



The Affordable Care Act: an FAQ Guide for Domestic Violence Advocates and Survivors

By making insurance affordable and easier to obtain, the Affordable Care Act can help survivors of domestic violence access services to treat [chronic health conditions often associated with abuse](#), and referrals to resources, such as domestic violence advocates; advocates can enhance safety planning, increase survivors' knowledge about their options, and access services for their children. Additionally, it helps survivors who feel trapped in abusive relationships due to economic dependency, which can include health insurance through their partner, to leave that partner and seek safety. The Family and Youth Services Bureau (FYSB) and the Department of Health and Human Services (HHS) are proud to support women, children and families impacted by abuse to gain access to the care they need and deserve, now possible through the new health law. As the implementation of the Affordable Care Act moves forward, domestic violence advocates and health providers have asked for clarification on how new policies will impact those they serve. The Family Violence Prevention and Services Program (FVPSA) Frequently Asked Questions (FAQ) guide was compiled from inquiries submitted by nearly 1,000 domestic violence advocates and service providers from across the country. While the extended enrollment for domestic violence survivors ended May 31, 2014, the information in this FAQ guide will be helpful for advocates assisting survivors in navigating a new health plan, and will be pertinent for the next [Open Enrollment Period](#), beginning November 15, 2014.¹

Enrollment & Access to Care FAQs

Q: How can we improve access to primary care for newly enrolled / covered victims of domestic violence?

A: The Affordable Care Act makes health coverage more affordable through [financial assistance](#) programs in the Marketplace, and through the expansion of the Medicaid program. It also requires most health plans to cover certain [preventive services](#), including domestic and interpersonal violence screening and counseling, with no cost-sharing. The ability to obtain affordable health coverage will make it easier for victims of domestic violence to obtain primary care. Domestic Violence Advocates are in a unique position to intervene and reduce health consequences related to abuse by serving as a liaison and connecting their clients to local health services.

Q: How do our clients sign up when they are in shelter and do not have a mailing address?

A: The application process can be done online, using an email address. Visit healthcare.gov or call the Call Center at 1-800-318-2586. It is possible to enter an alternate or temporary address. This can include the address of a family member or of a domestic violence shelter. This should facilitate easy enrollment for survivors without a

¹ While the first general open enrollment period for individual health coverage expired on March 31, 2014, it is still possible for domestic violence survivors to qualify for a [special election period](#) that would permit enrolling in coverage before the next open enrollment period in November, 2014. Enrollment in [Medicaid](#) coverage can occur at any time.



mailing address. When a permanent residence is established, it is important to update the address with the insurance plan to ensure all correspondence, including renewal notices, reach the client.

Q: Are domestic violence shelters required to enroll individuals in health insurance plans?

A: Shelters are not required to assist in the enrollment process. However, if they are interested, they can have their employees take a 5-hour [online training](#) and apply to be a Certified Application Counselor (CAC) and be able to help. Alternately, shelters can refer clients to other in-person help, which can be found by going to localhelp.healthcare.gov and entering the zip code to find certified help in your area.

Q: Can women and children who are covered by insurance through an abusive partner obtain their own insurance, or does the woman have to obtain a divorce first?

A: Women and children can obtain their own insurance while separated or in the process of obtaining a divorce. Financial help² may be available for victims who are legally married, live apart from their spouse when they file taxes, and plan to file taxes separately. This [policy](#) from the Internal Revenue Service (IRS) states that even if a woman is still married, she can be found eligible for financial help on her own if: she lives apart from her spouse at the time she files her taxes and indicates on her taxes that she is unable to file jointly with her spouse due to domestic abuse. No documentation is needed to prove exposure to domestic violence, but it will be necessary to attest on her 2014 tax return that she is unable to file taxes jointly due to domestic abuse.

Q: How can we assist our residents in shelter to sign up for health insurance? Where can they go besides the website?

A: In-person [help](#) is widely available. Many community health centers and hospitals have staff dedicated to helping people sign up for coverage, even some libraries do enrollment work. To find a list of in-person help, go to localhealth.healthcare.gov. Live help is also available through the HHS call center. Call 1-800-318-2596 for help in English or Spanish. For help in another language, call 1-800-318-2596 and tell them what language you need and free help will be made available.

Q: Can survivors get insurance when they are considered homeless? How can survivors without income and permanent addresses afford insurance?

