Working with Consumers with Disabilities

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.
Hi! Welcome to the Working with Consumers with Disabilities course!

I'm Taniya, and I'll be helping you learn the answers to these questions and more throughout the course. As part of your duties, you should be able to work effectively with people who have physical or intellectual disabilities, including cognitive, hearing, speech, mobility, and/or vision impairments. In some cases, you may be required to provide information and assistance in a manner that is accessible to persons with disabilities.

Who is defined as a person with a disability under federal laws that apply to your work as an assister? Do you know how to identify which accommodations might be appropriate for a specific disability? Are there best practices for communicating with consumers with disabilities?
Course Goal

Goal:
In this course, you'll learn about federal nondiscrimination requirements to comply with when helping consumers with various disabilities. You'll also learn about legal protections for consumers with disabilities, resources that can help you assist consumers with disabilities, and best practices.

Topics:
By the end of this course, you will understand:

- The definition of person with a disability
- Consumer protections under Section 1557 of the Affordable Care Act (ACA)
- Assister duties under Section 1557 of the ACA and other applicable regulations
- Types of accommodations
There are several federal provisions that prohibit discrimination and require equal access for people with disabilities. These provisions affect how you work with people with disabilities, and you must read each one before continuing.

**Section 1557 of the Affordable Care Act (ACA)**

Section 1557 of the ACA is a nondiscrimination provision that prohibits discrimination based on disability, race, color, national origin (including limited English proficiency), sex (including sexual orientation and gender identity), and age in covered health programs and activities.

The Department of Health and Human Services (HHS) interprets and enforces Section 1557’s prohibition on discrimination on the basis of sex to include: (1) discrimination on the basis of sexual orientation; and (2) discrimination on the basis of gender identity, consistent with Title IX of the Education Amendments of 1972 and the Supreme Court’s decision in *Bostock v. Clayton County, GA* (140 S.Ct 1731 (2020)). A court has set aside HHS’s inclusion of sexual orientation and gender identity under Section 1557, as applied to certain healthcare providers. That decision is on appeal by the agency. See *Neese v. Becerra*, 2:21-CV-163-Z (N.D. Tex.), *appeal pending* No. 23-10078 (5th Cir.). Please consult with counsel if you have questions on whether a healthcare provider is covered by the decision.

On August 4, 2022, HHS also issued a Notice of Proposed Rulemaking on Section 1557 to revise the prior rule it issued in 2020 to reinstate (and update) robust regulatory protections from discrimination on the basis of race, color, national origin (including limited English proficiency), sex (including sexual orientation and gender identity), age, or disability in covered health programs and activities.

**HHS Office for Civil Rights (OCR) Final Rule (45 CFR Part 92)**

The HHS OCR Final Rule implementing Section 1557 of the ACA applies to:

1. Health programs and activities, any part of which receives Federal financial assistance (FFA) provided by HHS;

2. Programs and activities administered by HHS under Title I of the ACA; and

3. Programs and activities administered by an entity established under Title I of the ACA, like a Federally-facilitated Marketplace (FFM) and a State-based Marketplace (SBM).

The HHS OCR Final Rule implementing Section 1557 of the ACA applies to:

1. Health programs and activities, any part of which receives Federal financial assistance (FFA) provided by
Among other things, the HHS OCR Final Rule requires covered entities to:

1. Make their programs, activities, and facilities physically accessible to individuals with disabilities, in compliance with applicable accessibility standards outlined in the Americans with Disabilities Act (ADA)* and Section 504.

2. Make programs and activities provided through information and communication technology (ICT) accessible, including websites, unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the program or activity. Take appropriate steps to ensure equally effective communication and provide appropriate auxiliary aids and services, like alternative formats and sign-language interpreters, at no cost.

3. Take appropriate steps to ensure equally effective communication and provide appropriate auxiliary aids and services, like alternative formats, assistive technology, and sign-language interpreters, at no cost.

4. Make reasonable modifications to policies, practices, and procedures when necessary to provide equal access for people with disabilities, unless doing so would fundamentally alter the nature of the program or activity.

**Section 504 of the Rehabilitation Act (45 CFR Parts 84 and 85)**

Section 504 prohibits discrimination on the basis of disability in programs or activities receiving FFA from HHS or those conducted by HHS.

For more information, review: [Section 504 of the Rehabilitation Act (45 CFR Part 84)](https://www.hhs.gov/ocr/hipaa/index.html)

**Americans with Disabilities Act (ADA) (28 CFR Parts 35 and 36)**

The ADA prohibits discrimination on the basis of disability in services, programs, and activities provided or made available by state or local governments or by public accommodations.

**The Centers for Medicare and Medicaid Services (CMS) Marketplace Regulations**

Separately, CMS Marketplace regulations govern how assisters in FFMs should serve consumers with disabilities and avoid discrimination based on disability. Some of these regulations apply to FFMs. Some of these regulations apply to Navigators in FFMs. These regulations apply regardless of whether an assister subject to them receives FFA.
Additional Federal Requirements

45 CFR Part 92
Additional federal requirements apply to assisters whose organizations get federal funding, assisters who work with state or local government entities, and assisters who work in public places.

We'll cover these requirements over the next few pages.

Let's begin with some specific requirements set by the Final Rule that support the implementation of Section 1557.

The requirements listed here are not exhaustive. Go to 45 CFR Part 92 to read the complete list of all requirements and prohibitions.

Requirements related to individuals with disabilities

- Provide services in an accessible manner including physical access, effective communication, information/communication technology, auxiliary aids and services (at no cost)
- Make reasonable modifications to policies, procedures and practices to provide access to health program/activity

Applies to assisters in FFMs

- Navigators
- Assistors working for organizations receiving HHS FFA

Applies to assisters in State-based Marketplaces

- Navigators

45 CFR Part 155
45 CFR Part 155 supports the implementation of CMS Marketplace statutes, including ACA Sections 1301-1304, 1311-1313, 1321-1322, 1331-1334, 1402, and 1411-13. 45 CFR Sections 155.120, 155.205(c), 155.210(e)(5), 155.215(d)(1)-(6), and 155.225(d)(5) contain requirements that apply to assisters.

Go to 45 CFR Part 155 to get the full list of requirements and prohibitions.

Requirements related to individuals with disabilities

- Provide assistance to consumers in a location and manner that is physically and otherwise accessible including consumers education materials, websites, auxiliary aids, and services (at no cost)
• Acquire sufficient knowledge to make referrals to local, state, and federal long-term services and supports when appropriate.

• Work with all individuals and seek advice or experts when needed

*Applies to assister in FFMs*

• Navigators

**45 CFR Parts 84 and 85**

The regulations located at 45 CFR Part 84 and Part 85 implement Section 504 of the Rehabilitation Act of 1973. The Section 504 regulation at 45 CFR Part 84 applies to any program or activity that receives FFA from HHS. The Section 504 regulation at 45 CFR Part 85 applies to HHS conducted programs.

Go to [45 CFR Part 84](#) and [45 CFR Part 85](#) to get the full list of requirements and prohibitions.

*Requirements related to individuals with disabilities*

• Ensure equal participation in programs including accessible, usable facilities and effective communication.

• Do not utilize criteria or methods of administration that discriminate.

• Administer programs/activities in the most integrated setting appropriate to an individual’s needs.

• If employing 15 or more, provide auxiliary aids (where refusal to do so would impair or exclude participation).

• Provide equally effective aids, benefits, and services (at no cost) (not required to produce the identical results or level or achievement for individuals with and without disabilities but must afford individuals with disabilities equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement).

