

Medical Assistance for Crime Victims

(with special focus on domestic violence survivors)



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About PHLP

- Statewide non-profit legal organization dedicated to ensuring access to public health coverage and services
- What we do:
 - Helpline for clients and advocates
 - FREE legal services, regardless of income
 - Community education/trainings
 - Monthly email newsletter
 - Policy Advocacy
 - Medicaid expertise

PHLP's VOCA Services

Helping Victims of Crime Get the Healthcare They Deserve

- Exclusively serves survivors of crime secure Medicaid/Waiver services and navigate the complicated Medicaid system
- For VOCA services, the need for health insurance must generally result from a crime (e.g. DV, physical assault, sexual assault, child abuse, bullying).
- Victims can be primary or secondary (directly or indirectly impacted by the crime)
- VOCA staff can make presentations to your organizations about the services we offer for survivors of crime and/or on Medicaid (E.g. Accessing mental health services, MA for children, MA for immigrants etc.)

Agenda

- Medicaid in Pennsylvania
 - Medicaid Overview and Eligibility
 - Medicaid (*Medical Assistance*) Categories
 - Applications and Appeals
 - Medicaid Delivery Systems – how the system works
 - Navigating the Medicaid maze for victims of crime – some tips

Medicaid Overview and Eligibility

Medicaid = Medical Assistance = MA

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Medicaid Overview

- Medicaid is **health insurance coverage** for people with limited incomes who fit into certain categories. Medicaid
 - Can be the person's only insurance
 - Can work with other insurance (e.g. Medicare, employer insurance, etc.)
 - Payor of last resort
 - If MA won't cover look to VCAP, and vice versa. No restrictions in MA.
- Medicaid is called Medical Assistance (MA) in Pennsylvania
- Administered by state PA Dept. of Human Services (DHS) through its local county assistance offices (CAO)

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Medicaid Overview (cont.)

- MA is a means-tested program (i.e. it matters how much consumers have in income and assets). Affordable Care Act changed that with Medicaid expansion.
- In addition to regular health insurance that pays for doctor visits, therapy (physical & **mental health**), labs, etc., MA covers Home and Community Based Services - HCBS - (more info to follow)
- MA also covers COVID-19 testing, diagnosis, and treatment.

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MA Eligibility Basics

- **Residency:** Be considered a resident of PA. Length of residency irrelevant
- **Category:** Fit into covered group/category
- **Income limits:** Meet certain income guidelines for that category
- **Resource limits:** Meet resources/asset guidelines for that category
- **Immigration status:** Meet Citizenship/Immigration Status requirements

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MA Eligibility Basics (cont.)

3-step analysis for each person

- What category does the person fit into?
- What is the person's household size?
- Is the person under the income limit for that category and household size?

Medical Assistance Categories

Categorical Eligibility

MAGI

- Adults (Expansion)
- Children
- Pregnant Women

* no resource/asset test

Non-MAGI

- Persons with Disabilities
- Workers with Disabilities
- Older Adults
- Women with Breast or Cervical Cancer
- Medicaid Home and Community Based Waivers.

* resources/assets are counted

MAGI

What is MAGI?

- **MAGI:** Modified Adjusted Gross Income
- Income counting methodology for MA applicants/recipients
- Follows the federal income filing tax guidelines
- Rule: income counts unless exempted by tax rules

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Category: **MAGI: Adult** (known as Medicaid expansion)

- Age 19-64
- Cannot qualify for Medicare
- Income under 138% FPL
- No asset/resource test
- **DV survivors can fit into this category**

	Household of 1	Household of 2	Household of 3
138% FPL (2021) Monthly	\$1,482	\$2,004	\$2,526
Annually	\$17,784	\$24,048	\$30,312

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Category: **MAGI - Children & Pregnant women**

Child (MAGI)

- Age 0-18 (until 19th birthday)
 - Children with Disabilities (PH 95)
 - Age 0-17; until 18th birthday
 - Former Foster Youth
 - Up to age 26 (if aged out of foster care)
 - * No income limit, no resource limit
- **Children in DV situations may fit into these categories**
- Pregnant Women have same income limit as newborn (see next page)
- No asset/resource test

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Income Limits: Infants & Pregnant Women

Infants & Pregnant Women (220% FPL)(2021)

Household Size	Monthly
HH of 2*	\$3,195
HH of 3	\$4,026
HH of 4	\$4,858
HH of 5	\$5,692

