

TABLE OF CONTENTS

IMPORTANT NOTE:

1. Entities that were Active in the old IPAS system ARE NOT REQUIRED to create an account or complete a NEW application in the Certification Portal.

2. If you were an Active entity in the old IPAS system, you will receive an email from the Certification Portal with a username and instructions to login.

3. After you have successfully logged in to the Certification Portal, please skip to the "My Entity" section on Page 18 to begin managing your account.

Contents

| TABLE OF CONTENTS | 1 |
|--|----|
| CERTIFICATION PORTAL ENTITY USER OVERVIEW | 1 |
| ACCOUNT CREATION PROCESS | 2 |
| LOGIN PAGE | 3 |
| ENTITY REGISTRATION | 3 |
| ENTITY APPLICATION | 5 |
| ENTITY APPLICATION STATUS – APPROVAL FROM COVERED CALIFORNIA | 15 |
| MY ENTITY | 17 |
| NEW – ENTITY ACCOUNT "MY APPROVAL" | 18 |
| REQUIRED DOCUMENTS & MY FILES | |
| MANAGE LOCATIONS | 23 |
| ADDING SITES SERVED TO COUNSELORS | 25 |
| ENTITY CHANGE RQUESTS | |
| COUNSELOR MANAGEMENT | 32 |
| COVEREDCA.COM | 37 |
| CONTACT SUPPORT | 37 |

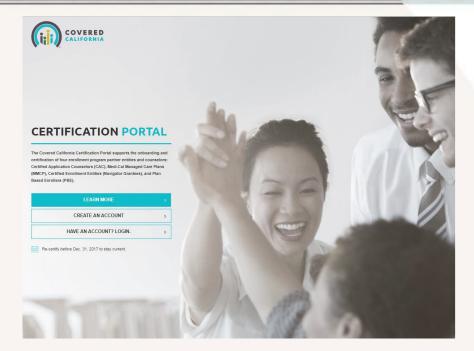
CERTIFICATION PORTAL ENTITY USER OVERVIEW

This document outlines all features and functions available to Entity Business Contacts in the Certification Portal. It details the functions that you as an Entity User have including the account registration process, entity application process, managing counselors, and managing files & required documentation.

COVERED CALIFORNIA ENROLLMENT ASSISTANCE PROGRAM

CERTIFICATION PORTAL ENTITY USER OVERVIEW



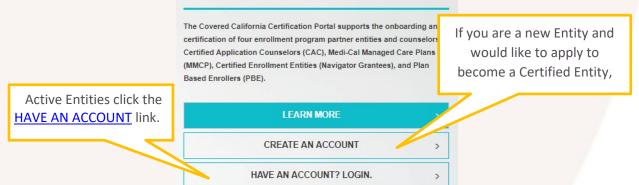


ACCOUNT CREATION PROCESS

IMPORTANT NOTE:

- Entities that were Active in the old IPAS system ARE NOT REQUIRED to create an account or complete a NEW application in the Certification Portal.
- 2. If you were an Active entity in the old IPAS system, you will receive an email from the Certification Portal with a username and instructions to login. To access the Certification Portal, you must navigate to the "Have An Account? Login." button shown below:
- **3.** After you have successfully logged in to the Certification Portal, please skip to the "My Entity" section on Page 22 to begin managing your account.

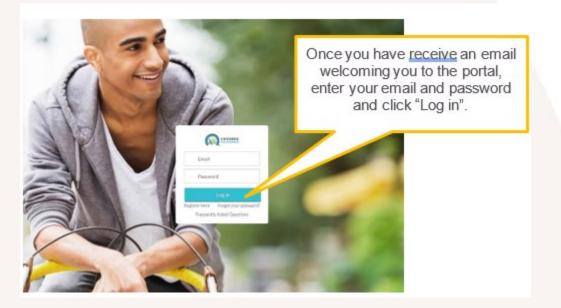
CERTIFICATION PORTAL





LOGIN PAGE

The Certification Portal login page can be found at https://coveredca.force.com/Certification/s/login/



ENTITY REGISTRATION

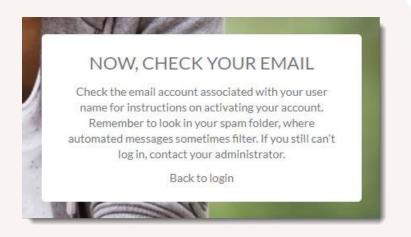
To register as a new Entity applicant, follow the steps below.

- A. All new Entity applicants must populate all fields displayed on the <u>CREATE AN ACCOUNT</u> page and then click "Register". The email address populated in the Email field will also be the username for your new account. Password requirements are as follows:
 - a. Minimum of 10 characters
 - b. Must mix alpha and numeric characters

| | COVERED | | |
|---------|--|----------------|---|
| France | First Name | | I |
| 5 | Last Name | B igger | I |
| | Email | | I |
| | Entity Name | | I |
| | Create Password | | |
| | Confirm Password | | ٦ |
| · · · | What year was the entity established? | | |
| and the | Challenge Answer 1 | | |
| - | In what month does your fiscal year begin? | | |
| K | Challenge Answer 2 | | |
| 1 | How many conference rooms are there in your main office? | | |
| (a) | Challenge Answer 3 | 6 | |
| | Register | | |
| 1 | Frequently Asked Questions | 1 | 1 |
| | Already have an account? | | |



B. After clicking the "Register" button you will see the following message on your screen. An email notification will be sent with a link to activate the new user account.



C. The System sends an email to the address provided for verification purposes. *Sample of email below. You must click on the link provided in the email.*

| Hi | |
|---|--|
| Welcome to the Portal! To get started, go to the following link: Click Here | |
| Username: | |
| Thanks, | |
| If you have additional questions or need further assistance please email <u>CCCertificationServices@covered.ca.gov</u> | |
| | |
| | |
| | |
| | |
| | |
| | |

D. Once you click the link in the email message, you will be directed back to the Login Page. Enter the Email and Password that was entered in the registration process. Click "Log in" once your Email and Password are entered.

| (| |
|------------|-------------------------|
| Emai | 0 |
| Pass | word |
| | Log in |
| Regist Her | e Forgot your password? |
| Freque | ently Asked Questions |
| | |

ENTITY APPLICATION

The steps below indicate the process of completing your Entity Application and submitting it for review by Covered California's Certification Services Section.

1. **INTRODUCTION:** Upon initial login, you will be directed to the Entity Application. Review the information on the page then appropriately click the checkboxes at the bottom of the page to offer certification of the statements. Click "Begin" to advance to the next page and start the application.

| MY ENTITY COUNSELORS | COVEREDCA.COM CONTACT SUPPORT |
|---|--|
| ECTIONS STATUS: DRAFT | Acme Inc. Section 1: Introduction |
| 1. Introduction | Please complete the information thoroughly. For more information please email questions to EnrollmentAssistanceSupport@covered.ca.gov |
| 2. Entity Information | |
| 3. Location and Hours | Use this Enrollment Application to notify Covered o Covered California is seeking Entities to participate in |
| 4. Entity Contacts | California of the intent to participate the enrollment program • Assist uninsured consumers to enroll and retain |
| 5. Counselors/Enrollers | coverage through Covered California Counselors will engage, educate, and enroll eligible |
| 6. Required Documentation | Californians in Covered California Qualified Health Plans (QHP) and other insurance affordability |
| 7. Qualifying Attestations | programs |
| | Information required to complete this application General information about the entity, such as contact information, populations currently served or intended to reach, and counties served All sub-site locations and hours of operation Information on anticipated Counselors Federal Employment ID Number, State Tax ID Number |
| Applicant must certify as an authorized representative and click "Begin" to continue | Required documentation to be submitted with this Entity Agreement Proof of Business Status Documentation Proof of Insurance: Liability Insurance and Worker's Compensation Insurance Proof of current or valid license and/or certification Counselor Agreement(s) and Application(s) |
| Must choose one or both options | I certify that I am an authorized representative for my Entity and that I will provide accurate information within this application. I certify that I am the Primary Contact for my Entity. I certify that I am the Authorized Contact for my Entity. Regin |

2. ENTITY INFORMATION: Please choose an Entity Type and then complete all required information in the section. Click "Next" to advance to the next section of the application.

| 1. Introduction 2. Entity Information | Please hover over the ③ icon for more Entity Name | Choose an Entity Type before proceeding through the application | |
|--|--|--|---|
| | Acme Inc. | | |
| 3. Location and Hours 4. Entity Contacts | Entity Type* O Certified Application En O Plan Based Enrollment O Medi-Cal Managed Car | | |
| 5. Counselors/Enrollers | Business Legal Name * | | |
| 6. Required Documentation | | | |
| 7. Qualifying Attestations | Primary Email Address * | | |
| | | | |
| | Primary Phone Number * | Secondary Phone Number | |
| | | 0 | |
| | Website Address | | |
| | Treballe Abbiless | | |
| | Federal Tax ID * | State Tax ID * | |
| | Pederal lax ID | State lax ID | |
| | | | |
| | Category* Non Profit | | |
| | Organization Select | | - |
| | Type* | | |
| | Year entity was established? * | | 1 |
| | | | |
| | Projected Counselors * | | |
| | | | |
| | Resource for Counselor | | |
| | affiliation?* | | • |

Note: The Entity Application will be saved after each step when "Next" is clicked. Your progress will be saved in case you need to leave and finish later. If you decide to leave the application early, you will be taken back to where you left off next time you log into the system.