*Applies to assister in FFMs*

• Assisters work for entities that receive FFA

• Assisters working for HHS conduct programs, including the FFMs

*Applies to assisters in State-based Marketplaces*

• Assisters working for entities that receive federal financial assistance

**28 CFR Part 35**

The regulation at 28 CFR Part 35 supports the implementation of Title II of the ADA. Title II applies to services, programs, and activities provided to the public by state and local government. The physical spaces where these activities occur must comply with applicable accessibility standards as set forth in the ADA (28 CFR Part 35, Subpart D) and implementing regulations.

Go to [28 CFR Part 35](#) to get the full list of requirements and prohibitions.

*Requirements related to individuals with disabilities*

• Provide equal and effective access to the services, programs or activities of a public entity, including buildings, websites, and auxiliary aids/services (at no cost).

• Make reasonable modifications in policies, practices, or procedures when necessary.

• Don’t use criteria or administrative methods that discriminate.

• Don’t use eligibility criteria that wrongfully screen out individuals with disabilities.

• Provide services in most integrated settings as appropriate.

• Don’t deny services based on a consumer’s association with a person with a disability.

*Applies to assisters in FFMs*

• Assisters working in state/local government or any department, agency, or instrumentality of a state/local government, regardless of whether the entity receives federal financial assistance.
Applies to assisters in State-based Marketplaces

- Assisters in State-based Marketplaces
- Assisters working in state/local government or any department, agency, or instrumentality of a state/local government, regardless of whether the entity received federal financial assistance.

28 CFR Part 36

The regulation at 28 CFR Part 36 supports the implementation of Title III of the ADA. Title III prohibits discrimination on the basis of disability in the activities of places of public accommodations (e.g., businesses that are generally open to the public) and requires places of public accommodation to comply with applicable physical accessibility standards as specified in the ADA (28 CFR Part 36, Subparts C and D).

Go to 28 CFR Part 36 to get the full list of requirements and prohibitions.

Requirements related to individuals with disabilities

- Provide equal access to the goods, services, facilities, including: buildings, websites, auxiliary aids/services (at no cost) to ensure effective communication.
- Maintain features or facilities and equipment required to be readily accessible and usable.
- Make reasonable modifications in policies, practices, or procedures when necessary.
- Don’t use criteria or administrative methods that discriminate.
- Don’t use eligibility criteria that wrongfully screen out individuals with disabilities.
- Provide goods, services and facilities in the most integrated setting appropriate.
- Don’t deny goods/services based on a consumer’s association with a person with a disability.

Applies to assisters in FFMs

- N/A

Applies to assisters in State-based Marketplaces

- Assisters working in places of public accommodation owned by a private entity (e.g., commercial facilities as well as social service center establishments, including senior citizen centers and homeless shelters).

The portions of this training that discuss federal laws other than the CMS Marketplace regulations already referenced are intended primarily for assisters whose organizations get Federal financial assistance (FFA). These individuals must follow all applicable federal antidiscrimination laws and regulations, including Section 1557 of the ACA and Section 504 of the Rehabilitation Act of 1973.

Assisters who work on behalf of a state or local government or local public entity must comply with Title II of the ADA, which includes providing physically and otherwise accessible meeting locations for consumers with disabilities. If a meeting place isn’t accessible, these assisters should choose an alternate accessible location. Furthermore, communications and websites need to be accessible to individuals with communications related disabilities (i.e. vision, hearing and speech), including through ensuring the accessibility of websites/interoperability with commonly used assistive technology and the provision of auxiliary aids and services at no cost to the individual.

Remember, you can always refer back to these regulations to understand how best to serve consumers with disabilities. The rest of this course describes how you can implement these regulations to make sure you’re providing appropriate services and accommodations to these consumers.
You should always provide equal opportunities for all consumers you assist, including consumers with disabilities. By the end of this course, you should be able to understand the following concepts and accomplish the tasks below them.

**Person with a Disability**
Define the term disability

**Consumer Protections under Section 1557**
Describe Section 1557 of the Affordable Care Act (ACA), covered entities, and legal protections of consumers with disabilities

**Assister Duties under Applicable Regulations**
Describe assister duties under the applicable regulations

**Section 1557 of the ACA**
Under Section 1557, any health program or activity that receives Federal financial assistance (FFA) from the Department of Health & Human Services (HHS) can't discriminate against individuals with disabilities or deny them participation or benefits based on disability or other discriminatory factors.

On August 4, 2022, HHS issued a Notice of Proposed Rulemaking (NPRM) on Section 1557 to revise the 2020 Final Rule by proposing to reinstate robust regulatory protections from discrimination on the basis of race, color, national origin (including limited English proficiency or LEP), sex (including sexual orientation and gender identity), age, or disability in covered health programs and activities, consistent with the statutory text of Section 1557 and Congressional intent. The NPRM also amends Section 1557 to reflect developments over the past several years, such as the emergence of telehealth.
In this course, we will discuss the federal requirements under the Section 1557 regulation that apply to each type of assister when serving consumers with disabilities. This includes Navigators and certified application counselors (CACs).

The ACA Section 1557 regulation is also called the "Health and Human Services (HHS) Office for Civil Rights (OCR) Final Rule" or the "Final Rule."

CACs that don't receive federal funding should abide by the requirements of their CAC designated organizations (CDOs).

Select the link above to the Final Rule for more information.
Definition of a Person with a Disability

Under federal regulations, an individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of an impairment even if they don't currently have a disability. It also includes people who don't have a disability but are regarded as having an impairment.

This definition of disability is found in the HHS OCR Final Rule implementing Section 1557 of the ACA.

Physical or mental impairment

Physical or mental impairment includes, but isn't limited to, contagious and noncontagious diseases and conditions, like:

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy, epilepsy, muscular dystrophy
- Multiple sclerosis
- Cancer
- Heart disease
- Diabetes
- Intellectual disability/Autism Spectrum
- Emotional illness
- Dyslexia and other specific learning disabilities
- Attention Deficit Hyperactivity Disorder
- Human Immunodeficiency Virus (HIV) infection/Acquired Immunodeficiency Syndrome (AIDS) (whether symptomatic or asymptomatic)
- Tuberculosis
- Drug addiction and alcoholism
• Traumatic Brain Injury

**Major life activities include:**

• Caring for oneself
• Performing manual tasks
• Seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working
• The operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
The Section 1557 regulation sets out specific requirements that Navigators must meet to provide physical accessibility and effective communication. Navigators are also required to comply with the requirements in the Section 504 regulation.

**Key Section 1557 Requirements**

**Physical Accessibility**

- Ensure physical accessibility of newly constructed or altered facilities

**Effective Communication**

- Take reasonable steps to ensure equally effective communication and provide appropriate auxiliary aids and services at no cost (such as alternative formats, assistive technology and sign language interpreters).
- Make all programs and activities provided through information and communication technology accessible, unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the program or activity.

The requirements listed here aren't exhaustive. Go to the Final Rule (45 CFR Part 92) to get the full list of requirements and prohibitions.
In addition to physical access and effective communication, the Section 1557 regulation includes additional requirements to provide equal access and prohibit discrimination for all consumers.

- Make reasonable modifications to policies, practices, and procedures when necessary to provide equal access for people with disabilities to the health program or activity, unless doing so would fundamentally alter the nature of the program or activity.
- Don't apply eligibility criteria or utilize methods of administration that screen out (or tend to screen out) people with disabilities (as specified in Section 504).
- Don't deny services based on a consumer's association with a person with a disability (as specified in Section 504).
- Don't provide services or benefits to people with disabilities through programs that are separate or different unless this separation is necessary to ensure the services and benefits are equally effective (as specified in Section 504).

Go to the Final Rule (45 CFR Part 92) to get the full list of requirements and prohibitions.
Section 1557 Requirements for Certified Application Counselors (CACs)

Section 1557 and its regulation only apply to CACs whose organizations receive FFA from HHS.

If you or your CDO receives FFA from HHS, you must follow the same requirements that apply for Navigators.

