of the target number above.*	
Number of consumers you anticipate assisting with understanding basic concepts and rights related to health coverage during the plan year. *This may include educating consumers on health insurance literacy, billing and payment processes, locating providers, Marketplace or Medicaid coverage, accessing preventative health services, etc.*	
Describe how the organization helps consumers understand Marketplace eligibility and coverage options, enroll, update applications, and understand basic concepts and rights related to health coverage.	

D. Referral Plan	
Anticipated number of consumers connected to additional support. *This may include referrals to agents/brokers, Medicaid/CHIP, Medicare, insurance companies, Marketplace Call Center, tax professionals, or other assistance groups.*	
Describe how consumers are referred to other programs or community resources when needs extend beyond the organization's services.	

E. Accessibility Approach
Explain how services will be accessible to consumers with disabilities and consumers with language and literacy needs. Include accessibility methods offered, language and literacy support available, how consumers request accommodation, and who is responsible for providing support.

F. Privacy and Security of Consumer Personally Identifiable Information (PII)
Describe the CDO's plan to protect consumers' PII, in accordance with Oklahoma privacy and security standards, including ongoing monitoring consistent with 45 C.F.R. § 155.260. Include compliance approach and procedures for the following: • Screening and training personnel with access to PII and other sensitive data • Granting and revoking access to PII • Obtaining, documenting, and securely storing consumer consent
G. Personnel Qualifications and Onboarding Plan
Describe the organization's staff who conduct CAC program activities, including the number of CACs, their experience, and their CAC program tasks.

Additional Information, Assurances, and Signature

A. Additional Information

Provide any additional information the organization would like to share.

B. Assurances

As the duly Authorized Organizational Representative (AOR), I am aware that submission to the Oklahoma Insurance Department of the accompanying documentation constitutes the creation of a public document that may be made available upon request. This may include the CDO Application Form or additional materials. In addition, I certify that the CDO:

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents a real or perceived personal or organizational conflict of interest, or personal gain. This means that the CDO did not have any involvement in the preparation of the CAC Program materials, including the Intent Form, development of specifications, requirements, or the evaluation of the submitted forms.
- Will comply with all federal and state statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 C.F.R. Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973,

as amended (29 U.S.C. 794; 34 C.F.R. Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 C.F.R. part 90), which prohibits discrimination on the basis of age; and associated executive orders pertaining to non-discrimination on public contracts; and 4) Federal Equal Employment Opportunities Act.

- Will comply with all applicable federal and state laws and regulations.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Attests that the CDO is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded.
- Understands that any false, fictitious, or fraudulent statements or claims may subject the organization and/or individual to criminal, civil, or administrative penalties.
- Attests that all statements contained within the submitted Oklahoma Exchange CAC Program materials are true, complete, and accurate to the best of my knowledge.
- Certifies that the organization will comply with all the assurances above.
- Certifies that the organization and its subrecipients have read the CAC Program Guidelines document in full and will comply with program requirements.
- Certifies that the organization and its subrecipients have read the federal regulations (45 C.F.R. § 155.225).

AOR Name	
AOR Signature	
Date	