

Georgia Access Certification Training for Plan Year 2025

CAC Training Manual

July 31, 2024

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1 Module Introduction

1.1 Module Objectives

- a. Understand the roles and responsibilities of CACs in Georgia Access.
- b. Understand the roles and responsibilities of CDOs in Georgia Access.
- c. Learn how to assist consumers in Georgia, particularly members of vulnerable and underserved populations.

2 Introduction

2.1 CAC Certification & Licensure

- a. CACs must obtain Georgia Access certification and Georgia Access Specialist licensure before assisting consumers. The certification and license are both important to ensure that CACs are prepared to best serve consumers, provide accurate information, and meet professional standards.

2.2 Georgia Access CAC Certification

- a. The Georgia Access division within the Office of Commissioner of Insurance and Safety Fire (OCI) manages and approves CAC certifications. CACs must complete this course and pass the final assessment with a score of 80% or higher to obtain Georgia Access certification.
- b. After completing the final assessment, CACs must attest that:
 - i. All provided information is accurate.
 - ii. They do not have a conflict of interest.
 - iii. They agree to the Georgia Access Application Assister Agreement.
- c. After passing the final assessment, you will receive a downloadable PDF certificate that proves you completed the Georgia Access CAC certification. You will need to upload this certificate later when applying for a license. You must complete certification before being approved for a license.

2.3 Applying for a New Georgia Access Specialist License

- a. The OCI Agent Licensing Division (ALD) manages and approves the Georgia Access Specialist license. New CACs must submit an application for the Georgia Access Specialist License in Sircon and complete the steps below to obtain a license:
 - i. *Certification*: Complete the Georgia Access certification training and pass the final assessment.
 - ii. *Application*: Begin a license application for the Georgia Access Specialist license through Sircon.
 - iii. *Sircon Registration*: Submit completed annual registration on Sircon - no fee is required.
 - iv. *Citizenship Affidavit*: Print, complete, sign, and notarize the [Citizenship Affidavit form](#).
 - v. *Proof of Affiliation*: Upload the completed affiliation form proving you are an employee of or volunteer with a Georgia Access Certified Application Counselor Designated Organization (CDO).
 - vi. *Proof of Certification*: Upload the certificate proving completion of the Georgia Access CAC certification.

2.4 Renewing a Georgia Access Specialist License

- a. Georgia Access Specialist licenses expire annually on August 31, per the rules and regulations of the State of Georgia. CACs can apply for online renewal on Sircon starting 90 days prior to the expiration date. The Georgia Access Specialist license must be renewed annually by completing 10 hours of continuing education requirements available through Sircon and uploading the required documents. More information on the renewal requirements is available on the [Office of Commissioner of Insurance and Safety Fire \(OCI\) website](#).

2.5 CAC Rules & Regulations

- a. The Affordable Care Act (ACA) established health insurance assisters called Navigators and CACs to help consumers as they shop and apply for health coverage on the Exchange. Georgia Access designed its CAC program based on the federal CAC program. The information below describes the relevant training standards and regulations.
 - i. All CACs must be properly trained to be certified.
 - ii. Georgia Access has developed training standards pursuant to [45 CFR § 155.210](#).
 - iii. All entities and individuals carrying out CAC functions must comply with these standards.
 - iv. Training is to ensure the entities and individuals are qualified to engage in CAC activities, including training standards on the following topics:
 1. The needs of underserved and vulnerable populations.
 2. Eligibility and enrollment rules and procedures.
 3. The range of Qualified Health Plan (QHP) options and insurance affordability programs.
 4. The privacy and security standards applicable under [45 CFR § 155.260](#).

2.6 CDO Overview

- a. All CACs are either volunteers or employees of Georgia Access CDOs. Georgia Access CDOs are organizations that provide health insurance assistance to consumers and enter non-funded business agreements with Georgia Access that grant them the authority to manage CACs. CDOs are responsible for overseeing the work of individual CACs, including day-to-day management and activity monitoring.
- b. *Who are CACs?* CACs are individuals who are certified and licensed by the State to support consumers with applying for health coverage and financial assistance on the Exchange. CACs are affiliated with a CDO, either as employees or volunteers.
- c. *CAC Requirements.* CACs are required to provide consumers with fair, accurate, and unbiased information about health coverage options and financial assistance available to them. CACs are not permitted to advise consumers on which health plan is best. CAC services are free to consumers.
- d. *CAC Outreach.* CACs provide outreach and education to consumers; they are important in reaching underserved or vulnerable populations.
- e. CACs that fail to adhere to the requirements agreed upon in the Georgia Access Application Assister Agreement may be decertified due to non-compliance.