3. LOCATION AND HOURS: Next you must setup the Primary Location and any Sub-Site Locations that represent the Entity. The Primary Location is required and will be the first location record added.

| MY ENTITY COUNSELORS | COVEREDCA.COM CONTACT SUPPORT | |
|--|---|------------|
| SECTIONS STATUS, DRAFT | Acme Inc. Section 3: Location and Hours | |
| 1. Introduction | Please hover over the () icon for more information about an item Please fill out the dialog boxes for information about the Primary site and any sub-sites for your organization | n Complete |
| 2. Entity Information 3. Location and Hours | the information in the following categories. FRIMARY LOCATION Type of Location |) |
| 4. Entity Contacts 5. Counselors/Enrollers | Estimated number of individuals served * 0 | 0 |
| 6. Required Documentation 7. Qualifying Attestations | Location Details | ٥ |
| | Contact First Name * Contact Last Name * | 0 |
| | Email Address * | 0 |
| | Phone Number* Secondary Phone Number | 0 |
| | County* Select | • 0 |

Hours of Operation

Indicate the hours of availability to provide enrollment assistance for each day of the week. Select the correct time from the drop down boxes. Each day must be filled out. ()

| Same hours M-F? () | | | | |
|--------------------|--------------|--------------|--|--|
| Open 24/7? (1) | | | | |
| | Opening Time | Closing Time | | |
| Monday | From 🔻 | To 🔻 | | |
| Tuesday | From 🔻 | To 🔻 | | |
| Wednesday | From 🔻 | To | | |
| Thursday | From 🔻 | To | | |
| Friday | From 🔻 | To | | |
| Saturday | From 🔻 | To | | |
| Sunday | From 🔻 | To | | |
| | | | | |

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CERTIFICATION PORTAL ENTITY USER OVERVIEW

You must save the address information by clicking "Save Location" before clicking on "Next".

| Mailing Address | | |
|---------------------------|-------------------------------------|----|
| Mailing Street Address * | | 3 |
| | | |
| Mailing City * | | 3 |
| Mailing State * | Mailing Zip Code * | |
| Select | | ٩ |
| | | |
| Physical Address | Same as Mailing? () | |
| Physical Street Address * | | () |
| | | |
| Physical City * | | ١ |
| Physical State * | Physical Zip Code * | |
| Select | ▼ ^③ Location information | 3 |
| | | |
| | Save Location | |
| | Previous Next | |

Once a location is saved, a list of all the Entity's locations you have created will be displayed with options to add additional Sub Sites or proceed to the next section of the application.

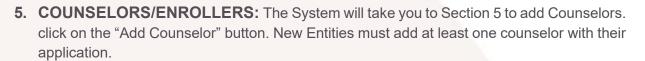
| SECTIONS STATUS: DRAFT | Acme Inc. Section 3: Location and Hours Please hover over the () icon for more information about an item Please fill out the dialog boxes for information about the the information in the following categories. Create a Sub Site Location |
|----------------------------|---|
| 3. Location and Hours | Site Locations + New Sub Site |
| 4. Entity Contacts | View/Edit existing Locations |
| 5. Counselors/Enrollers | Acme Location 1 PRIMARY LOCATION Proceed to next |
| 6. Required Documentation | Achielocation 1 PRIMARY DOCATION Section |
| 7. Qualifying Attestations | Previous Next |

COVERED

4. ENTITY CONTACTS: Next, you must fill out all the information in this section to identify the entity's lead contact persons. Some fields may be pre-populated with your information depending on what was selected in the Introduction section 1 (page 8).

| MY ENTITY COUNSELOR | IS COVEREDCA.COM CONTACT SUPPORT | | | |
|--|---|-----------------|--|---|
| SECTIONS STATUL DRAFT | Acme Inc. Section 4: Entity Contacts Please hover over the @ Icon for more Infor | mation about ar | ı İtem | |
| 2. Entity Information 3. Location and Hours | | | ila program manager. This Individual will be respon affiliated Counseiors, and maintaining up-to-date f | |
| 4. Entity Contacts | Primary Contact First Name * | | Primary Contact Last Name* | |
| 5. Counselors/Enrollers | John | O | Doe | 0 |
| 6. Required Documentation | Primary Contact Title * | | | |
| | | | | 0 |
| 7. Qualifying Attestations | Primary Contact Email * | | | |
| | 1023158@mvrht.net | | | 0 |
| | Primary Contact Phone Number * | | Primary Contact Secondary Phone Number | |
| | Frinday Contact Phone Wumber | 0 | Primary Contact Secondary Phone Humber | 0 |
| | | | | |
| | Primary Contact Mailling Street * | | | 0 |
| | | | | |
| | Primary Contact Mailing City * | | | 0 |
| | | | | |
| | Primary Contact Mailing State * - Select | • 0 | Primary Contact Mailing Zip Code * | 0 |
| | California. | Same as Prim | ity to enter into a contractual agreement with Cov ary Contact? ② Authorized Contact Last Name * | |
| | John | 0 | Doe | 0 |
| | Authorized Contact Title * | | | |
| | | | | |
| | Authorized Contact Email * | | | 0 |
| | j1023158@mvrht.net | | | 0 |
| | [1023158@myrht.net | | | 0 |
| | | | Authorized Contact Second Phone Number | |
| | 1023158@mvrht.net Authorized Contact Phone Number * | 0 | Authorized Contact Second Phone Number | 0 |
| | Authorized Contact Phone Number * | Ø | Authorized Contact Second Phone Number | 0 |
| | | 0 | Authorized Contact Second Phone Number | 0 |
| | Authorized Contact Phone Number * | 0 | Authorized Contact Second Phone Number | |
| | Authorized Contact Phone Number * | 0 | Authorized Contact Second Phone Number | 0 |
| | Authorized Contact Phone Number * Authorized Contact Mailing Street * Authorized Contact Mailing City * | | | 0 |
| | Authorized Contact Phone Number * Authorized Contact Mailing Street * Authorized Contact Mailing City * Authorized Contact Mailing Select Contact Mailing | | Authorized Contact Second Phone Number | 0 |
| | Authorized Contact Phone Number * Authorized Contact Mailing Street * Authorized Contact Mailing City * Authorized | • | | 0 |

(iii) COVERED



| SECTIONS STATUS, DRAFT | CommTestEntity1 Section 5:Counselors | | | |
|---|---|-------------------------|---------------------------------------|--|
| 1. Introduction | To add information about individuals that you want to affiliate with the Entity as potential "Counselors", click the button labeled, "Add Counselor". There are 3 categories that need to be completed for each individual affiliated with the Entity | | | |
| 2. Entity Information | as a potential Counselor (Details, Mail | - | , ר | |
| 3. Location and Hours | After you have completed the informa complete their profile information and | tion for an i Counselor | with a user account in which they can | |
| 4. Entity Contacts | | | | |
| 5. Counselors/Enrollers | Counselors | | + Add Counselor | |
| 6. Required Documentation | NAME CERTIFICATION | PROFILE SITES SERVED | MULTI-AFFILIATE | |
| 7. Qualifying Attestations | | Previous Next | | |

After clicking the "Add Counselor" button you will advance to following screen. Fill out the required information. The new Counselor must be assigned as a resource to one or more of the Locations that you created in Section 3. After the information has been correctly entered, click on the "Create Counselor" button to create and associate the Counselor with your Entity.

Note: A Counselor can be assigned up to two sites.

| SECTIONS STATUS: DRAFT | CommTestEntity1 Return to list of all Section 5:Counselors counselors | |
|--|---|--|
| 1. Introduction | Back to Counselors | |
| 2. Entity Information | NEW COUNSELOR | |
| 3. Location and Hours | Please hover over the () icon for more information about an item | |
| 4. Entity Contacts | TIP: Each Counselor must have a unique email address, pl individuals Used to look for existing Counselor | |
| 5. Counselors/Enrollers | Details in the system. | |
| 6. Required Documentation | CA Driver's License Number or State ID * ID Type * | |
| 7. Qualifying Attestations | Legal First Name * Will also become Counselor's user name for accessing the portal 0 | |
| and Sub Site Locations created in Section 3. | Confirm Email Address * Creates the new Counselor | |
| | Sites served by this individual * (Ctrl+Click to select multiple) counselor is recognized from the entered CA License | |
| | Select Location Main Create Counselor Create Counselor () | |
| | Previous Next | |

After creating the counselor, select "Back to Counselors" to view a refreshed list of all the counselors (with the option to create more), or proceed to the next section of the application by clicking "Next".



6. REQUIRED DOCUMENTATION:

REQUIRED DOCUMENTATION: Once the Counselors have been entered and clicked "Next" the System will navigate to Section 6: "Required Documentation." Each item in this section must be completed or uploaded as part of the application. The content in each section may vary depending on the entity type that was selected in Section 2.

NOTE: Documents that are missing or filled out incorrectly will delay the approval process. Continue below for a detailed look at each section.