If you’re unable to provide accessible services, you must refer consumers with disabilities to Marketplace-approved resources that can provide assistance, like Navigators or other CACs who can provide assistance.
Centers for Medicare & Medicaid Services (CMS) Marketplace regulations also set requirements that you must meet for physical access and effective communication when serving consumers with disabilities.

Navigators

Go to 45 CFR Part 155 to get the full list of requirements and prohibitions.

**Navigator Requirements**

**Physical Accessibility**

- Provide assistance in a location and manner that is physically and otherwise accessible

**Effective Communication**

- Ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.
- Ensure that consumer education materials, websites, or other tools used for consumer assistance are accessible to people with disabilities.
- Provide timely and accessible information to people with disabilities, including accessible websites and auxiliary aids and services at no cost when necessary or if requested by the consumer to ensure effective communication.

Note: Using a consumer's family or friends as interpreters may satisfy the requirement to provide auxiliary aids and services only when requested by the consumer as the preferred alternative to an offer of other auxiliary aids and services.
CMS Marketplace regulations set additional requirements for Navigators to ensure information is available and accessible to all consumers. In addition, Federal civil rights laws require recipients of FFA to take reasonable steps to ensure that communication with individuals with disabilities is as effective as with others, which may require provision of appropriate auxiliary aids and services at no cost to the individual. These laws include Section 1557 of the ACA and Section 504 of the Rehabilitation Act of 1973.

**Navigator Requirements**

- Make sure authorized representatives are permitted to assist a consumer with a disability to make informed decisions.
- Acquire sufficient knowledge to make referrals to local, state, and federal resources on and programs providing long-term services and supports when appropriate.
- Be able to work with all people regardless of age, disability, and culture and seek advice of experts when needed.
- Ensure effective communication with individuals with disabilities and provide appropriate auxiliary aids and services at no cost to the individual when necessary, like providing information in large print materials, text-to-speech formats compatible with common assistive technology, or braille print or using a sign language interpreter at no cost.

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are also required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and
- Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.
CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.
CACs must ensure accessibility for consumers with disabilities either directly or through referrals to Navigators or the Federally-facilitated Marketplaces (FFMs) Call Center. For more information on referrals, please refer to Tips for Assisters on Working With Outside Organizations.

If your CDO gets federal funds to provide services to a defined population, you may limit CAC services to that defined population. But you must comply with the regulations prohibiting discrimination with respect to that population.

If you’re approached for services by someone who isn’t in the defined population, you must refer the consumer to other Marketplace-approved resources that can provide assistance, like Navigators or other CACs.

Some exceptions that apply to CACs/CDOs are covered in the disclaimers earlier in the course (45 CFR Section 155.225(d)(5)).
Knowledge Check

Which of the following are required under federal regulations when you help consumers in FFMs? Select the two correct answers and then select Check Your Answer.

- A. You must provide separate services with no added benefits to consumers with disabilities.
- B. You must provide assistance to consumers only with severe disabilities.
- C. You must provide appropriate auxiliary aids and services to consumers with disabilities.
- D. You must make reasonable modifications for consumers with disabilities.

Correct!
Under federal regulations, you must provide appropriate auxiliary aids and services and make reasonable modifications for consumers with disabilities, unless you can show that providing the auxiliary aids and services would result in a fundamental alteration in the nature of the program or undue financial and administrative burdens, or that the modification would fundamentally alter the nature of the program. Fundamental alteration can be a change that is so significant it alters the essential nature of the service, program, or activity.
Consumers with disabilities are legally entitled to reasonable modifications. Your assistance for consumers with disabilities cannot be reserved for those with severe conditions only.

Which of the following are required under federal regulations when you help consumers in FFMs?

Answer: Under federal regulations, you must provide appropriate auxiliary aids and services and make reasonable modifications for consumers with disabilities, unless you can show that providing the auxiliary aids and services would result in a fundamental alteration in the nature of the program or undue financial and administrative burdens, or that the modification would fundamentally alter the nature of the program. Fundamental alteration can be a change that is so significant it alters the essential nature of the service, program, or activity. Consumers with disabilities are legally entitled to reasonable modifications. Assisting consumers with disabilities can’t be reserved for those with severe conditions only.
Key Points

A consumer with a disability is defined under the HHS OCR Final Rule as an individual who:

1. Has a physical or mental impairment that substantially limits one or more major life activities,
2. Has a record of such an impairment, or
3. Is regarded as having such an impairment.

Section 1557 of the ACA and the OCR Final Rule prohibit discrimination against people with disabilities by any health program or activity, any part of which receives FFA from HHS; any program or activity that HHS itself administers under Title I of the ACA; and any program or activity administered by entities established under Title I of the ACA. CMS regulations also prohibit discrimination on the basis of disability.

CMS Marketplace regulations specific to your assister type will also govern your work with consumers with disabilities.

As an assister, you and your organization are likely to be covered by one or more of the federal laws and regulations prohibiting discrimination against individuals with disabilities. If you are, you must ensure compliance with the applicable law(s) or regulation(s).

- A consumer with a disability is defined under the HHS OCR Final Rule as an individual who:
  1. Has a physical or mental impairment that substantially limits one or more major life activities,
  2. Has a record of such an impairment, or
  3. Is regarded as having such an impairment.

- Section 1557 of the ACA and the OCR Final Rule prohibit discrimination against people with disabilities by any health program or activity, any part of which receives FFA from HHS; any program or activity that HHS itself administers under Title I of the ACA; and any program or activity administered by entities established under Title I of the ACA. CMS regulations also prohibit discrimination on the basis of disability.

- CMS Marketplace regulations specific to your assister type will also govern your work with consumers with disabilities.

- As an assister, you and your organization are likely to be covered by one or more of the federal laws and regulations prohibiting discrimination against individuals with disabilities. If you are, you must ensure compliance with the applicable law(s) or regulation(s).
Appropriate Services and Accommodations

Introduction

When consumers require reasonable modifications to a policy, procedure, or a practice to access your services, you should make them on a case-by-case basis. One example of a modification is allowing a person with a disability to be accompanied by a service animal. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

Types of Accommodations
Identify the types of accommodations that consumers with disabilities may need

Physical Disabilities
Describe the types of accommodations, both outside and inside your facility, that consumers with physical disabilities may need

Cognitive Impairment/Intellectual Disability
Describe the accommodations that consumers with cognitive impairments or intellectual disabilities may need

Vision or Hearing Impairment
Describe the accommodations that consumers with vision or hearing impairments may need
Types of Disabilities

You might help consumers who have physical, cognitive, and/or intellectual disabilities. Let's review these types of disabilities.

Select each item to learn more

**Physical Impairments**
Physical impairment means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, like neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, immune, circulatory, lymphatic, skin, and endocrine.

**Cognitive Impairments**
Consumers who have cognitive impairments have trouble remembering, learning new things, concentrating, or making decisions that affect their everyday lives. Cognitive impairment ranges from mild to severe. With mild impairment, consumers may begin to notice changes in cognitive functions, but they may be able to do their everyday activities. Severe levels of impairment can cause consumers to lose their ability to talk or write, live independently, recall key details or understand the meaning or importance of something. Cognitive impairments can occur at any age.

**Intellectual Disabilities**
Intellectual disabilities are characterized by significant limitations in intellectual functioning and adaptive behavior, which covers many everyday social and practical skills, that originates before the age of 22.

For more information, visit the [American Association for Intellectual and Developmental Disabilities](https://www.aaidd.org) website.
Accessibility for Outside of Your Facility

When you meet with consumers with disabilities, the area outside your meeting space must satisfy certain accessibility requirements. Otherwise, you should pick a different location.

The Department of Health & Human Services (HHS) Office for Civil Rights (OCR) Final Rule requires buildings that are constructed or altered after July 18, 2016, to be accessible in compliance with the 2010 Americans with Disabilities Act (ADA) Standards for Accessible Design if they’re used by a Federal financial assistance (FFA) recipient or State-based Marketplace. Existing facilities have separate accessibility requirements under the HHS OCR Final Rule and the ADA.

