



# FAMILY VOICES<sup>®</sup>

Washington DC Update  
September 26, 2018

## Greetings from Washington!

The big news this week is the release of the long-expected “public-charge” proposed rule, explained below. This week’s Update also includes information about the opioid legislation making its way through Congress, grants provided by the Department of Health and Human Services (HHS) to address the opioid epidemic, and the appropriations bill to fund HHS. If you are an ACA assister in areas affected by Hurricane Florence, be sure to read the next paragraph and see the detailed information about a Special Enrollment Period at the end of the Update.

## Hurricane Florence:

### **NEW from CMS: Attention Assisters Who Are Helping Consumers**

#### **Impacted By Hurricane Florence -- Special Enrollment Period Available for Victims of 2018**

**Hurricane Florence.** On August 9, 2018, CMS released [guidance](#) clarifying Federally-facilitated Exchange (FFE) Special Enrollment Period (SEP) policy for consumers impacted by an emergency or major disaster that is recognized with a formal declaration from the Federal Emergency Management Agency (FEMA). **Please see the end of this Update for the full announcement from CMS about how to help those affected by Florence in particular.**

The Centers for Medicare and Medicaid Services (CMS) has announced a number of measures to help individuals, health care providers, and states affected by Hurricane Florence and its aftermath. See [CMS Continues Efforts to Help with Hurricane Florence Emergency Response](#) and [CMS Offers Broad Support for North Carolina and South Carolina with Hurricane Florence preparation](#). Other government resources on disasters:

- The [CMS emergency webpage](#)
- The Centers for Disease Control and Prevention (CDC) [EPIC Alert - Be Safe from Hurricane Florence and Its Aftermath](#)
- The Substance Abuse and Mental Health Services Administration (SAMHSA) [Publications and Resources on Disaster Preparedness, Response, and Recovery](#)

## September is:

- [National Preparedness Month](#) for which numerous resources are available, including: [Children and Youth Preparedness Social Media Toolkit](#) and materials from the Centers for Disease Control and Prevention (CDC) focused on how to [Prepare Your Health - Emergency Preparedness: Including People with Disabilities](#); [Mission Possible: Preparing and Responding to Disasters through a Health Equity Lens](#); and [Ready to Respond to Public Health Emergencies](#).
- [National Sickle Cell Awareness Month](#)
- [Hispanic Heritage Month \(Sept. 15-Oct. 15\)](#)

- [National Childhood Obesity Awareness Month](#), and
- [Childhood Cancer Awareness Month 2018](#)

## UPCOMING WEBINARS AND CALLS

Please note that several webinars listed below are taking place today, Wednesday, Sept. 19, and multiple webinars taking place on Thursday, Sept. 20, including several that are newly listed.

### **TODAY - NEW** [All of Us Research Program: A Breakthrough for Minority Health](#)

Wednesday, September 26, 3:00-4:00 ET

National Hispanic Medical Association

**SERIES:** As part of its *Health Reform: Beyond the Basics* project, the Center on Budget and Policy Priorities is presenting a four-part webinar series on **Core Elements of Eligibility and Enrollment under the Affordable Care Act**. Last in series:

[Auto-Renewal Process in Healthcare.gov](#)

Thursday, September 27, 2:00-3:00 pm ET

**Past webinars:** *Premium Tax Credits; Determining Households and Income for PTC and Medicaid; Plan Design; Plan Selection Strategies*. Materials from past webinars are available at [www.healthreformbeyondthebasics.org](http://www.healthreformbeyondthebasics.org).

### [State Strategies to Meet the Needs of Children and Families Affected by the Opioid Crisis](#)

Thursday, Sept. 27, 2:00-3:00 pm ET

National Academy for State Health Policy and the Alliance for Success

### [ABLE Success in the Real World](#)

Thursday, September 27, 2:00-3:30 pm ET

National Disability Institute

### **NEW** [Show Me the Money -- Innovative Funding Approaches to Promote Health Equity](#)

Wednesday, October 3, 1:00-2:30 pm ET

Trust for America's Health/Dialogue4Health/Public Health Institute

### [Disability & Sexuality Part 3: Abuse Prevention & Empowerment](#)

Wednesday, October 10, 12:00-1:00 pm ET

SPAN Parent Advocacy Network

### **SERIES:** [HRSA Grants Education & Technical Assistance WEBINAR SERIES for Tribes, Tribal Organizations, Indian Health, Tribal, and Urban Indian Health Programs](#)

- **Wednesday, Oct. 10, 1:00-2:30 pm ET** – Successful HRSA Tribal Grantees: A Discussion on Best Practices, Lessons Learned in Managing HRSA Grants
- **Past:** *Preparing a Budget for Your Grant Proposal, Effective Grants Management/Administration & Reporting*

## **[NEW A Conversation on Ethical Considerations for a Fair and Effective Health Care System](#)**

Wednesday, October 24, 1:00-2:00 pm ET

*Lucile Packard Foundation for Children's Health*

This webinar will be a discussion of the report, [Ethical Framework for Risk Stratification and Mitigation Programs for Children With Medical Complexity](#).

