Course 8 — Working with Individuals with Disabilities

Module 1 — Course Introduction

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Welcome

Welcome to the *Working with Individuals with Disabilities* course!

I'm Jo, and I'll help you learn how to work effectively with people who have disabilities, including cognitive, hearing, speech, mobility and/or vision impairments. In some cases, you may be required to provide information and assistance that is accessible to persons with disabilities.

We'll review:

- Who is defined as a person with a disability under federal laws?
- How can I identify which reasonable modifications might be required for an individual?
- Are there legal requirements for communicating with individuals with disabilities?

Course Goal

Assisting individuals with disabilities is more than meeting requirements — it is about ensuring equal access to healthcare coverage. To do this effectively, you need a clear understanding of the protections and resources available to support people with disabilities. By ensuring they receive reasonable modifications and applying best practices, you can ensure access to coverage.

Goal:

In this course, you'll learn about federal nondiscrimination requirements that apply when helping individuals with various disabilities. You'll learn about legal protections for people with disabilities, resources that can help you assist individuals with disabilities, and best practices.

By the end of this course, you will understand:

- the definition of an individual with a disability
- protections for individuals with disabilities under Section 1557 of the Affordable Care Act (ACA) and other applicable regulations, including the Centers for Medicare & Medicaid Services (CMS) regulations
- Assister duties under Section 1557 of the ACA and other applicable regulations, including CMS regulations
- types of reasonable modifications

Federal Provisions Prohibiting Discrimination

There are several federal provisions that prohibit discrimination and require equal opportunity for people with disabilities to participate in or benefit from the aids, benefits, and services of healthcare programs. These provisions affect how you work with people with disabilities, and you must read each one before continuing.

Select each federal provision for more information.

Section 1557 of the Affordable Care Act (ACA)

As discussed in previous courses, Section 1557 of the ACA is a nondiscrimination provision that prohibits discrimination based on disability, race, color, national origin, sex, and age in covered health programs and activities. Refer to *Course 6: Serving Select Population Groups & Communities* to learn more about Section 1557.

The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Section 1557 Final Rule (45 Code of Federal Regulations (CFR) Part 92)

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

1. Health programs or activities, any part of which receives Federal financial assistance (FFA) from HHS;
2. Health programs or activities administered by HHS; and
3. Health programs or activities administered by an entity established under Title I of the ACA, like a Federally-facilitated Marketplace (FFM) and a State-based Marketplace (SBM).

Among other things, the HHS Section 1557 Final Rule requires covered entities to:

1. Make their health programs, activities, and facilities accessible to individuals with disabilities.
2. Make health programs and activities provided through information and communication technology (ICT) accessible, including websites and telehealth, unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the health program or activity.
3. Take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others (i.e., effective communication), and provide appropriate auxiliary aids and services, like alternative formats, assistive technology, and sign-language interpreters, in a timely manner, free of charge, and in such a way as, when necessary to protect the privacy and independence of the individual.
4. Make reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination on the basis of disability, ensure accessibility and an equal opportunity to participate to people with disabilities, unless doing so would fundamentally alter the nature of the program or activity.

Section 504 of the Rehabilitation Act (45 CFR Part 84)

Section 504 prohibits discrimination based on 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).

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

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

The Centers for Medicare & Medicaid Services (CMS) Marketplace Regulations

Separately, CMS Marketplace regulations govern how Assisters in FFMs should serve individuals with disabilities and avoid discrimination based on disability. Some of these regulations apply to FFMs and/or Navigators. These regulations apply regardless of whether an Assister receives Federal financial assistance (FFA).

Additional Federal Requirements

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) from HHS. 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 must comply with Title II of the ADA, which includes providing accessible meeting formats for individuals with disabilities. If a physical meeting place isn't accessible, Assisters should choose an alternate accessible format.

Furthermore, communications and websites are required to be accessible to individuals with communication-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 when needed for effective communication.

