

Serving Consumers with Disabilities

This fact sheet provides information and guidance for Navigators and certified application counselors (CACs) (collectively, assisters) who assist consumers with behavioral, developmental, emotional, intellectual, or physical disabilities in a state with a Federally-facilitated Marketplace or who are representing someone else (such as a family member) with a disability.

Overview

The Centers for Disease Control and Prevention (CDC) estimates that 61 million adults in the United States have some kind of disability.¹ People with disabilities are found in every age group and every community. Some types of disabilities are visible while others are not. The effects of a disability can range from difficulty with basic movement to cognitive and emotional challenges to complex activity limitations. The Marketplace offers health coverage options to consumers with disabilities who may have previously faced barriers based on pre-existing conditions when seeking health coverage. Assisters should not define consumers by their disabilities or make assumptions about what they are capable of doing or understanding. Instead, assisters should be aware of the accommodations consumers with disabilities may require so they can effectively communicate with them, ensure they understand their health coverage options, and help them enroll in a plan that best fits their needs and budgets.

¹ Refer to the “Disability Impacts All of Us” Fact Sheet available at [CDC.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all](https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all).

This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

What Assisters Need to Know About Providing Accessible Assistance

Assisters are required by federal law and Department of Health and Human Services (HHS) regulations to provide information and services in a manner that is accessible for consumers with disabilities. HHS regulations require Navigators to make sure their services are accessible for these consumers, while CACs may meet this requirement either directly or by providing an appropriate referral to another assister organization or to the Marketplace Call Center. When making referrals, CACs should consider whether the assister they are referring the consumer to is nearby and can be reached with minimal time and effort on the consumer's part, as well as whether the assister specializes in or is capable of providing the disability access services the consumer might need or request. Assisters should provide appropriate accommodations, auxiliary aids and services, and other resources to help ensure that consumers with disabilities have equal access to health coverage through the Marketplace.²

Below are some suggestions³ for providing accessible assistance to consumers with disabilities.

Physical Limitation

To provide adequate assistance to consumers with physical limitations, assisters should consider:

- Removing physical barriers to accessing assister facilities and installing appropriate signage.
- Providing wheelchair-accessible locations, which includes addressing accessibility of entrances and exits, seating areas within the office space, restrooms, and parking.
- Providing access to assistance via modified computer, assistive technology, or telecommunication services, such as alternative keyboards, speech recognition software, and speakerphones.

Hearing Limitation

Consumers may have varying degrees of hearing limitations. To provide appropriate services to consumers with hearing limitations, assisters should consider providing the following auxiliary aids and services:

² Assisters should be familiar with any specific accessibility requirements that apply to their assister type under HHS regulations. Independent of these obligations, certain federal civil rights laws may also apply to assisters and consequently may require such assisters to provide information and services in a manner that is accessible to consumers with disabilities.

³ These suggestions are examples only and are not intended to take the place of the statutes, regulations, and formal policy guidance upon which they are based.

- Sign-language interpreters or video teleconference capabilities (VTC) to access sign-language interpreters.
- Teletypewriter (TTY) phone lines.
- Speech that is clear and understandable for consumers who use a hearing aid.
- Loop systems and duo devices for consumers who are deaf or hard of hearing.
- Paper and pencils to communicate with consumers who are unable to use other communication methods (e.g., oral speech, lip reading, sign language).

Visual Limitation

Consumers may have varying degrees of impairment to their vision. To provide appropriate services to consumers with visual limitations, assisters should consider providing the following resources:

- Printed materials in braille or printed in large, clear text using 16- or 18-point font.
- Voice or large-print output computer with word processing software or enlarging software or magnification devices.
- Videos with audio description.

Cognitive Impairment or Intellectual Disability

In some cases, consumers with intellectual or developmental disabilities may not be able to read or thoroughly understand the implications of what is being presented to them. However, it is important to accommodate these consumers by centering assistance around their individual needs and preferences to the greatest extent possible. For example, assisters could ask confirming questions to ensure that these consumers understand the information being presented to them. In addition, assisters should consider the following strategies when providing services to consumers with cognitive impairments or intellectual disabilities:

- Using simple, plain language.
- Supporting a consumer's choice to use an authorized representative to help them make health care decisions.
- Communicating with consumers' representatives, guardians, family members, or support persons, if requested by consumers.

- Referring consumers to additional resources and entities that may be able to provide specialized assistance.

Quick Etiquette Tips

The Centers for Medicare & Medicaid Services (CMS) expects all assisters and assister organizations to have a basic level of disability literacy. The following tips are a quick reminder of disability etiquette. Many consumers, including consumers with functional impairments, may not consider themselves as having a disability.