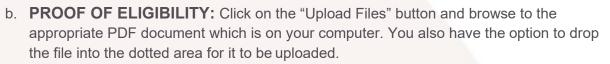
| SECTIONS STATUS: DRAFT | John Wayne Medical Cetner Section 6: Required Documentation Only PDFs are allowed to be uploaded. Be sure documents meet specified requirements before uploading. |
|---|--|
| 2. Entity Information 3. Location and Hours 4. Entity Contacts 5. Counselors/Enrollers | Entity Agreement Entities must complete, sign and upload the Entity Agreement. To complete the Agreement, click on the button below. The file will open via DocuSign, allowing for the Agreement to be completed and signed. DocuSign CAEAgreement |
| 6. Required Documentation 7. Qualifying Attestations | Proof of Business Status Documentation The required documentation is listed below based on your Entity's category. 1. Tax Identification Number on Institution Letterhead Proof of Eligibility ① Upload Files Or drop files |

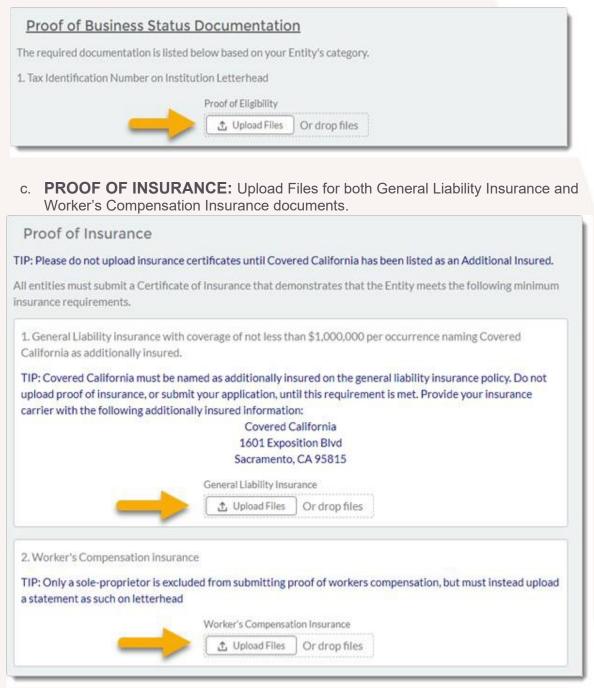
a. ENTITY AGREEMENT: Upon request, the CSS Team (<u>CommunityPartnerCertSupport@covered.ca.gov</u>) will send a valid copy to the Entity directly.

Note: When completing the document, ensure it is filled out by the Authorized Contact

Once all the information has been properly filled out and the document is signed, send the Entity Agreement back to the CSS Team to further be processed and reviewed.

NOTE: If there is nothing to disclose, enter "Nothing to disclose" in those fields.





TIP: Only a **sole-proprietor** is excluded from submitting proof of workers compensation. To validate, the sole proprietor(s) must prepare a statement on their business letterhead noting that because their entity is providing service as a sole proprietor, they are excluded from having Workers Compensation coverage.

COVERED

- (iii) COVERED
- d. **PROOF OF LICENSE:** Click on "Upload Files" to select your Proof of Business License documentation.

NOTE: If you are a school, municipality, or other government agency without a normal business license, submit a signed letter stating this on the official letter head of your organization. If you are a nonprofit organization, submit proof of your 501(c)(3) status.

| Proof | of | current | t or | valid | license |
|-------|----|---------|------|-------|---------|
|-------|----|---------|------|-------|---------|

Entities must provide documentation of the business license and other relevant certification of the Entity, including any federal or state designations.



e. **CONFLICT OF INTEREST PREVENTION PLAN:** A template for a Covered California Conflict of Interest Prevention Plan is provided through the Conflict of Interest Prevention Plan blue button. If you have your own conflict of interest prevention plan, please **click** on "Upload Files" to upload your own Conflict of Interest Prevention Plan.

| Conflict of Interest Prevention Plan | |
|--|----------------------|
| Entities must provide a Conflict of Interest Prevention Plan. This Conflict of Interest uploaded, will be submitted to legal team for Review and either approved or returne Conflict of Interest Prevention Plan | |
| Conflict of Interest Prevention Plan | Template for plan |
| C Upload Files Or drop files | |

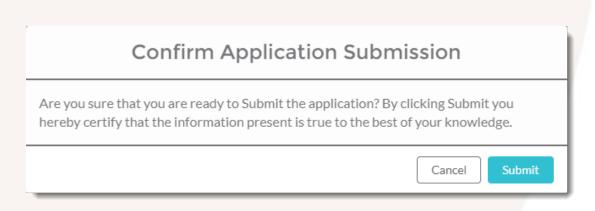
After all the required documentation has been uploaded, click on the "Next" button to advance to the next section.

Note: The maximum file size for an uploaded document is **4 MB** (Megabytes). Please optimize any scanned documents to fit within the upload limit. All required documents must be uploaded to proceed to the next section. A green checkbox indicator will display next to each section when a document is uploaded successfully.

7. QUALIFYING ATTESTATIONS: Read each Qualifying Attestation. Click in the check box to acknowledge your agreement with the attestations and click on "Submit" to initiate application submission.

| SECTIONS STATUS: DRAFT | CommTestEntity1 | |
|---|---|---------|
| | Section 7: Qualifying Attestations | |
| 1. Introduction | Please respond to the following screening attestations pertaining to the Entity applying for the program. When you are done reading the qualifying attestations below, please agree to the acknowledgement statement | at the |
| 2. Entity Information | bottom of this page and click "Submit". | |
| 3. Location and Hours | I certify the organization applying is not a health insurance issuer or stop loss issuer, | |
| 4. Entity Contacts | Attestation 1 subsidiary of a health insurance issuer or a stop loss insurer, or an association that | a |
| 5. Counselors/Enrollers | includes members of, or lobbies on behalf of, the insurance industry. | |
| 6. Required Documentation | I certify the organization applying is not receiving any consideration directly or indir Attestation 2 from a health insurance issuer or stop loss insurance issuer for enrolling individuals | · · · · |
| 7. Qualifying Attestations | Attestation 2 from a health insurance issuer or stop loss insurance issuer for enrolling individuals employees into qualified or non-qualified health coverage. | and |
| | Attestation 3 I certify the organization applying does not employ any individuals who receive any consideration for enrolling qualified individuals and employees into qualified or non qualified health coverage. | |
| | Attestation 4 I certify the organization applying and all of its employees will comply with the confl interest standards located at the California Code of Regulations Title 10, Chapter 12 Section 6866. | |
| Entity User must agree to all Qualifying Attestations | Attestation 5 I certify that the entity will serve families of mixed immigration status and individual with disabilities | ls |
| | By clicking submit, acknowledgement is made that the organization applying qualifies to participate in the P as an Entity and that all submitted information is true, correct and accurate. | rogram |
| | Previous Submit | |

The following confirmation message will appear after clicking the "Submit" button. Click the "Submit" button again. The Entity Application will be submitted to the Certification Services Section for processing.







ENTITY APPLICATION STATUS – APPROVAL FROM COVERED CALIFORNIA

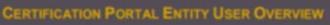
When the Entity Application is submitted, the user will be directed to the application status page where the application status history and any notes added by the review team will be displayed.

| | Application has been su | ubmitted for processing | × |
|---|--|-------------------------------|---|
| | | ▼ Manage Entity | |
| Application Locked | Current status of the application. Click this to get to the status page. | CREATED BY CREATED DATE | |
| be reviewed but is locked for editing | Application Status: Pending | | |
| 5. Counselors/Enrollers | STATUS Created | DATE Aug 10, 2017 11:34 AM | |
| 6. Required Documentation 7. Qualifying Attestations | | | |

- The application status is "Pending" and the application is locked from editing. The application will remain in "Pending" status until it is reviewed and updated by the Certification Services Section (CSS).
- The Entity User will receive an email confirming the submission of the Entity Application and will inform the user when the application will be reviewed.

Once an Entity Application has been submitted for processing, the application is reviewed by Covered California's Certification Services Section. Covered California will review the application and all required documentation. The review team will update the Entity Application Status to one of the following values:

- a. **Draft** The Entity Application requires additional edits and is returned to the Entity User. The review team will provide details on what needs to be corrected.
- b. **Pending** The Entity Application is awaiting a determination from Covered California's review team.
- c. **Approved** The Entity Application has been approved.
- d. **Not Approved** The Entity Application has been reviewed and NOT approved.
- e. **In CC Review** The Application has been initially reviewed, but further review is necessary.
- f. Withdrawn The Application has been withdrawn by request of the Entity.



You will see when the review team updates the status of the application by viewing the application status page.

| SECTIONS STATUS: DRAFT | | ✓ Manage Entity |
|---|--|---|
| 1. Introduction | Application Notes | |
| Notes added by the Covered CA review team | TITLE BODY Draft Please correct the | Mailing Address on the Primary Location. The Zip Code does not match the city provide |
| History of status changes | Application Status: Draft | Submitted: 08/11 08:40 AM |
| 6. Required Documentation | STATUS | DATE |
| 7. Qualifying Attestations | Draft | Aug 11, 2017 08:52 AM |
| | Pending | Aug 11, 2017 08:40 AM |
| | Created | Aug 10, 2017 11:34 AM |

You also have the ability to add additional disclosures to your Entity Agreement. This is useful if you have additional items to disclose after you have signed and submitted your application and the application is still under review.

| SECTIONS STATUS, DRAFT | ✓ Manage Entity |
|--|--|
| 1. Introduction | Application Notes |
| 2. Entity Information | TITLE BODY |
| 3. Location and Hours | Draft Please correct the Mailing Address on the Primary Location. The Zip Code does not match the city provide |
| 4. Entity Contacts | |
| 5. Counselors/Enrollers | Application Status: Draft Submitted: 08/11 08:40 AM |

Once Entity Application is marked as "**Approved**", you will receive an email outlining the next steps in the Entity Certification process (see next page). Next time you log into the Certification Portal with an approved application, you will be directed to the My Entity page instead of the application.

