The Affordable Care Act and Persons with Disabilities
An Introduction and Overview Webinar

Presenter: Karl D. Cooper, Esq.
Dissemination and Utilization Consultant, Project Associate, Collaborative on Health Reform and Independent Living
Director of the National Disability Navigator Resource Collaborative
American Association on Health and Disability

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The Collaborative on Health Reform and Independent Living – Structure

Collaborative on Health Reform and Independent Living

NIDILRR Project Officer
CHRIL Advisory Board

CHRIL Members
Washington State University (WSU)
University of Kansas (KU)
Independent Living Research Utilization (ILRU)
George Mason University (GMU)

CHRIL Partners
AAHD
NCIL
APRIL
Urban Institute
AcademyHealth
• **Jae Kennedy**, Principal Investigator – Professor and Chair, Department of Health Policy and Administration, Washington State University

• **Lex Frieden**, Co-Investigator – Professor of Biomedical Informatics and Rehabilitation, University of Texas Health Science Center at Houston, and Director, ILRU

• **Jean Hall**, Co-Investigator – Research Professor and Director of the Institute for Health and Disability Policy Studies

• **Gilbert Gimm**, Co-Investigator – Associate Professor, Department of Health Administration and Policy, GMU

• **Richard Petty**, Training Director – Co-Director, Independent Living Research Utilization, and Director, National Center for Aging and Disability
Personnel, cont’d.

- **Karl Cooper**, Dissemination and Utilization Consultant – Project Associate and Director of the National Disability Navigator Resource Collaborative

- **Elizabeth Blodgett**, Research Associate, Department of Health Policy and Administration

- **Noelle Kurth**, Research Associate – Project Coordinator, Institute for Health and Disability Policy Studies
CHRIL Project Objective

• To provide disability stakeholders with accurate, current and actionable information on how recent changes in health policy directly or indirectly impact the community living and participation of working-age adults with disabilities.
CHRIL Research Activities

1. Documenting the experiences of working-age adults with disabilities in obtaining and maintaining health insurance, and identifying the impact of insurance on their access, health and function through phone interviews, internet surveys, and analysis of the Urban Institute’s Health Reform Monitoring Survey (HRMS).

2. Assessing the health insurance information, training and technical assistance needs of Centers for Independent Living (CILs) and other disability stakeholders through internet surveys, phone interviews of CIL directors, and town hall meetings at national independent living conferences.

3. Analyzing post-reform insurance coverage trends among working-age adults with disabilities using the National Health Interview Survey (NHIS).
4. Identifying gaps in coverage and potential areas of undue cost burden for people with disabilities by analyzing health care expenditures, including premium costs, deductibles and co-pays using the Medical Expenditure Panel Survey (MEPS).

5. Assessing the impact of the ACA on disability program enrollment and workforce participation by testing how the Medicaid expansion influences SSI activity using the American Community Survey (ACS).
CHRIL Knowledge Translation Activities

1. Presenting research findings at 10-15 professional and scientific meetings, including the annual meetings of AcademyHealth, National Council on Independent Living, Association on Programs for Rural Independent Living, and the National Association of Rehabilitation Research and Training Centers.

2. Submitting at least 10 manuscripts for scientific and professional journals and preparing and updating at least 5 fact sheets and 2 chartbooks for program administrators and disability advocates.
CHRIL Knowledge Translation Activities, cont’d.

3. Offering 2 health reform webinars per year; and creating at least 3 self-paced tutorials on various aspects of health care policy, organization and financing.

4. Training 2-3 graduate research assistants per year and establishing a summer internship program for 2-3 undergraduates with disabilities per year at ILRU in Houston.

5. Developing and maintaining the CHRIL website (www.chril.org), with access to all publications and presentations in accessible formats.
Affordable Care Act–Disability Law Timeline

- The Rehabilitation Act § 504 – 1973
- Individuals with Disabilities Education Act (IDEA) – 1975
- Voting Accessibility for the Elderly and Handicapped Act – 1984
- Air Carrier Access Act – 1986
- Fair Housing Act (FHA) is amended – 1988
- Americans with Disabilities Act (ADA) – 1990
Affordable Care Act—The Uninsured Problem

Per Capita Medical Spending Among the Nonelderly, by Insurance Status and Source of Payment, 2013

- Indirect Payment Source (Uncompensated)
- Direct Payment Source
- Out-of-Pocket

Total in group:
- Full-Year Uninsured: 40.8 M
- Part-Year Uninsured: 31.4 M
- Full-Year Insured: 196.4 M

NOTES: “Direct payment source” among the full-year uninsured includes “other public” payments, which are Medicaid payments. These payments may be retroactive or emergency payments provided by Medicaid. SOURCES: Urban Institute estimates based on 2008-2010 Medical Expenditure Panel Survey.
Affordable Care Act - Key Provisions

