Getting Healthcare for Children and Teens

A Manual for School Nurses and Counselors in Southeastern Pennsylvania

2003 Edition

Philadelphia Citizens for Children and Youth

ABOUT PCCY

Founded in 1980, Philadelphia Citizens for Children and Youth serves as the region's leading child advocacy organization and works to improve the lives and life chances of the region's children. Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for the children in our region. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including after-school, child care, public education, child health care, family supports and child welfare. PCCY's ongoing presence as an outside government watchdog and advocate for the region's children informs all of its efforts.

Part of PCCY's work is to identify problems and help solve them on a public policy as well as practical level. Let us know if you have trouble.

www.pccy.org

Getting Health Care for Children and Teens

A Manual for School Nurses and Counselors

3rd Edition

2003

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DEDICATION

This manual is dedicated to the School Nurses and Counselors in the Philadelphia region. Their persistence, compassion and dedication to the children they serve has been instrumental in getting children the health care they need.

ACKNOWLEDGEMENTS

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To our Advisory Committee of School Nurses and Counselors.

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PREFACE

Why a Manual for School Nurses and Counselors?

Because schools are where the children are, they are well-recognized as excellent sites for promoting access to health insurance and to the health care system.[1] There are more than 210,000 children in Philadelphia who attend public schools. While rules concerning governmental benefits change and our schools are experiencing many changes, the need for children to access health care remains constant.

As the health care workers who most frequently see low-income children and their families, school nurses and counselors are on the front line of children's health care and are often the first and only consistent source of assistance with the health care system for the parents of thousands of children in schools.[2] They provide a service that is universal and free of stigma, and have the ability to identify children who are missing health care (both preventive care and treatment) and work closely with parents and caregivers on overcoming barriers to care and making informed choices. It is vital then for school nurses and counselors to have up-to-date, quality information concerning these important benefits.

Many low-income families in Philadelphia, as elsewhere, have intermittent coverage. They sometimes do not know whether or not their children are insured. Some families do not know how to access health care services; many of them move frequently. They look to school nurses and counselors to help them secure the treatment and services they need. But in order for school nurses and counselors to help families enroll and maintain enrollment in publicly-funded insurance and make informed decisions about health care services, they need to keep current about what is available for children and how to help families navigate the health care system. This manual is designed to give school nurses and counselors the information they need to effectively serve children and families.

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[1] General Accounting Office, Demographics of NonEnrolled Children Suggest State Outreach Efforts, Washington DC, Government Printing Office, 1998.

[2] Center on Budget and Policy Priorities, Children's Health Coverage Outreach: A Special Role for School Nurses, Washington DC, 2001.

DEFINITIONS AND TERMS

APPEAL: An appeal is also called a "Request for Fair Hearing." A fair hearing request is a formal complaint to the state.

CHIP: The Children's Health Insurance Program of Pennsylvania is a federal and state-funded program that provides free or low-cost health insurance coverage to low-income children who are not eligible for Medicaid. It is sometimes referred to as S-CHIP.

COMPLAINT: A complaint involves any dispute with the health plan EXCEPT for a situation in which the plan has denied a service fully or partially, because is not medically necessary.

EPSDT: EPSDT is another name for the Medicaid program for children. The Early and Periodic Screening, Diagnosis and Treatment ("EPSDT") program requires that children on Medicaid receive regular preventive health screenings and all medically necessary treatment.

PARENTS/CARETAKERS/FAMILIES: In this manual, "parents" refers to the adults who are primarily responsible for caring for the child, including grandparents, relatives and non-related caretakers. Families include both biological and non-biological families.

GRIEVANCE: A grievance involves a dispute with the health plan in which a child (or adult) has been denied a service in full or in part because the service was not medically necessary.

HEALTH PLAN, HMO (HEALTH MAINTENANCE ORGANIZATION) OR MANAGED CARE ORGANIZATION: These terms are used interchangeably in this manual. A Health Plan, HMO or MCO is an organization that enrolls patients, provides a specified package of health benefits, employs or contracts with health care providers and monitors how services are used.

MEDICAL ASSISTANCE, MEDICAID AND MA: These terms all refer to the same health insurance program. Medicaid is health insurance jointly paid for by the federal and state governments. Children and adults can qualify for Medicaid, but there are special rules that apply to children's eligibility and benefits. For example, children on Medicaid are entitled to all medically necessary health services (no similar rule applies to adults).

MEDICAID HMO OR HEALTH PLAN: A Medicaid HMO or Health Plan is a health plan that contracts with the Commonwealth of Pennsylvania to provide benefits to people enrolled in Medicaid.

PRIMARY CARE PROVIDER (PCP): A health care provider (physician or nurse practitioner) who provides primary care and coordinates specialty care.

Remember, in this manual, these terms are interchangeable.

MA=Medical Assistance=Medicaid *Health Plan=Managed Care Organization=HMO*

INTRODUCTION

Understanding the Problem

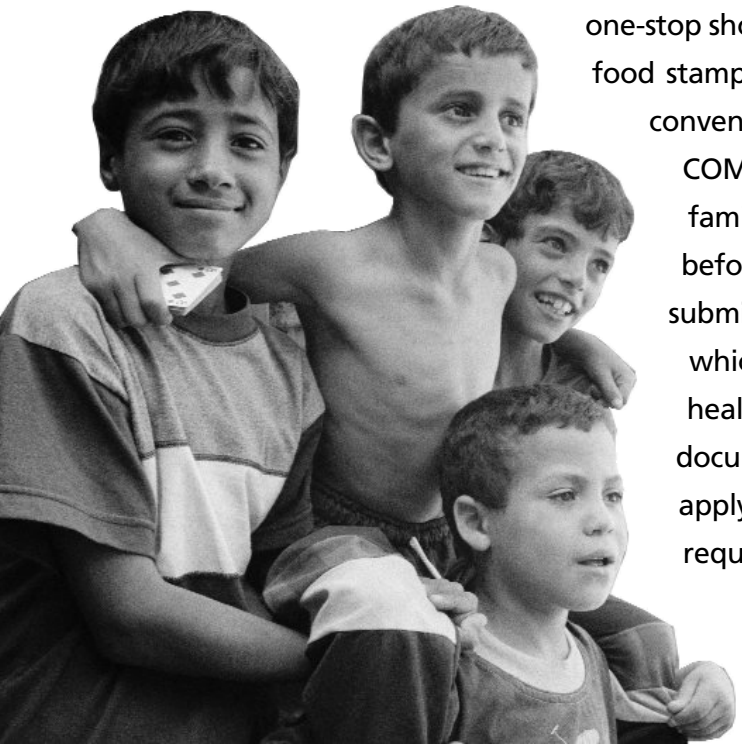
Most children have health insurance, but many still do not. In Pennsylvania, 258,000 children or one in 12 are uninsured. Of these children, 184,500 are eligible for CHIP or Medicaid but are not enrolled.[3] Children without health insurance do not receive many of the health care services they need — from basic preventive care to specialty services.

Who are these children? Some of these are the children that need to secure immunizations in order to be admitted to school, eyeglasses in order to see the blackboard, hearing aids to hear the teacher, a nebulizer to breathe, and antibiotics to fight infection. This list can go on and on. These are the children that most often walk into the offices of school nurses and counselors. Most of these children are eligible for Medicaid or CHIP.

Insuring Pennsylvania's Children

There is no simple way to make sure all of Pennsylvania's children have health insurance. State agencies, community-based organizations, hospitals, health centers, schools, and advocates have helped to make significant progress in ensuring that children get the health care they need. Since the last manual was published in 1999, many positive changes have taken place. One significant change has been the creation and implementation of a common application for children's health insurance. The common application allows families to apply for either CHIP or Medical Assistance using one form as opposed to having to fill out two separate forms. The goal of the common application is simple: to make it easy for families to apply and access health insurance for their children. The Pennsylvania common application, which is also available online (www.compass.state.pa.us), can be used to apply for publicly-funded health insurance for both children and their families.

Pennsylvania is leading the nation with using technology to insure children. The state created COMPASS, the Commonwealth of Pennsylvania Application for Social Services which is the newest online application for social services. COMPASS serves as a one-stop shop for many social services including health coverage, food stamps and cash assistance. The web-based application is convenient, fast, easy, and most importantly, user-friendly. COMPASS has a screening mechanism which allows families to find out what they are potentially eligible for before they decide to fill out the application. Families can submit their application from their home or any location which has access to the Internet. When an application for health coverage is submitted through COMPASS, income documentation has to be submitted within 30 days. When applying for Cash Assistance or Food Stamps, families are required to have a face-to-face interview with their local County Assistance Office.



Recently, the state has updated COMPASS making the process faster for organizations working

with families. Organizations who are interested in becoming "COMPASS Community Partners," in order to help families apply for health coverage as well as other social service programs, can register to do so by downloading the registry form from the website at www.compass.state.pa.us, or by contacting the DPW Division of Health Services at (717) 772-7809.

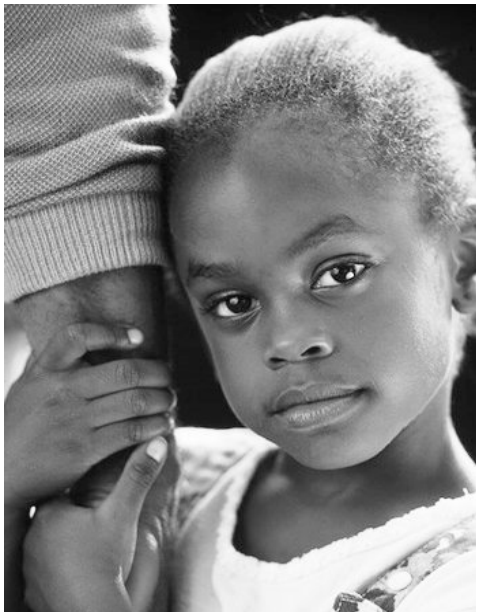
In addition to the common and online applications, there are other initiatives in place to conduct outreach and enrollment for uninsured children. In Southeastern Pennsylvania specifically, many community-based agencies, health centers and hospitals are dedicating staff time and resources to enroll families in health insurance. Activities range from health benefits counseling at community sites to home visiting to the distribution of flyers. Many community based organizations and hospitals now provide families with help in filling out health insurance applications. Further, PCCY continues to be a critical resource in helping families, community organizations and schools apply and secure health insurance for children.