Sample Application Approval Email

| | - |
|---|-------------------------------|
| Congratulations! Your Entity application has been approved. Here are the next steps: | |
| NEXT STEPS To Complete Certification Requirements: | |
| Within 30 days of this notification, the Primary contact listed in the Entity application must complete the required Entity Management Training by clicking I Be sure to mark the checkbox on your Entity record in the Certification Portal, as instructed at the end of the training. | HERE |
| As your entity's primary contact, you are the designated individual responsible for day-to-day management of your organization's participation in this proc Resource Guide that will help you get oriented and provide you with the tools to assist you in this role. [Need new Link to where this is hosted] | gram. Click HERE to access a |
| 3. Ensure that your Counselor Roster is finalized in the Entity application by completing all the Counselor candidate information. | |
| 4. The Counselor must complete the following steps for their profile and agreement: a. Complete and submit Criminal Disclosure Form. * NOTE: Any communication in connection with the Criminal Disclosure Form is between the individual California. The Entity must not be involved in the review of the content of this disclosure. | applicant and Covered |
| b. Complete and download two copies of the Capital Live Scan Form, and call to schedule a fingerprinting appointment at an approved provider for backgro http://www.capitallivescan.com/locations_statewide_network.html | und clearance: |
| c. Sign & Submit their Counselor agreement | |
| d.Upload a head shot photo for Counselor badge. | |
| e. Complete the required training, by logging into the Learning Management System (LMS) and using credentials provided in an LMS email sent to all Coun self-guided via online modules. Training questions should be directed to <u>CCULearning@covered.ca.gov</u> . | selor candidates. Training is |
| If you have additional questions or need further assistance please email certificationportal@covered.ca.gov, | |



MY ENTITY

The "My Entity" page provides a snapshot view of your Entity account information and all items related to your Entity. The related items include:

- Required Documentation: Documents such as, Business License, General Liability and Workers Compensation are submitted here.
- My Files: Any files that are not Required Documents are located here.
- Entity Applications: The application that was filled out and submitted for review.
- Locations: The address information for the Entity and the subsites are found here.
- Entity Change Requests: Any information changed or updated will be logged here.

My Files (3)

Account T. + Follow Edit Covered CA Community Partner STATUS EXPIRATIO. MY FILE ... FILE Test Prode Ŧ MyFile_909. Entity M Any files outside of Required documents are Program Type Primary Ph Primary Location Required Documentation can managed here. Click here (or MyFile 909. Entity Mana Navigator Organization Entity details are View All to view all records. be uploaded and displayed on the left managed here. side of the page. 拱 Strategic Workplans (0) Required Documentation (6+) New ✓ Entity Information Entity Status Account Name REQUIRE... FILE TYPE STATUS EXPIRATIO Progress Reports (0) Covered CA Community Partner General Lia... General Liabilit... Expired ▼ Entity Primary and Program Type Parent Account CAEAgree... CAEAgreement DocuSign Pend.. • Payment Requests (0) ub Site Locations • flower Worker's Com... Submitted Business Legal Name Entity Agreem... ▼ Locations (2) Entity Agre... Submitted Entity documents, job site locations, and CHewie's Li... Proof of License Approved • LOCATIO ... CONTACT L... CONTACT F PHONE NU. change request are Website Address ReaDoc_90... Workers Comp... Approved Secondary S... (559) 555-1234 ▼ John Smith displayed on the right Main Site (555) 698-5126 side of the page. Skyw -Category View All Non Profit View All Entity Change Requests (6+) New CalHEERS CalHEERS Usernar CHANGE ... CREATED D... CREATED BY RECO CalHEERS Password CR-19791 21/2018 10:... Sys Admin Change Reg • CalHEERS Pin Credentials for accessing CR-19790 Char CalHEERS system. There are two types of change CR-19789 Ch Populated once Entity requests: Change Request System Info becomes Active and CR-19788 C Registered with Covered CA and Withdrawal Requests Created By CR-19787 Ch Andy Hilliard 10/15/2015 4:29 PM CR-19785 8/21/2018 10:... Sys Admin Change Request Ŧ

Each of the different sections is described below:



NEW – ENTITY ACCOUNT "MY APPROVAL"

Primary Contacts or Authorized Contacts are required to approve or reject pending requests located under the "Items to Approve" tab.

| | Search | | | | SEARCH | 9 |
|------------------|---------|----------------------|-----------------------------|-----------|------------|-----|
| | | | | | | |
| | NSELORS | COVEREDCA.COM | CONTACT SUPPORT | DASHBOARD | MY APPROVA | ALS |
| Items to Approve | | | | | | |
| | | No approval requests | need your attention right n | ow. | | |

REQUIRED DOCUMENTS & MY FILES

Required Documents and My Files records are used to manage all files associated with your Entity. Required Documents will have been automatically created through the Entity Application process and typically will not need to be created from the My Entity page once an application has been approved. However, certain Required Documents will expire over time and will need to be updated.



Expired Required Documents can be updated through the following procedure: Click on the "New" button next to Required Documents

| | Search | | | Searc | b | | |
|------------------------------------|-------------------------|-----------------------|-----------------|---|--|--|------|
| | Jearchim | | | | | 0 | |
| IFORNIA | | | | | | | |
| A MY ENTITY C | COUNSELORS | COVEREDCA.COM | CONTACT SUPPORT | | | | |
| Navigator | | | | | | + Follow | Edit |
| Entity Name Nav Test Entity v.2 | Entity Status Active | Phone (916) 228-87 | Ownership 95 | | | | |
| Entity Informa | tion | Entity Status | - | Required Docu | FILE TYPE | STATUS | EXP |
| Nav Test Entity v.2 | | Active | | RegDoc_231_Conflict | Conflict of Interest | 23 | |
| 5 | | | 1 | | connict of mitchest | Approved | |
| Parent Entity | | Program Type | | ReqDoc_231_Busines ReqDoc_231 Worker | Business License | Approved | |
| - | 0 | Navigator Organiza | | ReqDoc_231_Busines ReqDoc_231_Worker ReqDoc_231_General | Business License Workers Compensatio | Approved | 4/1/ |
| Parent Entity Business Legal Name | 0 | | | ReqDoc_231_Worker | Business License Workers Compensatio General Liability | Approved | 4/1/ |
| | 0 | Navigator Organiza | 0 | ReqDoc_231_Worker ReqDoc_231_General | Business License Workers Compensatio General Liability Business License | Approved n Approved Approved Approved | 4/1/ |

1. Complete required fields and click on the "Save" button

| Entity Name Nav Test Entity v.2 | Create | Entity File | |
|------------------------------------|---------------------|----------------------------|-------------|
| | * Entity File Name | * Entity | Ĩ. |
| Fachibus Indiana | Verification Report | Nav Test Entity v.2 × | |
| Entity Inforn | | | New |
| Entity Name | * File Type 🔘 | File Details | TUS EXPIRAT |
| Nav Test Entity v. | Verification Report | For the Month of June 2017 | omitted |
| Parent Entity | | | proved |
| - | | | proved |
| Business Legal Nam | | Expiration Date | proved |
| Nav Test Entity 2 | | | proved |
| Website Address | Created By | Last Modified By | proved |

COVERED



2. Click the name of the file you just created

| Proof of Eligibility Proof of Eligibility Approved |
|---|
| Proof of Eligibility Proof of Eligibility Approved |
| |
| Proof of Insurance General Liability Insuran Approved |
| Proof Of License Proof of License Approved |
| W9 W9 Approved |

3. Click the "Upload Files" button

| Notes & Attachments (0 | 0 |
|--|-----------------------------|
| | · · · · · |
| | L. Openal Plan |
| | |
| | Or drog files |
| | Or drog-files |
| | Or drug Nes |
| Little for how | Or drapfiles |
| | |
| Exelling Film Province | Keens |
| Extilic File Norme Vertilication Report | Koms Her Tost Existy v.2 |

4. Select the file you want to upload

| Organize + Maurice | | H.+ (3) @ |
|--|-------------------------|---|
| Facolas E Destrop A Destroak Coultres for Surre | B Enteringen | Data monthal Papal 628(302) 527 Mar. Microsoft Scott No. |
| E Anast Pasa Distanta Distanta Distanta Distanta Distanta Distanta Distanta Distanta | | |
| - | rame tradication Report | • All fries • |
| | | 1 |

NOTE: Required Document Entry has now been completed.



CREATING MY FILES:

My Files records are like Required Documents, but they will be used to manage any files that were not required as part of the initial application process.