Remember, you can always refer to these regulations to understand how best to serve individuals with disabilities. The rest of this course describes how to implement these regulations to make sure you're providing appropriate services and accommodations to these individuals.

HHS Rules Implementing Section 1557 of the Affordable Care Act — 45 CFR Part 92

This rule implements Section 1557 of the ACA and requires recipients of federal financial assistance (FFA) from HHS, such as Navigators and Assisters working for organizations receiving FFA, to, among other things, provide services that are accessible to people with disabilities, including health programs and activities provided through information and communication technology, ensure effective communication, information, and appropriate auxiliary aids and services at no cost where necessary. Navigators and Assisters working for organizations receiving FFA must also make reasonable modifications to policies and practices to avoid discrimination on the basis of disability in health programs/activities.

Go to 45 CFR Part 92 to read the complete list of all requirements and prohibitions.

HHS Exchange Establishment Standards Rules — 45 CFR Part 155

The HHS Exchange Establishment Standards rules at 45 CFR Part 155 require Navigators to provide assistance to individuals in a location and manner that is physically and otherwise accessible, including educational materials, websites, auxiliary aids and services (at no cost). Navigators must also acquire sufficient knowledge to make referrals to local, state, and federal long-term services and supports where appropriate, as well as work with individuals and seek advice or experts as needed.

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

HHS Rules Implementing Section 504 of the Rehabilitation Act of 1973 — 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. These rules require Assisters working for entities that receive FFA and Assisters working for HHS-conducted programs, including the Federally-facilitated Marketplaces, to ensure equal opportunity to participate in programs, including effective communication. It also requires these Assisters to provide equally effective aids, benefits, and services (at no cost) and administer programs/activities in the most integrated setting appropriate. Go to 45 CFR Part 84 and 45 CFR Part 85 to get the full list of requirements and prohibitions.

Department of Justice (DOJ) Rules Implementing the Americans with Disabilities Act (ADA) — 28 CFR Part 35

The regulation at 28 CFR Part 35 implements Title II of the ADA. This rule prohibits discrimination based on disability and requires Assisters working on behalf of state/local government or any department, agency or instrumentality of local government, regardless of whether the entity receives FFA, to make the services, programs and activities of state and local government accessible to and usable by people with disabilities, including websites, and to provide auxiliary aids and services (at no cost) when necessary for effective communication.

Go to 28 CFR Part 35 to get the full list of requirements and prohibitions.

DOJ Rules Implementing the ADA — 28 CFR Part 36

The regulation at 28 CFR Part 36 implements Title III of the ADA. Title III prohibits discrimination based on disability in the activities of places of public accommodations (e.g., businesses that are generally open to the public). This regulation only applies to Assisters in State-based Marketplaces (SBMs).

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

Module 2 — Laws and Regulations

Section 1557 of The Affordable Care Act: Introduction

You should always provide equal opportunities for all individuals you assist, including individuals with disabilities. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Person with a Disability

Define the term disability.

Individual Protections under Section 1557

Describe **Section 1557 of the Affordable Care Act (ACA)**, covered entities, and legal protections of individuals 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); and any health program or activity that is administered by HHS; or that is administered by an entity created under Title I of the ACA (including State-based and Federally-facilitated health insurance Marketplaces) can't discriminate against individuals with disabilities, such as by denying them participation or benefits based on disability or other prohibited bases.

Section 1557 of The Affordable Care Act: Overview

In this course, we will discuss the federal requirements of the Section 1557 regulations that apply to each type of Assister when serving individuals with disabilities. This includes Navigators and Certified Application Counselors (CACs).

The ACA Section 1557 regulation is also referred to in this training as the "Health and Human Services (HHS) Office for Civil Rights (OCR) Section 1557 Final Rule" or the "Final Rule."

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

Select the link above to the Section 1557 Final Rule for more information or visit the HHS OCR Section 1557 website.

Definition of a Person with a Disability

The definition of "disability" is the same under Section 504, Title II of the ADA, Title III of the ADA, and Section 1557. Under federal law, 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**. The question of whether an individual has a disability is individualized, but is not a difficult test one must pass.