A: The Affordable Care Act makes insurance available and affordable to new populations, including those with low or no income. Coverage options do [vary by state](#). Significant [financial help](#) is available on a sliding scale through the Marketplace. In states that have taken the Medicaid expansion, childless adults without income will be eligible for coverage through [Medicaid](#), and domestic violence survivors with children may be eligible in any state if they meet the citizenship and residency requirements. For individuals living in states that have not expanded Medicaid, healthcare.gov can assist in finding a community health center to access free or low-cost care.

² For additional information on financial assistance for health coverage, and to learn if you qualify for lower costs on health coverage, visit: <https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage/>



Q: What coverage is available for children, and do children impacted by domestic violence qualify for the same types of benefits as their abused parent?

A: Currently, children below 138% of poverty (and even higher in most states) are eligible for Medicaid, and children in families with higher incomes may qualify for coverage through the [Children's Health Insurance Program](#) (CHIP). Kids can also get coverage through the Marketplace, either through a child-only policy, or together with their family. Benefit packages through Medicaid and CHIP are quite robust for children. Coverage through the Marketplace will include the benefits defined in the [Essential Health Benefits](#) Package, which includes pediatric benefits. [Adult Children](#) may stay on their parent's plan until age 26, making coverage more accessible and affordable for young adults.

Q: What information can we provide to our program participants to make this process easier for them and to help them understand their options?

A: Many answers to common questions are available at [CMS.gov](#). In-person assistance or a conversation with the [Call Center](#) can be useful for people to understand the types of coverage available and the costs. Individuals and families can call to start or finish an application, compare plans, enroll or ask a question, 24 hours a day, and 7 days a week: 1-800-318-2596. For clients who have access to a computer or smart phone, [healthcare.gov](#) allows you to [browse plan options](#). It is important to note that exact financial subsidy determinations aren't immediately available. Clients shouldn't get scared away because of that. Financial help is available and can make coverage affordable. Clients should apply to determine what type of subsidies they are eligible for.

Q: In applying for a health insurance plan, how do we calculate income for women who are in the process of separating or divorcing?

A: Women can obtain their own health insurance while separated or in the process of obtaining a divorce. New [guidance from the IRS](#) allows domestic violence survivors who are married but filing taxes separately to be eligible for subsidies on their own.

Hardship Exemption for Domestic Violence Survivors FAQs

Q: How can I help advocate for a survivor who qualifies for the exemption from a penalty for not having insurance? What documentation is needed as proof for the waiver for domestic violence hardship?

A: Women who have experienced domestic violence qualify for an [exemption](#) from the tax penalty for being uninsured. The [hardship exemption paperwork](#) is available through the Federal Marketplace; individual state Marketplaces may have slightly different requirements and those applications should also be online. Eligible individuals can apply online for a hardship waiver or send the application to Health Insurance Marketplace – Exemption Processing 465 Industrial Blvd. London, KY 40741. *No documentation is needed to prove exposure to domestic violence.*

Q: For some survivors, paying the fine for not having insurance may be more realistic for their budget than paying for coverage through the Affordable Care Act. How long will survivors be eligible for the hardship exemption?



A: If a woman gets a hardship exemption, she will not be subject to the tax penalty for that coverage year. Women and their dependents are [eligible](#) for the hardship exemption so long as their hardship application for domestic violence is filed within three years after the month(s) during which the hardship occurred. However, it is very important to note that *she will also not have health insurance coverage*. Many women will benefit from substantial help paying premiums or be qualified for Medicaid coverage in some states; they should pursue qualifying coverage through their state’s Marketplace in order to get coverage as soon as they are able.

Q: What is the penalty for those who do not have insurance if they are ineligible for subsidies?

A: The [penalty](#) for not having insurance is the higher of \$95 or 1 percent of income in 2014 and increases thereafter. This penalty applies to everyone without insurance—it is not tied to subsidy determinations.

Mental Health and Substance Abuse Coverage FAQs

Q: What are the provisions for ongoing mental health care for individuals impacted by domestic violence? Is there similar coverage for substance abuse treatment?

A: All plans offered in the Marketplace must offer mental health and substance abuse treatment, which are considered part of the [Essential Health Benefits Package](#). For more information on mental health services through an insurance plan, visit [Mentalhealth.gov](#).

Q: Are mental health benefits for children covered under the Affordable Care Act?