Parking
Your facility's parking must:

- Be close to an accessible entrance,
- Include an access aisle to provide space for mobility, and
- Be on a level surface.

Drop-off Areas
Your facility must have an accessible drop-off area with the same features as described for accessible parking.

Route to Entrance
Your facility's parking and drop-off areas must have an accessible, level route to the building entrance without steps or steeply sloped sidewalks.

Building Entrance
Your facility's entrance must be clear of any hazardous obstructions. An accessible door should accommodate a variety of mobility devices (e.g., crutches, canes, walkers, and wheelchairs). Accessible doors are also generally lightweight (or have buttons for automatic opening) and there should be either a no-step entrance or a gently sloped ramp to the entrance consistent with ADA Accessibility Guideline provisions.
Accessibility Inside of Your Facility

The inside of your meeting location must satisfy certain physical accessibility requirements. Remember, you should pick a different location if your space doesn't meet these requirements.

If you're a Navigator and providing assistance to consumers in newly constructed or altered facilities, the HHS OCR Final Rule requires these facilities to be physically accessible for consumers with disabilities. Existing facilities also have separate accessibility requirements under the HHS OCR Final Rule and the ADA.

**Route to the Meeting Space**

Like the outside of your facility, the inside must also have an accessible route connecting the entrance to the meeting space.

**Setup of the Office**

Your meeting space must have an accessible floor plan that allows consumers who use mobility devices (e.g., wheelchairs, walkers, scooters and crutches) to maneuver through the space.

**Technologies**

Your meeting space must accommodate consumers who use modified computers, assistive technology or telecommunication services (e.g., alternative keyboards, speech recognition software, screen readers, enlarging software, or speakerphone options).

**Restrooms**

Your facility's restrooms must be accessible to consumers with disabilities (e.g., grab bars and stalls large enough to fit a wheelchair).
Anastasia is 56 years old. She contacts you about setting up a time to meet about her options for health coverage through a Federally-facilitated Marketplace (FFM). She mentions that she uses a wheelchair. Which of the following should you consider when scheduling an appointment with Anastasia? Select the three correct answers and then select Check Your Answer.

A. Accessible parking near the building entrance
B. A drop-off area near the building entrance
C. Large print reading materials for Anastasia
D. A clear route to the meeting space within the building

Correct!
Anastasia may need accessible parking or a drop-off area near the building entrance while she meets with you and a clear route to the meeting space. You don’t need to consider providing large-print reading materials unless Anastasia specified that she has a visual impairment.

Anastasia is 56 years old. She contacts you about setting up a time to meet about her options for health coverage through a Federally-facilitated Marketplace (FFM). She mentions that she uses a wheelchair. Which of the following should you consider when scheduling an appointment with Anastasia?

Answer: Anastasia may need accessible parking or a drop-off area near the building entrance while she meets with you and a clear route to the meeting space. You don’t need to consider providing large-print reading materials unless Anastasia specified that she has a visual impairment.
Accommodating Consumers with Cognitive Impairments or Intellectual Disabilities

If you’re a Navigator, you may be required to provide reasonable modifications and auxiliary aids and services (at no cost) to consumers with cognitive impairments, or intellectual disabilities. This could include giving them extra time or auxiliary aids and services, like assistive technology.

If a consumer’s ability to read, write, organize thoughts, remember, or socially interact with you is affected by a disability, consider the following modifications and auxiliary aids and services. Select each section to learn more.

Reading
- Provide pictures, symbols, or diagrams instead of written information
- Read written information out loud or provide information via audiotape or through voice output on the computer
- Use a line guide to identify or highlight one line of text at a time
- Use plain language descriptions

Writing
- Provide templates or forms to prompt requested information
- Allow verbal or typed responses instead of written responses
- Use voice input on the computer
- Provide enough space on forms requiring written responses

Organization
- Provide color-coded items or resources
- Label items or resources
- Use symbols instead of words
- Provide a labeled folder or envelope to keep important information and instructions together

Memory
- Use a voice-activated recorder to record verbal instructions
- Provide written information
• Provide checklists

**Social Skills**

• Obtain sensitivity training (e.g., disability awareness/cultural competency) to learn how to interact appropriately with consumers with physical, cognitive, sensory or intellectual disabilities

• Use role-playing scenarios or training videos to learn how to assist consumers with physical, cognitive, sensory or intellectual disabilities

• Consult with self-advocates from the Intellectual/Developmental Disability (I/DD) community for their recommendations about how to talk with them about health care

Family members or friends may act as a consumer's interpreter, but only if this is the consumer's preference after you have explained that other auxiliary aids and services can be provided at no cost.

You can find more information on reasonable modifications and auxiliary aids and services for consumers with disabilities in the Resources section at the end of this training module. This module includes information on methods to communicate effectively using sign language interpreters, computer-aided real-time transcription services, written communications, and telecommunications relay services.
Consumers with visual impairments may require reasonable modifications and specific auxiliary aids and services when you assist them.

The most common examples include:

- Written information in Braille
- Access to information via:
  - Voice or large-print materials
  - Clear black print on white or pale yellow paper
  - Videos with audio description
  - Screen-reading software (also known as text-to-speech)

**Auxiliary aids and services**

Auxiliary aids and services for individuals with vision impairments include:

- Qualified readers
- Taped texts
- Audio recordings/ audio description
- Braille materials and displays
- Screen-reader (text-to-speech) software, magnification software, and optical readers
- Secondary auditory programs (SAP)
- Large-print materials
- Accessible electronic and information technology
- Other effective methods of making visually delivered materials available to individuals who are blind or have low vision
Consumers with hearing impairments may also require reasonable modifications and specific auxiliary aids and services when you assist them. The most common examples include:

- Qualified in-person interpreters
- Video teleconference capabilities (VTC) with sign-language interpreters or open captioning
- Clear and understandable speech
- Willingness to repeat information as needed
- Pen and paper to help with communication
- Two way texting/messaging devices such as the UbiDuo

The HHS OCR Final Rule and CMS Marketplace regulations require Navigators to provide appropriate auxiliary aids and services (at no cost to the consumer) when necessary or if requested by the consumer to ensure effective communication.

An entity must give primary consideration to the auxiliary aid or service requested by the individual unless the entity can demonstrate that it would pose a fundamental alteration or an undue administrative or financial burden, or that an equally effective alternative auxiliary aid or service is available.

In order to be effective, auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.

Also, you must provide auxiliary aids and services to "companions" of individuals receiving services when the companion is an appropriate person with whom the entity should communicate. A companion may include any family member, friend, or associate of a person seeking or receiving services. For instance, when you communicate with an individual's family member who is deaf, appropriate auxiliary aids and services to the family member must be provided to ensure effective communication.

**Auxiliary aids and services**

Auxiliary aids and services for individuals with hearing impairments may include:

- Qualified interpreters (American Sign Language (ASL) & deaf blind) on-site or through video remote interpreting (VRI) services. Note that Deaf Blind interpretation requires an in-person presence and many deaf individuals may reject video remote interpretation or accept it as a last resort since video signal reliability and consistency issues may lead to a garbled understanding of important health care related
information and decisions.

