



FAMILY VOICES[®]

Washington DC Update
December 6, 2017

Greetings from Washington! In the middle of the night last Friday/Saturday, the Senate passed its version of a bill to make fundamental changes in federal tax law. The bill would also repeal the Affordable Care Act's requirement that all individuals pay a penalty if they do not have health insurance. Now representatives of the House and Senate will meet in a conference committee to work out a compromise between the two bills, with the intention of having a final bill on the president's desk by Christmas. Both the House and Senate tax bills include provisions that could be problematic for families of children and youth with special health care needs. Meanwhile, Congress has not yet passed an extension of funding for the CHIP program, and states are starting to run out of money. It is possible that a temporary fix will be enacted this week, along with a law to keep the government funded open for two or three more weeks, until longer-term funding bills can be enacted. Read about these and other topics in this week's Update.

REMEMBER: 2018 OPEN ENROLLMENT on THE FEDERAL EXCHANGE runs through Dec. 15, 2017 at HealthCare.gov and CuidadodeSalud.gov. Open enrollment resources can be found at the end of this Update.

UPCOMING WEBINARS AND CALLS (ALL TOPICS)

TODAY: [The Role of Title V Programs and Value-Based Purchasing for Children and Youth with Special Health Care Needs](#)

Wednesday, December 6, 1:00-2:00 pm ET

The American Academy of Pediatrics and the Catalyst Center

Connecting to the Charting the LifeCourse Respite Tools Webinar

Thursday, December 7, 2:00-3:30 pm ET

The ARCH National Respite Network and Resource Center and the Missouri Family-to-Family Health Information Center

The webinar will show how to make the best use of the recently released [Charting the LifeCourse Respite Tools](#) (see "Other Resources," below.) No preregistration required. On December 7, click [Join the Meeting](#) to connect. Meeting number (access code): **924 973 269**

Or join by phone at +1-855-282-6330 (toll-free) or +1-415-655-0003 (toll)

[Educating Policymakers about Public Health Issues](#)

Monday, December 11, 12:00-1:30 pm ET

Region IV Public Health Training Center, Emory University

[Healthy People 2020 Progress Review Webinar: Learning and Growing: Healthy Development During Childhood and Adolescence](#)

Tuesday, December 12, 12:30-2:00 pm ET

Healthy People 2020

[Bipolar Disorder: Beyond the Basics](#)

Tuesday, December 12, 7:00 pm ET

National Alliance for Caregiving

[What Payment Reform Means for Caring for People with Complex Needs](#)

Tuesday, December 19, 12:00 pm ET

The Playbook

THE ADMINISTRATION

Hearing for HHS Secretary Nominee

On November 29, the Senate Committee on Health, Education, Labor, and Pensions (HELP) held a [hearing](#) (video available) to question the president's nominee for Secretary of Health and Human Services (HHS), [Alex Azar](#), a former pharmaceutical executive. The Senate Finance Committee will also hold a confirmation hearing at some point.

CONGRESS

Tax Bill – Repeal of ACA's Individual Mandate

In the middle of the night last Friday/Saturday, the Senate passed its version of a bill to make fundamental changes in federal tax law, the *Tax Cuts and Jobs Act* (H.R. 1). The bill would also repeal the Affordable Care Act's requirement that all individuals pay a penalty if they do not have health insurance. All but one Republican, Senator Corker (TN), voted for the bill and all Democrats opposed it, for a final vote of 51-49. The House had already passed its version of the tax bill. Now representatives of the House and Senate will meet in a conference committee to work out a compromise between the two bills, with the intention of having a final bill on the president's desk by Christmas. It is expected that the formal conference meeting will be brief, with much of the negotiating going on behind closed doors. Once the conference committee has produced its bill (known as the conference report or agreement), it cannot be amended. Each chamber must pass it as is before it can go to the president for his signature.

Both the House and Senate tax bills include provisions that could be problematic for families of children and youth with special health care needs:

- **Individual mandate to have insurance:** The House bill retains the mandate as is; the Senate bill repeals it, which the [Congressional Budget Office \(CBO\) estimates](#) will lead to higher premiums in the individual market (10 percent more per year) and more people without insurance (13 million more uninsured by 2027, about 5 million of whom would have qualified for Medicaid had they sought insurance).