## **[NEW CERC: Communication Channels](#)**

Wednesday, October 24, 2:00 pm ET

*Crisis and Emergency Risk Communication (CERC), Centers for Disease Control and Prevention*

More information on this webinar will be available closer to the webinar date. Information on previous CERC webinars and CE can be found on the [CERC Webinar website](#).

## **[Using Kidsdata for Action](#)**

Wednesday, October 24, 3:00-4:00 pm ET

*Family Voices of California*

## **[NEW Creating a Vision for Adulthood](#)**

Thursday, November 29, 12:00-1:00 pm ET

*Vermont Family Network*

## **THE COURTS**

### **Coverage of Transgender Health Care**

A federal court in Minnesota has [ruled](#) that it is unlawful to deny insurance coverage for transgender health care under the Affordable Care Act and federal laws prohibiting sex discrimination. The case could have national implications. See [Minnesota Judge: Federal Law Bars Denying Insurance Coverage for Transgender Medicine](#) (Star Tribune, 9/21/18).

### **ACA Cost-Sharing Reductions**

As reported by the New York Times ([Ruling on Health Care Subsidies Could Prove Costly for Government](#), 9/22/18) a judge of the United States Court of Federal Claims ruled that a Montana insurer was entitled to payments from the federal government for providing insurance policies with reduced cost-sharing. The administration had halted these "cost-sharing-reduction" (CSR) payments to insurers last October, based on a lack of specific congressional funding for them, even though they are mandated by the Affordable Care Act (ACA).

## **THE ADMINISTRATION -- IMMIGRATION**

### **Administration Issues Proposed "Public Charge" Rule**

For many months it has been expected that the administration would issue a rule redefining what it means to be a "public charge" for purposes of deciding which immigrants should be allowed to enter or stay in the United States. The [proposed rule](#) was finally released on Saturday night (9/22) with a [press release](#) from the Department of Homeland Security (DHS). In the coming days it will be available

for public inspection online, and will be published in the Federal Register within about a week. At that point, a 60-day public-comment period will begin.

Immigration law has long included the concept of “public charge,” with the intent of excluding immigrants likely to become a burden on the government. In making a determination about whether someone might become a public charge, immigration officials consider the totality of the circumstances, including receipt of specified public benefits. Under current law and regulations, these are limited to cash assistance -- such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and comparable state or local programs – and government-funded long-term institutional care.

The proposed rule would significantly expand the government supports that could be considered in public-charge determinations only for certain individuals – those seeking to enter the U.S. and immigrants applying for a green card or certain other changes in immigration status. It would *not* affect deportation decisions.

As [summarized](#) by the group [Protecting Immigrant Families/Advancing Our Future](#), the benefits that would be considered in public-charge determinations under the proposed rule are:

- Medicaid, with limited **exceptions**:
  - Services to treat an "emergency medical condition"
  - Certain disability services related to education (IDEA)
  - Benefits received by children of US citizens who will be automatically eligible to become citizens (including children adopted from other countries, even if they have special health care needs)
  - Benefits for children entering the country primarily to attend an interview under the Child Citizenship Act of 2000
- Supplemental Nutrition Assistance Program (SNAP);
- Medicare Part D Low Income Subsidy; and
- Housing assistance, such as public housing or Section 8 housing vouchers and rental assistance

Immigration officials would be able to look back for 36 months to see whether a visa or green-card applicant has used any of these benefits, but could not look at benefits received prior to the effective date of the final rule.

The proposed rule specifically *excludes* certain benefits from public-charge determinations, including: disaster relief, emergency medical assistance, public health assistance for immunizations, and for testing and treatment of communicable diseases, benefits received by an immigrant’s family members, or entirely state, local, or tribal programs other than those specifically listed. Benefits not listed, such as education, child development, employment, and job training programs would also be excluded.