2.7 Knowledge Check

- a. Which of the following statements is false?
 - i. CACs are individuals who are certified and licensed by the State to support consumers with applying for health coverage and financial assistance.
 - ii. CDOs are organizations that provide support to consumers and oversee individual CACs.
 - iii. CACs are affiliated with a CDO, either as employees or volunteers.

iv. CDOs receive funding from the State.

3 Certified Application Counselor Designated Organizations (CDOs)

3.1 CDO Basics

- a. CDOs may include hospitals, Federally Qualified Health Centers (FQHCs), health care providers, nonprofit organizations, and state or local government agencies. CDOs enter non-funded business agreements with Georgia Access that grants them the authority to manage Certified Application Counselors (CACs). CDOs are responsible for overseeing the work of individual CACs, including training, day-to-day management and activity monitoring. CDOs are responsible for planning, directing, and executing the activities as outlined in the CDO Application. Organizations apply annually to be a Georgia Access CDO between June - August each year. The term of the CDO agreement starts on the first day of Open Enrollment (OE) 2025 and lasts until the end of the Plan Year (11/1/2024 - 12/31/2025).

3.2 CDO Requirements

- a. *Requirement 1: Carry Out CDO Duties.* CDOs must be capable of carrying out all CDO duties required by the ACA, federal regulations, and the State.
- b. *Requirement 2: Have a Georgia Location.* CDOs must have an office location or a business address in Georgia.
- c. *Requirement 3: Be Fair, Accurate, and Unbiased.* CDOs must provide support and information that is fair, accurate, and unbiased.
- d. *Requirement 4: Develop Georgia Access Expertise.* CDOs must maintain expertise in eligibility and enrollment to support consumers on the Exchange.
- e. *Requirement 5: Conduct Outreach Events.* CDOs are required to conduct at least one (1) outreach event per month to raise awareness about Georgia Access.
- f. *Requirement 6: Maintain Compliance.* CDOs must comply with applicable training, privacy and security standards, and conflict of interest standards.
- g. *Requirement 7: Maintain Accountability.* CDOs are accountable for all CACs who represent them and must manage a list of individual affiliated CACs.
- h. Georgia Access CDOs that fail to adhere to the requirements explained above and described in the Georgia Access CDO Agreement may have their CDO status removed due to non-compliance.

3.3 Reporting

- a. CDOs are required to submit quarterly reports to the State. They may also be required to provide additional information and/or ad hoc reports as necessary to evaluate the performance of the program. Failure to meet reporting deadlines may result in the organization losing its status as a Georgia Access CDO.
- b. CDO quarterly reports include information on:
 - i. Program progress.
 - ii. Barriers encountered.
 - iii. Number of consumers who received application assistance.
 - iv. The type of consumer assistance provided.
 - v. Outreach metrics.
 - vi. An updated list of affiliated CACs.
 - vii. Information regarding the performance of affiliated CACs.

3.4 Engagement

- a. CDOs are required to participate in monthly meetings with the state for the duration of the CDO Agreement. These meetings serve to discuss progress, reports, recent data, upcoming events, and key dates.

3.5 Knowledge Check

- a. Which of the following are Certified Application Counselor Designated Organization (CDO) requirements? (select all that apply)
 - i. **CDOs must be capable of carrying out all CDO duties required by the ACA, federal regulations, and the state.**
 - ii. **CDOs must have a physical presence in Georgia or a business address in Georgia.**
 - iii. **CDOs provide information and services in a fair, accurate, and impartial manner.**
 - iv. **CDOs must maintain expertise in eligibility, enrollment, and program specifications.**
 - v. **CDOs are accountable for all CACs who represent them.**