- **Deduction of medical expenses:** The House bill would do away with the deduction; the Senate bill would make it better for consumers by temporarily lowering the threshold for taking the deduction from 10 percent to 7.5 percent of adjusted gross income for 2017 and 2018. (Seniors have had the 7.5 percent threshold.) See [House GOP Tax Bill's Elimination of the Medical Expense Deduction Takes Aim at the Middle Class](#) (CHIRblog from the Georgetown University Center on Health Insurance Reforms, 11/21/17).
- **Orphan drug tax credit:** The House bill would do away with this incentive for companies to develop drugs for rare diseases; the Senate bill would reduce the credit.

Good summaries of the bills' provisions can be found at: [Important Differences Between the House and Senate Tax Reform Bills Heading into Conference](#) (Tax Foundation, 12/2/17); [Here's what's in the Senate tax bill - and how it differs from the House's bill](#) (CNN Money, 12/2/17).

It is difficult to know how families in general will be affected by the bills, since it will vary for each family. Both bills have provisions that could help some families, such as an increase in the child tax credit and standard deductions; the Senate bill would provide a time-limited tax credit for some employers offering paid family and medical leave. But some of these benefits may be negated by other policy changes, such as elimination/limits on the state and local tax deduction and elimination of the personal exemption. All of the tax cuts for families (as opposed to corporations) will expire at the end of 2025. For more general and political information, see [Senate Passes Tax Overhaul, Securing Major GOP Victory](#) (The Hill, 12/2/17); [What's Next On Tax Reform](#) (Politico, 12/2/17).

In any case, the tax legislation will result in a significant increase in the federal deficit. This poses the danger that Congress will want to *reduce* the deficit later by cutting Medicaid, SSI, Medicare, and other programs of importance to CYSHCN, people with disabilities, and families. In fact, congressional leadership and the president have all said they would like to move on to “entitlement reform” after the tax bill. See [GOP Eyes Post-Tax-Cut Changes To Welfare, Medicare And Social Security](#) (Washington Post, 12/1/17).

Outlook. The president and Republicans in Congress are very determined to get this tax legislation enacted, and chances are great that they will succeed. Senator Collins has vowed not to vote for the conference agreement unless two other bills are enacted first – the Alexander-Murray bill to stabilize the individual insurance market, and a Collins-Nelson reinsurance bill. See [Collins: Health-Care Fix Will Pass Before Tax Bill](#) (The Hill, 11/30/17). But, even if Collins does not vote for the final bill, it can still pass the Senate - with the vice-president breaking a tie - unless they lose another Republican vote. There is not expected to be a problem passing the bill in the House. At this point, health advocates are working to try to make sure the conference agreement does not include the most harmful provisions of the bills, such as the Senate bill’s repeal of the individual mandate and the House bill’s elimination of the medical expense deduction.

Medicare cuts. Some reports about the tax legislation mention that it will lead to a \$25 billion cut in Medicare and cuts in other entitlement (Medicaid, SSI and some other programs are exempted). It is true that the deficit spending created by the tax bill (\$1.5 trillion) triggers automatic cuts in entitlement spending under the budget law known as statutory pay-as-you-go, or PAYGO. Congress can vote to stop this automatic cut (“sequester”), however, if they vote to waive PAYGO before the

end of the congressional session. This would require 60 votes in the Senate, meaning that at least eight Democrats would have to vote in favor of the measure. It is not a certainty that Democrats will agree to a PAYGO waiver, but they may do so in order to avoid massive Medicare cuts.

BUDGET AND APPROPRIATIONS

The 2017 federal fiscal year ended on September 30, but Congress had not yet agreed to spending (appropriations) bills to continue government operations and many programs during FY 2018. Therefore, it passed a “continuing resolution” (CR) to keep the government “open” and continue program funding at current levels through December 8. This week, Congress is expected to pass another CR, which will last [until December 22 or 30](#), to give Congress time to increase spending caps and finish its appropriations work. As of this week, there is talk of yet *another* CR beyond that, which could last until sometime in January. Democratic support will be needed to pass the CR(s). While Democrats are likely to support the first one, it is not clear whether they will support additional ones without some concessions, such as passage of the CHIP funding extension and/or relief for “Dreamers,” undocumented young adults who entered the country as children. See [GOP leaders agree to consider Dec. 30 spending bill](#) (The Hill, 12/4/17).