Notably, the proposed rule does *not* include the Children’s Health Insurance Program (CHIP) among the benefits that could be considered in public-charge determinations, but the Department asks for comments on whether it should be. Nor does it include consideration of subsidies for health insurance under the Affordable Care Act (ACA). Some earlier leaked drafts would have allowed consideration of CHIP and ACA benefits.

**As noted above, the proposed rule would *not* allow benefits received by family members to be considered in determining whether an immigrant might become a public charge.** Therefore, it should *not* hurt an immigrant seeking entry to the U.S. or applying for a green card or other change in status if his or her child is on Medicaid. Receipt of Medicaid benefits by an adult or child *him- or herself will* be

considered in assessing that person’s likelihood of becoming a public charge, with the **exceptions** noted above – emergency care, services provided under the Individuals with Disabilities Education Act (IDEA), and benefits provided to children of parents of U.S. citizens who will automatically become citizens.

The National Academy for State Health Policy (NASHP) [notes](#) that states may want, or be perhaps be legally required, to disclose the potential consequences for immigration determinations to individuals applying for Medicaid and other public programs.

DHS estimates that the proposed changes will directly affect approximately 382,000 individuals annually. In actuality, however, children and other family members will be affected as well if their immigrant relatives are dissuaded from taking housing assistance, food stamps, or other benefits that would be shared by the family. In addition, fear and confusion will lead (and already has led) to people deciding not to apply for benefits, even for citizen children, when there is an immigrant family member.

For more information see:

- [Proposed Changes to Public Charge: Quick Analysis](#) (Protecting Immigrant Families/Advancing Our Future)
- [Federal Proposal Broadens “Public Charge” Definition for Immigrants: What Are the Implications for States?](#) (National Academy for State Health Policy)
- [5 Things to Know About Trump’s New ‘Public Charge’ Immigration Proposal](#) (Kaiser Health News)
- [Trump Administration Seeks to Limit Access to US for Immigrants Who Use or are Likely to Use Public Assistance](#) (Washington Post)

### **Proposed Rule Related to Detention of Children (Flores Settlement)**

Under a court settlement – the “Flores settlement” – the government must release children from custody without delay, and when release is not possible, they must be held in the least restrictive setting, typically a non-secure facility licensed by a child welfare entity. If children are detained with their parents in family detention centers that do not meet this standard, they must be released within 20 days. By its terms, the settlement will no longer be effective if the government issues rules to implement its holding. Since the administration wants to hold parents seeking to immigrate for longer than 20 days, and (pursuant to another court order) can no longer separate parents and children, it is seeking to adjust the 20-day limit via regulation. This situation is explained in a Sept. 18 blog post from the Georgetown Center on Children and Families (CCF): [Proposed Rule Would Make Matters Worse for Immigrant Children Held in Detention – Comments Due Nov. 6.](#)

## **CONGRESS**

### **Opioid Legislation**

Last week the Senate passed its version of an opioid bill (H.R. 6), which amended the House-passed version. The two versions now must be reconciled in a conference committee. Among the contentious issues are the extent to which Medicaid should cover treatment for adults with substance-abuse disorders in “institutions for mental disease” (IMDs) (see [Congress Nears Deal on Key Opioid Provision](#) (Politico Pulse, 9/25/18), and whether patient privacy protections should be should be loosened so that health care providers can share information among themselves and with patients’ families. See [AMA Urges Congress Not to Loosen Restrictions on Privacy for Patients with Addiction History.](#)

## Appropriations

As reported in the [September 19 Update](#), the Senate last week passed the House-Senate agreement to provide FY 2019 appropriations for the Department of Defense and the Departments of Labor, Health and Human Services, and Education. The bill (H.R. 6157) was approved by a vote of 93-7. The package also a “continuing resolution” to fund, until December 7, federal departments and agencies for which regular appropriations bills have not been enacted. The bill also reauthorizes, until December 7, the Violence Against Women Act. The House Rules Committee is scheduled to take up the bill on September 25, and the House is expected to pass it by the end of the week. See [Senate Passes Defense and Health Spending Bill, Tries to Delay Border-Wall Fight to After Midterms](#) (Washington Post, 9/18/18).

