



Carlis V. Williams, Regional Administrator
Administration for Children and Families

October 2013

Dear Colleagues:

Let me welcome you to the first quarterly edition of the Region IV ACF Informer. The purpose of this newsletter is to keep our constituents and stakeholders informed about the latest trends and current events in the various ACF programs, as well as to highlight programmatic and management best practices and key strategies for our major ACF programs including TANF, Child Care, Head Start, Child Welfare, Child Support Enforcement, and Runaway and Homeless Youth.

We will also be intensifying our efforts to impact our families and communities through special initiatives such as Assets for Independence, Healthy Marriages/Relationships, Responsible Fatherhood, Faith-Based and Neighborhood Partnerships, and Human Trafficking. ACF's special initiatives are all aimed at the same overarching goal of promoting individual, family and community well-being and success.

Health Care Reform through the Affordable Care Act (ACA) is now poised to realize health care reform's promise to reduce and eliminate health care disparities in America. What we expect to see is an increase in the quality of life for all Americans, because quality health care is fundamental to our physical, mental, economic and social well being. We will be sharing with you any pertinent information on Health Care Reform as it becomes available.

I look forward to standing with each of you, our health and human service partners and stakeholders, as we move forward in 2013, to more effectively and positively impact the lives of the children, families and communities throughout the Southeast.

Sincerely,

Carlis V. Williams
Southeast Regional Administrator
Administration for Children and Families

TABLE OF CONTENTS

| | |
|--|---|
| 508 Compliance Accessibility Statement for Individuals with Disabilities | 2 |
| How does the health care law protect me? | 2 |
| Part 1 Rights & Protections | 2 |
| Part 2 The Health Insurance Marketplace..... | 2 |
| How can I get ready to enroll in the Health Insurance Marketplace? | 2 |
| Region IV: Challenges and Disparities | 3 |
| Head Start Ten Ways Your Head Start Program Can Promote New Health Insurance Opportunities | 4 |
| Take Time to Be a Dad Today | 5 |
| What is our medical support road map? | 5 |
| Toolkit Helps Providers Better Serve Latino Families, Couples..... | 5 |
| Street Outreach Program | 6 |
| Healthy Food Financing Initiative | 6 |

508 COMPLIANCE ACCESSIBILITY STATEMENT FOR INDIVIDUALS WITH DISABILITIES

The U.S. Department of Health and Human Services, Administration for Children and Families is committed to making its electronic and information technologies accessible to individuals with disabilities by meeting or exceeding the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended in 1998. Section 508 is a federal law that requires agencies to provide individuals with disabilities equal access to electronic information and data comparable to those who do not have disabilities, unless an undue burden would be imposed on the agency. The Section 508 standards are the technical requirements and criteria that are used to measure conformance within this law. More information on Section 508 and the technical standards can be found at www.section508.gov.

If you have feedback or concerns related to the accessibility of any content on this document, please contact Koneta Perkins via email at koneta.perkins@acf.hhs.gov or by phone 404-562-2956. Last Updated: 09/30/2013

HOW DOES THE HEALTH CARE LAW PROTECT ME? PART 1 - RIGHTS & PROTECTIONS

Whether you need health coverage or have it already, the health care law offers new rights and protections that make coverage fairer and easier to understand.

Some rights and protections apply to plans in the Health Insurance Marketplace or other individual insurance, some apply to job-based plans, and some apply to all health coverage.

These rights and protections provide even more choice and control over your health coverage when key parts of the law take effect in 2014.

Use this guide to learn about your rights and protections today and in 2014.

How the health care law protects you:

- Creates the Health Insurance Marketplace, a new way for individuals, families, and small businesses the get health coverage Requires insurance companies to cover people with pre-existing health conditions
- Helps you understand the coverage you're getting
- Holds insurance companies accountable for rate increases
- Makes it illegal for health insurance companies to arbitrarily cancel your health insurance just because you get sick
- Protects your choice of doctors
- Covers young adults under 26
- Provides free preventive care
- Ends lifetime and yearly dollar limits on coverage of essential health benefits
- Guarantees your right to appeal

PART 2 - THE HEALTH INSURANCE MARKETPLACE

On October 1, 2013, there will be a new way to get health coverage: the Health Insurance Marketplace.