When interacting with or referring to consumers with disabilities, assisters **should**:

- Be respectful and avoid referring to consumers by their disabilities.
- Use “people first” language (e.g. “person with a disability” rather than “disabled person”).
- Speak directly to consumers, not to the person accompanying them or a translator, unless requested by the consumer.
- Ask consumers about their goals and priorities.
- Help consumers identify the unique health care services and benefits they may require (e.g., habilitation, rehabilitation, durable medical equipment, prosthetics) and then help them choose coverage that meets those needs.
- Maintain the capacity and accommodations to help consumers understand and compare insurance options, including resources in braille, screen-reading and enlarging software and devices, or having sign-language interpreters and other translation services.
- Be willing to spend extra time and be patient. Because of the complexity of health insurance, assisters may have to repeat information multiple times or in different ways for the consumers to understand.

When interacting with or referring to consumers with disabilities, assisters **should not**:

- Assume a consumer needs assistance. Offer assistance if it seems to be needed or if a consumer requests it (e.g., do not touch someone’s wheelchair or other assistive technology without first asking for their permission).
- Make assumptions about what a consumer is capable of doing or understanding.

What Assistors Need to Know About Providing Marketplace Application Assistance

When consumers apply for coverage through the Marketplace, the application asks if anyone on the application has a physical or mental health condition that limits their ability to work, attend school, or take care of their daily needs (Exhibit 1). These questions help determine whether a consumer might be eligible for less expensive or even free coverage through their state's Medicaid program based on their disability.

Exhibit 1 – Questions about Disabilities on a Marketplace Application

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Disabilities & help with activities

Do any of these people have a special health care need, physical disability, or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

Optional.

[Learn how to answer and why we're asking.](#)

Marcus Brown

Tia Brown

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home?

Optional.

[Learn why we ask about needing help with daily activities.](#)

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Save & continue

Application ID: 156766092

The Question of Disability

If a consumer answers “yes” to any of these questions or if other information they enter on the application suggests that they may qualify for Medicaid on a non-modified adjusted gross income (MAGI) basis, the Marketplace securely transfers the application information to the state Medicaid agency to conduct a final eligibility determination for non-MAGI Medicaid. A referral for Medicaid on a non-MAGI basis does not mean that a consumer cannot also be evaluated by the Marketplace for eligibility for MAGI-based Medicaid and the Children’s Health Insurance Program (CHIP) or Marketplace coverage with financial assistance.

Example A: If a consumer completing a Marketplace application is determined eligible for a qualified health plan with financial assistance through the Marketplace based on income, household size, and other factors and also attests to needing help with activities of daily living, the Marketplace will send the consumer’s application information to the state Medicaid agency to be considered for Medicaid on a non-MAGI basis, and the consumer can enroll in Marketplace coverage with financial assistance. Note: If the state Medicaid agency determines the consumer to be eligible for Medicaid (that counts as qualifying coverage) on a non-MAGI basis, the consumer will no longer be eligible for financial assistance to help pay for their share of a Marketplace plan premium and covered services and should act immediately to end their Marketplace coverage as soon as their Medicaid begins. For more information on next steps and information about how and when to end Marketplace coverage when a consumer is determined eligible for Medicaid, please visit [Canceling a Marketplace plan when you get Medicaid or CHIP](#).

Example B: If a consumer completing a Marketplace application is determined eligible by the Marketplace for CHIP or MAGI-based Medicaid based on income, household size, and other factors and also attests to needing help with activities of daily living, the Marketplace will send the consumer’s application information to the state Medicaid agency to be considered for Medicaid on a non-MAGI basis and for a determination of MAGI-based Medicaid or CHIP eligibility or for enrollment in CHIP or MAGI-based Medicaid.

For example, if a consumer qualifies for Medicaid on the basis of a state’s optional “Medically Needy” program (a non-MAGI basis of eligibility)—which serves individuals who have high medical expenses and who would be eligible for Medicaid except that their income exceeds Medicaid thresholds—they may still be eligible to enroll in a Marketplace plan and receive advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) unless and until the individual has been determined eligible for Medicaid coverage that meets minimum essential coverage (MEC) requirements.

Consumers who receive Social Security Disability Insurance (SSDI) and are not eligible for Medicaid may need to obtain other health coverage because there is a 24-month waiting period before they are eligible to enroll in Medicare. Other consumers may have incomes that are too high to qualify for CHIP or MAGI-based Medicaid. These consumers may choose to purchase

health coverage through the Marketplace if eligible and may also be eligible for financial assistance to reduce their health coverage costs.

Disability-Related Income

Consumers applying for coverage through the Marketplace who indicate that they would like help paying for coverage will be asked about their income. It is important to note that when projecting annual income, disability-related income is often misreported. Consumers should be sure to include any Social Security Disability Insurance (SSDI) payments they receive when they are estimating their income. However, consumers should not include Supplemental Security Income (SSI), veterans' disability, or workers' compensation payments when calculating their income.