4 CAC Role

4.1 CAC Responsibilities

- a. As a CAC participating in Georgia Access, you are responsible for the activities listed below.
 - i. Educate consumers on application requirements and the programs, subsidies, and plan options available to them.
 - ii. Educate consumers on the content of the consumer consent forms and the process of collecting and submitting the consumer consent forms.
 - iii. Educate consumers on how Personally Identifiable Information (PII) is used to determine eligibility.
 - iv. Obtain the necessary authorization from the consumer prior to collecting their PII for a Georgia Access application.
 - v. Provide language and accessibility support to consumers as needed.
 - vi. Educate consumers on how financial assistance, including Advance Premium Tax Credits (APTC), Premium Tax Credits (PTC), and Cost-sharing Reductions (CSR) work.
 - vii. Assist consumers with applications for Qualified Health Plans (QHP), Stand-alone Dental Plans (SADP), and financial assistance through the Georgia Access consumer portal.
 - viii. Assist consumers with applying for other health coverage options they may be eligible for including Medicaid and PeachCare for Kids®.
 - ix. Educate consumers on how to find providers and set up appointments.
 - x. Educate consumers on how coinsurance, co-pays, and deductibles work.
 - xi. Provide referrals for consumers who need additional assistance, such as to the Georgia Access contact center for application issues.
 - xii. Host community outreach events, particularly targeted to reach underserved and/or vulnerable populations, and effectively market and communicate these events.
- b. As a CAC, you can help consumers shop and apply for health care plans and complete forms, but you cannot actively enroll them, and you cannot provide advice or guidance on which health plan is best.
- c. Unlike Navigators, CACs are not required to assist consumers with understanding, filing, and submitting appeals and exemptions. CACs are permitted to provide this assistance, but they are not required to.

4.2 CAC Prohibitions

- a. As a CAC, it is critical that you understand your role and the parameters that you must operate within.
- b. CAC are not permitted to:
 - i. Offer advice or guidance on which health plan is best.
 - ii. Refer consumers to a specific certified agent or web broker.
 - iii. Impose charges or receive any form of payment from consumers.
 - iv. Receive payment directly or indirectly from an insurance company in connection with the enrollment of consumers.
 - v. Act as an intermediary between an employer and insurance company that offers QHPs through Georgia Access.
 - vi. Use Georgia Access funds to purchase gifts/promotional items that market third party products or services.
 - vii. Act as both a CAC and an insurance agent simultaneously or work for a stop loss insurance company.
 - viii. Lobby for the insurance industry in any form.
 - ix. Provide gifts to consumers.
 - x. Go door-to-door to solicit consumers for application or enrollment assistance.

4.3 Knowledge Check

- a. Which of the following tasks are CACs restricted from doing?
 - i. Complying with conflict-of-interest standards.
 - ii. Educating consumers on how coinsurance, co-pays, and deductibles work.
 - iii. Hosting community outreach events, including in areas with higher rates of uninsured consumers, and effectively marketing and communicating these events.
 - iv. **Offering advice about which QHPs are recommended for a consumer.**

5 Assisting Consumers

5.1 General Best Practices

- a. Many consumers have limited knowledge of benefits and coverage options, which makes it crucial that CACs utilize best practices when assisting consumers. You must be able to clearly explain to consumers how a lack of coverage creates barriers to accessing health care services and treatment. You must help consumers understand the connection between medical treatment and being healthy and remind them that having appropriate coverage makes obtaining treatment more affordable.
- b. You may also face additional challenges when dealing with consumers. For example, when trying to help a consumer, you may not be able to verify their identity. Some consumers may not know how to use technology even if they have internet access. You may need to look for workarounds to provide consumers with the assistance they need. Remember to remain patient, try a variety of solutions, and utilize the best practices described below.

5.2 Conducting a Needs Assessment

- a. Conducting a needs assessment can provide a clearer picture of a consumer's situation and needs.
 - i. *Ask the Right Questions:* A needs assessment asks questions to help narrow down a solution to address the consumer's situation. Consumers may approach you, as a CAC, for one of two reasons:

1. Seeking information
2. Seeking coverage
- ii. *Identify Vulnerable or Underserved Populations:* Identify if the consumer belongs to a vulnerable or underserved population. This will help you understand how to best serve the consumer.