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 ADA, Section 504, and the HHS OCR Section 1557 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:

- attention deficit hyperactivity disorder
- cancer
- cerebral palsy, epilepsy, muscular dystrophy
- diabetes
- drug addiction and alcoholism
- dyslexia and other specific learning disabilities
- emotional illness
- heart disease
- human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) (whether symptomatic or asymptomatic)
- intellectual disability/Autism Spectrum
- multiple sclerosis
- orthopedic, visual, speech, and hearing impairments
- traumatic brain injury
- tuberculosis

Major life activities

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

Section 1557 Requirements for Navigators

The Section 1557 regulation sets out specific requirements that Navigators must meet to provide accessibility and effective communication to individuals with disabilities. See, for example, 45 CFR 92.202-92.205. Navigators are also required to comply with the requirements in the Section 504 regulation, and either Title II or Title III regulations. Every entity covered by Section 504 is also covered either by Title II or Title III of the ADA.

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).
- Making all program 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 Section 1557 Final Rule (45 CFR Part 92) webpage to get the full list of requirements and prohibitions.

Section 1557 Requirements for Navigators (Continued)

Requirements for Navigators include:

- You are required to make reasonable modifications to policies, practices, and procedures when necessary to prevent discrimination unless it would fundamentally alter the nature of the program.
- You shall not apply eligibility criteria or utilize methods of administration that tend to screen out people with disabilities.
- You may not deny services based on a consumer's association with a person with a disability.
- You may not 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 the regulations implementing Section 504).

Go to the Final Rule (45 CFR Part 92) webpage to get the full list of requirements and prohibitions.

Section 1557 Requirements for CACs

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

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

CMS Marketplace Regulation Requirements: Navigators

Centers for Medicare & Medicaid Services (CMS) Marketplace regulations also set requirements for physical access and effective communication when serving individuals 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 tool and functions for individuals with disabilities.
- Ensure that educational materials, websites, or other tools used for 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 individual to ensure effective communication.

Note: Using an individual's family or friends as interpreters may satisfy the requirement to provide auxiliary aids and services only when requested by the individual as the preferred alternative to an offer of other auxiliary aids and services.

CMS Marketplace Regulation Requirements: Navigators (Continued)

CMS Marketplace regulations set additional requirements for Navigators to ensure information is available and accessible. In addition, Federal civil rights laws require covered entities to take appropriate steps to ensure that communication with individuals with disabilities (including companions 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 an individual with a disability to make informed decisions.
- Acquire sufficient knowledge to make referrals to local, state, and federal resources 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 (including companions with disabilities) and provide appropriate auxiliary aids and services at no cost to the individual, when necessary for effective communication, 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.

CMS Marketplace Regulation Requirements: CACs

CACs must ensure accessibility for individuals with disabilities either directly or through referrals to Navigators or the Federally-facilitated Marketplaces (FFMs) Call Center.

If your CDO gets federal funds to provide services to a defined population, you may limit CAC services to that 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 them to other Marketplace-approved resources that can assist, like Navigators or other CACs.

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

Key Points

- An individual with a disability is defined under the HHS Section 1557 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 Section 1557 Final Rule prohibit discrimination against people with disabilities by every health program or activity, any part of which receives FFA from HHS; every health program or activity that HHS itself administers; and every health program or activity administered by entities established under the ACA, such as the Federally facilitated Marketplaces and State-based Marketplaces, as well as insurers. CMS regulations also prohibit discrimination based on disability.
- CMS Marketplace regulations specific to your Assister type will also govern your work with individuals 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).

Module 3 — Reasonable Modifications

Module Introduction

When individuals need reasonable modifications to a policy, procedure, or practice to access your services, you are required to make them on a case-by-case basis. Whether someone has a disability, whether they need a reasonable modification, what modification they need, and whether it is reasonable for your program to provide a particular modification, are all based on the individual and the situation. 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 these concepts and accomplish the associated tasks below them.