A. My Files are for documents that are not considered Required Documents and a place to manage these files. To upload a new My File, first click the "**New**" button on the My Files related list.

| My Files (6+) | | | | |
|----------------------|---------------------------|------------|--|--|
| MY FILE NAME | FILE TYPE | STATUS EXF | | |
| MyFile_2019_Counsel | Counselor Withdraw Re | Submitted | | |
| MyFile_2019_Conflict | Conflict of Interest Plan | Submitted | | |
| MyFile_2019_Other2 | Other | Submitted | | |
| MyFile_2019_Other2 | Other | Submitted | | |
| MyFile_2019_Other2 | Other | Submitted | | |
| MyFile_2019_Counsel | Counselor Withdraw Re | Submitted | | |
| • | | ۱. | | |
| | | View All | | |

B. The following popup will appear. Enter the appropriate information and then click "**Save**" to create the file detail record.

| Create My File | | | | |
|---|------------------------|--|--|--|
| * My File Name Test Report July 2017 | • Entity | | | |
| * File Type Productivity Report | Status 🕐 | | | |
| File Details Sample My File Details | Expiration Date | | | |
| Created By | Last Modified By | | | |
| | Cancel Save & New Save | | | |

- (iii) COVERED
- C. The record that's created houses details about the file(s) related to it. Now that the record has been created, one or many files can be uploaded to it.

| Test Report July 2017 | Edit Delete Clone |
|---|--|
| My File Name Test Report July 2017 | Entity Abrazar Inc. Status and Expiration Date fields will be managed by the internal review team |
| File Details ① Sample My File Details | Expiration Date 0 |
| Created By 7/27/2017 10:40 AM | Last Modified By , 7/27/2017 10:40 AM |
| 💽 Notes & Attachments (0) | Drag and drop or select "Upload Files" to upload files to the My File record. Note that multiple files could be uploaded to a given My File record. |
| | frop files |



MANAGE LOCATIONS

CREATING A LOCATION: The "Locations" related list, click on the **"New"** button.

| | ity1 | | + Follow Edit View Website | | |
|--|------------------------------------|-------------------------|--|--|--|
| Program Type Certified Application Entity | Phone 123-123-1234 | Website www.fake.com | Billing Address | | |
| Entity Information | | | Required Documentation (0) | | |
| Account Name CommTestEntity1 | Entity Status Active | | My Files (0) | | |
| Parent Account | Program Type Certified Applicat | tion Entity | Locations (1) | | |
| Business Legal Name 0 | Primary Email Addro | ess 🛈 | LOCATION NAME CONTACT FIRST NAME CONTACT LAST NAME PHO | | |
| Test Business Legal | j988663@mvrht. | net | Sample Location 1 John Smith 123 | | |
| Website Address | Primary Phone Num 123-123-1234 | ber | View All | | |

A. Select Primary or Sub Site Location for the Record Type. There should only be one Primary Location.

| New Location | | | |
|--|-------------|--|--|
| Select a record type O Primary Location Sub Site Location | Ļ | | |
| | Cancel Next | | |

- B. Once all the information is completed click on the "Save" button to complete the process.

| Estimated number of individuals served | Primary Location 🚯 |
|--|----------------------------------|
| 100 | Sample Location 1 × |
| | Record Type Sub Site Location |
| ocation Details | |
| * Location Name | * Entity |
| Sample Sub Site | CommTestEntity1 × |
| * Contact First Name 🕚 | Contact Last Name 💿 |
| Jane | Smith |
| * Phone Number 🕚 | Secondary Phone Number 0 |
| 111-111-1111 | 222-222-2222 |
| *Email Address 🕚 | *County |
| jane@sampleco.com | Amador |

NOTE: Changes to an existing site in the Certification Portal will initiate a Change Request for CalHEERS so the systems remain in sync. Refer to the Entity Change Requests section on Page 33 for a full list of Entity Change Requests and approvals required for the change to take effect.



ADDING SITES SERVED TO COUNSELORS

Site Served record represents the Location of the Entity, the Counselor Contact records and the Site Served Records are linked. If a Counselor changes the location, they serve the information must be updated in the Certification Portal.

VIEWING SITES SERVED:

Each Location can be associated with a set of Counselors that are responsible for serving the site. These associations are managed through the Sites Served related list. The Sites Served related list is displayed on both the Location and the Counselor Contact record pages.

| hysical City Physical State acramento CA | Physical Zip Code 95834 | List of Counselors that serve this Location |
|---|----------------------------|--|
| | 73507 | |
| Estimated number of individuals served | Primary Location | Site Served (4) New |
| 21 | Comm User Site 1 | SITE SERVED NAME COUNSELOR CONTACT |
| | Record Type | Site-0021 Counselor1 Test |
| | Sub Site Location | Site-0054 Jimmy Kemmel |
| Location Details | | Site-0059 Jimmy Neutron |
| | | |
| Location Name | Entity | Site-0060 Elmer Fudd |

Location view of Sites Served

| C | ounselor1 Test | | | | + Follow Edit Send Ema |
|------------------|--------------------------------|----------------------------|----------------------------|---------------|-----------------------------------|
| lei l | Entity Name CommTestEntity1 | Phone(2) ¥ 111-222-4337 | Email sam@saasfocus.com | Contact Owner | |
| | | | | - | |
| lam | e | | | | Related Entities (1) |
| lame | | Entity | Name | | ENTITY NAME CALHEERS EMAIL/USER |
| Couns | elor1 Test | Com | mTestEntity1 | 5 | CommTestEntity1 |
| orti | fication | | | 100 | + |
| eru | lication | | | | View All |
| Sertific | ation Status | Certif | ication Date | | |
| Certifi | ed | 7/11 | /2017 | | Counselor Files (3) |
| Counse | ior Certification Number | Recen | tification Due Date | | COUNSELOR FILE NAME FILE TYPE |
| 10000 | 10003 | | | | CECAgreement.pdf CEC Agreement |
| | act Information | | | | CMMCPE Insurance A., CMMCPE Insur |
| ont | act Information | | List of Location | | CECAgreement.pdf CEC Agreement |
| mail | | Title | that this | | |
| iam@s | aasfocus.com | | Counselor serve | s | View All |
| hone | | Depa | tment | | |
| 111-2 | 22-4337 | | | | D Site Served (2) |
| | | | | | SITE SERVED NAME LOCATION CF |
| Other F 144-5 | hone 55-6221 | Conti | ict Type | | Site-0021 Comm 1 Sub Site 3/ |
| | | | | | Site-0067 Sub Site 3 7/ |
| | Address | Birthe | | | * |
| 2340 | Council Blvd, | 5/13 | /1991 | | View All |

Counselor view of Sites Served



CREATING LOCATION SITES SERVED:

Select the "New" button from the Site Served related list.

| Sit | ATIONS > COMM 1 SUB SITE e Served is • Updated a few seconds ago | \rightarrow | New |
|-----|---|-------------------|----------|
| | SITE SERVED NAME | COUNSELOR CONTACT | |
| 1 | Site-0021 | Counselor1 Test | Ţ |
| 2 | Site-0054 | Jimmy Kemmel | Ţ |
| 3 | Site-0059 | Jimmy Neutron | Ţ |
| 4 | Site-0060 | Elmer Fudd | v |

Sites Served related list (View All mode)

Populate the Location field with the name of the site location and populate the Counselor Contact field with the name of the counselor that will serve the site. One of the two fields will automatically be populated depending on which related list was selected from (i.e. Counselor vs. Location). Click "Save" (or Save & New to create another).

| | Create Site Served | |
|---|--------------------|------------------------|
| Site Served Name | | |
| *Location Comm 1 Sub Site Counselor Contact Tiger Woods | × | |
| Created By | Last Modified By | |
| | | Cancel Save & New Save |

Saving Site Served

CERTIFICATION PORTAL ENTITY USER OVERVIEW



ENTITY CHANGE RQUESTS

CHANGE REQUESTS:

Most changes to your entity's information can be made by simply editing the information. To do so, click the "Edit" button in the upper right side of the "My Entity" page. If you need to edit an existing site, click the down arrow button next to that site, and click "Edit".

| | ty1 | | + Follow Edit | View Website |
|--|----------------------------------|-------------------------|--|--------------|
| rogram Type ertified Application Entity | Phone 123-123-1234 | Website www.fake.com | Billing Address | |
| Entity Information | | | Required Documentation (0) | New |
| Account Name | Entity Status | | | |
| CommTestEntity1 | Active | | 🖪 My Files (0) | New |
| Parent Account | Program Type Certified Applic | ation Entity | S Locations (1) | New |
| Business Legal Name | Primary Email Add | Iress 🚯 | LOCATION NAME CONTACT FIRST NAME CONTACT I | AST NAME PHC |
| Test Business Legal | j988663@mvrh | | Sample Location 1 John Smith | 123 |
| Website Address | Primary Phone Nu | mber 0 | ٢ |)√iour All |
| www.fake.com | 123-123-1234 | | | View All |

NOTE: Active Entities Change Request records will automatically be created when information is modified on your Entity or any records related to the Entity (e.g. Contacts, Locations, Sites Served etc.).