5.3 Communicating Effectively

- a. Effective communication is key to earning consumers' trust. Effective communication strategies include:
 - i. *Strategy 1: Adapt to Cultural & Linguistic Differences.* Cultural and linguistic differences require you to identify and understand a consumer's cultural beliefs, behaviors, and needs.
 1. Tips for Adjusting to Cultural & Linguistic Differences
 - i. Avoid making assumptions about a consumer's culture or identity based on the consumer's appearance, name, or other outward characteristics.
 - ii. Provide translation or interpretation services, including American Sign Language (ASL), to help consumers, if necessary.
 - iii. Provide translated documents.
 - iv. Accept cultural differences among consumers.
 - v. Acknowledge and accept that consumers will sometimes have mixed levels of linguistic abilities. Be aware of and sensitive to this and know how to respond appropriately.
 - vi. Acknowledge and accept that consumers will sometimes have cultural preferences that inform their health care decisions.
 - ii. *Strategy 2: Assess Literacy Level.* A consumer's literacy level (their ability to read and write) plays a significant role in how they understand their health coverage options. Navigators must work with this understanding to bring the consumer to a place where they are willing to enroll.
 1. Tips for Assisting Those with a Low Literacy Level
 - i. Avoid technical jargon and acronyms.
 - ii. Ask open-ended questions to encourage the consumer to explain their needs.
 - iii. Read written instructions out loud and check that consumers understand you.
 - iv. Speak slowly.
 - v. Draw or point to pictures, posters, and other visuals.
 - vi. Confirm that consumers understand what you're saying.
 - vii. Use plain language and simple words, especially when you describe difficult coverage terms.
 - viii. Write information down and share it with the consumer who can read it in greater detail at home.
 - ix. Present complex information in small amounts to avoid overwhelming the consumer.
 - x. Use active voice.
 - iii. *Strategy 3: Identify a Consumer's Health Literacy Level.* Health literacy is the ability to access and understand basic information about health coverage to make decisions on coverage. For example, someone who has a low health literacy level may not fully understand the definitions of common health coverage terms such as premium, coinsurance, deductible, and copayment.

1. Tips for Assisting Those with Low Health Literacy
 - i. Avoid using acronyms.
 - ii. Avoid technical language when possible and explain any necessary technical terms.
 1. Instead of "qualified health plans," you can say, "Health plans that have been approved by Georgia Access."
 2. Instead of "premium tax credit," you can say, "A tax credit paid upfront to lower your monthly health insurance payments."
 - iii. Ask consumers to repeat back key things that you say to them.
 - iv. Give a little information at a time.
 - v. Understand that it may take additional time to help some consumers.
- iv. *Strategy 4: Accommodate Physical and Intellectual Disabilities.* Consumers with physical or intellectual disabilities may need special help to gain access to coverage information. These consumers may need to be matched to special services.
 1. Examples of Accommodating Physical and Intellectual Disabilities
 - i. Reasonable modifications to policies, practices, or procedures when necessary to avoid discrimination. For example, allowing the use of service animals.
 - ii. Assistance to consumers in a location and in a manner that is physically accessible to and provides effective communication with individuals with disabilities.
 - iii. Materials that are Section 508 compliant like electronic documents that consumers who are blind can read with screen readers or Braille text.
 - iv. Appropriate auxiliary aids and services at no cost when necessary, or when requested by the consumer to ensure effective communication.
 - v. Materials in large print for consumers who have low vision.
 - vi. Sign language interpreters and closed-captioned video materials for consumers who are deaf.
 - vii. Accessible equipment like height-adjustable tables for consumers in wheelchairs.
 - viii. Accessible buildings (including, buildings with ramps and offices, common spaces, and restrooms that can accommodate mobility devices) for in-person meetings for consumers with limited mobility.
 - ix. Plain language materials for all consumers.
 - x. Accessible teletypewriter (TTY) phone lines.

5.4 Vulnerable & Underserved Populations

- a. Consumers who are considered vulnerable and/or underserved may face additional barriers that make it difficult to get health coverage and basic health care services. Vulnerable and underserved populations consist of consumers who often face barriers that prevent them from receiving health coverage and/or basic health care services.
- b. Vulnerable Populations
 - i. Vulnerable populations are groups of people who are more likely to experience poor physical, psychological, or social health. Vulnerable populations consist of consumers who share one or more of the characteristics below:
 1. Individuals with a high risk for multiple health problems and/or pre-existing conditions
 2. Individuals with physical, mental, or cognitive disabilities
 3. Pregnant women