Types of Accommodations

Identify some types of modifications individuals with disabilities may need.

Physical Disabilities

Describe the types of modifications, both outside and inside your facility, individuals with physical disabilities may need.

Cognitive Impairment/Intellectual Disability

Describe the modifications individuals with cognitive impairments or intellectual disabilities may need.

Vision or Hearing Impairment

Describe the modifications individuals with vision or hearing impairments may need.

Note: There is no finite set of modifications that may be needed or disabilities that may give rise to the need for modifications.

Types of Disabilities

You might help individuals who have physical, cognitive, and/or intellectual disabilities. A disability may be *any* physical or mental impairment that substantially limits one or more major life activities, whether it is listed among the following examples or not.

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

Individuals who have cognitive impairments may have trouble remembering, learning new things, concentrating, or making decisions. Cognitive impairment ranges from mild to severe. With mild impairment, individuals may notice changes in cognitive functions, but they may be able to perform everyday activities. Severe levels of impairment can cause people 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.

For more information, visit the American Association for Intellectual and Developmental Disabilities website.

Accessibility Outside of Your Facility

In the Navigator program, assistance must be provided in a location and in a manner that is physically and otherwise accessible to individuals with disabilities.

The Department of Health & Human Services (HHS) Office for Civil Rights (OCR) Section 1557 Final Rule requires buildings constructed or altered on or 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. Older facilities have separate accessibility requirements under the HHS Section 1557 Final Rule, Section 504, and the ADA.

Parking

Your facility's parking must:

- be close to an accessible entrance
- include an access aisle to provide space for mobility
- 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 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 Standards for Accessible Design Guideline provisions.

Accessibility Inside Your Facility

Your meeting location must be accessible. Remember, you should pick a different location if your space isn't accessible.

If you're a Navigator assisting consumers in newly constructed or altered facilities, the HHS Section 1557 Final Rule and ADA Titles II and III require these facilities be physically accessible for individuals with disabilities. Existing facilities have separate accessibility requirements under the HHS Section 1557 Final Rule and the ADA.

Route to the Meeting Space

Like the outside of your facility, the inside must 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 people who use mobility devices (e.g., wheelchairs, walkers, scooters, and crutches) to maneuver through the space.

Technologies

Your meeting space must accommodate people 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 individuals with disabilities (e.g., grab bars and stalls large enough to fit a wheelchair).

Knowledge Check

Anastasia is 56 years old. She contacts you about meeting to discuss her options for health coverage through a Federally-facilitated Marketplace (FFM). She mentions that she uses a wheelchair. What modifications might you offer Anastasia?

Answer: Anastasia may need accessible parking or a drop-off area near the building entrance 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.

Communicating with Individuals with Cognitive Impairments or Intellectual Disabilities

If you're a Navigator, you are required to provide reasonable modifications and auxiliary aids and services (at no cost) to individuals with cognitive impairments, or intellectual disabilities. This could include extra time or auxiliary aids and services, like assistive technology.

If an individual's ability to read, write, organize thoughts, remember, or socially interact is affected by a disability, determine what the individual's needs are, and consider the following modifications and auxiliary aids and services.

Reading

- Provide pictures, symbols, or diagrams instead of written information.
- Read 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 simple, easy to understand descriptions.

Writing

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

Memory

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

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.

Social Skills

- Obtain sensitivity training (e.g., disability awareness / cultural competency) to learn how to interact appropriately with individuals with disabilities.
- Use role-playing scenarios or training videos to learn how to assist individuals with 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.

Communicating with Individuals with Cognitive Impairments or Intellectual Disabilities (Continued)

Adult family members or friends may act as an individual’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. Minor children cannot be used to interpret unless there is an emergency involving imminent threat to safety or welfare of an individual or the public and there is no interpreter available.

You can find more information on reasonable modifications and auxiliary aids and services in the Resources section by selecting the Resources button on the Course Menu. This includes information on methods to communicate effectively using sign language interpreters, computer-aided real-time transcription services, written communications, and telecommunications relay services.