* Pregnant Woman is at least a household of two – always count the unborn child(ren)

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Income Limits: Children

Children age 1 through 18 (162% + 138% FPL)(2021)

Household Size	Age 1-5 (162% FPL)	Age 6-18 (138% FPL)
HH of 2	\$2,353	\$2,004
HH of 3	\$2,965	\$2,526
HH of 4	\$3,578	\$3,048
HH of 5	\$4,190	\$3,570

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CHIP Income Limits (if not MA eligible)

Children age 0 through 18 (213% + 319% FPL)(2021)

Household Size	Free CHIP Monthly	Low-cost Monthly
HH of 2	\$3,092	\$4,631
HH of 3	\$3,898	\$5,838
HH of 4	\$4,704	\$7,045
HH of 5	\$5,510	\$8,251

- Child need to be over income for Medicaid & uninsured

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Types of Income Counted in MAGI

Counted

- Wages & tips
- UC
- Social Security benefits
- Pensions
- Dividends and interest
- Alimony received
 - (if agreement < 1/1/2019)
- Child's income
 - (ONLY if required to file tax)

Not Counted

- Child support
- Workers' compensation
- Veterans' benefits
- Scholarship income
- Gifts and inheritances
- Alimony received
 - (if finalized/modified after 1/1/2019)

Non-MAGI

What Income Counts for non-MAGI MA?

- Traditional MA categories relating to Disability/old age (e.g. “Healthy Horizons” & MAWD)
- Follows the SSI income counting methodology rules, not the tax rules like the MAGI categories
- Income disregards and deductions are given to find “countable” income.
- Disregards and deduction apply to both applicant & spousal income

NOTE: Home and Community Based Waiver program does not follow the SSI income counting methodology

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What Income Counts? (cont.)

- What is SSI-related income counting methodology:
 1. Earned Income
 - Disregard: \$65 + **half** of remaining income
 2. Unearned Income
 - Disregard: \$20

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Category: **Non-MAGI – Older Adults & Adults with Disability**

- **Healthy Horizons:** Two ways to qualify for this program:
 - Age 65+ or
 - Disability
 - Social Security Disability Insurance (SSDI), or
 - Box 1 or 2 on Employability Assessment Form
- Income at or less than 100% of the FPL
 - HH of 1 = \$1,074 (2021)
 - HH of 2 = \$1,452 (2021)
- Resources less than \$2000 (single) \$3000 (couple)

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Category: **Non-MAGI – *Healthy Horizons* (cont.)**

- Income disregards and deductions on gross income (SSI income counting methodology):
- Low-income Medicare beneficiaries may be found eligible, need to apply
- If under 65 years of age, required to apply for Social Security

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Category: Non-MAGI - Workers with Disability

• *Medical Assistance for Workers with Disability* (MAWD)

- Age 16-64
- Income: 250% of the FPL (only applicant's income counted)
 - HH of 1 – \$2,684 (2021)
 - HH of 2 – \$3,630 (2021)
- Resources: \$10,000 (for any size HH, only applicant's resources counted)
- Requires 5% premium of “countable” income (after disregards and deductions)
 - premiums based on recipient's income only
- Underutilized category – because people are unaware (so we will spend a little more time on this)

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MAWD

“Workers”

- work is defined loosely:
- can be informal work (e.g. dog walker)
- no specific hours or wage required
 - 1 hour per week enough
- requires some amount of paid work monthly

“With Disabilities”

- Finding Disability:
 - SSDI (Federal)
 - PA Medical Review Team (MRT) finding: “perm. & totally disabled” w/o regard to actual work (state review)
- Disability ≠ unable to work (Disability need not preclude work)
- **Practice tip:** if clients have a serious long-term condition, apply!

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Category: **Non-MAGI: Breast & Cervical Cancer Prevention and Treatment**

Eligibility criteria:

- No income and resources limit
- Diagnosis of breast or cervical cancer
- Uninsured (must have no creditable coverage)
- Under age 65
- Separate application (PA 600B)

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Home and Community-Based Waivers

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What are Home & Community Based Services Waivers?