4. Elderly adults.
 5. Individuals with limited English proficiency and/or limited ability to give informed consent
 6. Individuals with limited access to transportation
 7. Low income or homeless individuals
 8. Racial and ethnic minorities
 9. Individuals who identify as lesbian, gay, bisexual, transgender, queer, and other (LGBTQ+)
 10. Victims of abuse or trauma
 11. Individuals with mental health or substance-related disorders
 12. Individuals with HIV/AIDS
 13. Individuals with fear and distrust of accessing government programs
 14. Individuals with mobility impairments
 15. Individuals with lowered capacity to communicate effectively
 16. Individuals who face any type of discrimination
- c. Underserved populations consist of consumers who have been denied a full opportunity to participate in aspects of economic, social, and civic life. These populations consist of consumers who share one or more of the characteristics below:
- i. Receive fewer health care services.
 - ii. Encounter barriers to accessing primary health care services (e.g., economic, cultural, and /or linguistic).
 - iii. Have lack of familiarity with the health care delivery system.
 - iv. Face a shortage of readily available providers.
- d. Although the terms “vulnerable” and “underserved” are often used interchangeably, vulnerable populations typically experience additional barriers when seeking out care. Consumers may be vulnerable, underserved, or both.

5.5 Factors Affecting Access to Health Care

- a. There are key barriers that generally prevent vulnerable and underserved consumers from accessing necessary health coverage and health care services. Navigators work to help consumers overcome these barriers.
- i. Lack of Health Coverage
 1. Historically, health coverage has been difficult to access and prohibitively expensive for many individuals.
 - ii. High Health Care Costs
 1. High health care costs may motivate consumers to avoid using health care services altogether. In addition, they view out-of-pocket costs and high premiums as contributing factors to high health care costs.
 - iii. Inconsistent Sources of Care
 1. Inconsistent sources of care occur when consumers treat emergencies, rather than ongoing preventive care. Consistent coverage provides consumers with recurring care, which is proven to prevent health emergencies and yield better health outcomes.
 - iv. Low Health Literacy
 1. Low health literacy is when consumers lack the ability and knowledge to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
 - v. Lack of Reliable Transportation and Building Accessibility

1. Lack of reliable transportation (private or public) or other difficulties physically accessing provider offices.
- vi. Unavailability of Providers
 1. Unavailability of providers (e.g., medically underserved areas) refers to when a consumer's geographic location is isolated from needed health care services. Coverage with geographically dispersed provider networks gives all consumers access to needed care.

5.6 Supporting Rural Communities

- a. Rural communities face unique challenges like access to public transportation, lack of specialists, and lack of access to computers and internet.
- b. CACs should identify strategies to work effectively with consumers in rural communities, including conducting outreach or educational events in locations where rural populations live, work, or access community services. Consider outreach in the following locations:
 - i. Consumers' places of work
 - ii. Faith-based organizations or places of worship
 - iii. Libraries
 - iv. United States Department of Agriculture (USDA) extension programs to reach farmers and schools
 - v. Community health centers
 - vi. Tribal government offices and Indian health care facilities
 - vii. Schools
 - viii. Big box stores
 - ix. Local newspapers
 - x. Post offices

5.7 Supporting Older Populations

- a. When supporting older populations, CACs should direct them to the proper program that best meets their needs. Many older consumers are eligible for Medicaid or Medicare and need to be directed to those programs.
- b. Older consumers are those who are 65 and older. Older consumers may be eligible for several health coverage options, including coverage through Georgia Access, Medicaid, and Medicare. Consumers over the age of 65 are generally eligible for Medicare. Georgia Access does not offer Medicare. If a consumer is eligible for Medicare, CACs should not assist them with applying for a Georgia Access QHP. CACs should direct people interested in Medicare to the [Centers for Medicare & Medicaid Services \(CMS\) website](#).
- c. Due to their age, older individuals may have special conditions or circumstances to consider including:
 - i. *Disabilities*: Additional reasonable accommodations may be required as age increases.
 - ii. *Caregivers*: Caregivers, authorized representatives, guardians, or family members are permitted to participate in the discussion of the consumer's health care, if the consumer grants them consent.
 - iii. *Low Health Literacy*: Many health problems faced by older consumers may be complicated by low literacy or low health literacy.

5.8 Knowledge Check

- a. Scenario: You are helping a consumer who has expressed that they have low health literacy, meaning they struggle with understanding basic information about health coverage. You are

reviewing options with the consumer and share, "It really depends on whether or not you'd like to go with an HMO or PPO plan." Is this statement easy to understand for a consumer with low health literacy?