- Notetakers or exchange of written notes
- Real-time, computer-aided transcription services
- Written materials
- Telephone handset amplifiers, assistive listening devices, assistive listening systems, or telephones compatible with hearing aids or captioning technology.
- Closed-caption decoders or open and closed captioning, including real-time captioning
- Voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, two way texting devices (like UbiDuos) or equally effective telecommunications devices or videotext displays
- Accessible electronic and information technology; or
- Other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.
Now that you’ve learned about reasonable modifications and auxiliary aids and services that can help consumers with disabilities, it’s time to meet another consumer. Sang, a 55-year-old janitor, emails you to schedule a meeting to discuss his options for health coverage through an FFM. He tells you he has early-onset Alzheimer’s disease and a hearing impairment, but he knows sign language. To prepare for your meeting with Sang, which of the following should you consider providing? Select the three correct answers and then select Check Your Answer.

| A. A sign language interpreter |  |
|  | B. A pad of paper and pen for him to take notes |
|  | C. Checklists to help him keep organized |
|  | D. A large-print version of the paper enrollment form |

Correct!
You should provide a qualified sign language interpreter, a pad of paper and pen, and checklists. Sang hasn't indicated he has a visual impairment that would require a large-print version of the paper enrollment form.

**Answer:** You should provide a qualified sign language interpreter, a pad of paper and pen, and checklists. Sang hasn't indicated he has a visual impairment that would require a large-print version of the paper enrollment form.
Key Points

When you work with consumers with disabilities, federal regulations require you to provide appropriate services and accommodations for them. Keep these tips in mind:

- Consumers may have different degrees of disabilities and you may need to provide auxiliary aids and services or other accommodations to them.
- If you're required to provide reasonable modifications to ensure that consumers can access your services, you should provide them on a case-by-case basis.
- If you're required to provide reasonable modifications and/or auxiliary aids and services, you should know the types of help that consumers with disabilities might need and be prepared to provide them with that help when necessary.

When you work with consumers with disabilities, federal regulations require you to provide appropriate services and accommodations for them. Keep these tips in mind:

- Consumers may have different degrees of disabilities and you may need to provide auxiliary aids and services or other accommodations to them.
- If you're required to provide reasonable modifications to ensure that consumers can access your services, you should provide them on a case-by-case basis.
- If you're required to provide reasonable modifications and/or auxiliary aids and services, you should know the types of help that consumers with disabilities might need and be prepared to provide them with that help when necessary.
In addition to complying with the federal laws and regulations that apply to your work as an assister, you should follow these best practices and federal requirements when communicating with consumers with disabilities. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

**Communication Techniques**
Describe communication techniques and best practices for working with consumers with a disability

**Communication Best Practices**
Identify best practices for communicating with consumers with intellectual disabilities, developmental disabilities and/or cognitive or mental impairments

**Speech or Hearing Impairment**
Identify best practices for communicating with consumers with a speech or hearing impairment
When you interact with consumers with disabilities, remember they shouldn't be treated any differently from consumers without disabilities. Consumers with disabilities are independent and capable so it's important that you always be respectful of consumers and their specific needs.

Consumers seeking health coverage should be the main source of information and decision making about their health coverage, even if they bring caregivers, authorized representatives, guardians, or family members. When another person is authorized to represent a consumer, make sure you speak directly to the consumer, focus the discussion on them, and make sure they participate in the conversation as much as possible.

Follow these guidelines and best practices.

- Be considerate, patient, and take your time.
- Don't make assumptions (e.g., don't assume a consumer with a disability needs your help). If in doubt, ask the consumer.
- Avoid any actions or behaviors that may be viewed as offensive, inappropriate, or paternalistic by a consumer with a disability.
Best Practices for Consumers with Disabilities

To ensure you're treating consumers with and without disabilities equally, be mindful of your language. When writing or speaking about consumers with disabilities, it's important to put the consumer first. Group labels like "the blind" or "the disabled" are discouraged because they don't reflect the individuality, equality, or dignity of consumers with disabilities.

Also, don't refer to consumers without disabilities as "normal" because it implies that you think consumers with disabilities aren't normal. Similarly, don't refer to consumers with disabilities as an "inspiration" or "inspirational" or "special" because doing so also implies that consumers with disabilities aren't normal.

The term "people without disabilities" is descriptive but not negative.

As a best practice, avoid words like "disabled" or "handicapped." Instead, use phrases like "a consumer with a disability." Your language should emphasize people, not disabilities. Also, avoid the phrases "wheelchair-bound" and "confined to a wheelchair," as these phrases imply wheelchair use has negative consequences. In addition, many individuals who use a wheelchair find their wheelchair empowering and enabling, not restricting or confining.

These are examples of positive and negative phrases:

Avoid:
- Disabled
- Handicapped
- Wheelchair-bound

Use:
- Consumers with intellectual disabilities
- Consumers who use wheelchairs
- Consumers who are blind

For a full list of person-centered terminology, refer to Centers for Disease Control & Prevention's (CDCs) Preferred Terms for Select Population Groups and Communities at
Cdc.gov/healthcommunication/Preferred_Terms/html
Communication Best Practices (Continued)

You should always follow these best practices when you communicate with consumers with disabilities. Review each of the items below to learn more.

- When you meet a consumer with a disability, it’s appropriate to offer to shake hands. Consumers with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is acceptable. Note that some individuals may have no use of their hands or chronic pain in their extremities. If someone declines to shake your hand, do not take it as an insult.

- If you offer assistance, wait until your offer is accepted before providing help. If help is accepted, listen to or ask for instructions on how to assist.

- When addressing people with disabilities, treat adults as adults. Use first names of consumers only when extending the same familiarity to all others.

- If you happen to use common expressions like "See you later" when communicating with consumers who are blind or "Did you hear about that?" when communicating with consumers who are deaf, understand that this happens. Consumers understand that these are figures of speech, so don’t be embarrassed.

- When you encounter working (or service) animals (e.g., those that generally wear a harness), don’t try to pet, play with, or engage with them.

- Follow the cues and preferences of the consumer you're assisting.

- If you have questions or are unsure of what to do, don’t be afraid to ask a consumer with a disability how you can best assist them.
You’re now helping Samuel, a consumer who is blind, learn about health coverage options through a Federally-facilitated Marketplace (FFM). Considering what you’ve learned so far about best practices for communicating with consumers with disabilities, what should you do to effectively assist Samuel? Select the three correct answers and then select Check Your Answer.

- A. You assume Samuel needs help communicating, so you bring large-print materials for him.
- B. You greet him and offer to shake his hand even though you notice he may have a limited handshake.
- C. You’re considerate and patient as you are with all consumers.
- D. You treat Samuel as an individual.

Correct!
You should be considerate and patient with Samuel, as with all others, and treat him as an individual. You recognize it's still appropriate to shake his hand in your initial greeting. You don't assume he needs your help by bringing large-print materials for him because they may not be helpful depending on the type and degree of his impairment. Instead, you can assess his needs by asking about his communication preferences.

You’re now helping Samuel, a consumer who is blind, learn about health coverage options through a Federally-facilitated Marketplace (FFM). Considering what you’ve learned so far about best practices for communicating with consumers with disabilities, what should you do to effectively assist Samuel?

**Answer:** You should be considerate and patient with Samuel, as with all others, and treat him as an individual. You recognize it's still appropriate to shake his hand in your initial greeting. You don't assume he needs your help by bringing large-print materials for him because they may not be helpful depending on the type and degree of his impairment. Instead, you can assess his needs by asking about his communication preferences.
Best Practices for Consumers with Disabilities

Now we'll review some best practices for communicating with consumers with a range of disabilities including cognitive, speech, hearing, and mental impairments. For example, consumers with cognitive disabilities may have more difficulty with mental tasks than other consumers do.

Cognitive Impairments

Here are some best practices that might help you communicate with consumers who have cognitive disabilities:

• Speak clearly and directly.
• Make eye contact.
• Keep sentences short.
• Avoid using "yes" and "no" questions.
• Use plain language to the maximum extent possible.
• Rephrase or repeat questions and ask follow-up questions, if needed.
• Ask consumers to rephrase what you said when you're unsure they understood you.
• Add more time to your scheduled appointment, if needed.
• Hold conversations in a setting free of distractions.