- Another program within Medicaid (with very different eligibility rules)
- **MA Services**
 - Services and supports to help avoid institutional care (e.g., nursing home)
 - There are many different Waiver programs in PA
 - What services are offered differ by Waiver program
 - Primary source of support for people 21+ who need home & community-based care (some waivers include younger)
 - Individualized service/support plan created detailing what Waiver services will cover
- **Populations Served** - Targets specific groups, (e.g., people with physical disabilities, people with autism, people with intellectual disabilities, seniors)

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What are Home & Community Based Services Waivers? (cont.)

- What is “Waived”?
 - The program waives provisions of the Medicaid Act (E.g. allows for higher income and resources limits)
 - Not an entitlement – some waivers have waiting lists and caps.

Eligibility: 2-step process (see more later)

- Clinical eligibility
- Financial eligibility

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OLTL Waiver Clinical & Financial Eligibility

- Community HealthChoices Waiver – the most common type
- Clinical Eligibility
 - “Nursing Facility Clinically Eligible” (NFCE) standard
 - Assessed using Functional Eligibility Determination (FED)
 - Doctor completes “Physician’s Certification” stating NFCE
- Financially Eligibility
 - \$2,382*monthly income (applicant only)
 - \$8,000 resource limit (higher if married)
 - 5 year look back

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HCBS Waiver Package

- Adult Daily Living
- Assistive Technology
- Benefits Counseling
- Career Assessment
- Cognitive Rehabilitation Therapy
- **Community Integration**
- Community Transition Services
- Counseling Services
- Employment Skills Development
- Exceptional DME
- Financial Management Services
- **Home Adaptations**
- **Home Delivered Meals**
- **Home Health Aide Services**
- Job Coaching
- Job Finding
- Non-Medical Transportation
- **Nursing Services**
- Nutritional Consultation
- Participant-Directed Community Supports
- Participant Directed Goods & Services
- Occupational Therapy
- Participant-Directed Goods and Services
- **Personal Assistance Services**
- **Personal Emergency Response System**
- Pest Eradication
- Physical Therapy
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Speech & Language Therapy
- Structured Day Habilitation
- TeleCare
- Vehicle Modifications

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Waiver Applications – CHC Waivers

1. Applicant calls Independent Enrollment Broker (Maximus) to start application - **(877) 550-4227**
2. PA-IEB/Maximus
 - In home visit
 - Explain Process
 - Help with Financial Application
 - CHC Plan Choice Counseling
 - Requests Physician's Certification (must be NFCE or ICF/ORC*)
 - Requests Assessment by AAA

* Intermediate Care Facility/Other Related Condition

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Waiver Applications – CHC (cont.)

3. Area Agency on Agency (AAA)
 - In home assessment for clinical eligibility (Functional Eligibility Determination)
4. PA Office of Long-Term Living
 - Determines clinical eligibility. If eligible, sends file to CAO
5. County Assistance Office
 - Determines financial eligibility
 - Issues eligibility/denial notice

Typical Timeframe: 90 DAYS from start to finish

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How to Apply for Waiver Services



Steps to Apply for Waiver Services

STEP 1 Call the PA Independent Enrollment Broker (PA IEB) at 1-877-550-4227.

- Learn more about Home and Community Based Waiver Services.
 - Tell PA IEB you want to apply for waiver services and schedule your first in-home visit.
 - Read the list of papers you need for the first in-home visit.
- ▶ PA IEB sends a Physician's Certification Form to your doctor to fill out and send to PA IEB. If your doctor does not send the form, PA IEB asks you to remind your doctor.

STEP 2 Have your first in-home visit.

- At your first in-home visit, you talk with a person from PA IEB about your needs and abilities to see if waiver services or other programs meet your needs.
 - Complete the Medical Assistance application (PA 600) and other required forms.
- ▶ If there are any missing forms, The County Assistance Office (CAO) will send a letter to tell you how to send the forms.

STEP 3 Have your second in-home visit.

- After your first in-home visit, PA IEB sends a request to the Area Agency on Aging (AAA).
 - AAA calls you to schedule your second in-home visit.
 - At this visit, a person from AAA does a Functional Eligibility Determination to find out whether you qualify for waiver services based on the care you need.
- ▶ After your second in-home visit, AAA sends the results to PA IEB.

STEP 4 PA IEB reviews your Physician's Certification Form and Functional Eligibility Determination.