This manual is primarily designed to help adults secure health insurance for their children. There also has been a recent step toward providing more health insurance for low-income adults. In July 2002, the Pennsylvania legislature took an important step to insure adults by creating adultBasic Coverage. AdultBasic coverage is a low-cost health insurance program for adults between the ages of 19-64 who do not have health insurance, are not eligible for Medicaid and who meet income guidelines. For more information about adultBasic Coverage families should call 1-800-464-5437.

[3] Pennsylvania Partnerships for Children. Special Reports and Projects. Important note on the accuracy of data on uninsured kids, 2002. www.papartnerships.org

WHY ARE SO MANY KIDS UNINSURED? WHAT CAN YOU DO TO HELP?

If free or low-cost health insurance is available, why are so many kids uninsured? In many cases, the answer is simple: **parents don't know that coverage is available.** Many working families assume that there are no programs to cover their children, or believe that because they are employed, their children will not be eligible for publicly funded health insurance. In other cases, many families have heard about the programs, but do not know where or how to apply. Some families may have trouble filling out applications, or may be confused by the eligibility criteria for Pennsylvania's two, separate programs for children: CHIP and Medical Assistance.



All of these families need your help! Whether you simply make it your business to tell as many people as possible about free children's health insurance, or you set up an enrollment station in your school, you are contributing to the solution. Here are a few ways you can make sure that Pennsylvania's children have the health coverage they need:

SPREAD THE WORD

Tell everyone you know about free and low-cost children's health insurance. Most of the families who apply for the CHIP program say that they learned about the program through word of mouth. We need many more people getting out the message. There are many ways to effectively get the message out to families about the availability of health insurance. Here are some ideas:

> ***TIP:*** *Make sure any materials you use publicize "**free** children's health insurance programs," not just CHIP or Medical Assistance. Your message should be as broad as possible, so that you don't miss any families who may be eligible.*

- Use posters and give-aways to help publicize the availability of free and low cost children's health insurance programs.

- Send flyers home with children, particularly if they are going home because they are sick. This is a good way to get parents' attention.

- Use school events to distribute information. For example, the first day of school, health fairs, open houses, parent-teacher nights, sports events and other extra-curricular activities are appropriate places to outreach to families.

FIND, SCREEN AND REFER FAMILIES

One way you can find out if a child is uninsured is by including questions regarding health insurance status on school forms. By requesting the information ahead of time through a form, schools can identify who needs help in applying for coverage. Once you have identified the families who need insurance, you can then help them get started by screening them for eligibility. You can help families get health insurance by checking their income and family size against the requirements for CHIP and Medical Assistance. This manual includes a simple screening chart that you can use to assist families. For instructions on using the chart, see the section titled "Helping Families to Access Health Insurance: A Step by Step Guide on page 10." After families have an idea of what they are eligible for they can be referred to an agency that will help them apply.

HELP FAMILIES FILL OUT APPLICATIONS

> ***TIP:*** *Remember that a family's income level is sometimes a sensitive issue. Make sure that any school staff members who are trained to assist with enrollment procedures are aware of the confidential nature of the information, and that they assist families in a setting that allows for privacy.*

You can also help families apply for health insurance for their children. Although the Department of Public Welfare (through the County Assistance Offices) and the insurance companies that provide CHIP benefits are responsible for *making final eligibility determination, anyone can help a family apply and submit an application.* Here are some ideas about how you can help:

- Designated staff can be trained to help families fill out applications and to explain the application procedure to families.

- Children's health insurance enrollment information can be integrated into regular intake procedures. Parents can use the opportunity to fill out the application at the school.

- A computer can be set up at school to connect families to COMPASS. Allowing parents to apply for health insurance via the internet at the school can be a fast and easy way to get kids insured.

- Community groups can be engaged to conduct enrollment days at schools.

Enrolling children in health insurance programs takes some work, but it is well worth it. You will have the satisfaction of knowing that you not only informed a family about benefits, but that you made sure that they got much needed health care coverage.

SECTION ONE

Getting Health Care for Children and Teens

THE STRUCTURE OF CHILDREN'S HEALTH INSURANCE PROGRAMS

There are two publicly-funded health insurance programs available to low-income children in Pennsylvania: **Medicaid (or Medical Assistance)** and the **Children's Health Insurance Program (CHIP)** or **S-CHIP**.

WHAT IS MEDICAID?

HISTORY: Medical Assistance is Pennsylvania's name for Medicaid, the public health insurance program that covers many low-income children and adults in the United States. Since 1965, Medicaid, as federal policy, has guaranteed some of the poorest and most disabled people in this country access to basic health care services. Medicaid is jointly paid for by both federal and state governments. States have substantial discretion in managing their Medicaid programs and in determining the scope of services and benefits available to adults. But there are special rules that apply to children's eligibility and benefits. Children on Medicaid are entitled to all medically necessary services (no similar rules apply to adults).

TODAY: Federal law requires that all states implement the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component of the Medicaid program. The EPSDT program requires states to work with the health care community to ensure that all children are provided both screening examinations and all medically necessary services. Children must receive preventive health services (check ups, immunizations) as well as treatment for chronic and acute childhood illnesses and conditions.

IN PENNSYLVANIA, MEDICAL ASSISTANCE COVERAGE IS FREE AND COMPREHENSIVE

EPSDT requires that children receive all of the health care services that they need. Parents are not required to pay any co-pays, deductibles or premiums. All services to children are free, and all medically necessary care is covered.

WHAT IS CHIP?

HISTORY: The CHIP program began in 1992 as Pennsylvania's effort to provide free or low-cost health insurance to children whose parents earned too much to qualify for Medical Assistance, but too little to afford private health insurance. A portion of the state's cigarette tax primarily funded this program and enrollment was capped based on available funds.

> ***THE CHIP EXPANSION***
>
> *A family of four can earn up to $36,804 annually and qualify for free health insurance for their uninsured children; the same family can earn up to $43,248 and qualify for low-cost insurance. Some families earn even more and qualify because they can deduct certain expenses. Eligibility limits change yearly. For more information refer to PCCY's health insurance eligibility chart in Appendix A.*

In the summer of 1997, Congress passed, and President Clinton signed, the Balanced Budget Reconciliation Act of 1997. This Act created a new program, Title XXI of the Social Security Act, and provided over $20 billion in funds for states to create or expand health insurance programs for low-income, uninsured children. The new federal program is known as the State Children's Health Insurance Program, or S-CHIP.

In November of 1997, Governor Ridge announced that Pennsylvania would develop a plan to expand the CHIP program using the new federal S-CHIP funds. The enrollment cap was immediately lifted. In June of 1998, The Pennsylvania Legislature passed, and Governor Ridge immediately signed, Act 68, which expanded the eligibility guidelines for CHIP.

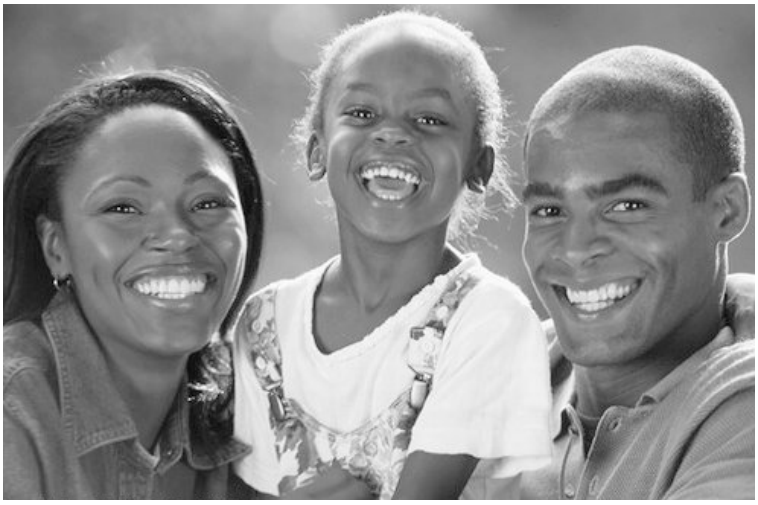
TODAY: CHIP coverage is comprehensive and includes many preventive and diagnostic treatment services. There are no co-pays or deductibles. Some families who earn at the top of the CHIP income eligibility scale however, are required to pay a premium for their coverage. In these cases, the Commonwealth subsidizes the premium, so that parents are only paying for a portion of the actual cost of CHIP coverage. There are, however, a few uncovered services.

MEDICAL ASSISTANCE AND CHIP: WHAT ARE THE DIFFERENCES?

The Medical Assistance and CHIP programs have different provider networks, different benefits, and different eligibility criteria. In general, parents with very low incomes qualify for Medical Assistance for their children; families with slightly higher incomes are eligible for CHIP. Families do not have a choice between Medical Assistance and CHIP. Which program a child is eligible for depends on the family's gross income, family size and the age of the child.

HELPING FAMILIES ACCESS HEALTH INSURANCE

A Step by Step Guide



It's easier than ever before to enroll children in health insurance. The two children's health insurance programs are using the same common application with the same verification requirements. Parents or school personnel can request applications by calling the MA/CHIP helpline at 1-800-986-KIDS. However, it is a good idea to follow the steps below to help a child apply for either CHIP or Medical Assistance.

STEP 1: SCREEN CHILDREN FOR ELIGIBILITY

To determine whether a child is eligible for health insurance you need to know:

- **Gross family income (before taxes)**

  In most cases, you should count only the income of the immediate family which includes parents and children. There are some exceptions to this general rule. Families with incomes slightly above the guidelines should still apply because there are allowable deductions that may make them eligible.

Too Much Income? Some Deductions are Allowed

Families whose income appears too high for CHIP or Medical Assistance may still be eligible. Both programs allow deductions from gross income when calculating a child's eligibility. Don't discourage families whose incomes are above the guidelines from applying. Explain to them that deductions may make them eligible, even if their gross income is over the limit.

Here's how the income deduction process works:

- Working parents may deduct $90 per month from income. A two-parent household may deduct a total of $180 ($90 for each working parent).
- In addition, families with child care expenses may deduct up to $200 in child care expenses per month from the family's gross income if a parent is working full-time. For part-time employment, a deduction of up to $175 in child care expenses is permitted. Parents who take these deductions may need to prove their child care expenses and will not be able to take a deduction that is more than the amount that they pay for child care.

Income deductions can help thousands more children qualify for health coverage. Be sure to encourage parents with incomes that appear too high to consider the deductions and apply for CHIP or Medical Assistance.