A: Mental, behavioral and substance use services are available to children under both the provisions of the Affordable Care Act and through mental health parity legislation. For children and adolescents covered by Medicaid, these services are covered through the [Early, Periodic Screening, Diagnosis and Treatment](#) (EPSDT) benefit.

Medicaid FAQs

Q: If an individual and their children qualify for Medicaid, should they still sign up for a health insurance plan through the Marketplace?

A: The Marketplace is designed to have a “no wrong door” approach. In other words, applying through the Marketplace will assess your eligibility for the Marketplace *and* Medicaid coverage. After filling out basic household income, individuals will receive a referral to Medicaid if determined to be eligible, and can sign up there.

Q: What type of coverage is available for low-income adult victims and survivors who would qualify for Medicaid under the Affordable Care Act, but reside in a state that did not accept the Affordable Care Act Medicaid expansion option? Will these individuals still qualify for a subsidy?

A: If you live in a state that hasn't expanded Medicaid you may not qualify for either Medicaid or reduced costs on a private insurance plan. It will depend on where your income falls. Even if your state hasn't expanded Medicaid coverage, you should still apply. The Medicaid program provides health coverage to millions of lower-income individuals and families today. You may qualify under your state’s existing rules. Visit [Healthcare.gov](#) to get contact information for your state Medicaid office. The office can tell you if you qualify.



Domestic Violence Screening & Counseling FAQs

Q: How extensive is the type of counseling for domestic violence that is covered, and what does a screening for domestic violence consist of, as a covered service?

A: Screening may consist of a few, brief, open-ended questions. Screening can be facilitated by the use of brochures, forms, or other assessment tools including chart prompts. Counseling provides basic information, including how a patient’s health concerns may relate to violence and referrals to local domestic violence support agencies when patients disclose abuse.³ Screening and counseling benefits for survivors covered under Medicaid may include additional services.⁴

Q: Does the Affordable Care Act mandate free counseling services?

A: The Affordable Care Act does not mandate counseling services, but covers screening and brief counseling for domestic and intimate partner violence as part of a broader package of [women’s preventive health services](#). This means that insurers must include these services without cost-sharing⁵ to the consumer should the health provider offer these services. In general, counseling is considered a regular mental health service and will likely be subject to cost-sharing under the terms of the individual’s plan.

Q: Who is eligible for reimbursement for screening for intimate partner violence? Can domestic violence advocates be counted as designated counselors?

A: There are no limitations on who is eligible for reimbursement for screening. It is possible for a wide range of providers to be covered to do screening and brief counseling⁶. State law determines who can provide counseling in a state. Health plans and the state determine who is eligible to be reimbursed for counseling. Domestic violence agencies can work with health plans and with the state to become licensed under the scope of state law to provide—and be reimbursed for—providing health services. The Affordable Care Act does not make specific funding available, but it does give states and plans more ability to include different types of providers, particularly those who provide preventive services.

Q: How will healthcare professionals be trained to provide screening and counseling for interpersonal and domestic violence?

A: Currently, Federal guidance has not issued training requirements for providers on preventive services for screening and counseling for interpersonal and domestic violence. However, HHS recommends easy-to-use tools

³ Refer to Question 11, “What do health care providers need to know to conduct a screening and counseling for interpersonal and domestic violence?” at: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#Coverage of Preventive Services

⁴ For more information on Medicaid benefits, visit: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html>

⁵ Source: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#Coverage of Preventive Services

⁶ Refer to Question 3, on Out of Network Preventive Services, at: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#Coverage of Preventive Services



such as patient brochures, safety plans, and provider educational tools, as well as training materials, through the HHS-funded National Health Resource Center on Domestic Violence, available at healthcaresaboutipv.org.⁷

Patient Confidentiality and Mandatory Reporting FAQs

Q: How will the Affordable Care Act impact state mandatory reporting statutes? Are providers screening for domestic violence mandatory reporters?

A: State statutes on reporting domestic and sexual violence are not impacted by the Affordable Care Act, but statutes on reporting vary from state to state and implementation can even vary county by county. To determine whether a health provider screening for domestic violence is subject to mandatory reporting laws in your area, please refer to the [Compendium of State and U.S. Territory Statutes and Policies on Domestic Violence and Health Care](#), produced with support from HHS's Administration for Children and Families. Additional questions regarding [patient confidentiality](#) can be answered through the HHS-funded National Health Resource Center on Domestic Violence.