The final FY 2018 spending bill(s) – or possibly another CR – is expected to serve as the “vehicle” on which to attach other legislation, including continuation of funding for the Children’s Health Insurance Program (CHIP), community health centers, the home-visiting program, Family-to-Family Health Information Centers (F2Fs), and other provisions known as “extenders.” At this point, the timing of CHIP and extenders legislation is unclear. See [Senators Unclear on Plan to Fund Government Days Before Funding Expires](#) (Roll Call, 12/4/17).

CHIP FUNDING - UPDATED

New development: As reported in earlier Updates, federal CHIP funding expired on September 30. So far, states have managed to keep their CHIP programs up and running, but some states will deplete their CHIP funds soon; [Colorado has started starting to notify](#) beneficiaries that they may lose coverage. For this reason, Congress is likely to consider a [short-term fix](#) – passing legislation to allow the Centers for Medicare and Medicaid Services (CMS) to re-allocate left-over CHIP funds to the states that need it most urgently. This “band-aid” CHIP legislation would be attached to the must-pass “continuing resolution” (CR) needed to keep the government funded beyond December 8 (this Friday). That CR is expected to last until either [December 22 or December 30](#).

Child health advocates, including Family Voices, sent a letter to congressional leadership on November 30, urging that they “move forward immediately with a strong, bipartisan five-year extension of CHIP funding that is not accompanied by harmful offsets on the next bipartisan must-pass bill.” [Governors have also weighed](#) in on the need for swift action on CHIP funding (as well as funding for community health centers and home visiting). Accordingly, [advocates would prefer](#) that the final CHIP legislation, rather than the temporary fix, be included on the upcoming CR. If, as is more likely, the CHIP extension is put off until later, then more states are in danger of running out of CHIP funding. Even before a state actually gets to that point, it must give notice to families that their children’s coverage may end, which will create fear and confusion among parents, and additional administrative expenses for states. See

[The Damage to Children's Health Insurance Is Already Being Done](#) (The Atlantic, 11/22/17); [States — And 9M Kids — ‘In A Bind’ As Congress Dawdles On CHIP Funding](#) (Kaiser Health News, 12/4/17).

As noted in the last Update, the Centers for Medicare and Medicaid Services (CMS) issued an [Informational Bulletin](#) to guide states in figuring out what to do if they must cease offering CHIP coverage. See [CMS Guidance Increases Urgency for Congress to Extend CHIP Funding](#) (“Say Ahhh!” Georgetown Center on Children and Families Blog, Nov. 13, 2017) and [State Checklist for Shutting Down CHIP Programs](#), from the National Academy on State Health Policy (NASHP).

FAMILY-TO-FAMILY HEALTH INFORMATION CENTER (F2F) FUNDING

As reported in the [November 8 Update](#), the House-passed CHAMPIONING HEALTHY KIDS Act would extend F2F funding through FY 2019 at \$6 million per year (an increase of \$1 million per year), AND calls for F2Fs to be developed in five territories and for at least one Indian tribe. The territories are Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands. A Senate “discussion draft” of similar legislation would extend F2F funding through FY 2019 but *not* increase the funding or expand the program for territories and tribes. Eventually, the difference in the House and Senate F2F provisions will have to be worked out in a conference committee or informal negotiations. Like the CHIP extension (see above), the F2F provision, in one form or another, will probably be tacked onto a large spending bill. At this point, it is unclear whether that bill will be enacted before Christmas, before the New Year, or at the beginning of 2018. (See “Budget and Appropriations,” above.)