The bill provides an increase of \$206 million (to \$3.8 billion) to combat the opioid crisis and includes increases for several other programs of interest:

- An increase of \$26 million for the “Special Programs of Regional and National Significance” (SPRANS) portion of the MCH Block Grant to be used for specific maternal-health initiatives.
- \$10 million for a new CDC initiative to support collaboration with state, tribal, territorial, and local health departments to monitor mothers and babies impacted by the Zika virus during pregnancy in the highest-risk areas, and to pilot, in additional jurisdictions, a surveillance/registry system to capture data on Zika and other emerging public health threats to mothers and babies, such as opioid use during pregnancy and natural disasters.
- \$300,000 to establish and carry out the activities of the Family Caregiving Advisory Council created by the RAISE Family Caregivers Act, and \$5 million for a “Care Corps” of volunteer caregivers.

The bill does *not* include some of the provisions sought by conservatives, including a blocks on funding for Planned Parenthood, administration of the Affordable Care Act, and fetal tissue research. It *does* include a “rescission” (cut) in funding budgeted for CHIP, *but* that cut will have no real-world impact because those funds would not have been spent. See [Clearing Up Confusion about the Impact of the CHIP Funding Rescission in Labor-HHS-Education Appropriations Conference Agreement](#) (“Say Ahhh!” blog of the Georgetown Center on Children and Families, 9/19/18).

The bill text, conference committee’s “joint explanatory report,” and summaries of the bill can be found on the [website](#) of the House Committee on Appropriations.

### Reallocation of FY 2018 Funds

Last week, Secretary of Health and Human Services (HHS) Alex Azar [notified](#) congressional appropriators that the department plans to reallocate \$266 million of FY 2018 funding to cover the rising cost of housing the undocumented immigrant children in government custody (about 13,000 children). Of this amount, about \$80 million will be reallocated within the Office of Refugee Resettlement and \$186.5 million will be taken from a number of other HHS programs, including \$15.9 million from programs within the Health Resources and Services Administration (HRSA). Of that, \$2.2 million will be taken from programs within the Maternal and Child Health Bureau. Programs within the Centers for Disease Control and Prevention (CDC) will lose \$16.7 million, including \$474,000 from the National Center for Birth Defects and Developmental Disabilities. Details can be found in the attachments to the [letter](#) sent to congressional appropriators. See [Health Advocates Decry Funding Transfer Over Migrant Children](#) (The Hill, 9/23/18).



## MEDICAID AND CHIP NEWS, INFORMATION AND RESOURCES

### WORTH re-REPEATING:

#### [Infographic: Medicaid and CYSHCN](#)

The Catalyst Center has created a one-page infographic illustrating important elements of Medicaid and children and youth with special health care needs (CYSHCN). This infographic is part of a series of infographics exploring key focus areas in the world of health care financing and coverage for CYSHCN. Resources for further exploration about family financial hardship are listed at the bottom of the infographic.

#### [Updated State Medicaid and CHIP Snapshots](#)

The Georgetown University Center for Children and Families (CCF) and the American Academy of Pediatrics (AAP) created factsheets underscoring the importance of Medicaid in providing coverage for children in all 51 states (including the District of Columbia).

### Medicaid Waivers

The Centers for Medicare and Medicaid Services (CMS) is now reviewing a waiver proposal from Alabama to establish work requirements for Medicaid beneficiaries. Previous work-requirement waiver applications have been submitted by or approved for states that had expanded their Medicaid programs to cover childless adults pursuant to the Affordable Care Act (ACA), and which proposed to impose the work requirements only on that population. Alabama, however, did not expand Medicaid and proposes to establish a work requirement for the “traditional” Medicaid population, including parents of young children. As explained in its [waiver application](#), the state proposes to mirror its TANF JOBS Program, so will require able-bodied Medicaid beneficiaries to participate in 35 hours per week of employment-related activities, or 20 hours per week if they are a parent or caretaker relative of a child under age 6 years old. See [Trump Administration to Review Alabama Work Requirements for Medicaid](#) (The Hill, 9/21/18). Public comments on the Alabama waiver are due on October 21.

South Dakota has also submitted a [waiver proposal](#) to CMS to establish a requirement in two counties (comments due Sept. 26), and Virginia is developing one that is open for public comment at the state level until October 20.

More on state waivers:

- Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers ([article](#); [issue brief](#)) (Kaiser Family Foundation issue brief, 9/20/18)
- An Early Look at State Data for Medicaid Work Requirements in Arkansas ([article](#); [issue brief](#)) Kaiser Family Foundation, 9/13/18)

### TRICARE

#### [Use TRICARE Online Tools to Help You Choose a Health Plan](#)

(TRICARE Benefit Update, 9/2/18)

## OTHER NEWS, INFORMATION, AND RESOURCES

### Opioid grants

#### [HHS Awards Over \\$1 Billion to Combat the Opioid Crisis](#) (HHS press release, 9/19/18)

The awards support [HHS's Five-Point Opioid Strategy](#), which was launched last year and enhanced this week. Funds will be going to programs in the Substance Abuse and Mental Health Services Administration (SAMHSA), HRSA, and the CDC.