Certain changes are tracked by Covered CA and are synced with CalHEERS. There are some changes that require approval by Covered CA before they can be applied. You can make changes to the Entity within the Certification Portal. The table below denotes which changes are tracked and updated in CalHEERS and which changes require approval from Covered CA.

| Section | Field | Approval Required | CalHEERS Update |
|--------------------------------|---------------------|-------------------|-----------------|
| 1.0 Entity Information | Entity Name | Y | Y |
| | Business Legal Name | Y | Y |
| | Main Email Address | N | Y |
| | Website Address | N | Y |
| | Primary Phone | N | Y |
| | Secondary Phone | N | Y |
| | FEID | Y | Y |
| | State Tax ID | Y | Y |
| | Category Change | Y | Y |
| 1.1 Organization Type | All | Y | Y |
| 1.2 Special Populations Served | All | N | Y |
| 1.3 Counties Served | All | N | Y |
| 1.4 Resource Directory | All | N | Y |
| 2.0 Location and Hours | All | N | Y |
| 2.1 Hours of Operation | All | N | Y |
| 2.2 Site Mailing Address | All | N | Y |
| 2.3 Site Physical Address | All | N | Y |
| 2.4 Spoken Languages | All | N | Y |
| 2.5 Estimate # Individuals | All | N | Y |
| 2.6 % OF Individuals Served | All | N | Y |
| 2.7 Employment Industries | All | N | Y |
| 3.0 Counselor Assignment | All | Y | Y |
| 4.0 Entity Contact Info | All | Y | Y |



Entity Change Requests are found on the right column of the 'My Entity' page.

| | yl | | + Follow Edit View Website |
|--|---|-------------------------|--|
| Program Type Certified Application Entity | Phone 123-123-1234 | Website www.fake.com | Billing Address |
| | | | |
| Entity Information | | | Required Documentation (0) |
| Account Name | Entity Status | | |
| CommTestEntity1 | Active | | My Files (0) |
| Parent Account | Program Type Certified Applicat | ion Entity | S Locations (1) |
| Business Legal Name | | | LOCATION NAME CONTACT FIRST NAME CONTACT LAST NAME PHC |
| Test Business Legal are cl | nge Request records reated whenever a se racked changed are | | Sample Location 1 John Smith 123 |
| Website Address www.newsite.com | captured. 123-123-7890 | | View All |
| Category | Secondary Phone Nu | ımber 🕕 | Entity Change Requests (2) |
| Government | | | CHANGE REQUEST RECORD TYPE CREATED DATE CREATED |
| Federal Tax ID 🕚 | State Tax ID | | CR-2944 Change Request 7/28/2017 11:22 AM Comm U |
| 12-3456789 | There are three Chang Reque | | CP 2942 Change Request 7/28/2017 10:32 AM IPAS Dat |
| Organization Type 🕕 Labor Unions | Request, Withd Disclosur | rawal Request, | , View All |

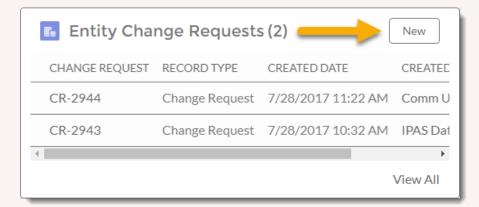
Select a Change Request record in the list to view all the changes associated with it.

| | | | Clor | Submit for Approv |
|--|---|--|---------------------------------|-------------------|
| | | | | |
| nange Request | | Entity | | |
| R-2944 | | CommTestEntity1 | | |
| umber of Changes | | Record Type | | |
| | | Change Request | | |
| atus | | | | |
| ubmitted | | | | |
| Comm User 1, 7, | /28/2017 11:22 AM List w | ill display all changes | (28/2017 11:22 AM | |
| Comm User 1, 7, | that w | vill display all changes ere captured, showing old and new values. | /28/2017 11:22 AM | |
| Comm User1, 7, | that w the | ere captured, showing | 28/2017 11:22 AM | |
| | that w the | ere captured, showing | 28/2017 11:22 AM | |
| Entity Ch | that w the | ere captured, showing old and new values. |] | * |
| Entity Cha | anges (4) | ere captured, showing old and new values. | NEW VALUE | v v |
| Entity Ch. FIELD TYPE Account | that w the anges (4) FIELD NAME Does the entity serve the disabled? | old and new values. | NEW VALUE No | |
| Entity Ch. FIELD TYPE Account Account | that w the anges (4) FIELD NAME Does the entity serve the disabled? Primary Phone Number | old and new values. | New Value No 123-123-7890 | |

WITHDRAWAL REQUESTS:

If an Entity would like to withdraw from the program, they can do so by submitting a request through the "Entity Change Request". To submit a Withdrawal Request, follow the steps below.

A. Click on the "New" button on the Entity Change Request related list.



B. Choose Withdrawal Request for the Record Type.

| New Enti | ty Change Request |
|----------------------|--|
| Select a record type | Withdrawal Request Disclosure Update Cancel Next |

C. In the 'Reason for Withdrawal' box, indicate the reason and click Save.

| Create Entity Change Req | uest: Withdrawal Request |
|---|-----------------------------------|
| Change Request | •Entity |
| Status Submitted * Reason for Withdrawal | Record Type Withdrawal Request |
| Sample reason for withdrawing from the program] | |
| Created By | Last Modified By |
| | Cancel Save & New Save |

COVERED





Once the record is saved it will be submitted for approval to the Certification Services Section. Your Entity will be withdrawn from the program upon approval of the request.

| CR-2945 | | | | | Cle |
|--|-------------------|---|-----------------------------------|----------------------------|--------|
| Change Request CR-2945 | | | Entity CommTestEntity1 | | |
| Status Submitted | | | Record Type Withdrawal Request | | |
| Reason for Withdrawal Sample reason for withdrawing from t Created By Comm User1, 7/28/2017 11:51 A | M N | /ithdrawal request automatically be ubmitted for appro to the Covered C/ | val | 2017 11:51 AM | |
| | | review team. | | | |
| Approval History (2) | STATUS | COMMENTS | | DATE | Recall |
| | STATUS Pending | COMMENTS | | DATE 7/28/2017 11:51 AM | Recall |
| STEP NAME | | | uest submitted by com | 7/28/2017 11:51 AM | |

COUNSELOR WITHDRAWAL:

Entities can withdraw a counselor on their behalf by doing the following steps:

A. Click on the "New" button on the Entity Change Request related list.

| Change Re | Record Type | Created Date | Created By | |
|-----------|----------------|----------------|-----------------|---|
| CR-24874 | Change Request | 11/15/2019 2:1 | Rajender Mittap | - |
| CR-24400 | Change Request | 11/7/2018 9:16 | Sys Admin | - |
| CR-24369 | Change Request | 11/7/2018 9:10 | Sys Admin | • |
| CR-24368 | Change Request | 11/7/2018 9:10 | Sys Admin | - |
| CR-24367 | Change Request | 11/7/2018 9:10 | Sys Admin | • |
| CR-24077 | Change Request | 11/2/2018 11:5 | Sys Admin | |

B. Choose Withdrawal Request for the Record Type.

| Select a record type | | | |
|----------------------|---|--------------------|--|
| | ۲ | Withdrawal Request | |
| | 0 | Disclosure Update | |
| | | | |

Rev. February 26, 2020



CERTIFICATION PORTAL ENTITY USER OVERVIEW

C. In the 'Reason for Withdrawal' box, indicate the reason and click Save.

| 142 | |
|---|------------------------------------|
| Please list the full name of the | e counselor(s) to be withdrawn. |
| *Entity | |
| Search Accounts | Q |
| Courselor | |
| Search Contacts | q |
| | |
| | |
| | |
| Draft | for the councelor(s) withdrawal |
| Draft Make sure to state the reason | n for the counselor(s) withdrawal. |
| Draft | n for the counselor(s) withdrawal. |
| | n for the counselor(s) withdrawal. |
| Draft Make sure to state the reason | n for the counselor(s) withdrawal. |
| Draft Make sure to state the reason *Reason for Withdrawal | n for the counselor(s) withdrawal. |
| Draft Make sure to state the reason | n for the counselor(s) withdrawal. |
| Draft Make sure to state the reason *Reason for Withdrawal @ Information | |
| Draft Make sure to state the reason *Reason for Withdrawal @ Information | Record Type |

COUNSELOR MANAGEMENT

The Counselors tab in the top navigation bar is where all your entity Counselors will be managed. The tab contains a series of sub tabs that are each described below.

ALL COUNSELORS

The All Counselors tab provides a list of all Counselors that are affiliated with the Entity and provides a resource for adding new Counselor users.

| ♠ MY ENTITY COUNSELORS | COVEREDCA.COM CONTA | CT SUPPORT | | |
|---|-------------------------------------|--------------|------------------|---|
| ALL COUNSELORS COUNSE | ELOR OVERVIEW COUNSE | LOR PROGRESS | AGREEMENT STATUS | 5 TRAINING MORE |
| To add information about individuals categories that need to be completed After you have completed the infor- upload their required documentatio | for each individual affiliated with | | Add new | beled, "Add Counselor". There are 3 ddress, and profile information). plete their profile information and |
| Counselors | | _ | | + Add Counselor |
| NAME | Click to view Contact | PROFILE | SITES SERVED | MULTI-AFFILIATE |
| Barker, Sofia | record | Incomplete | | |
| Chao, Janet | Certified | | Primary Location | |
| Cloud, Cumulus | | Incomplete | | |
| | | | | |

NOTE: There is no way to delete inactive counselors from this list at this time.