Some consumers with cognitive impairments may be unable to communicate through spoken language. You should work with them to identify their preferred method of communication (e.g., sounds, drawings, or pictures) and communicate with them in the way they choose.

Speech Impairments

Consumers with speech impairments may have difficulty speaking clearly or at all. Keep these best practices in mind when communicating with consumers who have speech impairments.

DO:

• Speak with these consumers the same way you do with others.
• Be prepared to offer auxiliary aids and services (e.g., audio recordings).
• If necessary, repeat what you thought a consumer said to give the consumer an opportunity to correct or
confirm your understanding.

- Ask consumers about their preferred way of communicating.
- Try to ask questions that require only short answers or a nod of the head.
- Be prepared in case the consumer wishes to communicate for themselves with a speech generating device (SGD).

**DON'T:**

- Interrupt the consumer when speaking or using a speech generating device
- Finish consumers' words or sentences. This is particularly true when it comes to individuals using a speech generating device. Sometimes typing out the full answers may take a while and the individual may split it up into shorter components.
- Assume you know the consumer's preferred way of communicating.
- Assume the consumer has a cognitive disability. A common mistake is assuming someone who can't speak or whose speech is difficult to understand is cognitively impaired. Many with impaired speech do not have cognitive disabilities.

**Mental Impairments**

Consumers with mental health impairments may suffer from disorders that affect their mood, thinking, and behavior. You may not be able to identify consumers' symptoms yet it's still vital to be understanding and provide good customer service.

These best practices might help you communicate with consumers with mental health impairments:

- Approach the consumer in a calm, nonthreatening, and reassuring manner.
- Speak clearly at a normal pace and volume
- Hold conversations in a quiet setting without distractions.
- Be patient, flexible, and supportive.

**Hearing Impairments**

Consumers with hearing impairments may be described as deaf or hard of hearing.

These best practices might help you communicate with consumers who have hearing impairments:

- Find out how consumers prefer to communicate (e.g., speech/lip reading, writing, sign language, two-way texting, etc.). You must give primary consideration to the auxiliary aid or service requested by the individual unless you doing so would pose a fundamental alteration or an undue administrative or financial burden. An alternative auxiliary aid or service must provide communication to the individual that is as effective as communication provided to others.
- Ask if consumers would like interpreter services and, if an interpreter is needed to effectively communicate, provide an interpreter at no cost.
- Speak at your normal volume unless consumers ask you to speak louder but don't shout.
- Look directly at consumers while speaking even if an interpreter is present. Don't turn your back or walk around while talking.
- Make sure your meeting place is well lit so that consumers can easily see you.
- Hold conversations in a setting free of distractions.
- Speak clearly in a normal tone, keeping your hands away from your face.
- Use short and simple sentences.
- Use pen and paper or lip reading only when appropriate for the particular conversation and type of communication.
- Don't talk while writing a note because consumers can't read your notes and lips at the same time.
- Allow family members or friends to serve as interpreters only if consumers prefer this after you have explained a qualified interpreter can be provided at no cost.
Eze visits your office to review his health coverage options through an FFM. He hands you a note that says he's deaf. What best practices might you follow in order to communicate with Eze effectively? Select the two correct answers and then select Check Your Answer.

A. Write a note back to Eze asking how he prefers to communicate. He may wish to use a sign-language interpreter, lip reading, or writing.
B. Speak very loudly to help Eze hear what you're saying.
C. Assume Eze wants an interpreter and tell him to come back when you're able to schedule one.
D. Tell Eze you can provide a qualified interpreter at no cost.

Correct!

Since Eze gave you a note, it's safe to assume he can read, so writing him a note is a good way to communicate with him and identify his preferred method of communication. If he prefers to have a family member or friend help him communicate, that is acceptable, but only after you explain that a qualified interpreter can be provided at no cost. You shouldn't speak loudly because you don't yet know Eze's preferred method of communication. Also, you should do your best to help Eze today as opposed to rescheduling the meeting for a later date.

Eze visits your office to review his health coverage options through an FFM. He hands you a note that says he's deaf. What best practices might you follow in order to communicate with Eze effectively?

Answer: Since Eze gave you a note, it's safe to assume he can read. Writing him a note is a good way to communicate with him and identify his preferred method of communication. If he prefers to have a family member or friend help him communicate, that is acceptable, but only after you explain that you can provide a qualified interpreter at no cost. You shouldn't speak loudly because you don't yet know Eze's preferred method of communication. Also, you should do your best to help Eze today as opposed to rescheduling the meeting for a later date.
Key Points

• Remember that you shouldn't assume you know consumers' needs.

• Be prepared to respond effectively to consumers who have physical or intellectual disabilities, including cognitive, speech, hearing, mobility, or vision impairments, as appropriate.
You've learned how to provide auxiliary aids and services and how to follow best practices when working with consumers with disabilities. Now you're ready to help consumers with disabilities obtain appropriate health coverage.

The Affordable Care Act (ACA) and its implementing regulations include protections for consumers with disabilities as they apply for health coverage through the Federally-facilitated Marketplaces (FFMs). This module explains the factors consumers with disabilities may consider and the resources available to help them choose health coverage. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

Factors Affecting Coverage
Identify factors affecting health coverage for consumers with disabilities

Protections Under the ACA
Identify protections for consumers with disabilities under the ACA

Needs Assessment
Describe techniques for helping consumers with disabilities identify their coverage needs and coverage options

Other Coverage Options
Identify health coverage options for consumers with disabilities outside the FFMs
Coverage Considerations for Consumers with Disabilities

When helping consumers choose health coverage, you should also discuss these important factors. They’re especially important when working with consumers with disabilities. Select each to learn more:

**Cost**
Consumer costs include a plan’s premium and other out-of-pocket costs for health services like deductibles, coinsurance, and copayments for items like prescriptions and durable medical equipment (e.g., wheelchairs, orthotics and prosthetics, catheters and walkers).

**Accessibility**
Generally, in the context of health coverage, accessibility refers to the availability and inclusion of suitable doctors for consumers’ needs and proximity to patients – issues involving the adequacy of the provider network to individual needs (network adequacy). In the disability context, accessibility refers to providers, their offices, equipment, website / web portals, and communications. For instance, consumers with a physical disability will need to choose a primary care physician who has an office with no-step or elevator access, accessible medical diagnostic equipment or accommodations. Similarly, many deaf consumers seek out medical providers who are either fluent in American Sign Language (ASL) or make in-person ASL or deaf/blind interpretation readily available. Likewise, blind or visually disabled individuals will seek primary care physicians who make their portals, websites and communications accessible and provide high quality auxiliary aids and services to ensure effective communications.

Some individuals with disabilities will also seek to find culturally-competent providers who have received training or developed expertise in serving patients with disabilities (either in general, or a specific subgroup).

When you help consumers with disabilities evaluate accessibility, consider that they:
- Often have (and wish to maintain) longstanding relationships with providers who are familiar with their complex medical needs. It’s important to determine whether these providers participate in the provider networks of any qualified health plans (QHPs) consumers are considering.
- May be seeking coverage through an FFM for the first time may need access to specific specialty providers, therapies, pharmacies, and suppliers.

**Quality**
Quality health care should be safe, effective, patient-centered, timely, efficient, and equitable.
Adequacy

Generally, in the context of health coverage, adequacy means having sufficient coverage for consumers' needs. This may include coverage for durable medical equipment. It can also include availability of psychiatric and preventive care (e.g., coverage for some immunizations) as well as alternative medicine/therapies. Lastly, adequacy may include availability of attendant and personal assistance care to help maintain consumers’ functional capacity and their ability to live independently.

When you help consumers with disabilities evaluate adequacy, make sure they:

- Review the Summary of Benefits and Coverage (SBC) for each QHP under consideration to compare available benefits and related costs. A link to the SBC for each QHP participating in the FFMs is available at HealthCare.gov.