For more details, call the Medical Assistance Liaison at your County Assistance Office. A list of Medical Assistance Liaisons is included in Appendix B.

- **Number of family members**

  CHIP counts only parents and children under age 19; Medical Assistance generally counts parents and children under age 21. For Medical Assistance eligibility, pregnant women are counted as two people.

- **Ages of the children**

  Children in the same family often qualify for different programs. This is because eligibility limits differ for infants, pre-school age children and those between the ages of 19-21 who are pursuing education. As a result, younger children frequently qualify for Medical

Assistance while school-age children in the same family qualify for CHIP. See the eligibility chart in Appendix A for more details.

When you have obtained this information, you will need to locate each child's place on the eligibility charts provided in the Appendix A. If the child's age and the family's income fall within the outlines of the chart, the child should qualify.

STEP 2: COMPLETE AN APPLICATION

Applications for both CHIP and Medical Assistance are easy to get and can be processed through the mail.

Obtaining Applications for Your School

Call the following numbers to order applications in bulk.

To obtain MA applications from DPW: call (717) 772-7809
http://www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp
For provider type – use: 88 and for provider number – use 88888888.

To obtain CHIP applications from Aetna U.S. Healthcare:
call or email Heather Oetzel at (215) 775-8372 or oetzelh@aetna.com

To obtain CHIP applications from The Caring Foundation:
call 1-800-464-KIDS, (215) 241-2327 or go to www.caringfoundation.com/outreach

To obtain CHIP applications from KidsChoice:
call or email John Averson at (215) 832-4551 or javerson@americhoice.com

Obtaining Applications for an Individual Family

Call the following numbers to obtain individual applications.

Medical Assistance and/or CHIP: MA/CHIP helpline: 1-800-986-KIDS

CHIP from Aetna U.S. Healthcare: 1-800-822-2447

CHIP from The Caring Foundation: 1-800-464-KIDS

CHIP from KidsChoice: 215-832-4733

Each form needs to be mailed to a different location, **but you can use a CHIP application to apply for Medical Assistance or a Medical Assistance application to apply for CHIP**. Remember, families can use the common application to apply for health insurance. The common application allows families to apply for either CHIP or Medical Assistance using one form as opposed to having to fill out two separate forms.

To mail a Medical Assistance application, note that all applications for residents of Philadelphia need to be mailed to a general address: *Hospital Control Unit, Philadelphia County Assistance Office, State Office Building, Room 608, 1400 Spring Garden Street, Philadelphia, PA 19130.*

To mail a CHIP application, use the postage-paid envelope in the application. The envelope is stamped with the appropriate address.

STEP 3: ATTACH THE NECESSARY DOCUMENTATION

An application for CHIP or Medical Assistance will not be approved until the family has submitted the following documentation.

- **Proof of one month's worth of gross income (the most recent income)**
- **Proof of permanent legal status, if the child is not a citizen**

Most families are able to assemble these documents. There are however, some common pitfalls. You can help families avoid these problems.

- **Families without pay stubs such as self-employed parents or parents who are paid in cash are often in need of further documentation.**

  It is not necessary to have a pay stub in order to apply for Medical Assistance or CHIP. A self-employed parent can submit a tax return to prove income. Families who receive cash from an employer need to a obtain letter from their employer(s) or client(s) to prove their income. The MA/CHIP helpline (1-800-986-KIDS) or the Medical Assistance Liaison at the local County Assistance Office (Appendix B) can assist with this problem.

- **Families whose income varies from month to month.**

  Sometimes a family's income varies from week to week or month to month. These families can get help calculating their income by calling the MA/CHIP helpline at 1-800-986-KIDS.

Special Situation: Child/Medical Support

The Medical Assistance application allows a parent to request assistance from the County Assistance Office in getting child support or medical support from an absent parent. If a parent wants to pursue child or medical support, she or he should complete this section of the application. But if a parent is not interested in working with the County Assistance Office to obtain child or medical support, **this section of the application can be left blank**.

Note: You need to explain to parents that this is an optional section - **parents are not required to answer questions in this section**, and their children can still receive health insurance.

STEP 4: TRACK APPLICATIONS AND FOLLOW UP WITH FAMILIES

Medical Assistance applications must be acted upon within 45 days. CHIP applications take about the same amount of time to process, although there is no requirement that they be processed within a specific period of time.

If you assist a family in applying for health insurance, it makes sense to follow up with them after this time period to see if the family has received health insurance cards for their eligible children.

If a child is eligible for Medical Assistance, the family should receive a yellow and blue Access card with the child's name and recipient number on it as well as an HMO card after the family has chosen one. A child who is eligible for CHIP will receive a card with the CHIP insurance company's name on it.

How Long Does the Coverage Last?

CHIP coverage is in effect for one year. After one year, a parent is required to complete a form called a "recertification form" and to provide current income information. The length of Medical Assistance coverage is more complicated: parents are required to report all income changes to the County Assistance Office, and some children's eligibility is reviewed more frequently than others. But if the situation has not changed, coverage should last for up to a year. This situation can be very confusing to parents. If you are working with a child on Medical Assistance who has recently lost eligibility, it is important that you contact the Medical Assistance Liaison at the County Assistance Office (Appendix B) to see if the child is still eligible. Mistakes are not uncommon: sometimes when a child's situation changes, the child is inappropriately terminated from Medical Assistance.

Remember: If a family's income is under the guidelines on the eligibility chart (Appendix A), the child should be eligible for one program or the other. If a child is turned down for Medical Assistance coverage, that child's application should be forwarded to CHIP. CHIP will then review the application and documentation and approve the child for coverage.

STEP 5: ASSIST WITH MANAGED CARE ISSUES

Most children enrolled in Medical Assistance or CHIP in Philadelphia will receive their health insurance through a managed care system. All children (and adults) enrolled in Medical Assistance in Southeastern Pennsylvania are required to enroll in a managed care organization.

Families involved with publicly-funded health insurance and managed care are sometimes unclear about:

- **Where to go to enroll**

  Some families go to the managed care organization or the County Assistance Office

- **Whether there is a choice of health insurance companies**

  Some families make an active choice between two or more companies; others do not.

- **Which card to use**

  Families sometimes have both an "Access" card and an HMO card for each child.

The answers to these questions are not simple because Pennsylvania operates two health insurance systems for low-income families. Families can contact PCCY at (215) 563-5848 with any questions.

Special Situations: When Coverage is Needed Immediately but NOT Considered an Emergency

What can you do to help when a child needs coverage right away? A parent can apply for an Emergency Medical Card from Medical Assistance for the child.

Note: This procedure should NOT be followed in cases of a serious medical emergency (when a child should be taken to the emergency room).

To obtain an Emergency Medical Assistance card, a parent needs to do the following:

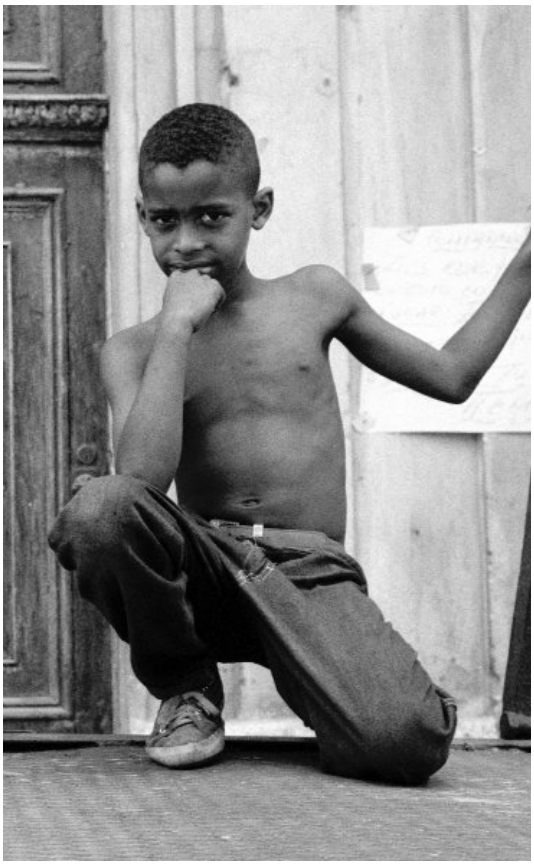
1. Go to the County Assistance Office. (Since the child needs coverage right away, there is no time to file an application through the mail.) A list of local County Assistance Offices is in Appendix C.

2. Bring proof of household income for one month. If the child is not a citizen, bring proof of permanent legal residence. An Emergency Medical Card will only be issued if the child is eligible for Medical Assistance, based on the application and these documents.

3. It is helpful, <u>but not a requirement</u> to bring proof of the child's medical condition. Note that you don't have to prove that there is a medical problem; just stating need is enough.

The County Assistance Office should issue an ACCESS card within 48 hours, but often this can be done much sooner. If a child needs medical attention, ask the County Assistance Office if they can simply issue an authorization number. An authorization can be issued before the card is ready. Note: Initially, the child will only have an ACCESS card. For information on managed care see section "Medical Assistance and CHIP: Background on Managed Care Systems in Southeastern Pennsylvania" on page 32.

(There is no comparable procedure for CHIP.)



LEAVING WELFARE AND KEEPING HEALTH INSURANCE

Since March 3, 1997, Pennsylvania's welfare law (Act 68) has emphasized work requirements and time limits, consistent with federal welfare reform laws. Parents can only receive cash welfare (or TANF, Temporary Assistance for Needy Families) for a total of five years in a lifetime. After two years of receiving cash assistance, parents are required to find a job for at least twenty hours a week or participate in 20 hours of a volunteer work program that has been approved by the state. The number of hours parents may be required to work may increase in the future, if the federal law changes.

As families leave welfare for work, more children (and parents) risk becoming uninsured. However, adults in these families are entitled to at least six months of Medical Assistance after they leave cash assistance, and in most cases, they are entitled to an entire year of coverage. **In most cases, children will continue to qualify for Medical Assistance or CHIP, even after parents have been off welfare for a number of years.** Parents are likely to qualify for Medicaid for at least six months after they leave welfare, and may qualify for Medicaid or adultBasic after that time. However, many families and health care providers do not understand these rules, and across the state, thousands of children and parents are losing health insurance coverage as they leave welfare.

The Welfare Department's name for the kind of Medical Assistance coverage adults in families get when they leave cash assistance for work is Extended Medical Coverage or EMC.