ADDING A NEW COUNSELOR

This tab displays all currently rostered counselors. In order to add a new counselor, select the **Add Counselor** sub tab.

| (ii) Sean | ch | | SEARCH | A HAN SOLO - |
|-----------------------|--|-----------------------|---|----------------------------|
| COVERED | | | | |
| MYENTITY COUNSE | LORS COVEREDCA.COM CON | TACT SUPPORT | | |
| COUNSELORS COUN | SELOR OVERVIEW COUNSELO | R PROGRESS AGREEMEN | IT STATUS TRAINING | |
| | s that you want to affiliate with the Entity a ted with the Entity as a potential Courselo | | button labeled, "Add Counselor". There are 3 office information). | categories that need to be |
| | | | ey can complete their profile information and | d upload their required |
| iunselors (9) | | | | + Add Courselor |
| NAME | CERTIFICATION | SITES 5 | SERVED | |
| 💌 Calrissian, Lando | | Main Si | be | |
| | | | | |
| 👻 Fett, Boba | | | | |
| 👻 Kingstonia, Roberto | | | | |
| 👻 Organa, Leia | Pending | Malin Si | be | |
| | Decertified - Did no | ot complete annual Ce | | |
| 👻 Solo, Han | | | | |
| 👻 Solo, Ben | Incomplete Counse | lor Agreement | | |
| 👻 Trent, Brian | | Main Si | te | |
| | | Page 1 of 1 | | |

Once on this page, fill out all information with an asterisk next to it. When done, select the Create Counselor button to complete the initial onboarding process.

| L COUNSELORS | | | | POR | τ | | |
|--|---------------------|-----------------------|----------------|-------|------------------------------|---|---|
| | COUNSELOR | OVERVIEW 0 | OUNSELOR PROGR | ESS | AGREEMENT STATUS TRAINING | | |
| Back to Counselors | | | | | | | |
| wCounselor | | | | | | | |
| ise hover over the G | icon for more infor | rmation about an iter | m | | | | |
| | | | | oddre | ss for different individuals | | |
| Details | | | | | | | |
| CA Driver's License N | Number or State ID | | | | * ID Type | | 0 |
| | | | | | | | |
| | | | | • | Select | - | |
| Legal First Name | | | | | Select * Legal Last Name | • | |
| | | | | • | | • | 0 |
| | | | | | | • | • |
| Email | | | | | | • | |
| Legal First Name Email Confirm Email Addre | 55 | | | | | • | 0 |
| Email Confirm Email Addre | | | | | | • | • |
| Email | vidual * | | | | | • | 0 |

Rev. February 26, 2020



The **Counselor Overview** tab displays a report showing the certification overview of all the counselors.

| | | JNSELOR OVERVI | | OGRESS AGREEMEN | | | |
|---|--|---|--|---|--|---|---|
| OVERVIEW | OF COUNS | ELOR STATUS | | | | | Constitution Carbon |
| | | | Record C | Jount | | | Certification Status Certified |
| | | | di Osma | | | | Counselor Ready for Training |
| | | | (sk.Osral) | | | | In Training 🥥 |
| | | | (15,195) | | | | Training Complete |
| s of Today at 4: | 01 PM | | 1 (205) (207) (207) | CALERO A | | | |
| Total Reco | verview | of Counse | lor Status (t) | | | © T | C Export |
| Total Reco | verview | PROFILE | COUNSELOR ACTIVE | CERTIFICATION | CERTIFICATION | © | C C Export |
| Total Reco 11 | verview | PROFILE | | CERTIFICATION STATUS | CERTIFICATION | EMAIL | en C' R Export |
| Total Reco 11 | verview | PROFILE STATUS | COUNSELOR ACTIVE | | | | |
| Total Reco 11 FIRST NAME Magee | LAST NAME | PROFILE STATUS - | COUNSELOR ACTIVE STATUS | STATUS | | EMAIL duis-elementu | |
| Total Reco 11 FIRST NAME Magee Kendall | LAST NAME † Fitzgerald | PROFILE STATUS | COUNSELOR ACTIVE STATUS Active | STATUS Certified | | EMAIL duis-elementu | um@amet.com |
| Total Reco 11 FIRST NAME Magee Kendall Herrod | LAST NAME † Fitzgerald Gallegos | PROFILE STATUS | COUNSELOR ACTIVE STATUS Active Active | STATUS Certified Certified | | EMAIL duis-elementu | um@amet.com que@tempor.net |
| Total Reco 11 FIRST NAME Magee Kendall Herrod Brock | LAST NAME † Fitzgerald Gallegos Hicks | PROFILE STATUS - - - | COUNSELOR ACTIVE STATUS Active Active | STATUS Certified Certified Certified Counselor Ready for | NUMBER - - - - | EMAIL duis.elementu cras.pellentes - mattis@orci.co | im@amet.com que@tempor.net |
| Total Reco 11 FIRST NAME Magee Kendall Herrod Brock | LAST NAME † Fitzgerald Gallegos Hicks Holmes | PROFILE STATUS - - - | COUNSELOR ACTIVE STATUS Active Active Active | STATUS Certified Certified Certified Counselor Ready for Training | NUMBER | EMAIL duiselementu cras.pellentes - mattis@orci.c mi.lacinia@pe | um@amet.com que@tempor.net om illentesquehabitantmorbi.com |
| Total Reco 11 FIRST NAME Magee Kendall Herrod Brock Lillith Blaine | LAST NAME T Fitzgerald Gallegos Hicks Holmes Kane | PROFILE STATUS - - - - - | COUNSELOR ACTIVE STATUS Active Active Active | STATUS Certified Certified Certified Counselor Ready for Training Certified | NUMBER | EMAIL duis.elementu cras.pelientes - mattis@orci.c mi.lacinia@pe soliicitudin.ad | um@amet.com que@tempor.net om llentesquehabitantmorbi.com |
| Total Reco 11 FIRST NAME Magee Kendall Herrod Brock Lillith Blaine August | LAST NAME Trizgerald Gallegos Hicks Holmes Kane Merrill | PROFILE STATUS - - - - - | COUNSELOR ACTIVE STATUS Active Active Active | STATUS Certified Certified Certified Counselor Ready for Training Certified Training Complete | NUMBER | EMAIL duis.elementu cras.pellentes - mattis@orci.c mi.lacinia@pe sollicitudin.ad mattis.ornare | am@amet.com que@tempor.net om illentesquehabitantmorbi.com lipiscing.ligula@lobortistellus.net |
| Total Reco 11 FIRST NAME Magee Kendall Herrod Brock Blaine August Ethan | LASTNAME Triggerald Gallegos Hicks Holmes Kane Merrill Perry | PROFILE STATUS - - - - - | COUNSELOR ACTIVE STATUS Active Active Active | STATUS Certified Certified Counselor Ready for Training Certified Training Complete Certified | NUMBER - - - - - - - - - - - - - - - - - - | EMAIL duis.elementu cras.pellentes - mil.lacinia@pe sollicitudin.ad mattis.cornare semper.et.laci | im@amet.com que@tempor.net om ilientesquehabitantmorbi.com iipiscing.ligula@lobortistellus.ne @egetmollis.org |
| Total Reco 11 FIRST Wagee Kendall Herrod Brock Lillith Blaine August Ethan Keane | LAST NAME T Fitzgerald Gallegos Hicks Holmes Kane Merrill Perry Roberson | PROFILE STATUS - - - - - - - - - - - - - - | COUNSELOR ACTIVE STATUS Active Active Active | STATUS Certified Certified Certified Counselor Ready for Training Certified Training Complete Certified In Training | NUMBER - - - - - - - - - - - - - - - - - - | EMAIL duis.elementu cras.pellentes - mattis@orci.c mi.lacinia@pe sollicitudin.ad mattis.ornare semper.et.laci est.congue.a@ | im@amet.com que@tempor.net om illentesquehabitantmorbi.com lipiscing.ligula@lobortistellus.ne @egetmollis.org inla@diam.com |
| Total Reco | LAST NAME T Fitzgerald Gallegos Hicks Holmes Kane Merrill Perry Roberson Russo | PROFILE STATUS - - - - - - - - - - - - - - | COUNSELOR ACTIVE STATUS Active Active Active Active | STATUS Certified Certified Certified Counselor Ready for Training Certified Training Complete Certified In Training Pending | NUMBER - - - - - - - - - - - - - - - - - - | EMAIL duis.elementu cras.pellentes - mattis@orcl.c mi.lacinia@pe sollicitudin.ad amattis.ornare semper.et.laci est.congue.a@ faucibus.lectu | Im@amet.com que@tempor.net om lientesquehabitantmorbi.com lipiscing.ligula@lobortisteilus.ne @egetmollis.org nla@diam.com)purusmaecenaslibero.org |

AGREEMENT STATUS

This tab displays the status of all **Counselor Agreements** that have been submitted for approval. "Counselor Name", "Counselor File", and "Account Name" can all be clicked to take you to the related page.