- Review the Evidence of Coverage (EOC) for each QHP under consideration. The EOC is different from the SBC because it provides more detailed information on health care benefits that the QHP covers, payments (e.g., premiums, deductibles, copayments, coinsurance), and how to get services. You or the consumers you assist may be able to get the EOC from the QHP’s website or by calling the QHP’s customer service department.

- Review QHP provider directories to confirm that consumers' preferred providers are included in a QHP’s network.

- Review QHP prescription drug formularies to confirm that consumers’ prescription medications are included in a QHP’s formulary and to assess tier placement and any utilization management conditions placed upon such prescriptions. In addition to understanding the formulary, it would also be helpful to ascertain the QHP’s exceptions and appeals policy, in case utilization management conditions pose significant barriers to obtaining the medications consumers rely upon.

It's important to encourage consumers to compare costs and coverage for the specific benefits offered by different QHPs and other coverage options, like Medicaid, to ensure the selected coverage meets their needs. You should also make sure individuals and families know they can only change QHPs when permitted during a Special Enrollment Period (SEP) or the individual market Open Enrollment Period (OEP). Remind consumers who want to change to a different QHP during an SEP that they may be limited in the type of QHP they can choose. For example, a consumer may be able to select a new plan, but that plan may need to be within the same health plan category (e.g., Silver metal level) as the consumer's current QHP coverage.

When helping consumers, remember that you shouldn’t recommend a specific health insurance plan or plans. Instead, help consumers understand the differences among plans on the topics that are most relevant to what they need from their health insurance coverage.
Let's meet Ronna. Ronna has diabetes but hasn't been managing it because she doesn't have health coverage. Ronna would like your help enrolling in coverage through her state's FFM, but she's anxious that she won't be able to enroll in coverage because she hasn't been taking care of herself and she has impaired vision.
In the past, due to her diabetes and impaired vision, Ronna may have been denied coverage or paid higher premiums based on her pre-existing condition or disability.

You can explain to Ronna the consumer protections implemented by the ACA. Under the ACA and regulations (45 CFR section 146.121 and 45 CFR Part 147), health plans and issuers offering health insurance coverage, including employer-sponsored coverage, and non-grandfathered individual health plans aren't allowed to refuse to sell health insurance to consumers or charge a higher premium for coverage based on a pre-existing condition, including a disability.

You should also tell consumers that the ACA:

- Prohibits most health plans from placing annual and lifetime dollar limits on most benefits.
- Helps make wellness and prevention services (e.g., cancer screenings and routine vaccinations) more affordable by requiring many health plans to cover certain preventive services without a copayment, coinsurance, or deductible.
- Creates new opportunities for state Medicaid programs to provide additional services to help low-income consumers with disabilities, particularly those who need long-term care at home and in the community.
Scenario: Ronna’s Eligibility for Health Coverage

Then, you offer to help Ronna fill out her FFM eligibility application, and you wait for her to accept your assistance. Explain to Ronna that the FFM application will help find out if she is eligible for Medicaid coverage based on her disability. If it appears Ronna may be eligible, the FFM will transfer her application to the state Medicaid agency so it can make a final determination.

To find out if consumers may be eligible for Medicaid based on their disabilities, the Marketplace application asks if each person in a household lives in a medical facility or nursing home or if they have a physical, mental, or emotional health condition that causes limitations in daily activities like bathing and dressing.

If consumers answer "yes" and their income information indicates they may be eligible for Medicaid based on disability, the application information will be sent to the state Medicaid agency to determine whether they qualify for Medicaid. Consumers also have the option to apply directly with their state Medicaid agency.

Ronna is eligible to enroll in a QHP through the FFM, and you’re helping her compare several available plans. Ronna tells you that insulin for her diabetes is expensive, and she wants to be sure it’s covered. She also hopes she can get coverage to help with her vision.
Assessing consumers’ needs is an important beginning step to helping them identify appropriate health coverage. This includes consumers with disabilities.

Because Ronna has a vision impairment, you might be required to provide her with additional accommodations, such as auxiliary aids and services at no cost. Additional information on vision impairments and ideas for accommodating consumers with disabilities may be found in the National Disability Navigator Resource Collaborative Disability Guide.

To provide effective assistance, you should discuss:

**Priorities and Needs**
Work with Ronna to help identify and understand her coverage priorities and needs.

**Coverage Options**
Review her coverage options, highlighting how each option addresses her needs.

**Other Programs**
Refer her to other health coverage programs that she may qualify for.
Ronna appreciates your help. She feels so much better knowing she might be able to get health coverage. She wonders if she has any other options besides enrolling in a QHP through the FFM.

If you’re a Navigator, you should be prepared to offer at least basic information on other coverage and benefits options available to consumers with disabilities in addition to QHPs. These coverage and benefits options may include Medicaid, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), the Ryan White HIV/AIDS Program, Medicare, and pharmaceutical assistance programs. Select each program to learn more.

**Medicaid**

Medicaid provides coverage for many consumers with disabilities. Consumers with disabilities who are eligible can get Medicaid-covered services that are deemed medically necessary, including long-term services and supports. Consumers with disabilities may be eligible for Medicaid based on their modified adjusted gross income (MAGI) and/or something other than MAGI, like disability. Depending on the state where Ronna lives, the FFM will either assess her potential eligibility for Medicaid or make a final Medicaid eligibility determination on the basis of MAGI. If it appears Ronna may be eligible for Medicaid on another basis, the FFM will transfer her application to the state Medicaid agency to make a final eligibility determination.

**Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Programs**

Although SSI and SSDI are different in many ways, both programs are administered by the Social Security Administration (SSA). Consumers who have disabilities and meet medical and financial criteria may qualify for benefits under both programs.

- **SSI** pays benefits to some consumers, including consumers with disabilities, based on financial need and whether the consumer meets eligibility requirements.

- **SSDI** pays benefits to consumers and certain members of consumers' families if consumers are insured, meaning the consumers or certain members of the consumers' families worked long enough to qualify for Social Security and paid Social Security taxes.

- For both SSI and SSDI, consumers must also meet certain medical criteria in order to be eligible. This review process can, at times, be rigorous. In addition, SSDI beneficiaries are automatically eligible for Medicare after 24 months. However, they will not qualify for Medicare until the 24 month waiting period has elapsed.

In most states, consumers who receive SSI automatically qualify for Medicaid coverage. In a few states, SSI
beneficiaries are not automatically eligible for Medicaid, although they still qualify in most situations. Some states use more restrictive Medicaid eligibility criteria which differ from state to state.

Key considerations for assisting consumers with disabilities in understanding Medicaid eligibility include the following:

- Not everyone with a disability is automatically eligible for Medicaid. This includes some SSI beneficiaries in a few states and consumers who receive SSDI benefits.

- Although health coverage isn't automatic, nearly all states offer coverage to people with disabilities who aren't eligible for SSI, but are determined by the SSA or their state Medicaid agency to have a disability and an income below state-established thresholds.

- Consumers who are seeking Medicaid coverage based on disability must demonstrate they have an impairment that prevents them from performing "substantial gainful activity" for at least one year if they don't receive SSI or SSDI. Once a disability determination is made, the consumer must pass an asset test and meet specific income requirements to be considered for Medicaid eligibility. Most states have Medicaid programs that encourage people with disabilities to work by extending them full Medicaid coverage, even when their employment affects their eligibility for SSA-related disability benefits. These programs are often referred to as Medicaid Buy-In or Working Disabled programs.

- Some consumers with disabilities who aren't otherwise eligible for Medicaid may wish to purchase health coverage through an FFM. Because eligibility criteria vary, you should refer consumers to their state Medicaid agency for help with Medicaid questions you're not able to answer.

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program provides HIV-related services for consumers who don't have sufficient health coverage or financial resources. The program fills gaps in coverage not met by other health coverage.