Auxiliary Aids and Services for Individuals Who Are Blind or Have Low Vision

Individuals with visual impairments may require **auxiliary aids and services**.

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 more accessible

Communicating with Individuals Who Are Deaf or Hard of Hearing

Individuals with hearing impairments may require **auxiliary aids and services**. 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

Auxiliary aids and services

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

- qualified interpreters (American Sign Language (ASL) & Deafblind) on-site or through video remote interpreting (VRI) services. Deaf individuals may reject video remote interpretation or consider it a last resort since video signal reliability and consistency issues may negatively impact the understanding of important health care related information and decisions. Note that Deafblind interpretation requires an in-person presence.
- 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, captioned telephones, and two-way texting devices (like UbiDuos)
- accessible electronic and information technology
- other effective methods of making aurally delivered information more accessible

The HHS Section 1557 Final Rule and CMS Marketplace regulations require Navigators to provide appropriate auxiliary aids and services (at no cost to the individual) when necessary or if requested by the individual to ensure effective communication.

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

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. 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 must be provided to the family member, where appropriate to ensure that communications with that companion are as effective as communications with non-disabled individuals.

Knowledge Check

Now that you've learned about reasonable modifications and auxiliary aids and services, 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 services should you offer him?

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

Key Points

When you work with individuals with disabilities, federal regulations require you to make reasonable modifications to policies, practices, or procedures when necessary to avoid discrimination, and to provide appropriate auxiliary aids and services when requested or when necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, the health program. Keep these tips in mind:

- People may have different kinds and degrees of disability that will affect their need for modifications or auxiliary aids and services.
- Whether someone needs a reasonable modification, what modification they need, and whether it is reasonable for the program to provide it must be determined based on the particular facts of the individual and the situation.
- Therefore, to provide the required reasonable modifications and/or auxiliary aids and services, you need to learn the types of help individuals with disabilities need and be prepared.

Module 4 — Effective Practices and Etiquette

Module Introduction

In addition to complying with the federal laws and regulations that apply as an Assister, you should follow these best practices and federal requirements when communicating with individuals with disabilities. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Communication Techniques

Describe communication techniques and best practices for working with individuals with disabilities.

Communication Best Practices

Identify best practices for communicating with individuals with disabilities.

Speech or Hearing Impairment

Identify best practices for communicating with individuals with speech or hearing impairments.

Guidelines to Remember

When you interact with individuals with disabilities, remember that, while reasonable modifications may be required, for example, they shouldn't otherwise be treated any differently from individuals without disabilities. Individuals with disabilities are independent and capable and it's important to be respectful.

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

Follow these guidelines and practices.

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

Communication Practices

To ensure you're treating all consumers equally, be mindful of your language. When writing or speaking about consumers, it's important to put the individual first by using person-centered terms. Group labels like "the blind" or "the disabled" are discouraged because they don't reflect the individuality and dignity of individuals with disabilities.

Also, don't refer to people without disabilities as "normal" because it implies you think individuals with disabilities aren't normal. Similarly, avoid referring to individuals with disabilities as "inspirational" or "special" because doing it implies individuals with disabilities are "different."

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 person with a disability." Your language should emphasize people, not labels. Also, avoid the phrases "wheelchair-bound" and "confined to a wheelchair," as these phrases imply wheelchair use has negative consequences. Many individuals who use mobility aids find them empowering and enabling, not restricting or confining.

These are examples of positive and negative phrases:

Avoid:

- Disabled
- Handicapped
- Wheelchair-bound

Use:

- Individuals with intellectual disabilities
- Individuals who use wheelchairs
- Individuals who are blind

Communication Practices (Continued)

You should always follow these practices when you communicate with individuals with disabilities:

- When you meet an individual with a disability, it's appropriate to offer to shake hands. Individuals 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 only when extending the same familiarity to everyone.
- If you happen to use common expressions like "See you later" when communicating with individuals who are blind or "Did you hear about that?" when communicating with individuals who are deaf, understand that this happens. Individuals understand these are common figures of speech, so don't be embarrassed.
- When you encounter working (or service) animals, don't try to pet, play with, or engage 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 an individual with a disability how you can best assist them.