MEDICAID NEWS, INFORMATION AND RESOURCES

Members of Congress Express Concern about Iowa Medicaid Waiver

On November 28, Senate Finance Committee Ranking Member Ron Wyden (D-OR) and House Energy and Commerce Committee Ranking Member Frank Pallone (D-NJ), sent [a letter](#) to Seema Verma, the Administrator of the Centers for Medicare and Medicaid Services (CMS), expressing concerns about an amendment to Iowa’s Section 1115 Medicaid waiver, which was approved by CMS on October 26. The waiver amendment allows the state to cease providing retroactive coverage to Medicaid beneficiaries other than infant and pregnant women. Normally, Medicaid benefits can be covered retroactively for up to 3 months prior to the month of application, if the individual would have been eligible during that time. The letter to Administrator Verma argues that the amendment does not meet the standards for Medicaid waivers, and runs counter to the purposes of the program.

From the Nov. 30, 2017 Newsletter of the Lucile Packard Foundation for Children’s Health California Advocacy Network for Children with Special Health Care Needs:

State Strategies for Medicaid Quality Improvement for CSHCN

The National Academy for State Health Policy (NASHP), with support from the Lucile Packard Foundation for Children's Health, convened a national work group to assess the current state of Medicaid quality measurement and improvement for this population, and to recommend opportunities and strategies for state Medicaid agencies to strengthen these efforts. A new [issue brief](#) reports on their findings.

Webinar Recording: Serving CYSHCN in Medicaid Managed Care

A variety of strategies are available to states to leverage quality metrics to improve health care and quality of life for CYSHCN and their families. This November 27 webinar, sponsored by the Association of Maternal & Child Health Programs, the National Academy for State Health Policy and the Lucile Packard Foundation for Children's Health, examined the current landscape, challenges, and key strategies for states conducting quality measurement for these children. [Listen to the webinar](#). (Content begins around the 3:42 mark.)

OTHER NEWS, INFORMATION AND RESOURCES (all repeated from the last Update)

[ACL's Family and Caregiver Support Programs: Helping Family Caregivers Better Manage Their Around-the-Clock Responsibilities](#)

From the Administration for Community Living (ACL) Blog, Nov. 13, 2017:

The six states participating in ACL's Supporting Families Community of Practice (CoP) initiative concluded five-year projects in which the [LifeCourse framework](#) to support innovations led to better outcomes for supporting families. For example, the Missouri Family to Family program developed [Charting the LifeCourse Respite materials](#). This program was part of the state's University Center for Excellence in Developmental Disabilities Education, Research and Services (UCEDD) at the University of Missouri–Kansas City Institute for Human Development, and they collaborated with the ARCH National Respite Network and Resource Center. The materials they developed help family caregivers caring for anyone, of any age or disability, to create a plan to access respite services within and outside the formal services system. ***[Note that there will be a webinar on using the tool mentioned above. See the "Webinars" section above.]***

[Addressing Compassion Fatigue and Burnout](#)

The SAMHSA-HRSA Center for Integrated Health Solutions has compiled information and resources to address the "compassion fatigue and burnout" often suffered by caretakers of people with serious and/or complex health needs.

[A ROADMAP TO BEHAVIORAL HEALTH: A Guide to Using Mental Health and Substance Use Disorder Services](#)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed this booklet for consumers. It includes information on how to locate services and use insurance, and other helpful tips.

From the CDC: Sharing the Gift of Good Health Communication

The CDC publication "*Good Questions for Good Health*" helps people form and ask questions before, during, and after medical appointments. It is available at the "[Find Training](#)" section of the CDC Health Literacy [website](#). Also, check the [Clear Communication Index](#), a research-based tool that helps you develop and assess communication materials for your intended audience.

[Family Engagement Quality Improvement Toolkit](#)

The National Center for Medical Home Implementation has developed a toolkit and [fact sheet](#) to assist American Academy of Pediatrics (AAP) Chapters, Title V programs, clinical practices, and others interested in improving family engagement in pediatric practice.

Recording: Retrofitting the Medical Home for Children with Special Health Care Needs

Hosted by: [Family Voices Of California](#)

Recording and slides [here](#).