- PA IEB needs your Physician's Certification Form and Functional Eligibility Determination within **96 days** of the first in-home visit.
 - If your doctor has not sent the certification form after your second in-home visit, PA IEB calls your doctor and you.
 - Once PA IEB has your Physician's Certification Form and Functional Eligibility Determination, they review both to find if you qualify.
- ▶ If both forms meet program eligibility, PA IEB sends your application to the CAO.

Turn page for more steps ▶▶▶

Questions? Call us at 1-877-550-4227 (TTY: 1-877-824-9346). The call is free.

STEP 5 The CAO reviews your waiver application and makes a decision.

- The CAO reviews your waiver application to see if you qualify financially.
 - If anything is missing, the CAO will send a letter to tell you how to send it to them.
 - Once your application is complete, the CAO approves or denies it.
 - The CAO sends a notice to you, to PA IEB, and to your chosen Managed Care Organization/Service Coordination Agency.
 - You get the decision about whether you qualify within **90 days** after PA IEB starts your waiver application.
- ▶ If you do not get a decision within 90 days, you can ask for a fair hearing.

If your waiver application is approved

You are enrolled in Home and Community Based Waiver Services.

If your waiver application is denied

If you disagree with that decision, you can ask for an appeal hearing.

Emergency Medical Assistance

MA for Undocumented Immigrants

- **Emergency Medical Assistance (EMA)** is the only option.
- A way of getting MA for undocumented persons. (including DV survivors)
- Must have a serious medical condition (“Emergency Medical Condition”) and an urgent need for care.
- Must meet all other MA eligibility criteria
 - Income, resources, categorical eligibility (elderly, disabled etc.)
 - Not eligible for MAGI or Marketplace
 - MA coverage ends when emergency medical condition ends

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MA for Undocumented Immigrants (cont.)

What is an Emergency Medical Condition?

A medical condition that manifests with acute symptoms of sufficient severity including severe pain so that the absence of immediate medical attention could reasonably be expected to result in one of the following:

- Placing the patient’s health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of a bodily organ or part.

Use PA-Form-1917 or a doctor letter stating above showing EMC

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EMA coverage for COVID-19

- EMA will cover COVID-19 testing, diagnosis, and treatment.
- CAOs are responsible for opening EMA coverage for COVID-19 emergency as “ongoing” EMA although there has to be a health emergency end date on EMA form.
- After the health emergency end date on the form has lapsed, CAO will review applicants’ coverage every 30 days until the COVID-19 emergency ends.
- All other non-COVID EMA requests will still need to be approved by Office of Medical Assistance Programs (usual procedure).

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Other Immigrant Eligibility

- **There are many immigrant categories of immigrants who qualify for federal MA and need NOT to be on EMA.** (e.g. refugees, asylees, persons trafficked-T visas, children under 21, pregnant women with “lawful present” status)
- **VAWA self-petitioners** are subject to the 5-year bar after acquiring “qualified” status to be eligible of Federal MA. However, they may be eligible for state funded MA and Marketplace coverage immediately.
- State funded MA is available to some “lawfully present” immigrants whose status make them ineligible for federal MA because of the 5-year bar. Income limit: \$205/month. (see slide 44)

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MA categories for DV Survivors

- MAGI (Adult and Child)
- SSI (automatic MA)
- SSDI (Medicare) - can get MA depending on income (need to apply)
 - Concurrent recipients (SSDI and SSI)
 - SSDI and “Healthy Horizons” if income under 100% of FPL
 - SSI/SSDI and HCBS Waivers if income under the Waiver limit
- MAWD
- Home and Community Based Waiver Service

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MA categories for DV Survivors (cont.)

- TANF* MA
- State-funded MA for Victims of DV (9-month lifetime limit)** .
Can be used for lawfully present immigrants or qualified immigrants who are subject to 5-year bar to receive Federal MA.
- EMA for undocumented immigrants

* Temporary Assistance for Needy Families (cash assistance for families with children)

** Since this category could be used for only for 9 months in the individuals' lifetime, eligibility for this category should be evaluated after reviewing eligibility for other MA categories.