Knowledge Check

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 about best practices for communicating with individuals with disabilities, what should you do to effectively assist Samuel?

Answer: You should be considerate, respectful, and patient with Samuel. You recognize it's still appropriate to offer a handshake in your initial greeting. You don't assume he needs large-print materials because they may not be helpful. Instead, you can ask about his communication preferences.

Practices for Individuals with Disabilities

Now we'll review some practices for communicating with individuals with a range of cognitive, speech, hearing, and mental impairments. Individuals with cognitive disabilities may have more difficulty with mental tasks than people without cognitive disabilities.

Cognitive Impairments

Here are some practices that may help you communicate with individuals with cognitive disabilities. Some may be required by law when necessary to provide an equal opportunity to participate in and benefit from a program:

- Speak clearly and directly.
- Make eye contact.
- Keep sentences short.
- Use simple, easy to understand language when possible.
- Rephrase or repeat questions and ask follow-up questions, if needed.
- Ask consumers to rephrase what you said if you're unsure they understood you.
- Add more time to your scheduled appointment, if needed.
- Hold conversations in a setting free of distractions.

Some individuals with cognitive impairments may be unable to communicate through spoken language. You should identify their method of communication.

Speech Impairments

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

DO:

- Speak with these consumers the same way you do with others.
- Be prepared to provide auxiliary aids and services.
- If necessary, repeat what you thought they said to give the consumer an opportunity to **Answer:** or confirm your understanding.
- Ask consumers their preferred way of communicating.
- Try to ask questions that require only short answers or a nod of the head.
- Be prepared to assist consumers who bring their own speech generating device (SGD) to communicate for themselves.

DON'T:

- Interrupt the consumer when speaking or using a speech generating device (SGD).
- Finish consumers' words or sentences. Typing answers on an SGD may take a while.
- Assume you know the best way to communicate.
- 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 people with impaired speech do not have cognitive disabilities.

Mental Impairments

Individuals with mental health impairments may suffer from disorders that affect their mood, thinking, and behavior. It is 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

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

These practices may 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.).
- Ask if consumers would like interpreter services or other auxiliary aids or services and provide an interpreter at no cost.
- Speak at your normal volume unless consumers ask you to speak louder.
- 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 conversation.
- 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 and after you have explained a qualified interpreter can be provided at no cost.

Knowledge Check

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 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 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 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.

Key Points

- Remember that you shouldn't assume you know individuals’ needs.
- Be prepared to respond effectively to individuals who have physical or intellectual disabilities, including cognitive, speech, hearing, mobility, or vision impairments, as appropriate.

Module 5 — Application Assistance

Module Introduction

You've learned what you must do to provide auxiliary aids and services and best practices when working with individuals with disabilities. Now you're ready to help individuals with disabilities obtain appropriate health coverage.

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

Factors Affecting Coverage

Identify factors affecting health coverage for individuals with disabilities.

Protections Under the ACA

Identify protections for individuals with disabilities under the ACA.

Needs Assessment

Describe techniques for helping individuals with disabilities identify their coverage needs and coverage options.

Other Coverage Options

Identify health coverage options for individuals with disabilities outside the FFMs.

Coverage Considerations for Individuals with Disabilities

When helping consumers choose health coverage, you should discuss these important factors.

Cost

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

Accessibility

Generally, accessibility refers to the availability and inclusion of suitable doctors for consumers' needs and proximity to patients. In the disability context, accessibility refers to providers, their offices, equipment, website / web portals, and communications. For instance, individuals with a physical disability may 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 fluent in American Sign Language (ASL) or make in-person ASL or Deafblind interpretation available. Blind or visually disabled individuals may seek physicians who make their portals, websites, and communications accessible and provide auxiliary aids and services.