YOUR INPUT OR INVOLVEMENT SOUGHT

NEW: Speakers needed for webinar on preventing injuries among CYSHCN

Family Voices has been contacted by the [Children's Safety Network](#) (CSN), which is requesting help in planning a January 2018 webinar focused on preventing injuries among children and youth with special health care needs. The webinar audience is usually a mix of local, state, and national-level professionals who are planning or implementing injury prevention programs. The CSN is looking for webinar presenters, and would pay a stipend to one or two parent leaders who would be willing to speak. If you are interested, please contact Cindy Rodgers at CSN, crodgers@edc.org, 617-291-4023.

NEW: Request for Updates on State Statutes & Regulations on Dietary Treatment of Disorders Identified through Newborn Screening

[From the Catalyst Center Monthly Update, 11/21/17]

With support from the American College of Medical Genetics and Genomics, the Catalyst Center created a [State Statutes and Regulations on Dietary Treatment of Disorders Identified through Newborn Screening chart](#) that provides information about state-specific legislation to mandate the coverage of medically necessary foods by employer-sponsored health insurance. Coverage of medically necessary foods and related services by Medicaid, CHIP and other publicly-funded programs such as WIC, Title V, or relief funds are also described. The chart was last formally updated in November 2016, and the Catalyst Center is calling on our partners to help us by providing any updated information about statutes and regulations from their state or region in order to help keep the chart as up-to-date as possible. Thank you in advance for sharing your support and expertise on this important topic. **Please send any comments, questions, or updates to our Medical Foods Chart to cyshcn@bu.edu.**

Solicitation of Nominations for Appointment to the Advisory Committee on Minority Health (ACMH) - Nominations due by January 3, 2018

The HHS Office of Minority Health (OMH) is seeking nominations of qualified candidates to be considered for appointment as a member of the Advisory Committee on Minority Health (ACMH). The Committee provides advice to the Deputy Assistant Secretary for Minority Health on improving the health of racial and ethnic minority groups, and on the development of goals and specific program activities of OMH designed to improve the health status and outcomes of racial and ethnic minorities. Nominations are sought to fill four vacancies. OMH is particularly seeking nominations for individuals who can represent health interest of Hispanics/Latinos, Asian Americans, Native Hawaiians, and other Pacific Islanders. These positions will open July 2018. **The deadline to submit nominations is January 3, 2018.** The Federal Register Notice for the Solicitation of Nominations for Appointment to the ACMH has been published online at <https://www.federalregister.gov/documents/2017/10/05/2017-21500/solicitation-of-nominations-for-appointment-to-the-advisory-committee-on-minority-health>

All of Us Precision Medicine Initiative

The *All of Us* Research Program is a large research program that is part of the Precision Medicine Initiative. Researchers hope that more than a million people will join the *All of Us* Research Program.

People who join will give information about their health, habits, and what it's like where they live. By looking for patterns, researchers may learn more about what affects people's health. The program is asking members of the public to share thoughts and ideas for how to make the *All of Us* Research Program a success. Learn more and take a survey at [All of Us Precision Medicine Initiative](#).

[Participate in a Research Project on Perception of Caregivers!](#)

Deadline: March 18, 2018

When people hear that you are a caregiver what do they tell you? This project will explore how people in the general population view caregivers through a 10 minute survey. The research is being conducted as part of a Dissertation Research project in the Department of Psychology and Neuroscience at the University of North Carolina, Chapel Hill. The study seeks to recruit 2,000 caregivers by March 2018. Learn more and participate [here](#).

OF POSSIBLE INTEREST

CDC Calls for AI/AN Public-Health Success Stories

Deadline: January 15, 2018

The Centers for Disease Control and Prevention (CDC) is inviting the public to share stories illustrating how tribal communities contribute to public health, and how tribal cultures have fostered health and wellness among American Indians/Alaska Natives (AI/AN). The stories will be part of a new exhibit at the [David J. Sencer CDC Museum](#) in Atlanta, GA, to be held from Sept 22, 2019, through May 1, 2020. The exhibit will recognize the public health contributions of the AI/AN community, showcasing the ways that native traditions and wisdom have affected public health in the past and present, and how AI/AN communities have made a difference in the health of their people. CDC is interested in stories that highlight how native traditions and wisdom have affected health or show contributions of specific AI/AN individuals to health and wellness among AI/AN people. Story submissions are accepted through January 15, 2018. For more information and instructions for submitting stories, see <https://www.cdc.gov/tribal/calls.htm/>