What Assisters Need to Know about Medicaid Eligibility

In most states, consumers with disabilities who receive SSI payments automatically qualify for Medicaid coverage. If a consumer is not automatically eligible for Medicaid, they will have to meet other criteria for their state's Medicaid program, which could include income, assets, and disability. Because Medicaid programs vary from state to state, assisters should refer consumers to the state Medicaid program for more specific information.

What Assisters Need to Know about Medicare and the Marketplace

Some consumers with disabilities are also Medicare beneficiaries. Individuals who have received Social Security Disability Insurance (SSDI) for 24 months are automatically enrolled in Medicare Part A may choose to enroll in Part B and are also eligible to enroll in a Medicare Part D prescription drug plan. In addition, Medicare beneficiaries who have limited resources and income may be eligible for the [Extra Help](#) program to help pay for the costs related to a Medicare Part D prescription drug plan (e.g., monthly premiums, annual deductibles, prescription co-payments). Consumers should review their current health coverage and health coverage needs during Medicare Open Enrollment to determine if they want to make a change to how they receive their Medicare. Make sure consumers know they should visit [Medicare.gov](#) to make sure they are looking at available Medicare options, not Marketplace plans. **It is [against the law](#) to knowingly sell a Marketplace plan that duplicates Medicare benefits to a Medicare beneficiary.**

Consumers who are not entitled to benefits under Part A or enrolled under Part B can still enroll in a Marketplace plan, if otherwise eligible. Consumers already enrolled through a Marketplace when they become entitled to Medicare coverage can keep their Marketplace plan after Medicare coverage starts, but they will no longer be eligible for APTC and CSRs. Medicare beneficiaries generally must visit the Marketplace to terminate financial assistance for which they are no longer entitled or, if they choose, terminate their Marketplace plan enrollment entirely.

Scenario

Rose, a 58-year-old woman, lives by herself and has no dependents. She has type 2 diabetes and hypertension and recently went blind after experiencing diabetes-related vision problems. She just quit her job due to her vision impairment and cannot afford her existing health insurance plan. What are the key issues for Rose when selecting new health coverage?

- a) **Medicaid Eligibility:** Rose might be eligible for Medicaid. Her eligibility could depend on her income, particularly if her state expanded its Medicaid program. She might also be eligible if her medical conditions or other circumstances qualify as a disability under the state Medicaid agency's definition. In most states, if Rose is under 65 and is receiving SSI, she will automatically be considered to have a disability and may be Medicaid eligible. In addition, if Rose receives SSDI, assisters should advise her of her potential or future eligibility for Medicare and provide her with information about the program.
- b) **Marketplace Savings Eligibility:** If Rose's annual household income is between 100 percent and 400 percent of the Federal Poverty Level (FPL) and she is not eligible for Medicaid or other minimum essential coverage (MEC), she may be eligible for lower costs on Marketplace coverage. For coverage effective in 2020, this means that if Rose is the only person in her household, her annual income must fall between \$12,490 and \$49,960⁴ to be potentially eligible for lower costs.
- c) **Prescription Drug Coverage:** Either a Marketplace plan or Medicaid (if she is eligible) may cover Rose's hypertension medication. Assisters should help Rose evaluate prescription drug formularies and find a coverage option that covers her medication and best fits her needs, whether it is a qualified health plan (QHP) through the Marketplace or Medicaid.
- d) **Provider Network:** If Rose chooses to enroll in a Marketplace plan, assisters should encourage her to check the provider network to see if her endocrinologist, ophthalmologists, and other specialists are part of the plan's network. Assisters should also encourage Rose to call the providers to confirm that they are accepting new or existing patients enrolled in that plan. If Rose's current providers are out of network, she may not be able to continue to receive services from them or may face higher out-of-pocket costs if she does.
- e) **Future Health Care Needs:** Assisters should discuss what health care services are covered by a specific health plan. Rose's condition may require her to receive physical therapy, specialized therapy services, or mobility devices. Assisters should help Rose select a plan that will cover these services in the future, if needed. A plan with more expensive monthly premiums may reduce overall costs if the consumer requires multiple doctor's visits or services.

⁴ These amounts are different for Alaska and Hawaii.

Additional Resources

[Administration for Community Living](#)

[Medicaid.gov](#)

[Medicare.gov](#)

[National Council on Disability](#)

[Assister Tip Sheet: Dos and Don'ts for Providing Non-discriminatory, Culturally and Linguistically Appropriate Services, and Services Accessible for Consumers with Disabilities in Federally-facilitated and State Partnership Marketplaces](#)

While CMS does not endorse information from outside entities, assisters may find the information on the following websites useful:

[National Disability Navigator Resource Collaborative \(NDNRC\)](#)

[NDNRC Disability Guide](#)