Myth and Reality

There are no time limits for Medical Assistance. Some families believe that because there is a five year lifetime limit on cash assistance, the same is true for Medical Assistance. Pass the word: **no time limits or work requirements apply to health insurance!**

THE RULES FAMILIES NEED TO KNOW

Families leaving welfare need to know these rules:

- If a parent gets a job, but the income from the job is low enough that the family could still qualify for cash assistance, then the children and the parent should remain enrolled in Medical Assistance.
- If a parent leaves welfare because the parent's income from work is too high to qualify for cash assistance, then the parent and children can keep Medical Assistance for at least six months, and in most cases, for an entire year.
- Children have much broader income eligibility guidelines for health insurance than adults do. Children can keep Medical Assistance for as long the parent's income makes them eligible.
- If a parent is "sanctioned" (loses cash assistance) for failing to meet a work requirement, the family should still keep Medical Assistance.
- After one year off welfare, a parent will usually no longer be eligible for Medical Assistance, but the children will probably still qualify. If the children do not qualify for Medical Assistance, they are likely to qualify for CHIP and the parent may qualify for adultBasic. To evaluate the children's eligibility, use PCCY's eligibility charts in the Appendix A.

Families leaving welfare often get jobs that do not provide health insurance benefits. It is therefore essential that they keep their Medical Assistance benefits.

KEEPING MEDICAL ASSISTANCE

Families need to take steps to keep their Medical Assistance coverage, or they may join the ranks of the uninsured. Although the welfare department has made procedural changes that should help families keep their insurance, it is still important for families and those assisting them to keep on top of the process. Here is what needs to happen:

1. Families should stay in touch with the welfare office and provide their caseworker with documentation of their income.

2. Parents who call the welfare office to close their cash assistance case need to be specific about which benefits they want to close and which benefits they want to keep. Parents should not tell the caseworker simply to "close my case." Instead, they should say, "I want you to close my cash case, but keep my child care, food stamps and Medical Assistance open." There is no penalty for keeping these benefits.

3. If parents run into problems with keeping Medical Assistance when they leave welfare, they should call Community Legal Services at (215) 981-3700, the Children's Health Line at (215) 985-3301 or PCCY at (215) 563-5848.

APPLYING FOR HEALTH INSURANCE UNDER SPECIAL SITUATIONS:

Disabled Children, Children living with Grandparents and Other Caregivers, Teenagers, Immigrants, Children in Substitute Care, Spend-down, and Private Insurance

MA FOR DISABLED CHILDREN

DEFINITION: According to the Social Security Administration (SSA), a child is considered disabled if he or she has "a medically determinable physical or mental impairment, which results in marked and severe functional limitations," and which is expected to last 12 months or result in death.

Families seeking health insurance for a child with a serious disability or severe, chronic illness as described by SSA, should apply for Medical Assistance coverage, even if the family's income is higher than the Medical Assistance income limits. Pennsylvania has a special Medical Assistance program for children with disabilities that determines eligibility on the basis of the child's disability and income, not the parent's income. **This means that parents at any income level can qualify for Medical Assistance for their child with a**

serious disability, as long as the child's condition meets the required disability criteria. The disability criterion used to determine a child's eligibility for Medicaid is the same used by the Social Security Administration to determine a child's disability for Social Security Income (SSI). Some examples of childhood impairments are HIV infection, blindness, deafness, cerebral palsy, down syndrome, muscular dystrophy, mental retardation, diabetes (resulting in amputations), bi-polar disorder, severe ADHD, severe anxiety disorder, severe depression, etc.

INCOME QUALIFICATIONS: Parental income is not counted. The only income that could disqualify a child is income that is actually received by the child, not by the parent(s). If a child has income that exceeds $768 monthly in the child's name, then the child cannot qualify under this program. Examples of this type of income are social security/survivor's benefits, regular payments from a trust account, interest or dividends on investments in the child's name. Note that assets (i.e., money in the bank) will not disqualify a child; only income is counted. Even though the parent's income is not counted to determine eligibility for a child, parents are still asked to report their income in the application.

HOW TO APPLY: To obtain Medical Assistance for a disabled or seriously, chronically ill child, the parent should complete a Medical Assistance application, include the generally required verification and **attach documentation of the child's disability. When filling out the application, make sure you properly emphasize that you are applying for a disabled child. On the top of the application, write: MA Disabled Child PH 95.**

> ***TIP:*** *Parents should be informed that the rules concerning disability are contained in the Department of Public Welfare's Medical Assistance Eligibility Handbook, category PH 95. If there is any difficulty with this issue, the parent or an advocate for the parent should contact the children's Medical Assistance Liaison in the local County Assistance Office (see Appendix B). The parent can also contact the Pennsylvania Health Law Project 1-800-274-3258, or the Disabilities Law Project: (215) 238-8070.*

Note that when applying for a child with a disability or a special need, parents should be prepared to provide the necessary documentation regarding the child's diagnosis. Important sources of documentation include: the child's doctors, therapists, guidance counselors and school records (including the Comprehensive Evaluation Report, the Multidisciplinary Evaluation or MDE, and attendance records). Individualized Education Plans (IEPs) are not enough because they focus on educational issues which are not the primary focus of the Social Security disability standards.[4]

[4] Coggins, Stacey. A Guide for Determining Your Eligibility for Free Health Care Coverage through Medical Assistance. Pennsylvania Health Law Project, p.6

CHILDREN LIVING WITH AND BEING RAISED BY GRANDPARENTS OR OTHER CAREGIVERS

Many children are being raised by grandparents or other caregivers. Children in this type of family are eligible for Medical Assistance. Legal custody is not required. **The income of the grandparent or caregiver is not considered in the eligibility determination.** The only income that could disqualify a child is income that is actually received by the child, not by the parent(s). If a child has income of more than $768 monthly in the child's name, then the child cannot qualify under this program. Examples of this type of income are child support, social security/survivor's benefits, regular payments from a trust account, interest or dividends on investments in the child's name. Note that assets (i.e., money in the bank) will not disqualify a child: only income is counted.

Some grandparents or other caregivers who are not participating in the foster care system may be concerned that they will be penalized in some way for submitting a Medical Assistance application on behalf of the child in their care. You should assure these caregivers that their income will not be a factor in determining the child's eligibility, and that enrolling the child in Medical Assistance will not affect benefits such as social security or Medicare that the grandparent or caregiver may be receiving.

Grandparents or other caregivers should complete a Medical Assistance form and attach appropriate documentation. They should indicate on the form that the child for whom they are applying is a grandchild (or specify the relationship). If a grandparent runs into problems with the application, the school nurse should consult the Medical Assistance Liaison at the County Assistance Office (See Appendix B).

GRANDPARENT APPLIES FOR MEDICAL ASSISTANCE FOR HER GRANDCHILD

Christine Tinder is the 56 year old grandparent of five year old twins Kevin and Marquise Collgate. Both boys have just recently come to live with her after their mother left the country for two years. Mrs. Tinder is widowed and receives $515 a month in survivor's benefits from Social Security. She is also working part time and earns $1200 a month, bringing her total gross income to $1715 a month. When Marquise broke his arm at school she realized that the Medical Assistance under which the boys were covered when they lived with their mother had accidentally been allowed to lapse. The school nurse suggested she attempt to apply again. She was hesitant because she believed her income made her ineligible. At the nurse's suggestion she contacted PCCY for help. PCCY staff was able to gather all the information necessary to complete her application for MA over the phone. Both boys are eligible for MA regardless of Mrs. Tinder's income because she is the primary guardian of her two grandsons.

TEENAGERS

In general, teenagers are eligible for health insurance based on the family (parental) income. Teens in families with very low incomes (under 100 percent of the federal poverty guidelines, or for teens 16 and older, even less) are generally eligible for Medical Assistance; teens in families with slightly higher incomes often qualify for CHIP.

However, other eligibility criteria should be considered if any one of the following applies:

- The teenager is pregnant;
- The teenager is married;
- The teenager is between nineteen and twenty-one;
- The teenager is either living separately from her/his parents and/or not considered to be under their "care and control."

In each of these cases, special care should be taken to ensure that the teenager is able to enroll in the appropriate health insurance program.

PREGNANT TEENAGERS

Both CHIP and MA provide maternity benefits to pregnant teenagers. For Medical Assistance, a pregnant teenager will be counted as two people (so that if, for instance, she lives with her mother and one other sibling, the total family size would be four). Teens in families with very low incomes (under 100 percent of the federal poverty guidelines, or for teens 16 and older, even less) are generally eligible for Medical Assistance; teens in families with slightly higher incomes often qualify for CHIP.

If a teen does not qualify for Medical Assistance or CHIP and needs prenatal care, contact Maternity Care Coalition at (215) 972-0700.

TEENAGERS WITH SPECIAL BARRIERS

Some teenagers have an especially difficult time accessing health insurance. If a teenager is not connected to his or her parents, it can be difficult to complete the application documents and present documentation of income. Some teens in these situations may want to apply for Medical Assistance on their own.

A teenager may apply for Medical Assistance **without counting a parent's income** if any one of the following conditions applies:

- The teenager is married;
- The teenager is between nineteen and twenty one;
- The teenager's parents consider him or her to be "not under parental care or control." If the teen is not under parental care or control, the parents need to write a letter to the County Assistance Office indicating this. Note: if the parents are not able to write this letter, or refuse to do this, prudent judgment will be used by the County Assistance Office when determining emancipation.

What is "Parental Care and Control"?

"Parental care and control" allows for some flexibility on the part of the County Assistance Office in determining eligibility for teenagers. Teenagers may be living with parents and considered not under "parental care and control" if, for instance, they are providing for a portion of their own living expenses. In other cases, teens may be considered to be outside parental care and control because they are not living with the parent or because the parent will not assist them in getting health insurance. For specific assistance on this issue, contact the Medical Assistance Liaison at the local County Assistance Office or call Community Legal Services at (215) 981- 3700 or PCCY at (215) 563-5848.

IMMIGRANTS

Because there are many misconceptions about immigrant eligibility for children's health insurance, be sure to note that:

- All children who are legally residing in this country as permanent residents may be eligible for Medical Assistance or CHIP.
- **The immigration status of the parent is <u>not</u> relevant when applying for Medical Assistance or CHIP.** The parent is not required to declare his or her immigration status, and the status cannot be a factor in determining whether or not the child is eligible. A parent is also not required to provide his or her social security number when applying on behalf of a child.