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Applications and Appeals

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How to Apply for MA

- Electronic
 - COMPASS – www.compass.state.pa.us
- Paper
 - PA 600 HC
 - PA 600 – for multiple benefits (SNAP, TANF, GA, Child Care)
 - CHIP application through contractor
- Over the phone
 - 866-550-4355
- In Person
 - County Assistance Office (CAO drop boxes are available during COVID, offices are closed)

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Medicaid Application Time Frames

- CAO can take up to 30 days to process the application
- This timeline can be extended up to another 15 days if applicant is cooperating and needs additional time to supply verification of eligibility
- MA applications can be expedited if there is medical emergency
 - Requires Physician Certification
 - Health would be jeopardized by waiting normal timeframe
 - Needs coverage for a long-awaited appointment
 - In the case of DV survivors this process may be utilized
- Application denied for lack of verification can be re-instated within 60 days if documents are provided.

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Cooperating with the CAO

- Applicants must cooperate in providing the verification required to find MA eligibility.
- If applicants are unable to provide verification due to DV, sexual assault issues (fear, retaliation), the CAO case worker must be informed.
- Applicants and recipients (for ongoing benefits) can complete the DV Verification Form and request a “good cause” waiver from providing the documents. CAO will evaluate on a case-by-case basis.
- Self-attestation of DV is permitted. (see next page)
- Call PHLP Helpline (800) 274-3258 if DV clients have issues with providing verification.

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Domestic Violence Verification Form

This form may be used for the following purposes:

- (i) To get state-funded MA for a DV survivors (9-month limit)
- (ii) To get a good cause waiver when CAO needs documents to verify MA eligibility and client can't get it due to DV or sexual assault.
- (iii) To exempt someone from work requirements needed for some public benefits (TANF), (SNAP-Food Stamps)
- (iv) To exempt someone from child support cooperation requirements.

DOMESTIC VIOLENCE VERIFICATION FORM	
NAME	STATE NUMBER
PLEASE READ THESE INSTRUCTIONS CAREFULLY. ONLY ONE OF THE COLORED BLOCKS MUST BE COMPLETED. BLOCK 2 OR 3 IS USED WHEN VERIFICATION IS AVAILABLE. BLOCK 4 IS USED WHEN VERIFICATION IS NOT READILY AVAILABLE AND THE CLIENT AFFIRMS THE DOMESTIC VIOLENCE. BLOCKS 1 AND 5 ARE COMPLETED FOR ALL GOOD CAUSE BASED ON DOMESTIC VIOLENCE CLAIMANTS.	
1. GOOD CAUSE CLAIM	
I, _____, request to be excused from the following TANF program or CCIS Child Care program requirement(s) because of domestic violence: <input type="checkbox"/> support cooperation; <input type="checkbox"/> RESET; <input type="checkbox"/> time limit (Time-Out); <input type="checkbox"/> time limit (Extended TANF); or <input type="checkbox"/> other TANF or CCIS program requirement (please specify): _____ I have been asked to provide verification to support my claim. I have cooperated/will cooperate in providing verification below.	
2. RECORDS	
I SUBMIT ONE OF THE FOLLOWING IF AVAILABLE:	
<input type="checkbox"/> LAW ENFORCEMENT RECORDS	<input type="checkbox"/> SOCIAL SERVICE RECORDS
<input type="checkbox"/> POLICE RECORDS	<input type="checkbox"/> CHILD PROTECTIVE SERVICES RECORDS
<input type="checkbox"/> MEDICAL/TREATMENT RECORDS	<input type="checkbox"/> OTHER (SPECIFY): _____
3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY	
I authorize _____ to complete the verification below and to provide it to the Department of Public Welfare for the purpose of verifying my good cause.	
DATE	CLIENT SIGNATURE
THIS STATEMENT IS SUBMITTED BY:	
_____ (NAME)	_____ (TITLE)
_____ (ORGANIZATIONAL AFFILIATION)	_____ (ADDRESS)
I AM (CHECK ONE)	
<input type="checkbox"/> A DOMESTIC VIOLENCE SERVICE PROVIDER	<input type="checkbox"/> A LEGAL REPRESENTATIVE
<input type="checkbox"/> A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER	<input type="checkbox"/> AN AGUAWANTICE/FRIEND/RELATIVE/NEIGHBOR OF THE CLAIMANT
<input type="checkbox"/> A LAW ENFORCEMENT PROFESSIONAL	<input type="checkbox"/> OTHER (SPECIFY): _____
<input type="checkbox"/> A COUNTY CHILDREN AND YOUTH REPRESENTATIVE	
I have knowledge of the claimant's experience with and/or steps to escape domestic violence and submit this statement to verify that compliance with the TANF/CCIS program requirement(s) checked above would place the claimant and/or household or family members at risk of further domestic violence, make it more difficult for the claimant and/or household or family members to escape domestic violence, or unfairly penalize the claimant and/or household or family members who is or has been victimized by domestic violence.	
DATE	THIRD PARTY SIGNATURE
4. SELF-AFFIRMATION	
I affirm that compliance with the TANF/CCIS program requirement(s) checked above would place the and/or my household or family members at risk of further domestic violence, make it more difficult for me or a member of my family or household to escape domestic violence, or unfairly penalize me or a member of my family or household who is or has been victimized by domestic violence. I do not have and am unable to safely obtain evidence to verify the domestic violence.	
DATE	CLIENT SIGNATURE
5. GOOD CAUSE DECISION (CAO USE ONLY)	
<input type="checkbox"/> EXCUSED	<input type="checkbox"/> NOT EXCUSED
REASON	DATE