Some individuals with disabilities will also seek 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 individuals with disabilities evaluate accessibility, consider that they:

- Often have (and wish to maintain) longstanding relationships with providers familiar with their medical needs. It's important to determine whether these providers participate in the networks of any qualified health plans (QHPs) consumers are considering.
- May be seeking coverage through an FFM for the first time and may need access to specific providers, therapies, pharmacies, and suppliers.

Quality

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

Adequacy

Generally, adequacy means having sufficient coverage for individuals' needs. This may include coverage for durable medical equipment. It can also include psychiatric and preventive care as well as alternative medicine / therapies. Lastly, adequacy may include availability of aides and caregivers to help maintain consumers' functional capacity and their ability to live independently.

When you help individuals 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 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 in network. Remember, a provider's network status can change during plan years, so it is important to check that you're using the most up to date version of a QHP provider directory.
- Review QHP prescription drug formularies to confirm that consumers' medications are included and to assess tier placement and any utilization management conditions. 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 medications.

Coverage Considerations for Individuals with Disabilities (Continued)

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 know they can only change QHPs during an applicable 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 instance, 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 their current QHP.

When helping consumers, remember not to recommend specific health insurance plans. Instead, help consumers understand the differences among plans most relevant to what they need from their health insurance coverage.

Video: Meet Ronna

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 (for example, 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 individuals with disabilities, particularly those who need long-term care at home and in the community.

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 individuals 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 individuals 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 individuals 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.

Medicaid

Medicaid provides coverage for many individuals with disabilities. Individuals with disabilities who are eligible can get Medicaid-covered services that are deemed medically necessary, including long-term services and supports. Individuals 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 there are significant differences between SSI and SSDI, 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 individuals 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 individuals 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 individuals 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 do not have a waiting period after they begin SSDI and can receive Medicare right away.
- Have end-stage renal disease (for example, 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 for Individuals with Disabilities

Resources are available to help individuals with disabilities get coverage.

The Resources section includes the following tools to help individuals with disabilities:

- Finding Coverage and Pricing Options: A tool to help individuals find private health plans.
- Your Insurance Company and Costs of Coverage: A tool that allows individuals to find a basic profile of their health insurance company.
- Understanding Insurance: A resource that helps individuals understand their options, rights, and protections under the ACA.

Knowledge Check

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 control pain. He heard he might be able to get health coverage through the FFM in his state.

What information would help Barry learn about his health coverage options?

Answer: Because Barry takes prescription medication regularly, he may benefit from learning about prescription drug assistance programs. Along with providing health coverage for consumers 65 and older, Medicare also provides health coverage for younger consumers 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 the 25th month of receiving those disability benefits. Since Barry is approaching the end of the 24-month waiting period, you should inform Barry about his possible upcoming transition to Medicare coverage entitlement. Online resources are available to help individuals with disabilities get health coverage. You can discuss all available health plans, but you may not disclose to Barry the plan Ronna selected without first getting Ronna's consent. Doing so would violate the privacy and security standards you agreed to uphold.

Key Points

- The ACA expanded health coverage options for all consumers, including individuals with disabilities, and provides them with additional protections.
- Your role is to assess the needs of consumers with and without disabilities and effectively assist them in getting health coverage.
- All consumers should consider cost, accessibility, quality, and adequacy when choosing their health coverage. However, many individuals with disabilities have to consider some additional accessibility and adequacy concerns.
- Additional coverage options may exist for individuals with disabilities including Medicaid, the Ryan White HIV/AIDS Program, Medicare, and pharmaceutical assistance programs.

Conclusion

Awesome job! In this course, you learned about reasonable modifications and auxiliary aids and services you may need to provide when assisting individuals with disabilities.

You also learned about best practices and etiquette for communicating with individuals with disabilities.

You've finished the learning portion of this course. If you choose to take the exam, the code to access this exam is: 069280.