- i. Yes
- ii. No

6 Outreach Events

6.1 Outreach Events

- a. Outreach events are physical and virtual events intended to educate consumers on the healthcare plans, programs, and financial subsidies available to them through Georgia Access. These events are important to increase awareness of Georgia Access and to ensure that Georgians understand the range of programs and plans they can apply for through Georgia Access.
- b. CDOs are required to conduct at least one (1) outreach event per month.
- c. *Promote Education*: Outreach events are an important way that you can provide information to consumers so they can better understand their coverage options.
- d. *Build Trust*: Outreach events help establish lines of trust with consumers from various communities. That trust helps lead to more effective support and service for consumers.
- e. *Align with Strategic Opportunities*: Outreach events should strategically align with other community events to support engagement and visibility with consumers.
- f. *Provide Free In-Person Assistance*: Outreach events make consumers aware that CACs can provide free, in-person, assistance for Georgia Access as well as referrals to other community resources.

6.2 Event Best Practices

- a. For best engagement, you must adhere to the following requirements and best practices while planning and executing outreach events.
 - i. *Understanding the Community*. When developing your outreach event strategy, identify the specific communities you want to reach and the resources available to plan your efforts, recognizing that effective outreach strategies vary across communities. Events should be held in a wide variety of communities. Consider these questions before beginning outreach efforts:
 - 1. What are the community's needs?
 - 2. What enrollment challenges does the community face?
 - 3. What are the community's trusted sources of information and support?
 - 4. What resources are already available?
 - ii. *Different Types of Outreach Events*. Carefully consider the medium for your outreach event. Different types of events work effectively for some communities while being ineffective for others. Consider these options:
 - 1. Face-to-face Outreach
 - i. Distributing brochures and fliers
 - ii. Presentations
 - 2. Media
 - i. Social media campaigns/digital (web) outreach
 - ii. Press releases
 - iii. Participating in radio programs and conducting live interviews

- iv. Including information about health coverage in a state's energy assistance program mailing
 - v. Local newspapers
 - vi. Newsletters
 - 3. Local Partnerships
 - i. Community centers
 - ii. Libraries
 - iii. Realtor association
 - iv. Volunteer Income Tax Assistance (VITA) sites
 - v. Hospitals
 - vi. Recreation centers
 - vii. Religious centers or places of worship
 - 4. High-traffic Activities
 - i. Set up tables at community events to pass out information, talk to consumers, and advise them of the services you can provide.
- b. Event Promotion
 - i. In addition to planning events, promoting the events through effective communication channels is important to the success of an event. Utilizing a wide variety of communication channels such as social media networks, radio, email, flyers, etc.

6.3 Outreach Event Rules

- a. Gifts and promotional items must be only of nominal value and may not be purchased with Georgia Access (grant or other federal) funds. CACs are prohibited from providing gifts of any value to a consumer as an incentive for enrollment.
- b. CACs may not conduct outreach and education activities by going door-to-door or through other unsolicited means of direct contact to help provide consumers with enrollment assistance.
- c. CACs are prohibited from calling consumers using an automatic telephone dialing system or an artificial or prerecorded voice (frequently referred to as robocalls) unless the consumer has an existing relationship with you or your CDO.

6.4 Knowledge Check

- a. Which of the following is not a recommended type of outreach event?
 - i. Face-to-face outreach.
 - ii. Local partnerships.
 - iii. High-traffic activities.
 - iv. **All of the above are recommended.**

7 Additional Resources

7.1 Additional Information

- a. [Georgia Access Website](#): For more information regarding Georgia Access CACs, visit the Georgia Access website.
- b. [Georgia CAC Licensing](#): To learn more about CACs operating in the State of Georgia, visit the CAC page on Georgia's Office of Commissioner of Insurance and Safety Fire (OCI) website.
- c. [Glossary of Health Coverage Terms](#): For definitions and information regarding commonly used health coverage terms, visit the Georgia Access glossary.

- d. [Best Practices for In-Person Assistance](#): For information about best practices with in-person assistance, visit this Centers for Medicare & Medicaid Services (CMS) webpage.
- e. [Best Practices for Remote Assistance](#): For information about best practices with Remote assistance, visit this CMS webpage.
- f. [State of Georgia OCI Rules and Regulations](#): To learn more about the rules and regulations for OCI, visit the State of Georgia's website.
- g. Please submit any additional questions regarding CACs or Georgia Access to:
CDOs@georgiaaccess.ga.gov.