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What Happens Next?

- If Approved
 - CAO sends eligibility notice
 - ACCESS card received
 - Enrollment Packet to choose managed care plan (if applicable)
- If Denied
 - CAO sends denial notice
 - 30 days to appeal

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Appeals – Overview 1

- In general, MA appeals involve TWO issues:
 - ELIGIBILITY DENIALS (We will only address this today)
 - Client application for MA is denied; or client has MA and it is being terminated
 - DHS-CAO saying client does not meet eligibility requirements to receive or keep MA coverage
 - SERVICE DENIALS (This happens only in MA Waiver cases)
 - Client's doctor/other provider requests a service or item from MA insurer (e.g. wheelchair, shift nursing); service or item is denied
 - Usual rationale = service or item is not “medically necessary”
 - Follow the instructions on the notice and file a grievance (then call PHLP)
 - For adults, might see “not a covered benefit” or “benefit limit reached” (in this case, need Benefit Limit Exception-BLE)

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Appeals – Overview 2

- Clients' rights when MA denied, terminated, or reduced
 - They have a right to receive timely and adequate notice
 - Notices should explain the reason for termination and advise clients' appeal rights
 - Have a right to be heard
 - Have a right to be represented by counsel

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Appeals – Overview 3

- Adequate & Timely Notice: (general rule)
 - If MA coverage or services are being reduced or terminated, notice must be sent sufficiently in advance of effective date:
 - 10 days for service denials
 - 15 days for eligibility denials.
 - Notice must contain info re: availability of continuing benefits if an action is appealed timely-i.e. before proposed effective date.
 - Keep postmarked envelope!

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Appeals – Overview 4

Appeal Deadlines (general rule)

- For continuing benefits file an appeal within 15 days (this will keep benefits going till issue is resolved)
 - Depends on mailing date – read notices carefully!
 - For cash and Medicaid – 30 days
 - For SNAP – 90 days
- Clock starts ticking on the date proper notice is mailed.
 - Check envelope postmark
 - Notices written in English to known limited English proficient family is NOT proper notice
 - Filing an appeal will give the client extra time to provide eligibility verification

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Appeals- Overview 5

So, how do you file an appeal?

- Fill out the appeal page in the adverse notice; follow all instructions carefully (see next page)
- If you didn't get a notice, ask for a blank form at the CAO
- Otherwise, write a letter to the CAO stating you are filing an appeal from the adverse decision
- Keep a copy of the Appeal filed
 - **Get/keep proof of filing:** If you hand it in get receipt it and save it; If mailing, send by certified mail and save it; If faxed in, keep fax transmission
- THEN CALL PHLP HELPLINE! (800) 274-3258

GTR PGH EAST, 5047 PENN AVENUE, PITTSBURGH, PA 15206-3844



penNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF INCOME MAINTENANCE
Notice ID: 9065580204 | C:23246

Mail Date: 01/11/2018 COMPASS: The fast and easy way to apply for benefits
Record ID: [REDACTED] www.compass.state.pa.us

The Department of Human Services (DHS) is writing to you about your Medical Assistance (MA) benefits.

Medical Assistance (MA)

Jose

You no longer qualify for Medical Assistance effective 01/26/2018 because:
- your income is too high

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker by February 10, 2018. If the form is postmarked or received on or before January 26, 2018, you will continue to receive your benefits while you wait for the Fair Hearing decision.

Jose:

We determined your countable income is \$1,500.75 each month after allowable deductions and/or expenses. The income limit to qualify is \$1,337.00.