| ALL COUNSELOR | S COUNSELOR C | VERVIEW COUN | SELOR PROGRESS | AGREEMENT | STATUS | TRAINI | NG | MORE |
|----------------------------|--------------------------|----------------------------------|---------------------------|----------------|----------|--------|------------------|--------------------|
| Counse | elor Agreeme | nt Status | | | C | | C Ø | Export |
| Total Records 2 | | | | | | | | |
| COUNSELOR: LAST NAME | COUNSELOR: FIRST NAME | COUNSELOR FILE: COU FILE NAME | INSELOR COUNSELOR NAME | : ACCOUNT STAT | | | FILE TYPE | EXPIRATION DATE |
| Chao | Janet | CAC Agreement | JesseTest | Subm | nitted - | | CAC Agreement | - |
| Chao | Janet | CAC Agreement | JesseTest | Appr | oved - | | CAC Agreement | - |
| Grand Total (2 records) | | | | | | | | |



TRAINING

The **Training** tab displays a list of all Counselors enrolled into certification training and the status of the curriculum completed.

| COUNSELO | R TRAINING | | | | | |
|--------------|-------------|--|----------------|-----------------------------------|-------------------------------------|--------------------------------|
| | | | | | | SUA |
| | | | | | | Complete In Progress |
| | | | 9 | | | |
| | | ining (t) | | | - T # C 8 | Export |
| | unselor Tra | ining (t) | | | 2) (¥ @) (2) (\$ | Export |
| Total Record | unselor Tra | ining (t) | PROGRESS | DATE STARTED | DATE COMPLETED | STATUS |
| Total Record | unselor Tra | | PROGRESS 0% | | DATE COMPLETED | STATUS |
| Total Record | unselor Tra | LMS COURSE Test, CEC/Navigator Certification Curriculum 2015- | 10230300000 | DATE STARTED | DATE COMPLETED | STATUS Complete |
| Total Record | unselor Tra | LMS COURSE Test, CEC/Navigator Certification Curriculum 2015- 2016 Test, CEC/Navigator Certification Curriculum 2015- | 0% | DATE STARTED 5/16/2017 2:30 PM | DATE COMPLETED 5/16/2017 2:30 PM | STATUS Complete Complete |

BACKGROUND CLEARANCE

The **Background Clearance** tab displays all the Counselors that have completed the Background Clearance process.

| ALL COUNSELORS CO | UNSELOR OVERVIEW | COUNSELOR PROGRESS | BACKGROUND CLE | ARANCE M | ORE |
|----------------------------|------------------|--------------------------|--|-----------------|--|
| Total Records | l Clearance Perc | centage | 1 | 6 a G | ஓ Export |
| Background Cleara | ance Status | 3 | "True" indicate that Backgroun Clearance ha been complete | nd is | kyround Clearance true • false • |
| BACKGROUND CLEARANCE | FIRST NAME LAST | NAME BUSINESS LEGAL NAME | PROFILE STATUS | BACKGROUND CLEA | RANCE DATE |
| true | Janet Chao | Jesse Test | - | | 7/13/2017 |
| (2 records) | Sofia Barker | Jesse Test | Incomplete | | 7/11/2017 |
| false (1 record) | Cumulus Cloud | Jesse Test | Incomplete | | - |
| GRAND TOTAL (3 RECORDS) | | | | | |



NAME BADGE

The **Name Badge** tab will display Counselor Badges that have been processed and completed. This report will display for new badge requests and Badge Replacement requests. "Counselor Name" and "Counselor Badge Name" can be clicked to take you to the related page.

| ALL COU | NSELORS | COUNSELOR OVERVIEW | COUNSELOR PR | OGRESS | AGREEN | IENT STATUS | NAME BADGE | MORE |
|------------------------------|-----------------|--|--------------|---------|---------------|--------------------------------|----------------------------------|------------|
| | eport Counse | lor Name Badge Sta | tus (t) | | | | 7 (c) | Export |
| Total Rec 1 | cords | | | | | | | |
| FIRST NAME | LAST NAME | COUNSELOR BADGE: COUNSELOR BADGE NAME | РНОТО | STATUS | PRINTED ON | BADGE REPLACEMENT REASON | BADGE REPLACEN REASON EXPLAIN | IENT OTHER |
| Sofia | Barker | BN-12760 | | Printed | 7/28/2017 | - | - | |
| Grand Total (1 record) | | | | | | | | |

DELEGATION CODE

Clicking the counselor's name on the Counselor Delegation Code report will take you to that counselor's Contact Record, where you can find their **Delegation Code** under the "Related" tab

| ALL COUNSE | LORS COUNSEL | OR OVERVIEW | COUNSELOR PROG | RESS | AGREEMENT STATUS | DELEGATION CODE | MORE |
|-----------------------------|------------------------|-------------|---------------------|------|------------------|-----------------|------|
| Cou | स Inselor Delega | ation Code | | | ٢ | Texport |] |
| Total Records 5 | | | | | | | |
| | | | Select a Contact to | - | | | |
| FULL NAME | ACTIVATION DATE | | view Delegation | | | | |
| Cumulus Cloud Janet Chao | - 7/13/2017 3:45 PM | | Code | | | | |
| Janet Chao | 7/15/2017 5:45 PM | - | | | | | |
| Second Second | - | - | | | | | |
| Sofia Barker | 7/14/2017 12:11 PM | | | | | | |
| Grand Total (5 records) | | | | | | | |

The **Delegation Code** can be found in the counselor's Contact record.

| CONTACT | Martinez | | | | | + Follow | Edit | Send Email |
|-------------------|------------|------------|--------|---|---|-----------|------|------------|
| Account Name | Title | Phone | Email | | Certification Status Decertified - NLI form se | nt to DOJ | | |
| | | | | CalHEERS Delegation Code listed for each affiliated Entity |] | | | |
| Relate | d Accounts | s (1) | | | | | | |
| ACCOUNT N/ | ME | DELEGATION | 1 CODE | CALHEERS | ASSISTER NUMBER | | | |
| All second second | | 3wqfth | | | | | [| ~ |
| | | | | | | | | View All |

COVEREDCA.COM

Once the Entity Application is approved, at least one counselor for the entity has been "Certified", and all <u>'required documents</u> from the entity have been reviewed and approved, the entity will then receive credentials to gain access to CoveredCA.com.

CONTACT SUPPORT

If you need assistance regarding the certification process and/or certification portal, email <u>CommunityPartnerCertSupport@covered.ca.gov</u> or select the **Contact Support** tab and select the **My Cases** sub tab. Select the **New** Tab to create a Case to be reviewed and answered by CSS within 48 hours. Ensure to provide full details of your question or issue in the required fields of the support boxes.

| | | Search | | | SEARCH | 0 |
|-------|-------------|--------------------------|--------------------|--------------|-----------------|-----|
| ń | MYENTITY | DASHBOARDS | ITEMS TO APPROVE | COVEREDCACOM | CONTACT SUPPORT | |
| | TACT SUPPOR | RT MY CASES | 6 | | | New |
| ems • | | mber • Filtered by my ca | eses • Q. Search t | his list | \$• II • C / | 6 7 |



Once completed with full details, select "Save".

| | Account Name | |
|---------------------------------|--------------|---|
| ohn Doe | | |
| Contact Name | * Status | |
| | Open | - |
| Subject | Priority | |
| testing 2 submitted from Portal | Medium | - |
| Description | | |
| test submit by counselor | | |
| | | |
| Case Origin | | |
| Certification Portal | | |
| Veb Email | | |
| | | |
| Certification Portal | | |

Existing support cases that have been submitted can be reviewed in the My Cases sub tab.

| | | Searc | 11 | | | | 30 | ARCH | | 0 |
|------------|---|----------------|----------------------------|-----------------|-------------------|-----------------|----------------|--------|------------|------------|
| | MY ENTITY | DASHE | BOARDS | ITEMS TO APPROV | E COV | /EREDCA | | ACT SU | PPORT | |
| | ACT SUPPO | RT MY | CASES | | | | | | | |
| | | | | | | | | | | |
| 1 | Cases My Cases Sorted by Case N a minute ago | umber • Filter | | • Q Search t | his list | | | - C |) • [| New C |
| (| My Cases Sorted by Case N | umber • Filter | red by my cases Subject | • Q. Search t | his list Sta V | Pri V | Date/Time Open | | | New |
| ms • | My Cases Sorted by Case N a minute ago | umber • Filter | Subject | Q. Search t | | Pri V Medium | | ed V | | New C Y |
| ms • | My Cases Sorted by Case N a minute ago Cas 1 V | Cont V | Subject | Q Search t | Sta… ∨ | | Date/Time Open | ed V | Ca ~ | C Y |



To add an attachment, select the **Upload Files** button and add your document to your Case.

| Case testing | g 2 submitt | ed from Portal | | + Follow |
|--|----------------|-------------------------|---|-----------------------|
| Priority Medium | Status Open | Case Number 00003395 | | |
| Case Owner | | | Account Name Nav Entity ABC | Case Comments (0) New |
| Contact Name John Doe | | | Status Open | Related Cases (0) |
| Subject testing 2 submitted from Portal | | | Priority Medium | |
| Description test submit by counselor | | | Date/Time Opened 12/16/2019 12:16 PM | Activity History (0) |
| Case Origin Certification Portal | | 2 | | Emails (0) |
| Web Email | | | | |
| | | | | Files (0) Add Files |
| | | | | Or drop files |