- Set up the Health Insurance Marketplaces & Provides for Premium Tax Credits
- Provide for “Guaranteed Issue”
- Individual Mandate – everyone is required to have coverage or face a tax penalty
Affordable Care Act—What It Means for People with Disabilities

• No Denial of Coverage for Pre-Existing Conditions
• No Cancellation of Coverage due to Serious Medical Conditions
• No Setting Premiums Based on Disability or Chronic Conditions
No Lifetime Monetary Caps

10 Essential Health Benefits required in every Qualified Health Plan (QHP)

Medicaid Reforms:
- Expanded Money Follows the Person (MFP)
- Created Balancing Incentive Program (BIP)
- Created Alternative Benefit Plan (ABP)
“[A]n individual shall not, on the ground prohibited under ... section 794 of title 29, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title.”
Affordable Care Act–Medicaid Expansion

Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and RI have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA’s Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as “adoption under discussion.”

Questions?
American Association on Health & Disability (AAHD)

The mission of AAHD is to advance health promotion and wellness initiatives for children and adults with disabilities.

- Reduce Health Disparities
- Advocate for Community Inclusion
- Promote Full Accessibility
- Integrate Disability into Public Health Agenda
The mission of the National Disability Navigator Resource Collaborative (NDNRC) is to provide cross-disability information and support to Navigators and other enrollment specialists thereby ensuring people with disabilities receive accurate information when selecting and enrolling in insurance through the Affordable Care Act Marketplaces.
NDNRC – Website

www.nationaldisabilitynavigator.org
Resources & Links - Categories

- Enrollment Resources - Disability Specific
- Enrollment Resources - Mental Health and Behavioral Health
- Enrollment Resources - Populations with Special Health Care Needs
- Enrollment Resources - ACA Marketplace and Medicare
- Enrollment Resources - ACA Marketplace and Medicaid
- Enrollment Resources - Overview
- Enrollment Statistics
- Affordable Care Act (ACA) Resources - Government
- Affordable Care Act (ACA) Enrollment Resources
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NDNRC—Fact Sheets

1. Comparing Health Plans’ Benefits and Coverage Summaries
2. Getting and Using Health Plan Evidence of Coverage
3. Using Health Plan Customer Service
4. Rehabilitation and Habilitation Services and Devices
5. Prescription Medication Benefits
6. Supporting Collaborations Between Navigators, Connectors and Assisters, and Local Disability and Affinity Organizations
7. Mental Health and Substance Abuse Parity

8. Medically Frail Status as an Exemption to Receiving Medicaid Alternative Benefit Plan with Essential Health Benefits

9. Streamlined Marketplace Application Process

10. Medical Supplies Benefits

11. Civil Rights of People with Disabilities under the Americans with Disabilities Act and Section 504 and Section 508 of the Rehabilitation Act
12. Process for Medicaid Eligibility
13. Referral and Resource Lists
14. Information for People on Medicaid Home and Community-Based Services Waiver Waiting Lists
15. Medicaid Buy-In
16. Moving from Coverage-to-Care for People with Disabilities
17. Disability Etiquette
What to Know When Assisting a Consumer with:

- Autism Spectrum Disorder
- Blood Clots
- Child with Special Health Care Needs
- Intellectual Disability
- Mental Illness
- Multiple Sclerosis
- Spina Bifida
- Traumatic Brain Injury
- Information for Veterans Regarding Department of Veterans Affairs Healthcare
NDNRC - Health Insurance Jeopardy!

- It’s not about the answer.
- It’s about asking the right question!

- https://www.youtube.com/channel/UCZzm0pWC6ZeN_6jg9ci2J C Q
http://www.nationaldisabilitynavigator.org/about/community-outreach-collaboratives/
NDNRC–Ongoing Challenges

1. Limited provider networks
2. Limited formularies
3. Discriminatory pharmacy design
4. Plan transparency
5. High out-of-pocket costs
6. Confusion on the definition of “rehabilitation” and “habilitation” services and supports
7. Confusion on the coverage of prosthetic devices and durable medical equipment

8. Confusion about coordinating exchange coverage with Medicare and Medicaid

9. Delays in getting plan information once they are enrolled

10. Communication issues for people who are deaf or hard of hearing
Final Questions and Evaluation Survey

Any final questions?

Please click the link below to complete the evaluation survey:

http://www.surveygizmo.com/s3/2733346/Webinar-Evaluation-May-4-2016-Affordable-Care-Act
The CHRIL is funded by a 5-year Disability and Rehabilitation Research Program (DRRP) grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0075-01-00). The CHRIL brings together disability advocates and researchers from 4 institutions (Washington State University, the University of Kansas, George Mason University, and Independent Living Research Utilization (ILRU) at TIRR Memorial Hermann) to systematically investigate and disseminate essential findings about how the Affordable Care Act’s implementation affects working age adults with disabilities. The CHRIL website is at CHRIL.ORG.