You no longer qualify for MA because your income is too high.

This is the law we used to make this decision: 55 Pa. Code §§ 181.1, 181.14, 181.71, 181.91, 181.95, 181.271; 42 CFR § 435.803(e)

Eligibility for Medical Assistance transportation ends on the day your MA eligibility ends.

This is the law we used to make this decision: 55 Pa. Code §§ 175.84(a)(7), 2070.32(1)(i), 2070.33(e)(4)

RCIO: 033D
Record ID: [REDACTED] Mail Date: 01/11/2018 Page 1 of 10 906558020430000105 PA162

Notice ID: [REDACTED]

Your Right to Appeal and to a Fair Hearing

1. Name: [REDACTED] Record ID: [REDACTED]
Phone number: [REDACTED] Address: [REDACTED]
2. Tell us which program you want to appeal:
 - MA - You must mail or give the form to the CAO before 02/10/2018.
 - MA (Expedited Appeal): Check one of the following reasons for requesting an expedited Fair Hearing and provide details in the line next to the box you check below. An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your:
 - life,
 - health, or
 - ability to obtain, maintain, or regain maximum function.
 If you have medical documentation of your urgent health needs, please submit them with this fair hearing request.
3. Tell us why you disagree with this decision (use back of page if necessary):
4. Do you want your SNAP benefits to continue at the same amount pending the hearing decision?
 Yes No
5. Choose the way you want your hearing:
 - By telephone, at the phone number you write on this form. Make sure we can reach you at this phone number. The judge will call you, your witnesses, anyone helping you, and the CAO.
 - By telephone, at the CAO. You will go to the CAO for your hearing. The judge will call you there in the office, and call anyone helping you.
 - Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone. You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
 - Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room. You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You can ask for an interpreter to be at the fair hearing, or other assistance because of an impairment or other disability. This is a free service.

- 6a. Do you need a free interpreter? You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.
 Yes No If yes, what language
- 6b. If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you.

7. Signature: _____ 8. Date: _____ 9. Phone # _____
(where you wish to be contacted)

9a. Representative Name: _____ 9b. Representative Telephone Number: _____

9c. Representative Address: _____

10. Mail or give the form to: GTR PGH EAST, 5047 PENN AVENUE, PITTSBURGH, PA 15206-3844

The Bureau of Hearings and Appeals will send you a letter to tell you when and where your hearing will be.

RCIO: 033D
Record ID: [REDACTED] Mail Date: 01/11/2018 Page 9 of 10 906558020430000005 PAFS 162F

MA Appeals during COVID-19 emergency

- During COVID-19 emergency the MA appeal deadline is extended from 30 days to **90** days for MA applicants and recipients.
- MA recipients whose benefits have been reduced or terminated can request continued benefits during the appeal even if they missed the normal 15-day filing window to keep their benefits in place while they appeal the County Assistance Office's decision.
- NOTE: People should continue to report changes to their income, resources, household members, and address as required. People should also complete their Medicaid renewals, although benefits cannot end for failing to return the renewal paperwork till the health emergency has been lifted.

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COVID-19

- CAOs are closed for public during the COVID-19 emergency.
- Moratorium on MA benefit termination and reduction (with limited exceptions) are still in place. DHS will not terminate or reduce MA benefits until health emergency is over.
- Applications can be filed via phone or on COMPASS during COVID-19.
- Drop boxes are available at CAOs (always advise clients to keep a copy of the documents sent to CAO)

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MA Delivery System

Two Main Ways to Get Medicaid Services:

1. Directly through the state using ACCESS card (“fee for service”)
2. Through Medicaid managed care plans (most people get their Medicaid this way)

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Fee-For-Service

- State administers billing and payment for health services
- No “provider network” → Participants may see any MA-enrolled provider who accepts the ACCESS card)
- Obtain services using ACCESS Card
- Delivery System for:
 - New MA participants
 - HIPP program
 - Dual Eligibles (Medicare/MA) exempt from CI
 - Emergency Medical Assistance enrollees



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Managed Care

- Delivery system for most MA participants in PA
- State pays private insurance company (MCO) capitated rate to administer services through provider networks
- MCO handles billing and payment at rates negotiated with providers
- All plans cover same basic package
- Participants obtain services using plan ID card
- Generally must stay in-network
- MCO acts as gatekeeper for services