National Podcast Series Features Examples of Family Engagement in Connecticut

[From the Friday Update of the Children's Mental Health Network, 12/1/17]

A series of [three podcasts](#) from the [National Center for Mental Health and Juvenile Justice](#) examines ways schools are engaging youth and families to address and improve students' behavioral health. The series, *Family and Youth Engagement to Keep Kids in School*, highlights examples from Connecticut, including the state's [School-Based Diversion Initiative](#), and Juvenile Justice Alliance and Yale Child Study Center (podcast 2). Episodes share firsthand reflections on the barriers to engagement from the parent, school, and provider perspectives, and discuss strategies to improve youth outcomes.

OPEN ENROLLMENT RESOURCES

New from the Community Catalyst Outreach, Education and Enrollment Team:

Sample Social Media Graphics

- Open Enrollment graphics designed to promote the Dec. 15 enrollment deadline through HealthCare.gov.

- [Dec. 15 Deadline graphics](#)
 - Additional [Dec. 15 Deadline graphics](#) created by Get America Covered
- Holiday-themed and seasonal graphics:
 - [Time Is Running Out graphics](#)
 - [Give the Gift of Health graphics](#)

Sample Tweets/Facebook Posts (courtesy of [Get America Covered](#))

- Sign up for quality, affordable coverage today at [HealthCare.gov](#) before it's too late.
- Time is running out for you to sign up for 2018 health coverage. Head over to [HealthCare.gov](#) today before the December 15 deadline.
- The deadline to sign up for 2018 health coverage is December 15. What are you waiting for?! #GetCovered at [HealthCare.gov](#) today.
- Last chance to sign up for health coverage: Go to [HealthCare.gov](#) and #GetCovered today before the December 15 deadline.

Events/Resources

- [National Youth Enrollment Day](#) (Dec. 8): A Facebook Live Page Crawl will broadcast from a series of pages throughout the day.
- A [new analysis](#) shows county-level data on FREE plans available to young Americans through HealthCare.gov.
- This [FAQ](#) is meant to be a guide for enrollment assisters as they answer questions about the cost sharing reductions and other tough questions during the final days of OE5.
- An [ACA explainer video](#) that has a Spanish voiceover for Spanish-speaking communities.

Marketplace Assister Call Lines

From CMS: Similar to the previous open enrollments, there will once again be a designated call center line for Assisters. This year the line features several enhancements designed to help better streamline the call process. Utilizing the Assister line will only allow Assisters to bypass the regular call center line if they need help with password resets or accessing certain call center-initiated SEPs. This enhancement is designed to help minimize the time they have to spend on the phone trying to resolve certain consumer issues. For all other issues, the wait time will be the same as the regular call center line.

The Call Center will be tracking the topics assisters request assistance with through the designated assister lines. They encourage assisters to use the assister line when working with consumers not only to receive enhanced service, but also in order to enable the Call Center to better monitor and meet assisters' needs. Please note there are two different Assister lines, one for Navigators and one for CACs:

Assister Line for Navigators: **1-855-868-4678**

Assister Line for CACs: **1-855-879-2683**

If Assisters are having difficulty accessing the Assister line, please reach out to your project officer if a Navigator, or email the CACInbox@cms.hhs.gov if you are a CAC. CCIIO will verify that the code you are utilizing matches our records.

From Health Care Reform: Beyond the Basics

Family Voices, Inc. • Mailing Address: P.O. Box 37188, Albuquerque, NM 87176 • Physical Address: 3701 San Mateo Blvd NE, Suite 103, Albuquerque, NM 87110 • Phone: 505-872-4774 • Toll Free: 888-835-5669 • Fax: 505-872-4780 • Website: www.familyvoices.org

- [Reference Guide: Yearly Guidelines and Thresholds for 2018 for determining eligibility for subsidies](#)
- [Reference Guide: Documents That Can Be Used to Verify Immigration Status](#)
This reference guide provides examples of the different immigration document types that can be used in Healthcare.gov to verify immigration status and notes where different document numbers are located. For additional information and resources, see the webinar [Immigrant Eligibility for Health Coverage Programs](#) and the National Immigration Law Center's [Tips for Addressing Immigrant Families' Concerns When Applying for Health Coverage Programs](#).