## RESOURCES

### From the Centers for Disease Control and Prevention (CDC):

- [Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters](#) - now available in [Spanish](#).
- Blog post: [Mission Possible: Preparing and Responding to Disasters through a Health Equity Lens](#)

### From the CMS Office of Minority Health -- Development of a Disability Index:

The CMS Office of Minority Health (CMS OMH) has released a report titled [Toward the Creation of a Patient-Reported Disability Index](#) that summarizes the development and initial validation of a Disability Index, which would identify the presence and severity of different types of disability, as measured by publically available survey data. In the future, it could be used to assess variability in quality of care and access to care, and whether there are differences in disability-related disparities in health care across different population subgroups. To learn more about CMS OMH and review additional reports, click [here](#).

### From the National Institute of General Medical Sciences (NIGMS):

[NIGMS](#) has resources in **Spanish** about [sepsis](#), [anesthesia](#), and [circadian rhythms](#). These resources are also available in English. [HHS Awards Over \\$1 Billion to Combat the Opioid Crisis](#) (HHS press release, 9/19/18). The awards support [HHS's Five-Point Opioid Strategy](#), which was launched last year and enhanced this week. SAMHSA, HRSA, CDC

### From the Lucile Packard Foundation for Children's Health:

From the recent webinar, "A Conversation on Protecting Rights of Children with Medical Complexity in an Era of Spending Reduction" -- the slides and a recording of the conversation, including links to related information are available [here](#).

## RESOURCES WORTH REPEATING:

### Care Coordination for Children with Medical Complexity – Q&A

On July 26, the Lucile Packard Foundation for Children's Health held a webinar, "Conversation on Care Coordination for Children with Medical Complexity: Whose Care Is It, Anyway?" Now available are responses to questions that were submitted during the webinar but were not answered in the allotted time. [Read the Q&A](#).

### National Standards for Systems of Care for Children and Youth with Special Health Care Needs

The Association of Maternal & Child Health Programs (AMCHP) and the National Academy for State Health Policy (NASHP), with funding from the Lucile Packard Foundation for Children's Health, have developed [National Standards for Systems of Care for Children and Youth with Special Health Care Needs \(CYSHCN\)](#) to define the core components of a comprehensive, coordinated, and family-centered system of care for CYSHCN. This interactive toolkit provides a portal to tools, fact sheets, and other resources that **states** can use to design, strengthen, and improve health care systems serving CYSHCN and their families.



## **MCHB Grand Challenges**

As reported earlier, the Maternal and Child Health Bureau will award four prizes in a [Grand Challenges](#) competition to develop innovative, low-cost, and scalable solutions to improve the health of mothers and children across the U.S. The [Care Coordination for CSHCN Challenge](#) proposals are **due October 30**.

## **YOUR INPUT SOUGHT**

### **Seeking Parent Input on What Doctors Should Know in Caring for Children**

The Council on Medical Student Education in Pediatrics is revising its General Pediatric Clerkship Curriculum. The foundation includes **“The skills, attitudes, and knowledge that every doctor must know and do to safely and compassionately care for children.”** The Council is asking for YOUR INPUT AS A PARENT WHO HAS INTERACTED WITH PHYSICIANS CARING FOR CHILDREN on what you feel are the crucial components ANY PHYSICIAN needs to know to care for children. It will take approximately 5 minutes to complete the survey, [COMSEP - Family input on Curriculum](#).

### **Survey on Attending Genetics Appointments after Referrals**

#### **Open until Oct. 12**

The NYMAC (New York-Mid-Atlantic Regional Genetics Network) -- one of seven regional networks in the country funded by the Health Resources and Services Administration – is partnering with Family-to-Family Health Information Centers on a project to help understand why or why not people schedule and attend genetics appointments after a referral. The survey is open to any person or parent/guardian of a child who has ever been referred to a genetics professional, whether or not they scheduled or attended an appointment. Survey results will be used to create strategies to increase attendance to genetics appointments. The survey is completely voluntary and will take about 10-20 minutes to complete. It is available in English and Spanish and is not limited to those living in the mid-Atlantic region. The survey can be taken online until October 12 [here](#).