Plans in the new Marketplace will be offered by private companies, and every health insurance plan will cover a core set of benefits called **essential health benefits**. You'll be able to compare your options based on price, benefits, quality, and other important features. More people than ever will qualify to **save money** on private insurance coverage.

You'll also learn whether you qualify for free or low-cost coverage through **Medicaid** or the **Children's Health Insurance Program (CHIP)**. Fill out one Marketplace application and you'll see all the programs you qualify for. You can apply when open enrollment starts October 1, 2013. Marketplace coverage starts as soon as January 1, 2014. Find out how you can get ready to enroll by visiting www.healthcare.gov.

HOW CAN I GET READY TO ENROLL IN THE HEALTH INSURANCE MARKETPLACE?

To prepare to enroll, you can learn about types of health coverage, research your questions, and figure out what you need to know before open enrollment begins. Open enrollment starts October 1, 2013. Coverage can start as soon as January 1, 2014.

- **Sign up for email or text updates about the Marketplace.** We'll let you know when there's important new information about the Marketplace, and we'll send timely reminders about important dates. You can also visit our Facebook page at facebook.com/healthcare.gov or follow [@healthcare.gov](https://twitter.com/healthcare.gov) on Twitter.
- **Learn about different types of health coverage.** Through the Marketplace, you'll be able to choose a health plan that gives you the right balance of costs and coverage. You can be better prepared if you understand the types of coverage you'll choose from.
- **Make a list of questions you have before it's time to choose your health plan.**
- **Make sure you understand how coverage works, including things like premiums, deductibles, out-of-pocket maximums, copayments, and coinsurance.** You'll want to consider these details while you're looking for health insurance.
- **Gather basic information about your household income.** Most people using the Marketplace will qualify for lower costs on monthly premiums or out-of-pocket costs. To find out how much savings you're eligible for, you'll need income information, like the kind you get on

your W-2, current pay stubs, or your tax return. Use this checklist to get started.

- **Set your budget.** There will be different types of health plans to meet a variety of needs and budgets. You'll need to figure out how much you want to spend on premiums each month.
- **Ask your employer if it plans to offer health insurance in 2014.** If not, you may need to get insurance through the Marketplace or from other sources in 2014. If you don't have coverage, you may have to pay a fee.
- **Explore current options.** You may be able to get help with getting coverage **now** through existing programs. Learn more about health insurance for adults up to age 26, and programs for people and children in families with limited incomes including Medicaid and the Children's Health Insurance Program (CHIP). Medicare covers people who are 65 and older or who have certain disabilities.
- **Find out which Marketplace will serve you.** If your state runs the Marketplace, you'll use its website to compare your options and enroll in coverage instead of this one. If your state doesn't run the Marketplace, you'll use this website, HealthCare.gov.

Call us at 1-800-318-2596

We know you've got questions about the new Health Insurance Marketplace. We've received thousands of them over the past month.

Answering your questions is central to our mission:

- We launched the new HealthCare.gov to feature an easy-to-understand question and answer format, with content based on the most common questions we hear from you.
- We provided you with new way get your health insurance options and info—just and we'll provide you with a personalized list of coverage options, content tailored to your situation, and a checklist to help you get ready.

Call us right now to get your Marketplace questions answered by a customer service representative, available 24/7: **1-800-318-2596** or (TTY: 1-855-889-4325) Online chat, also available 24/7. Just look for the blue box on the lower right hand corner on most pages of our site. Visit our Help Center at www.healthcare.gov/help-center/ to get all of our help resources in one place.

REGION IV: CHALLENGES AND DISPARITIES

This article was prepared by Sharon Ricks, MA, Deputy Regional Health Administrator, U.S. Dept of Health and Human Services, Region IV.

Region IV consists of eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee

Region IV is the largest region of 61,762,344 people (based on the 2011 U.S. Population Estimate).