Resources

Note: There are some references and links to nongovernmental third-party websites in this section. CMS offers these links for informational purposes only, and inclusion of these websites shouldn't be construed as an endorsement of any third-party organization's programs or activities.

Module 2 — Laws and Regulations

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.

HHS.gov/civil-rights/for-individuals/disability/index.html

Office for Civil Rights (OCR): How to File a Civil Rights Complaint: Individuals who believe they have been discriminated against on the basis of race, color, national origin, sex, age, disability, or religion may file a complaint with OCR. In particular, individuals 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/ocr/complaints/index.html

Office for Civil Rights (OCR) website: Official website of HHS OCR, which contains information about federal laws on discrimination and conscience and religious freedom.

HHS.gov/ocr/index.html

Improving Access to Care for People with Disabilities: The CMS Office of Minority Health's tools and resources to improve access to care for people with disabilities.

CMS.gov/priorities/health-equity/minority-health/resource-center/health-care-professionals-researchers/improving-access-care-people-disabilities

Individuals Who Are Blind or Have Low Vision (PDF): When serving a patient who is blind or has low vision it is important for an organization to plan how it will provide effective, accessible communication. This resource describes how to assess practices, develop communication plans, and be prepared to implement accessible services.

CMS.gov/files/document/omh-visual-sensory-disabilities-brochure-508c.pdf

Individuals Who Are Deaf or Hard of Hearing (PDF): When serving a patient who is deaf or hard of hearing it is important for an organization to plan how it will provide effective, accessible communication. This resource describes how to assess practices, develop communication plans, and be prepared to implement accessible services.

CMS.gov/files/document/audio-sensory-disabilities-brochure-508c.pdf

CMS Marketplace Regulation Requirements: Part 155 — Exchange establishment standards and other related standards under the ACA.

ECFR.gov/current/title-45/subtitle-A/subchapter-B/part-155

Section 504 of the Rehabilitation Act of 1973 Part 84 Final Rule: Fact Sheet

HHS.gov/civil-rights/for-individuals/disability/section-504-rehabilitation-act-of-1973/part-84-final-rule-fact-sheet/index.html

Marketplace Call Center: Contact information for the Marketplace Call Center, 24 hours a day, 7 days a week for individuals seeking coverage through the Marketplace.

Healthcare.gov/contact-us/

Module 3 — Reasonable Modifications

Americans with Disabilities Act (ADA): The text of the ADA 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.

https://www.aaidd.org/intellectual-disability/definition#.U5d6rvmwJrM

Module 4 — Effective Practices and Etiquette

Assisting Individuals with Disabilities webinar:

https://www.cms.gov/files/document/assisting-consumers-disabilities.pdf

Serving Individuals with Disabilities: Job aid for Assisters who help individuals with disabilities, and individuals helping people with disabilities, in a state with an FFM.

https://www.cms.gov/files/document/getting-care-you-need-guide-people-disabilities.pdf

Assister Tip Sheet: Dos and Don'ts for Providing Non-discriminatory, Culturally and Linguistically Appropriate Services, and Services Accessible for Individuals with Disabilities in Federally-facilitated and State Partnership Marketplaces.

CMS.gov/marketplace/technical-assistance-resources/dos-and-donts-clas.pdf

Module 5 — Application Assistance

National Disability Navigator Resource Collaborative Disability Guide: An advocacy guide for Navigators working with individuals with disabilities.

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

National Disability Resource Navigator Collaborative Fact Sheets: Advocate created fact sheets for navigators assisting individuals with disabilities.

Nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/

Programs in Your State: An interactive map from InsureKidsNow.gov that helps individuals 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/state-overviews/index.html

Finding Coverage and Pricing Options: A federal government website that helps individuals 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/datasets

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/

Application Process Assistance at CMS.gov:

CMS.gov/marketplace/in-person-assisters/technical-resources/process-assistance

Marketplace Assister Microlearnings at CMS.gov:

CMS.gov/marketplace/technical-assistance-resources/marketplace-assister-microlearning

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

SSA.gov/ssi