### **[CMS Tribal LTSS Program Survey](#)**

This survey is being conducted by the Centers for Medicare and Medicaid Services (CMS) to help them develop a list of tribally operated long-term services and supports (LTSS) programs across Indian Country. The results will enable the sharing of LTSS best practices across Indian Country. Tribes and tribal organizations may provide these services directly, or through a contract or agreement with an outside organization.

## **ANNOUNCEMENT**

### **Pediatricians Partnering with Parents to Promote Social and Emotional Development of Children, Birth to Age 3**

The National Institute for Children’s Health Quality (NICHQ) is seeking applications from **primary care family and pediatric practices** who provide well-child visits to children, birth to age 3 who are interested in joining the [Pediatrics Supporting Parents Learning Community](#). Participating practices will test and implement tools and changes aimed at supporting families as they support the social and emotional development of their children. Practices will collaborate with colleagues across the country during a 17-month learning community launching January 2019. All participating practices will receive a stipend to support their involvement. Learn more on the [Pediatrics Supporting Parents](#) website. If you have any questions, please connect with the NICHQ team at [psp@nichq.org](mailto:psp@nichq.org).

## OF POSSIBLE INTEREST

[Scammers Using Confusion Over the Repeal of The ACA's Individual Mandate to Defraud Consumers](#) (Jackson (MS) Clarion Ledger, 9/21/18).

**WORTH REPEATING:** [Behind the Scenes: Working to Pass Federal Maternal Mortality Legislation](#) (From AMCHP's *Pulse* (9/13/18) – This is a great description of parts of the legislative process.

## FOR THOSE ASSISTING VICTIMS OF HURRICANE FLORENCE:

*[From Health Insurance Marketplace email of 9/20/18. No URL found for this info.]*

### Attention Assisters Who Are Helping Consumers Impacted By Hurricane Florence: Special Enrollment Period Available for Victims of 2018 Hurricane Florence

On August 9, 2018, CMS released [guidance](#) clarifying Federally-facilitated Exchange (FFE) Special Enrollment Period (SEP) policy for consumers impacted by an emergency or major disaster that is recognized with a formal declaration from the Federal Emergency Management Agency (FEMA).

Consumers who you qualified for an another enrollment period, such as a SEP or Open Enrollment Period (OEP), but were unable to were unable to complete a Marketplace application, plan selection, or enrollment process due to Hurricane Florence, may have access to an Exceptional Circumstances Special Enrollment Period (SEP). Individuals affected by Hurricane Florence have 60 days from the end of the FEMA-designated incident period to complete their 2018 enrollment and request a retroactive start date based on when he or she would have picked a plan if not for Hurricane Florence. Assisters can help affected consumers by contacting the Marketplace Call Center at 1-800-318-2596 or TTY at 1-855-889-4325 to request enrollment using this SEP.

### Who is Eligible?

Consumers will be considered “impacted” and eligible for this SEP if they reside, or resided at the time of the hurricane, in any of the [counties declared](#) as meeting the level of “individual assistance” or “public assistance” by the Federal Emergency Management Agency (FEMA). Additionally, they are required to attest that they were affected by the emergency or disaster, and that it prevented them from completing enrollment.

### What Documentation Is Needed?

Marketplace SEP pre-enrollment verification requirements may be waived for consumers who are eligible for this SEP. Consumers must attest that they live or did live in the impacted area during the hurricane or severe weather event and were unable to complete enrollment within 60 days from the end of the FEMA-designated incident period. No further documentation is needed.

### Steps to Helping a Consumer Access This SEP:

1. Help the consumer complete a 2018 Marketplace application online at [healthcare.gov](http://healthcare.gov). The consumer may receive an Eligibility Determination Notice stating that he or she is not eligible to enroll in 2018 coverage because the open enrollment period for 2018 has ended.
2. Next, help the consumer call the Marketplace call center (within 60 days from the end of the FEMA-designated incident period). Inform the consumer to let the call center representative know that he/she was impacted by one of Hurricane Florence was unable to apply for 2018 coverage.

3. The consumers SEP request will be forwarded to the Marketplace for review. Caseworkers will review an individual's eligibility for the SEP using available information from Marketplace consumer records and public information on FEMA declarations.

Once the Marketplace approves the enrollment extension SEP and set the appropriate effective date, the consumer will be alerted via letter. You can then help the consumer go back to Healthcare.gov and select a plan.

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We at Family Voices 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! Comments and questions can be directed to [jguerney@familyvoices.org](mailto:jguerney@familyvoices.org).

Yours truly,  
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