Alabama – 4.8 million
Florida – 19.5 million
Georgia – 9.8 million
Kentucky – 4.3 million
Mississippi – 2.9 million
North Carolina – 9.6 million
South Carolina – 4.6 million
Tennessee – 6.4 million

- Great racial and ethnic diversity with 37% minorities and the largest Black population in the country with 13,012,728 African Americans more than double the number of any other region.
- 17% of individuals in Region IV are below the poverty level compared to 14% nationwide. Region IV has 9,773,009 individuals living in poverty in 2009. (US Dept of Census 2009 American Community Survey)
- 21.9% are without healthcare coverage of any kind. Second only to Region VI. (2011 Behavioral Risk Factor Surveillance System)
- Most impacted by health disparities.
- Tops all federal regions in infant mortality (with 7.2 deaths per 100,000 population); in homicide deaths (with 6.5 deaths per 100,000 population); and in drug poisoning deaths (with 14.5 per 100,000 population). (2010 National Vital Statistics System)
- 208,195 adults and adolescents diagnosed with HIV – 23% of the national total of 888,921. (2010 CDC Division of HIV/AIDS Prevention), Table 21 Data for States & Metropolitan Statistical Areas)
- High illiteracy rates with 15.25% of our adults lacking basic prose literacy skills compared to 12.06% nationwide. (National Center for Education Statistics, 2003 Assessment of Adult Literacy)
- 118,668 homeless (18% of the Nation's total homeless population of 656,129 in 2009). (The Alliance Report, State of Homelessness in America, 2011)
- 21% of US deaths from heart disease occurred in Region IV in 2010. 128,042 people died, more than any other region. We have the third highest age-adjusted heart disease death rate among regions (188.6 per 100,000). (2010 National Vital Statistics System)
- Number one region in diagnosed cases of diabetes (10.9% of adults), diagnosed hypertension (35.2% of adults), and medicated hypertension (80.2% of those with hypertension taking medication). (2011 Behavioral Risk Factor Surveillance System)
- 28.9% of adults are obese with BMI of greater than 30 (2011 Behavioral Risk Factor Surveillance System).
- 22% of US deaths from stroke occurred in Region IV in 2010. 28121 people died, more than any other region. We have the second highest age-adjusted stroke death rate among regions (41.8 per 100,000), second only to Region VI. (2010 National Vital Statistics System)

HEAD START TEN WAYS YOUR HEAD START PROGRAM CAN PROMOTE NEW HEALTH INSURANCE OPPORTUNITIES

As millions of Americans become eligible for health insurance in 2014, Head Start programs can play a vital role in making sure people learn how to get coverage and how to get help applying. In keeping with Head Start performance standards, programs are required to make efforts to determine children's health status and to help parents get a regular source of health care for their children. Making sure that Head Start children and their families are enrolled in health insurance is an important way to meet these goals.

Beginning in 2014, many more Head Start family members – including parents, older siblings and grandparents under age 65 qualify for coverage. The new Health Insurance Marketplace is the place to find information about how to apply for coverage, including Medicaid and the Children's Health Insurance Program (CHIP). Open enrollment begins October 1, 2013; as always, individuals may apply for Medicaid or CHIP at any time.

Here's is how State and local Head Start programs can contribute to the outreach effort:

SPREAD THE WORD:

1. **State Head Start Collaboration Directors and State Head Start Associations can keep local programs informed about health insurance opportunities.** Work with state agencies such as the Medicaid agency and the Health Insurance Marketplace to get current, reliable information for families on health coverage eligibility and getting help applying. The state Medicaid agency may be able to share information on where Head Start families can find application assistance in their communities.
2. **Offer Information about health insurance opportunities in Head Start centers.** Display consumer materials from HealthCare.gov explaining the basics of Medicaid, CHIP and coverage through the Health Insurance Marketplace. Include eligibility and enrollment information in newsletters and other take-home items.
3. **Post Information on the Head Start website.** Post the Health Insurance Marketplace widget on the Head Start Program Website.
4. **Include health coverage messages when talking with Head Start families about children's health.** Talk about the availability of health insurance whenever Head Start staff is focusing attention on a child's health – when you are providing immunizations, conducting dental and vision

screenings, or discussing developmental milestones. Head Start children may already be enrolled in Medicaid, but parents and other family members may not realize that they now may qualify.