- Immigrants and their families will not face a "public charge" problem if they sign up for Medicaid or CHIP. A "public charge" is someone who relies on government benefits as a sole means of support. There is a lot of fear about this issue in immigrant communities, as someone who is a public charge may have serious immigration problems. Reassure the families you work with that Medicaid and CHIP will not cause "public charge" problems.

Concerns of Undocumented Parents

Children who are citizens or legal residents have the same right to CHIP or Medical Assistance as all other citizens or legal residents regardless of the immigration status of their parents. Undocumented parents may apply for health insurance for their child who is a citizen or legal resident.

Parents should not be required to reveal their immigration status in order to apply for CHIP or Medical Assistance for their children. They also do not need to list their own social security number: this section of the application can be left blank. If a parent is asked about his or her immigration status, she or he should state that they do not have an immigration status that makes them "qualified" to receive benefits for themselves, and that they are not applying for themselves.

If a parent applies for Medical Assistance or CHIP and is denied because of failure to provide immigration status information or a social security number, the parent should seek legal assistance from Community Legal Services at (215) 981-3700.

CHILDREN IN SUBSTITUTE CARE

Children who are in substitute care (out-of-home placement, including foster homes, group homes and institutions) are eligible for and generally enrolled in Medical Assistance. When children return home from substitute care placements, however, they sometimes return home without health insurance. In many cases, children leaving substitute care return home to families whose income qualifies them for Medical Assistance or CHIP. If you are working with a child who has recently returned home from placement, it is possible that the child is without health insurance and will need to be enrolled in either Medical Assistance or CHIP.

CUSTODY ISSUES AND ENROLLMENT IN HEALTH INSURANCE

Who enrolls a child or teenager in health insurance if the child or teen is in substitute care placement? The answer depends on the type of substitute care:

- If the child was placed in foster care *through the child welfare system*, then the county children and youth agencies have legal custody of the children.
- If the child was placed in substitute care *through the juvenile justice system*, then the child's parents remain the legal custodians.

This means that the parents of children in the juvenile justice system often need to enroll the child in CHIP or Medical Assistance. Children in foster care are enrolled in Medical Assistance when they enter foster care, but parents must enroll them in CHIP or Medical Assistance when they return home.

CHILDREN IN FOSTER CARE: IMPORTANT NUMBERS

Philadelphia Managed Care Hotline 215-683-6263

Child Abuse Hotline.....215-683-6100

Quality Assurance Support Center.....215-683-4154
Tom Mudrick – Director
Carole Cornelius – Contact 215-683-4150

SPEND-DOWN AND RETROACTIVE COVERAGE

If a family's income is too high for Medical Assistance or CHIP, but not sufficient to purchase insurance on their own, they may end up with a child in need of care and no way to pay for the treatment. In this case, it is possible for a portion of the child's medical bill to be paid by Medical Assistance. Medical Assistance rules allow medical bills to be subtracted from income in order to qualify for coverage. This means that even if a parent's income is too high for CHIP or Medical Assistance, the child can become eligible for Medical Assistance when the child has medical expenses equal to the parent's excess income. This is called "spend-down." The medical bills that bring the income down to the Medical Assistance eligibility level will not be paid by Medical Assistance – but the remaining costs will be paid.

The formula looks like this:

Parental Income - Child's Medical Bills = Income which meets MA Eligibility Standards

Medical Assistance rules also permit retroactive coverage. This means that medical bills from three months prior to the date of application will be paid by Medical Assistance if the child is eligible for coverage. CHIP has no comparable rules. CHIP coverage is effective beginning the first day the child is enrolled in the program.

PRIVATE INSURANCE PLANS: SOME COVERAGE ISSUES FOR CHILDREN

Children who are not eligible for CHIP or Medical Assistance may be able to obtain insurance through one of the following methods.

1. **Through an employer:**

   Some children are covered by their parents' employers as an employee benefit; some employers offer parents the option of purchasing group coverage through the employer.

2. **Through an insurance company:**

   Some insurance companies will allow families to enroll even if they are not part of an employer group. Aetna U.S. Healthcare and Pennsylvania Blue Cross offer uninsured children and adults the option of enrolling as individuals. Families can get information by calling the following numbers:

   Aetna U.S. Healthcare: 1-800-832-2640

   Pennsylvania Blue Cross: (215) 568-8204 or 1-800-453-2566

PAYING FOR CHILDREN'S HEALTH CARE:

Some Special Problems & Solutions

UNINSURED CHILDREN IN NEED OF IMMEDIATE CARE

If a family's income is too high for Medical Assistance or CHIP, but not sufficient to purchase insurance on their own, they may end up with a child in need of care and no way to pay for the treatment. In this case, it is often possible for a portion of the child's medical bill to be paid by Medical Assistance. For more information, see "Spend-Down and Retroactive Coverage" on page 26.

CHILDREN WITH NO PRESCRIPTION COVERAGE

Some children have no coverage for prescription drugs, even though they may have health insurance coverage. If you are working with a family in this situation, there are four options:

1. **Medical Assistance coverage:**

   A child can enroll in Medical Assistance even if the child has other insurance. Medical Assistance will pay for whatever the private insurance does not cover, including prescription drugs or the prescription co-pay. A family's income must be under the Medical Assistance eligibility guidelines or the child must have a serious disability in order to qualify. For more information on Medical Assistance eligibility, see "The Structure of Children's Health Insurance Programs" on page 8.

2. **Patient Assistance Programs:**

   Most pharmaceutical companies provide free prescription drugs to primary care providers (PCPs) whose patients could not otherwise afford them. These programs are called Patient Assistance Programs or Indigent Patient Programs. The PCP will need to write to the company and explain the situation; usually the family does not need to verify their lack of income. The pharmaceutical company may then provide the prescription directly to the PCP for a limited period of time (after which the PCP will need to reapply). The addresses of pharmaceutical companies are in the Physicians Desk Reference or they can be obtained by writing to the Pharmaceutical Research and Manufacturers of America, 1100 Fifteenth Street, N.W., Washington, D.C. 20005. You can also go online at www.helpingpatients.org.

3. **American Association of Retired Persons (AARP):**

   The AARP runs a discount mail-order prescription program. Prescription prices are anywhere from 20 to 40 percent less than the usual pharmacy prices. The service is open to anyone: there are no age requirements. Call 1-800-456-2226 for information.

4. **Philadelphia Health Care Centers (District Health Centers):**

   Parents who are Philadelphia residents and who register their children for primary care at a Philadelphia Health Care Center are provided with free prescription drugs if they do not have any coverage for prescriptions. The list of Philadelphia Health Care Centers is in Appendix D. Note: A family cannot use the Philadelphia Health Care Center the way they would use a pharmacy. The child must be a regular patient and the medication must be prescribed by a PCP at the Health Care Center.

CHILDREN WITH ORTHOPEDIC PROBLEMS OR SPINAL CORD INJURIES

Shriners Hospitals is a network of 19 orthopedic hospitals and three burn institutes which provide free care to children. Shriners Hospital, Philadelphia Unit, offers free medical and rehabilitative services for pediatric patients with orthopedic problems or spinal cord injuries. Children from infancy to their 18th birthday may be eligible for care if in the opinion of the chief of staff there is a reasonable possibility that the treatment will benefit the

child and if treatment at another facility would place a financial burden on the patient's family or guardian. To inquire about the services in Philadelphia, call 1-800-843-7977.

CHILDREN WITH CHRONIC OR TERMINAL ILLNESSES: GRANTS TO HELP FAMILIES

The Kelly Anne Dolan Memorial Fund offers grants to families with children suffering from a chronic or terminal illness. The goal of the fund is to "lift the spirits and decrease the burdens of families dealing with the traumas and expenses serious childhood illness brings." The most frequently requested forms of assistance include electric and gas bills, phone bills, transportation assistance, car repairs and child care for well siblings. Any need will be considered. The fund responds within one to three days to an urgent request (e.g., loss of utilities). Other types of request are handled within a week. For information, contact: The Kelly Anne Dolan Memorial Fund, Box 556, 602 S. Bethlehem Pike, Bldg. D, Ambler, PA 19002. Phone: (215) 643-0763; fax: (215) 628-0266.

CHILDREN WITH A SERIOUS, ONE-TIME MEDICAL NEED

If a child's insurance will not cover a specific need or the child cannot enroll in health insurance, the Western Association may be able to help the family. The Western Association provides small grants for expenses like eyeglasses, orthodontia, or one month of home health care. The Western Association will not provide financial assistance directly to the family; a check is mailed directly to a designated provider if the application is approved.

To apply to the Western Association, a school nurse should write a letter for the family on School District letterhead describing the situation and explaining why the family cannot get help elsewhere. Include the name and address of the designated provider and the exact cost of the service. The Western Association usually responds within six weeks. Write to: Western Association, 240 Chatham Way, West Chester, PA 19380.

WESTERN ASSOCIATION HELPS LITTLE GIRL

Ruby is a 12 year old girl who has one breast which will never develop naturally. Ruby is not eligible for any type of health insurance. Although PCCY has helped her obtain medical attention, the doctors have informed us that until Ruby is 18 (and the one breast is fully developed), there is nothing they can do. However, the doctors suggested that Ruby get a prosthesis in the meantime to help her with her self-esteem. Ruby lives with her mother, father and her two younger brothers. The father cleans carpets and the family is desperately poor. Ruby's family was not able to pay for the prosthesis.

With approval from Ruby's mom, PCCY wrote to Western Association and explained the situation in detail including the cost of the prosthesis which was $105. Western Association was able to help Ruby and her family.

CHILDREN WHO NEED HEARING AIDS

The Miracle Ear Children's Foundation is designed to provide hearing aids and services to hearing-impaired children in need. Hearing aids obtained through this program may be new or reconditioned hearing aids. The hearing aid style will depend on the child's hearing loss. Eligibility requirements include: the child must be younger than 17; families must complete an application form; and families must have an inability to obtain care elsewhere (cannot be eligible for CHIP and MA). To inquire contact the Miracle-Ear Children's Foundation at P.O. Box 59261, Minneapolis, MN 55459-0261. Phone: 1-800-234-5422.

Note: Children with hearing impairments are often eligible for Medical Assistance regardless of parental income. For more information see section "Applying for Health Insurance Under Special Situations…" on page 20 and also Special Issues: Hearing Impairment on page 67.