Explainer: Subsidy Eligibility for Immigrants Ineligible for Medicaid Due to Status
[Download the presentation slides](#) (PDF); [View video](#)

Health Reform: Beyond the Basics joined Twitter this week - [@HealthReformBtB](#).

[Consumer Assistance Coordination Hub \(CACH\)](#) from the Center for Budget and Policy Priorities' Health Reform: Beyond the Basics.

[Navigator Resource Guide for 2018 from the Georgetown Center on Health Insurance Reform](#). The guide has been updated to reflect various recent policy changes, many of which are new for open enrollment this year. It is focused solely on the private insurance reforms of the Affordable Care Act (ACA), including the health insurance marketplaces, benefit and cost structures, and premium tax credits. This guide is intended to supplement the Navigator training available from the U.S. Department of Health and Human Services. It is not intended to be a comprehensive, stand-alone resource for all the ACA reforms. Navigators should contact their state's marketplace, Department of Insurance, or Medicaid agency for guidance on specific circumstances. The information has been updated as of October 17, 2017.

More about the Guide: [Have Questions on Private Health Insurance? Check out Latest Navigator Resource Guide](#) (Georgetown Center on Children and Families blog post, 10/24/17)

[National Disability Navigator Resource Collaborative](#)

[Resources from "Get America Covered"](#)

CMS' [From Coverage to Care \(C2C\) Website](#) has a number of resources for both consumers and those assisting them in securing and using health care coverage. Its updated [Enrollment Toolkit](#) reflects 2018 figures, and is available to download or print. The toolkit has 5 sections, addressing why consumers should sign up for health coverage, what to know before enrolling, what to know when picking a plan, what to do after enrollment, and information for special circumstances.

[Immigrant Eligibility for Coverage Programs](#) (webinar slides and recording from Health Reform: Beyond the Basics, Center for Budget and Policy Priorities)

For Families:

[Shopping Tips for 2018 Open Enrollment](#)

From the Georgetown Center on Health Insurance Reforms (Nov. 15, 2017)

[Reference Guide: Yearly Guidelines and Thresholds for 2018 For Determining Eligibility for Subsidies](#)

[Health Insurance Marketplace Calculator](#)

Note: This calculator has been updated with premiums for 2018 plans.

This “Health Insurance Marketplace Calculator” developed by the Kaiser Family Foundation provides estimates of health insurance premiums and subsidies for people purchasing insurance in health insurance exchanges (or “Marketplaces”) created by the Affordable Care Act (ACA). A consumer can enter their income, age, and family size to get an estimate of their eligibility for premium subsidies and the cost of health insurance, as well as eligibility for Medicaid. *The Foundation encourages other organizations to feature the calculator on their websites using these [embed instructions](#).*

[300 ACA/Health Reform FAQs - Kaiser Family Foundation](#) (42 Q&A in Spanish)

[5 Things to Know About ACA at Year 5](#) (Kaiser Health News, 10/31/17)

[Link to Local Resources](#) (from Young Invincibles)

The [From Coverage to Care \(C2C\) Website](#) includes a number of resources for consumers about how to use their insurance coverage to get the care they need. One of these resources, [Manage Your Health Care Costs](#), helps families plan for the costs associated with health coverage.

[To learn more or download C2C resources](#) or email CoverageToCare@cms.hhs.gov.

The Consortium for Citizens with Disabilities (CCD) has developed a [fact sheet on open enrollment](#). Feel free to cut and paste to create your own flyer or link to the document in your communications.

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We would love to hear any suggestions you might have about how to make the Update more useful to you. Does it provide the right amount of information? What parts are helpful and not so helpful? Please let us know!

And, as always, please feel free to contact us with any questions. Comments and questions can be directed to jguerney@familyvoices.org.

Yours truly,
The Family Voices Policy Team

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