5. **Build on the Head Start intake process.** Add information about the value of health insurance and about the eligibility for Medicaid and other health insurance eligibility to recruitment, intake and orientation materials. Let families know how to get help applying for health coverage and plan to offer help at the Head Start program.
6. **Focus on health coverage opportunities at parent meetings.** Invite local health coverage experts to parent meetings to share news about new health coverage opportunities and how to enroll. Ask for a speaker who can answer questions about eligibility, benefits, access to providers and other pressing concerns.

Help Head Start Families Apply for Health Coverage

7. **Partner with community organizations that help people apply.** Connect Head Start Families with community health centers and health departments that are likely to be able to offer application assistance.
8. **Bring application assistance on site.** Arrange for trained helpers to provide application help at the Head Start program. Helpers may have laptops; or the Head Start program may be able to make a computer station available. All states will have online applications; and people will also be able to apply by phone, by mail or in person.
9. Take advantage of available state training so that Head Start health or social service staff can offer families help.

Promoting Promising Practices

10. **Share successful ideas among Head Start programs throughout the state.** Collect strategies Head Start programs are using to inform families about health insurance and to help get them enrolled. Present in statewide training sessions and through other channels that reach Head Start agencies in other states. Include successful approaches in Head Start handbooks and consider making them standard operating procedure.

For more information about the Marketplace

Visit HealthCare.gov, or call the Health Insurance Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

Visit Marketplace.cms.gov for Marketplace widgets and badges and other partner materials.

TAKE TIME TO BE A DAD TODAY

The National Responsible Fatherhood Clearinghouse (NRFC) and the Ad Council unveiled a new series of public service announcements (PSAs) that feature footage from Universal Pictures and Illumination Entertainment's *Despicable Me 2*.

The PSAs will be distributed nationwide in June 2013 and reinforce the established NRFC theme, "Take Time to Be a Dad Today."

If you're interested in showing your support for involved fathers and the NRFC – *Despicable Me 2* PSA partnership, consider updating your Facebook or Twitter pages! Download the files from Fatherhood.gov

WHAT IS OUR MEDICAL SUPPORT ROAD MAP?

From the Commissioner's Voice Blog

By Vicky Turetsky, Commissioner, Office of Child Support Enforcement

On Oct. 1, 2013, enrollment in the Health Insurance Marketplace will begin under the Affordable Care Act (ACA), while coverage will begin on Jan. 1, 2014. Child support agencies have an important role to play in connecting uninsured parents and their children to health care coverage by providing them with information about and referrals to the Health Insurance Marketplace.

But as important as these dates are for consumers, they are not child support program deadlines. Child support program requirements will not change on Oct. 1 and Jan. 1. Instead, we will continue to keep doing what we are doing—what our statute directs us to do, which is to provide for child health care coverage in child support orders. Employers still have the same medical child support responsibilities to respond to the National Medical Support Notice as they had before. Over time, the ACA it *will* likely impact how we carry out our medical child support responsibilities, but not directly and not tomorrow.

At OCSE, we've done a number of things to pave the way for the future of medical support:

1. Early on, even before the ACA was enacted, we issued grants to bring together state child support and state Medicaid teams to begin to identify the issues.
2. Beginning in 2010, we issued guidance to give state child support agencies flexibility to manage consistently with each state's health care direction and framework—programmatically—as well as data reporting and audits.
3. We clarified that state child support agencies may look to both private and public coverage in ordering medical child support.

4. We clarified allowable activities, including medical support facilitators and liaisons to cover children and to develop effective health care referral policies for both parents.
5. We've worked with the Centers for Medicare & Medicaid Services (CMS) to secure a medical support hardship exemption that exempts a parent from paying the shared responsibility payment if their child is not covered because the other parent was ordered to provide coverage but did not do so.
6. We're actively working with CMS to clarify child support assignment, cooperation, and Medicaid referral policies.
7. We're working within the federal government to clarify data sharing legal authorities between state child support and health care agencies, OCSE and state health care agencies, and between OCSE and federal health agencies. Our child support safeguarding rule permits state child support agencies to share certain data with state Medicaid and CHIP agencies.

I hope you'll look at our new OCSE **Child Support Health Care Connections fact sheets**

(<http://www.acf.hhs.gov/programs/css/resource/child-support-health-care-connections>) with staff in your child support agencies. We've prepared these fact sheets to help you find the information you need about the ACA.