Q: Is the Healthcare.gov secure for domestic violence survivors to submit the confidential information needed to enroll?

A: Yes. To protect individuals' privacy, those who enroll online must complete an Identity Verification procedure. To learn more about your privacy on Healthcare.gov, read the [Privacy Act Statement](#).

Culturally-Specific and Accessible Services FAQs

Q: How does the Affordable Care act affect Indian Health Service and Tribal members?

A: Under the Affordable Care Act, [American Indians and Alaska Natives](#) (AI/ANs) have greater options to access affordable health care through the Marketplace and Medicaid:

- Tribal members can use tax credits to pay for premiums for certain plans and receive cost-sharing reductions that will reduce or eliminate out of pocket costs. Some may be eligible for free or low cost coverage from the Marketplace. Additionally, Tribal members have access to special monthly enrollment periods so they may obtain insurance outside the yearly open enrollment period.
- AI/ANs who are eligible to receive services from the [Indian Health Service](#) (IHS), or a health program operated by a Tribe or Urban Indian organization, may receive an exemption from the shared responsibility payment if they do not maintain minimum essential coverage. Many AI/ANs will be newly eligible for Medicaid under the Affordable Care Act in states expanding Medicaid coverage to include individuals with incomes at or below 133 percent of the Federal poverty level (generally \$31,720 for a family of four in 2014). This expansion includes adults without dependent children living at home, who have not previously been eligible in most states.
- With greater numbers of AI/ANs with access to health care coverage through Medicaid, the Children's Health Insurance Program (CHIP) and private insurance through the Marketplace, IHS will be better able to provide needed health services in tribal communities.

⁷ Refer to Question 3, on Out of Network Preventive Services, at: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html#Coverage of Preventive Services



Q: Does the Affordable Care Act support more accessible services for domestic violence survivors who would like to receive linguistically and culturally appropriate services?

A: The Affordable Care Act does include provisions designed to make accessing care easier and more linguistically and culturally appropriate, including requirements for translation services. Materials are available in [Spanish](#) and [other languages](#). For more information on language access in the Marketplace, see: [Getting Help in a Language Other than English](#).

Q: Does the Affordable Care Act address the 5-year waiting period on legal immigrants obtaining public benefits?

A: Lawfully present immigrants (including individuals who are subject to the 5-year waiting period) are permitted to buy insurance in the Marketplace. Lawfully present immigrants will be able to access subsidies, but many are still subject to the 5-year waiting period for Medicaid and CHIP eligibility. States may choose to [waive the 5-year waiting period](#) for lawfully present pregnant women and children who are otherwise eligible for Medicaid or CHIP in their state. For more information, see: [What do immigrant families need to know about the Marketplace?](#) and [CuidadoDeSalud.gov](#) to view HealthCare.gov in Spanish.

Q: What healthcare coverage is available for undocumented children, adults and youth?

A: Undocumented immigrants aren't eligible for federal public benefits through the Affordable Care Act, and therefore can't buy coverage through the Marketplace. However, [federally-funded health centers](#), which are community-based organizations that serve populations with limited access to health care, *are required to provide primary health care services to all residents, including immigrant families*, in the health center's service area. In addition, undocumented immigrants may continue to buy coverage on their own outside the Marketplace, and can receive limited services for an emergency medical condition through Medicaid, if they are otherwise eligible for Medicaid in their state.

Q: How does the Affordable Care Act impact LGBTQ individuals?

A: For coverage starting in 2015, an insurance company that offers health coverage to opposite-sex spouses must do the same for same-sex spouses. Many insurers already offer this protection. For more information, see: [Married same-sex couples and the Marketplace](#). Regardless of marital status, the Affordable Care Act expands consumer protections on nondiscrimination. Prior to health reform, federal and state law included some nondiscrimination protections, but the Affordable Care Act is designed to address this gap by prohibiting discrimination based on health status, disability, age, race, gender, *and sexual orientation*, among other factors.

For additional resources and information on health and domestic violence, visit the National Health Resource Center on Domestic Violence, at: www.healthcaresaboutipv.org

For more information on the national network of domestic violence shelters and services supported by the Department of Health and Human Services, visit the Family Violence Prevention and Services Program webpage, at: <http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services>