Medicare

Medicare provides health coverage for consumers who:

- Are age 65 and older
- Are younger than age 65 and have received Social Security or Railroad Retirement Board (RRB) disability benefits for 24 months; Medicare entitlement begins with the 25th month of receiving those disability benefits.
- Have been medically determined to have amyotrophic lateral sclerosis (ALS) and who receive SSDI or RRB disability benefits. Consumers with ALS don't have a waiting period after they begin SSDI and can receive Medicare right away.
- Have end-stage renal disease (i.e., a kidney dialysis or kidney transplant patient).

For more information, including the number of quarters of coverage individuals need to earn to qualify for disability benefits and premium-free Medicare Part A, go to SSA.gov or Medicare.gov.

Pharmaceutical Assistance Programs

Some pharmaceutical companies offer additional pharmaceutical assistance programs, also called prescription drug assistance programs or patient assistance programs. These programs provide free or low-cost medications to consumers who can't afford to buy their medicine. Centers for Medicare & Medicaid Services (CMS) doesn't endorse any particular pharmaceutical assistance program.
Resources are available to help consumers with disabilities get coverage. The Resources section includes the following tools to help consumers with disabilities:

- **Finding Coverage and Pricing Options**: A tool to help consumers find available private health plans.
- **Your Insurance Company and Costs of Coverage**: A search tool that allows consumers to find a basic profile of their health insurance company.
- **Understanding Insurance**: A resource that helps consumers understand their options, rights, and protections under the ACA.
Ronna’s friend, Barry, is 42 years old and doesn’t have health insurance. He’s been getting SSDI for almost two years. Barry uses a wheelchair and takes prescription medicine to help control pain. He heard he might be able to get health coverage through the FFM in his state. Which of the following would help Barry in learning about the best health coverage options for him? Select the three correct answers and then select Check Your Answer.

- A. Information about drug companies offering prescription drug assistance programs.
- B. Information about a plan Ronna selected that should also work for Barry because they both have pre-existing conditions.
- C. Information about Medicare for consumers with disabilities who have been getting SSDI for more than 24 months.
- D. Information about online resources where Barry can get more information to help him understand his health coverage options.

Correct! Because Barry takes prescription medication regularly, he may benefit from learning about prescription drug assistance programs (remember to follow CMS guidance on referring consumers to other organizations when discussing drug assistance programs). Along with providing health coverage for consumers 65 and older, Medicare also provides health coverage for consumers who are younger than age 65 and who have received Social Security or RRB disability benefits for at least 24 months. Entitlement for Medicare Part A and eligibility to enroll in Medicare Part B begins with the 25th month of receiving those disability benefits. Since Barry is approaching the end of the 24-month waiting period, you should inform him about his possible upcoming transition to Medicare coverage entitlement. Online resources are available to help consumers with disabilities get health coverage. You can discuss all available health plans, but you may not disclose to Barry the specific plan Ronna selected without first getting Ronna’s consent. Doing so without Ronna’s consent would violate the privacy and security standards you agreed to uphold.

Ronna’s friend, Barry, is 42 years old and doesn’t have health insurance. He’s been getting SSDI for almost two years. Barry uses a wheelchair and takes prescription medicine to help control pain. He heard he might be able to get health coverage through the FFM in his state. Which of the following would help Barry in learning about the best health coverage options for him?

**Answer:** Because Barry takes prescription medication regularly, he may benefit from learning about prescription drug assistance programs (remember to follow CMS guidance on referring consumers to other organizations when discussing drug assistance programs). Along with providing health coverage for consumers 65 and older, Medicare also provides health coverage for consumers who are younger than age 65 and who have received Social Security or RRB disability benefits for at least 24 months. Entitlement for Medicare Part A and eligibility to enroll in Medicare Part B begins with the 25th month of receiving those disability benefits. Since Barry is approaching the end of the 24-month waiting period, you should inform him about his possible upcoming transition to Medicare coverage entitlement. Online resources are available to help consumers with disabilities get health coverage. You can discuss all available health plans, but you may not disclose to Barry the specific plan Ronna selected without first getting Ronna’s consent. Doing so without Ronna’s consent would violate the privacy and security standards you agreed to uphold.
Key Points

- The ACA expands health coverage options for all consumers, including people with disabilities, and provides them with additional protections.

- Your role is to assess all consumers' needs effectively, including consumers with disabilities, and to help them get health coverage.

- Consumers with disabilities, like all other consumers, should consider cost, accessibility, quality, and adequacy when choosing their health coverage. However, many consumers with disabilities do have to consider some additional accessibility concerns.

- Additional coverage options may exist for consumers with disabilities including Medicaid, the SSI and SSDI programs, the Ryan White HIV/AIDS Program, Medicare, and pharmaceutical assistance programs.
Awesome job! In this course, you learned about reasonable modifications and auxiliary aids and services you may need to provide when assisting consumers with disabilities. You also learned about best practices and etiquette for communicating with consumers with disabilities.

You've finished the learning portion of this course. You can return to the web-based training to take the Working with Consumers with Disabilities exam or you can close this document and return to the exam later. If you choose to take the exam, the code to access this exam is: 069280.
Working with Consumers with Disabilities Resources

Americans with Disabilities Act (ADA):
The text of the ADA is available on the official Department of Justice website along with other official releases and guidance regarding federal regulations.

ADA.gov/index.html

American Association on Intellectual and Developmental Disabilities (AAIDD) Definition of Intellectual Disability:
AAIDD definition of intellectual disability and links to additional reading about intellectual disabilities.

AAIDD.org/intellectual-disability/definition#.U5d6rvmwJrM

National Disability Navigator Resource Collaborative Disability Guide:
A non-CMS-produced guide for Navigators working with consumers with disabilities.

Nationaldisabilitynavigator.org/ndnrc-materials/disability-guide/

National Disability Resource Navigator Collaborative Fact Sheets:
A non-CMS-moderated blog for Navigators that discusses how recent updates released by CMS affect consumers with disabilities.

Nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets

Programs in Your State:
An interactive map from InsureKidsNow.gov that helps consumers find children's health coverage options in their state.

Insurekidsnow.gov/coverage/index.html

Medicaid Eligibility and Enrollment by State:
An interactive map offering details on each state's Medicaid program.

Medicaid.gov/medicaid/by-state/by-state.html

Finding Coverage and Pricing Options:
A federal government website that helps consumers find available private health plans through a locator tool that searches plans by state and other criteria.

Finder.healthcare.gov/

Your Insurance Company and Costs of Coverage:
A federal government website that provides information on insurance companies and associated costs of health coverage. Account creation is required to access information.

Data.healthcare.gov/

Understanding Insurance:
A federal government website that describes the concept of insurance, explains how to apply for coverage, and how to compare options in a Health Insurance Marketplace®.

HealthCare.gov/using-marketplace-coverage/common-questions/

Final Rule for Section 1557 of the Affordable Care Act:
The regulations implementing Section 1557 of the ACA are found at 45 CFR Part 92. HHS OCR also has related resources on disability discrimination, including information on Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, on its website. HHS.gov/civil-rights/for-individuals/disability/index.html. For information on the HHS Notification of Interpretation and Enforcement of Section 1557 of the Affordable Care Act and Title IX of the Education Amendments of 1972, visit HHS.gov/about/news/2021/05/10/hhs-announces-prohibition-sex-discrimination-includes-discrimination-basis-sexual-orientation-gender-identity.html
Discrimination Complaints:
Consumers who believe they have been discriminated against under Section 1557, Section 504, or Title II of the ADA may file a complaint with HHS OCR.

HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Improving Access to Care for People with Disabilities

Cms.gov/about-cms/agency-information/omh/resource-center/hcps-and-researchers/improving-access-to-care-for-people-with-disabilities

¹Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.