TOOLKIT HELPS PROVIDERS BETTER SERVE LATINO FAMILIES, COUPLES

The National Resource Center for Healthy Marriage and Families, a service of the Office of Family Assistance, has released ***Working with Latino Individuals, Couples, and Families: A Toolkit for Stakeholders*** (PDF, 18 MB) to help stakeholders—including administrators, supervisors, and safety-net service providers—around the country better serve Latino families, couples, and individuals. The toolkit will help service providers with cultural competence and covers important topics in the research literature with input from experts in the field. Each chapter highlights program development and implementation recommendations, including case studies with discussion questions.

ACF's Healthy Marriage Initiative supports programs that offer healthy marriage and relationship education skills as part of a comprehensive, culturally appropriate, family-centered approach to promote self-sufficiency.

You can learn more about this toolkit by visiting the following website:

<http://www.acf.hhs.gov/programs/ofa/news/healthy-marriage-toolkit-to-better-serve-latino-families>

STREET OUTREACH PROGRAM

The mission of the Family and Youth Services Bureau (FYSB) is to promote safety, stability and well-being for people who have experienced or been exposed to violence, neglect or trauma. FYSB achieves this through supporting programs that provide shelter, community services and prevention education for youth, adults and families.

The Street Outreach Program enables organizations around the country to help young people get off the streets. To that end, the program promotes efforts by its grantees to build relationships between street outreach workers and runaway, homeless and street youth. Grantees also provide support services that aim to move youth into stable housing and prepare them for independence. The program's ultimate goal is to prevent the sexual abuse or exploitation of young people living on the streets or in unstable housing.

Street outreach programs provide services directly or by collaborating with other agencies. In particular, street outreach programs work closely with other organizations that work to protect and treat young people who have been or are at risk of sexual abuse or exploitation. Street outreach services include the following:

- Street-based education and outreach
- Access to emergency shelter
- Survival aid Individual assessments
- Treatment and counseling
- Prevention and education activities
- Information and referrals
- Crisis intervention Follow-up support

FYSB requires grantees to incorporate elements of the Positive Youth Development, or PYD, approach into their programs. PYD suggests that the best way to pre-vent risky behavior is to help young people achieve their full potential. Youth development strategies focus on giving young people the chance to exercise leadership, build skills and become involved in their communities. For more information please visit: www.acf.hhs.gov/programs/fysb E-MAIL: ncfy@acf.hhs.gov

HEALTHY FOOD FINANCING INITIATIVE

The Healthy Food Financing Initiative (HFFI) supports projects that increase access to healthy, affordable food in communities that currently lack these options. Through a range of programs at the U.S. Departments of Agriculture (USDA), Treasury and Health and Human Services (HHS), HFFI will expand the availability of nutritious food, including developing and equipping grocery stores, small retailers, corner stores and farmers

markets selling healthy food. Residents of these communities, which are sometimes called "food deserts," typically rely on fast food restaurants and convenience stores that offer little or no fresh food. Healthy food options are hard to find in these communities or are unaffordable.

Check out the new Healthy Food Access Portal at <http://healthyfoodaccess.org/> This is a brand-new repository for healthy food access-related materials, discussions and tools.

What is a food desert? How do I locate one?

Food deserts are communities, particularly low-income areas, in which residents do not live in close proximity to affordable and healthy food retailers. Healthy food options in these communities are hard to find or are unaffordable.

Using the census tract as a unit of analysis for identifying food deserts, USDA, Treasury and HHS will give funding priority to projects and interventions that establish healthy retail outlets in HFFI defined food deserts. USDA, Treasury and HHS have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy food retail outlet.

There are food deserts in urban, rural and tribal communities. [USDA's Economic Research Service's Food Atlas](#) can be used to find county-level information about food choices, health and well-being and community characteristics.

How is the federal government helping to solve the problems of food deserts?

HFFI brings the expertise and resources of the USDA, Treasury and HHS together to give stakeholders a full range of tools to increase access to healthy foods. These three federal partners will make funding available through a shared set of goals and objectives.

For more information, read HHS' News Release, "Obama Administration Details Healthy Food Financing Initiative" at <http://www.hhs.gov/news/press/2010pres/02/20100219a.html>