MEDICAL ASSISTANCE AND CHIP:

Background on Managed Care Systems in Southeastern Pennsylvania

Most children enrolled in Medical Assistance or CHIP in Southeastern Pennsylvania receive their health care through a managed care system.[5] Managed care organizations, sometimes referred to as health plans or HMOs, enroll patients, provide a specified package of benefits, employ or contract with health care providers to provide these benefits and monitor the use of health services.

In a managed care system, patients choose a personal doctor or nurse practitioner, known as a primary care provider (PCP), and sometimes choose a personal dentist. These health care providers coordinate care and provide referrals to specialists. In addition, managed care plans that contract with the Commonwealth of Pennsylvania to provide services for CHIP or Medical Assistance enrollees offer consumer assistance through a member services telephone line and often provide some additional health education or outreach services.

Children enrolled in CHIP and Medical Assistance have specific rights under managed care. Because the Medical Assistance and CHIP systems are differently structured, the requirements

[5] One exception to this rule is children who are enrolled in the Department of Public Welfare's Health Insurance Premium Program (HIPP). These families are enrolled in an employer-sponsored insurance that is paid for by the Department of Public Welfare, and have fee-for-service Medicaid (an ACCESS card) as secondary insurance.

for managed care are different in each. The structure of each system and the rights of children in Southeastern Pennsylvania who are enrolled in these systems is found in the next several pages.

MEDICAL ASSISTANCE AND MANAGED CARE

The program of managed care for people enrolled in Medical Assistance in Southeastern Pennsylvania is called HealthChoices. Three managed care organizations contract with the state to provide care to Medical Assistance enrollees in this region. In addition, every person enrolled in Medical Assistance is also enrolled in a separate behavioral health plan, which is responsible for coordinating and providing all behavioral health care. Behavioral health care plans contract with psychiatrists, psychologists and organizations specializing in these fields to provide a range of behavioral health services.

The following are the three physical health care managed care organizations in Southeastern Pennsylvania and the member services phone numbers for each:

Health Partners 1-800-553-0784
AmeriChoice 1-800-321-4462
Keystone Mercy 1-800-521-6860

Children (and adults) are assigned a behavioral health managed care organization based on their county of residence. In Philadelphia, families are assigned to Community Behavioral Health (CBH). For more information contact Community Behavioral Health 1-888-545-2600.

Children enrolled in Medical Assistance have two cards:

- A blue and yellow "Access" card issued by DPW verifying their eligibility for Medical Assistance, and
- A card issued by the HMO indicating their membership in a physical health managed care plan;

There is no separate card for the behavioral health plan. When they take their children to the doctor, parents should bring both the Access card and the card from the managed care plan.

HOW TO ENROLL IN MEDICAL ASSISTANCE MANAGED CARE PLANS

Most children (and adults) who are enrolled in Medical Assistance in the Southeastern region must also be enrolled in a managed care plan. At the time that the parent selects a managed care plan, she or he will also need to select a primary care provider (PCP) for the child.

If the parent does not select a managed care plan, one will be assigned to them. If a plan (or doctor) is assigned to the child, the parent can select another plan (or doctor) at any time.

The state contracts with an outside company to manage the enrollment process. The company's name is ACS. ACS is responsible for maintaining a toll free line called HealthChoices. The HealthChoices hotline assists families in selecting a plan, resolving enrollment problems, and provides general information about the enrollment process.

Enrolling or Changing Your Managed Care Plan

To enroll in or change a managed care plan, call: 1-800-440-3989
or TDD (for the hearing impaired) 1-800-684-5505

THE ENROLLMENT PROCESS

The following are the steps families need to take to enroll the children in a Medicaid health plan:

1. Shortly after the parent receives notification that the child is enrolled in Medical Assistance, a packet will be sent to the home. This packet contains information about the health plans that the family can select and a form to fill out and send to HealthChoices with a postage-paid envelope. Once the parent selects a managed care plan, completes the form and sends it in, the child will be enrolled within two to six weeks.

2. A parent can also choose to enroll by phone by calling 1-800-440-3989 or TDD (for the hearing impaired) 1-800-684-5505. The phones are answered Monday through Friday 8:00 a.m. to 5:00 p.m. and Saturdays 10:00 a.m. to 2:00 p.m.

3. Parents can also visit their local County Assistance Office to meet with a HealthChoices Enrollment Specialist. Appointments are not necessary. The phones are answered Monday through Friday between 8:30 a.m. and 4:30 p.m.

4. Parents can also enroll at a HealthChoices Community Presentation. A schedule of presentations can be obtained by calling 1-800-440-3989.

SOME COMMON QUESTIONS ABOUT THE ENROLLMENT PROCESS

Families often have questions about the enrollment process. Listed below are some common questions and the answers.

Question: *Do all children in a family need to have the same plan?*

Answer: Each family member can have a different managed care plan, if this is what makes sense for the family. Most families prefer to select the same health plan for everyone, so that it is easier to coordinate care.

Question: *If everyone has the same plan, does everyone need to have the same PCP?*

Answer: No, each family member can choose a different PCP.

Question: *Which health plan has the most coverage?*

Answer: All of the health plans provide the same coverage to children under 21.

Question: *If you want to change your PCP, do you have to change health plans?*

Answer: No, you can call your HMO to change your PCP without changing your health plan.

Question: *How long does it take to change doctors or health plans?*

Answer: Changing your doctor or health plan can take between two to six weeks.

Question: *How are newborns enrolled?*

Answer: New babies should be automatically enrolled in the mother's health plan as of the delivery date. If there is a problem, the parent should call the HealthChoices hotline at 1-800-440-3989 for assistance.

CHIP and Managed Care

Children eligible for CHIP in Philadelphia have a choice of three managed care plans:

- Aetna U.S. Healthcare: 1-800-822-2447
- Keystone Health Plan East through the Caring Foundation: 1-800-464-KIDS
- KidsChoice: 215-832-4733

All three plans provide the same package of comprehensive benefits.

ENROLLING IN A CHIP MANAGED CARE PLAN

Children enroll in a CHIP managed care plan at the same time as they sign up for benefits.[6] There are two different ways to sign up for CHIP coverage:

The Enrollment Process:

1. Parents can call the health insurance plan directly. Parents should select one of the plans, Aetna U.S. Healthcare, Keystone Health Plan East through the Independence Blue Cross and Pennsylvania Blue Shield Caring Foundation for Children or KidsChoice. The plan representatives will assist the parent in enrolling the child and in selecting a PCP.

OR

2. The parent can call the MA/CHIP helpline at 1-800-986-KIDS for assistance in selecting a plan and obtaining an application. Parents should be aware that the date on which their application is received by the CHIP contractor is the date that starts the enrollment process, not the date when they first called the MA/CHIP helpline.

[6] This contrasts with the process in Medical Assistance, in which parents first sign their children up for coverage, and then select a managed care plan.

MEDICAL ASSISTANCE AND CHIP:

Program Benefits for Children

Although Medical Assistance and CHIP are both funded by the federal and state governments, they are administered by different entities and have different benefit packages and provider networks. Medical Assistance is administered by the Pennsylvania Department of Public Welfare; CHIP is administered by the Pennsylvania Department of Insurance.

MEDICAL ASSISTANCE BENEFITS FOR CHILDREN

Federal law mandates a comprehensive package of benefits for all children enrolled in Medical Assistance. All states are required to implement a program called the Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The EPSDT program requires states to work with the health care community to ensure that children are provided with screening examinations and all medically necessary services. Children must receive basic preventive services (for example, check-ups and immunizations) as well as treatment for acute and chronic childhood illnesses and conditions.

WHAT ARE THE SPECIFIC MEDICAL ASSISTANCE/EPSDT BENEFITS?

EPSDT requires that children receive every health care service that they need. Children enrolled in Pennsylvania's Medical Assistance program should not be denied any service that is medically necessary, nor should their parents be required to pay for any services.

MEDICAL NECESSITY

A child's health plan must provide all medically necessary services to children. The health plan is required to approve a service as medically necessary if getting the service or benefit:

- will, or is reasonably expected to, prevent the onset of an illness, condition or disability;
- will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, or injury;
- will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for other individuals of the same age.

Parents should be aware that Medical Assistance benefits include some services that they might not expect to have covered. For example, a second pair of eyeglasses is covered if a child loses or breaks the first pair. Sometimes it takes extra work to obtain these services, because health care providers are not always aware of the scope of Medical Assistance benefits. The case example below shows how a school nurse was able to use knowledge of Medical Assistance benefits to assist a parent in obtaining eyeglasses for a child.

Case Example: Eyeglasses for Children and Medical Necessity

The first grader was enrolled in Medical Assistance. When he failed the vision exam at school, the school nurse referred him for a complete vision exam. When the child's mother met with the nurse, she said that her son had broken his eyeglasses and that she could not afford another pair. She explained that last year, she had to pay $50 for her son's glasses, because he needed special lenses, and the health plan did not cover the whole cost.

The school nurse explained to the mother that the glasses should be a covered service because they are medically necessary. The nurse and the mother then called the member services line and spoke with a representative who insisted that the child could only receive $125 annually in eyeglass coverage. The nurse corrected this information, obtained the number of a local eyeglass provider and called to make an appointment for the child. The eyeglass provider then told the nurse that the child

would need a referral from his primary physician. After the nurse corrected this information, she was put on hold for several minutes until the receptionist was able to confirm that the child could be seen without a referral.

The child was examined and received a pair of eyeglasses.

CHIP BENEFITS FOR CHILDREN

The CHIP program provides comprehensive health benefits similar to those offered by many employers. CHIP currently covers the following services: doctor visits (well and sick), immunizations, x-rays and laboratory work, eyeglasses, lead screening and treatment, dental care (but no orthodontia), prescriptions, specialty referrals and visits, surgery, hospitalization (90 days), mental health care (50 outpatient visits and 90 inpatient days), durable medical equipment, allergy testing, routine gynecological care and maternity benefits.

Unlike Medical Assistance, CHIP does not cover every service a child needs. Most services are covered, however, and when in doubt, a parent should call the CHIP health plan to inquire about a specific service. A parent can also call the MA/CHIP helpline at 1-800-986-KIDS.

SECTION TWO

After Enrollment...

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into affect April 14, 2003. HIPAA was created to:

1) Give patients more control over their health information,
2) Set boundaries on the use and release of health records,
3) Establish appropriate safeguards to protect the privacy of health information, and
4) Hold violators accountable with civil and criminal penalties.