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Managed Care in PA

- **HealthChoices:** Physical Health
 - Statewide
 - Most MA participants, except for duals, OLTL waiver participants
- **Community HealthChoices (CHC):** Physical Health + Managed Long-Term Services and Supports
 - Dual Eligibles, Nursing Home residents, OLTL waiver participants
- **Behavioral HealthChoices:** Mental Health & Substance Use Disorder
 - Plan assigned based on county
 - Works alongside FFS, HealthChoices or CHC plan



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HealthChoices – Physical health

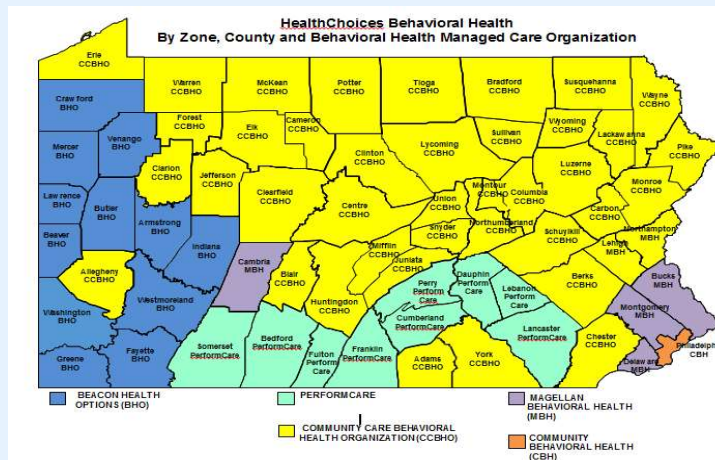


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HealthChoices - Behavioral health



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Community HealthChoices (CHC)?

- Delivery system for **Medicaid** services for adults in “target population”
- Administered by the PA Office of Long-Term Living (OLTL)
- Eligible individuals **must** join a CHC managed care plan to receive Medicaid services
- Use CHC Plan card to get
 - Medicaid physical health services
 - Medicaid home and community-based services (if eligible)
 - Medicaid nursing home services (if eligible)
- **CHC does not affect Medicare!**



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CHC Managed Care Plans

- 3 Statewide Plans
 - **Keystone First CHC / AmeriHealth Caritas CHC**
www.keystonefirstchc.com;
www.amerihealthcaritaschc.com
 - **PA Health & Wellness**
www.PAHealthWellness.com
 - **UPMC Community HealthChoices**
www.upmchealthplan.com/chc
- CHC Plans develop provider networks and must offer required CHC benefit package



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CHC Regions Map



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**Helping Victims of Crime
Navigate the MA system**

Tips for Helping Victims of Crime

- Victims living in a shelter can apply for and receive MA coverage; they only need a mailing address; if no other mailing address, CAO's address can be used,
- Clients in Address Confidentiality Program (ACP) run by the PA Office of Victim Advocate can still apply and receive MA using their ACP address.
- If private insurance is cancelled by the abusive spouse, Special Enrollment Period for marketplace is available; AND the survivors should also be reviewed for MA eligibility.

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Our Message!

- No survivor of crime should be left without the healthcare they deserve!
- Don't take NO for an answer from DHS (and its agents: Independent Enrollment Brokers, Managed Care Organizations) when it comes to securing healthcare for DV and other crime survivors and their families!
- Call PHLP's Helpline to assess clients' eligibility for MA and for help navigating the health insurance maze! **(800) 274-3258**
- We are able to help survivors in the language that they speak!
- Call us if your agency needs additional trainings in all matters related to Medicaid/Medical Assistance

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Resources

Medical Assistance Eligibility Handbook

http://services.dpw.state.pa.us/oimpolicymanuals/ma/Medical_Assistance_Handbook.htm

Medical Assistance Handbook: section 305.45 Victims of Domestic Violence

http://services.dpw.state.pa.us/oimpolicymanuals/ma/Medical_Assistance_Handbook.htm

Information on PA Managed Care Plans:

<http://www.healthchoices.pa.gov/info/about/>

PHLP manuals: www.PHLP.org (click on Resource Library)

PHLP Helpline: 1-800-274-3258 or staff@phlp.org

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Questions?

Helpline: 1-800-274-3258

Open: Mon., Wed. 8am to 8pm
or email staff@phlp.org

Website: phlp.org

Newsletter: email staff@phlp.org to join



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Questions?