While the rules were designed to protect patient's rights **they also directly impact the role of those who advocate on behalf of patients. For instance, a school nurse or counselor who calls an HMO to resolve an issue for a student now needs to consider whether or not he or she should first seek authorization to discuss the issue with the HMO.** Here's how it works:

- An HMO may speak with an advocate about a person requesting enrollment into that health plan because the person is not yet a member of that HMO
- Once an individual becomes a member of an HMO, their health information is protected.

Does that mean that school nurses or counselors can no longer speak to HMO's regarding a problem on behalf of a student? No. If the student is not yet enrolled in the HMO, then the HMO is free to talk to the advocate about the issue without authorization.

Once a person is a member of an HMO, an advocate has options:

- If the member is in the presence of the Advocate while attempting to contact the HMO, the HMO should accept verbal authorization from the member and discuss the issue with the advocate; or
- Take the request directly from the advocate, but return the call directly to the member; or
- If neither of the above is possible, the HMO may ask the Advocate to have the member submit an Authorization to Release Information form, which can be faxed or mailed, but not emailed. Once this has been received the HMO should assist the Advocate in the appropriate manner.

An authorization form must specifically identify the information being released, its recipients and the purpose of the disclosure. It must include an expiration date or an event for expiration, and must be signed by the member or their personal representative. The blank authorization form on Appendix F meets HIPAA standards and can be copied and used to obtain authorization with any HMO.

MAKING SURE CHILDREN GET THE SERVICES THEY NEED

Enrollment is only the first step in making sure that a child receives health care services. Parents need to be able to locate a health care provider, make an appointment, pay any required co-pays (not necessary for children enrolled in Medical Assistance or CHIP), and then obtain any necessary follow up care, prescriptions or medical equipment. Parents also need to be able to get questions answered promptly and respectfully, and to have a resource to call if problems or questions arise after a visit.

Most children enrolled in Medical Assistance and CHIP in Philadelphia receive their health care through a managed care plan. Increasingly, children enrolled in commercial coverage through a parent's employer are also enrolled in managed care. Using managed care at times can be difficult. This section of the manual describes some of the rights that people enrolled in managed care have, and some of the ways school nurses and counselors can assist families in getting the care that they need.

WHAT ARE MY RIGHTS?

Before you can assist a family with a managed care issue, you need to know the type of coverage the child has obtained. Find out whether the child is enrolled in:

- A commercial managed care plan (either obtained through an employer or privately purchased). Some examples in this region: Aetna U.S. Healthcare; Keystone Health Plan East; Qual Med Plans for Health and Personal Choice.
- A Medicaid (also called Medical Assistance) managed care plan. Children enrolled in a Medicaid managed care plan will have one of the following cards: Health Partners, AmeriChoice, or Keystone Mercy.

- A CHIP managed care plan. Children enrolled in a CHIP managed care plan will have one of the following cards: Aetna U.S. Healthcare, Keystone Health Plan East or KidsChoice. *However, you should be aware that not every card from Aetna U.S. Healthcare or Keystone Health Plan East belongs to a child enrolled in CHIP.*

Families are sometimes uncertain about the type of coverage that their child has, and simply looking at the insurance card is often not sufficient to answer the question. Some CHIP insurance cards are identical to their commercial counterparts; some Medical Assistance insurance cards look very much like CHIP or commercial cards. The similarity of cards is often appreciated by families for the privacy it provides, but it can make it difficult in working to resolve problems.

Ask the family where the coverage came from. If the coverage was provided through an employer (or the family purchased their own coverage), it is commercial coverage. If the family received the coverage by applying through the Department of Public Welfare or responding to one of the CHIP advertisements, then the coverage is CHIP or Medicaid. When in doubt, you or the parent can call the plan's member service number, found on the back of the card, to find out the type of coverage the child has.

The first chapter in this section describes consumer rights that apply to anyone enrolled in a managed care plan in Pennsylvania (except older adults enrolled through Medicare). These rights apply to children enrolled in a CHIP or Medicaid managed care plan as well as to children enrolled in managed care through employer-purchased coverage.

The next chapter outlines some special rights, provider guidelines and complaint procedures *that apply only to Medicaid managed care*. If you are working with someone who has a managed care problem, read the section titled "General Consumer Protections in Pennsylvania" first. Then, if the child is enrolled in Medical Assistance, read the next chapter for additional steps to take.

Type of Coverage: Why It Matters

Children enrolled in Medicaid have different rights and a different benefit package from children enrolled in CHIP or commercial coverage. **In order to help a parent get care for a child, you will need to know what the child's benefits and legal rights are.** There are some rights that apply to everyone enrolled in managed care in Pennsylvania, but there are other, important legal rights that only apply to children enrolled in Medicaid. Therefore, in order to assist with health insurance problems, you must first find out the type of coverage the child has obtained.

MEDICAID MANAGED CARE:

General Consumer Protections in Pennsylvania

Many issues arise for families getting health care through a managed care plan. Some of these are easily resolved. If, for instance, a parent with whom you are working wants to change doctors but remain in the same health plan, this change can be made simply by calling the plan's members services line which is (usually printed on the back of the insurance card). Member services lines are also generally able to provide information about benefits, providers, how to access services and other issues.

Sometimes a parent has a complaint about the care a child is receiving, or has been told that a service that the child needs will not be provided by the managed care plan. In this type of situation, you can assist the parent in filing a complaint or grievance with the managed care plan. If the child is enrolled in a Medicaid health plan, the parent can also file a formal appeal called a "A Request for Fair Hearing" with the Department of Public Welfare.

Special Protections for Children on Medicaid

If the child you are working with is enrolled in a Medicaid health plan, follow the procedures in this chapter, and then be sure to turn to the chapter on Medicaid managed care. Children enrolled in Medicaid health plans have important additional rights based on federal laws that apply to Medicaid.

RESOLVING PROBLEMS WITH MANAGED CARE: COMPLAINTS AND GRIEVANCES

A new managed care consumer protection law took effect on January 1, 1999 in Pennsylvania. Act 68, the Quality Health Care Accountability Protection Act, provides both health care consumers and providers with specific rights, including a complaint and grievance process.

The process for filing a complaint is a bit different than the process for filing a grievance, so it is important to know whether your issue falls into the complaint or grievance category. A grievance is an appeal from a health plan's denial of a service because the plan determined that the prescribed service was not medically necessary. A complaint is any type of appeal which is not a grievance.

WHAT IS A GRIEVANCE?

A grievance involves a dispute with the health plan in which a child (or adult) has been denied a service in full or in part because the service was not medically necessary. This includes situations in which the health plan decides to substitute an alternative service for the service that a doctor or health care provider has requested. A parent or provider will need to file a grievance for a child anytime a health plan claims that a service is not medically necessary.

WHAT IS A COMPLAINT?

A complaint involves any dispute with the health plan EXCEPT for a situation in which the plan has denied a service fully or partially, because it is not medically necessary.

Medically Necessary Treatment for Children on Medicaid

Federal law requires states to provide all medically necessary screening, diagnosis and treatment services to children enrolled in Medicaid. This means a plan cannot deny a child enrolled in Medicaid any health care service on the grounds that the service "isn't covered." When a health plan denies a child a service stating that service is not medically necessary, the parent should file a grievance with the health plan.

COMPLAINT OR GRIEVANCE: WHY DOES IT MATTER?

There are somewhat different systems to use for resolving complaints and grievances. It is important to use the right system for your problem. If parents are uncertain about whether their problem is a complaint or a grievance, they should call the Pennsylvania Health Law Project at 1-800-274-3258.

EXAMPLES OF COMPLAINTS AND GRIEVANCES

Here are some examples of complaints and grievances. These examples were developed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department.

Grievances:

- Plan won't pay for service and says service is not medically necessary.
- Plan won't pay for emergency service and says true emergency did not exist.
- Plan refuses to provide a referral saying it is not medically necessary.
- Plan is discharging a patient saying care in the facility is not medically necessary.
- Plan refuses to pay for a specific drug because it is not on plan's formulary (i.e. the list of prescription drugs that the plan typically provides to its members), or an "off-formulary" drug is not medically necessary.

Complaints:

- Consumer is dissatisfied with the quality of care.
- Consumer is dissatisfied with premium increases or rates.
- Plan does not have enough providers or providers are too far away.
- Plan says that the prescribed service is not a covered benefit under the contract.

There are many other situations that could qualify as complaints or grievances. For help distinguishing your situation as a complaint or a grievance, parents can call their health plan or the Pennsylvania Health Law Project at 1-800-274-3258.

FILING A COMPLAINT

If you are working with a parent who has a COMPLAINT about managed care, here are the steps to follow:

1. Make sure that the situation is a complaint, and not a grievance, by referring to the criteria outlined previously.

2. Read the member handbook or call the plan's member services number and get the address (or fax number) to which complaints should be sent. Although consumers may file complaints verbally, it is a good idea to file a written complaint and keep a copy. If the parent files the complaint verbally, he or she should request a written copy of how the plan recorded the complaint.

3. Write down the date the letter was sent or when the complaint was filed verbally. The plan is required to investigate the complaint within 30 days. The complaint will be reviewed by a committee of health plan employees. The plan must send a written response to the consumer within 5 business days after the decision was reached.

4. If the parent is still not satisfied, he or she can request a second level of review. You should assist the parent in filing the request for a second level of review in the same way as you did the first. It is preferable to write a complaint letter requesting a second level review, but the parent can also make this request verbally, and then ask for a copy of how the plan recorded the second complaint. The second level of review requires the plan to convene a review committee that consists of three or more people who did not participate in the initial review. One-third of the members of the committee must be people who are not employed by the health plan.

5. The second level of complaint must be reviewed within 45 days, and the parent should receive a written notice within five business days after the decision was reached.

6. The last step: If the decision is still not favorable, the parent has 15 days to appeal to either the Pennsylvania Department of Health or the Pennsylvania Department of Insurance. Send the appeal to the Department of Insurance if the complaint is about the plan's policies or procedures; send the appeal to the Department of Health if it is about the way a provider gives care or service. If you send the appeal to the wrong agency, it will be

forwarded to the correct agency. The addresses are:

Bureau of Managed Care
Pennsylvania Department of Health
P.O. Box 90
Harrisburg, PA 17108
Fax: 717-705-0947

Pennsylvania Insurance Department
Bureau of Consumer Service
1321 Strawberry Square
Harrisburg, PA 17120

Note: There is no required timeline for the Insurance Department or the Department of Health to provide a response to consumer complaints. Both Departments have stated that it is a goal to review and respond to complaints within 60 days.

FILING A GRIEVANCE

If you are working with a parent who needs to file a GRIEVANCE, here are the steps to follow:

1. Make sure the situation is a grievance, not a complaint, by referring to the criteria outlined in section above. If the situation is medically pressing or in any way an emergency, the grievance should be labeled "EXPEDITED GRIEVANCE" (see page 52) and a special, expedited timeline will apply. You may also want to seek assistance in this case by contacting the Pennsylvania Health Law Project at 1-800-274-3258.

2. Refer to your member handbook or call the member services number of the plan and get the address or fax number to which grievances should be sent. The parent has generally 45 days from the date he or she receives the notice that a service was refused to file a grievance. Grievance requests should be in writing, unless disability or language barrier make it necessary to file an oral grievance. If an oral grievance is filed, it is important to ask the health plan for a copy of their written record of the grievance.

   A parent can have a health care provider file a grievance on behalf of the child. Health care providers may want to file a grievance if they have been denied payment

for a service. The parent must give the provider written permission to file a grievance on behalf of a child. If a parent has the provider file a grievance, the parent may not file a separate grievance on the same issue. However, in this case the parent still has the right to file an appeal, and it is important to do so (see the next chapter for information on appeals).

3. Make a record of when the letter was sent. The plan is required to investigate the grievance within 30 days and to send a response to the consumer within five (5) business days after the decision was reached. The grievance will be reviewed by a committee of one or more people selected by the health plan who did not participate in the health plan's decision to deny or reduce the service. The committee also has to include a licensed physician or licensed psychologist or provider in the same or similar specialty as the health care service at issue.

4. If the decision is not favorable, the parent can appeal for a second level grievance review. This time, the parent has the right to attend the grievance hearing and to be assisted or represented by the person of his or her choice. You should assist the parent in filing the request for a second level of review in the same way as you did the first. The second level grievance committee must consist of three or more persons who did not participate in any of the health plan's decisions to deny or reduce care. This committee also has to include input from a licensed physician or specialist in the field at issue. It is a good idea to seek legal help at this level, if the parent has not done so already. Call the Pennsylvania Health Law Project at 1-800-274-3258 for free consultation.

5. The second level grievance committee has to complete its review within 45 days, and must provide the consumer and the health care provider with a written notice of the committee's decision within five (5) days.

6. The last step: If the decision is still not favorable, the parent has 15 days to appeal for a third level review by an independent entity. This is called an external grievance. A letter requesting an external grievance should be sent to:

   Department of Health
   Bureau of Managed Care
   P.O. Box 90
   Harrisburg, PA 17108

A decision must be made by the independent entity (usually a utilization review company) within 60 days of the filing of the third level grievance. There is no hearing at the external review level. The decision will be made on the basis of the information supplied by the plan, unless the parent supplies additional information.

7. Final resort: If all else fails, the consumer has the right to go to court. Medicaid recipients also have the alternative fair hearing process, which is described in the next chapter.

EXPEDITED REVIEW

A plan must provide an expedited review of a complaint or grievance if the child's life, health or ability to regain maximum functional capacity would be jeopardized by the delay of the regular review process.

To obtain an expedited review, the child's physician must provide the plan with written certification, including supporting clinical rationale and facts, that the child's life, health or ability to regain maximum functional capacity would be jeopardized by delay occasioned by the regular review process.

The plan's internal expedited review process is bound by the rules and procedures of the second level grievance process with certain exceptions, including the hearing may be held by telephone, if necessary to accommodate the member, and the review and decision must occur within 48 hours of receipt of the enrollee's request and physician certification.

Any request for expedited external review must be submitted to the health plan within two business days of the decision.

MEDICAID:

Special Protections for Children

Children enrolled in Medicaid have rights to health care that are guaranteed by federal law. Federal law established a special Medicaid program for children called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). All states are required to implement the EPSDT component of Medicaid, which requires states to work with the health care community to ensure that children receive both screening examinations and all medically necessary services.

No Limits or Excluded Medically Necessary Services for Children Enrolled in Medicaid

EPSDT requirements are broad, and mean that children enrolled in Medicaid should receive all the services they need, regardless of how much the services cost. There are no specified limits to the Medicaid benefit package for children.

Parents of children enrolled in Medicaid should never be told "your health plan doesn't cover this service." They should also never hear "there are limits on this service, and your child has used them up." If parents are told that there are limits, you should assist them in contacting their health plan and explaining their rights. If necessary, the parent should file a grievance and an appeal with the Department of Public Welfare. It is good to involve an attorney in helping

decide whether to file one or the other or both. The Pennsylvania Health Law Project is available at 1-800-274-3258 for assistance. Grievance procedures are outlined in the preceding chapter; the appeals process is discussed later in this chapter.

MEDICALLY NECESSARY SERVICES

What is a medically necessary service? The contracts between the Commonwealth of Pennsylvania and Medicaid health plans include a definition of medical necessity. Health plans are required to deem a service medically necessary if getting the service or benefit:

- will, or is reasonably expected to, prevent the onset of an illness, condition or disability;
- will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition or injury;
- will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for other individuals of the same age.

MEDICAL NECESSITY FOR CHILDREN

Children enrolled in Medicaid must receive all medically necessary services. For example, any of the services listed below must be provided by the Medicaid health plan if they are medically necessary:

- a replacement pair of eyeglasses because the a child's glasses were lost or stolen;
- a specially equipped wheelchair;
- an all-day treatment program for a behavioral disorder, and
- hearing aids.

MEDICAL NECESSITY TIMELINES

It is important to note that although any service that is medically necessary must be provided, some services require "prior approval" or prior authorization before they are provided. When a service requires "prior approval" doctors working for the health plan must decide that the service is medically necessary before it is provided or it will not be paid for. This means that, in effect, two doctors must agree that the service is necessary: (1) the doctor who prescribes for the child, and (2) a doctor working for the health plan. (A health plan may employ nurses as reviewers, but any denial of services must be made by a health professional with the same qualifications as the provider who prescribed the service.)

The Medicaid health plan is required to approve requests for prior authorization within 21 calendar (not business) days. If the health plan does not approve the request within this time period, the request is automatically approved and the health plan must provide the service. *If a case is considered urgent, the health plan must process the request in sufficient time to ensure that the child's medical care or ability to function is not jeopardized.*

SOLVING PROBLEMS WITH MEDICAID MANAGED CARE

You can assist parents in advocating for services for their children. There are many ways to resolve problems informally, and if there is time, you may want to pursue these routes first. For information on tools available to school nurses working with Medicaid managed care, see the next chapter, "Medicaid Managed Care: Advocacy Strategies for School Nurses and Counselors on page 58".

There are two important formal routes that parents can take if their children are denied care or if the care that is provided is less than or not the type of care they want. The formal routes are:

1. They can file a grievance with the health plan as described in the previous chapter, and if the grievance is not satisfactorily resolved, they can subsequently file a grievance with the Pennsylvania Department of Health or the Pennsylvania Insurance Department. See the section titled "Managed Care: General Consumer Protections in Pennsylvania" on page 46 for step by step instructions on filing a grievance.

2. They can file an appeal called a ("Request for Fair Hearing") with the Department of Public Welfare. A fair hearing request is a formal complaint to the state. The right to a fair hearing when a Medicaid service is denied is guaranteed by federal law. You can file a fair hearing at the same time that you file a grievance, or following any level grievance decision. The fair hearing process is separate, but it can occur at the same time as a grievance process.

FILING A FAIR HEARING REQUEST

A parent may file a fair hearing request anytime he or she is denied a service in a timely fashion by the health plan or the Department of Public Welfare. Examples of occasions when parents might file an appeal include: when a service is denied because the health plan says it isn't medically necessary; when a health plan provides less service than the child needs (for instance, fewer home health days); or when a health plan reduces the amount of service a child had been receiving.

Filing a grievance places the issue of concern in front of staff from the health plan; filing a fair hearing request places the issue in front of the Department of Public Welfare. Filing a fair hearing request also provides people on Medicaid with certain legal rights.

Filing a fair hearing request:

1. To file a fair hearing concerning the denial of a health service, the parent should write a letter with the word "a fair hearing request" on the top of the page. All that is necessary is that the parent explain that she or he disagrees with the decision to deny or reduce a service. It is helpful, however, to include additional, explanatory information such as the name of the HMO, the history of service requests, and some information on why the child needs the service. If possible, a copy of the decision being appealed should be attached.

2. Send the appeal certified mail so that the parent will have verification that it was received by the Department of Public Welfare.

3. Address the appeal to:

   Department of Public Welfare
   Office of Medical Assistance Programs
   HealthChoices Program
   P.O. Box 2675
   Harrisburg, PA 17105-2675

4. It is a good idea to get legal or advocacy help when filing an appeal. See the list of organizations that can provide this help in Appendix G.

File an Appeal Within 10 Days and the Child Keeps the Service

If a child (or adult) has been receiving a service from the Department of Public Welfare (including any health care service), filing a grievance or fair hearing request within 10 days guarantees the child (or adult) the right to continue to receive the service until the grievance or fair hearing decision is made. Appealing a grievance decision within 10 days keeps the benefits coming until that next decision is made.

SERVICE DENIAL SAFETY NET: HEALTHCHOICES CLINICAL SENTINEL HOTLINE

The Clinical Sentinel is a service established by the Department of Public Welfare to ensure that health plans honor requests for medically necessary service in a timely manner. A parent (or the parent and a school nurse) can call the Clinical Sentinel Hotline if care has been requested and the health plan has not responded in time to meet the need. The Hotline operates Monday through Friday between 9:00 a.m. and 5:00 p.m. The number is: 1-800-426-2090.

MEDICAID MANAGED CARE:

Advocacy Tools for School Nurses and Counselors

Many of the difficulties families have with Medicaid managed care can be solved, particularly if families have a nurse or informed advocate assisting them. Although every situation is unique, there are some general guidelines and tools that will assist you in your work with parents and Medicaid managed care.

GENERAL GUIDELINES

1. Always consider whether the situation is urgent, and whether it might be important to file a grievance or appeal, or refer the case to the Department of Public Welfare's Clinical Sentinel Hotline. See the prior two chapters for information on how to file a grievance or appeal.

2. Call the member services line first. The toll-free number is printed on the back of the child's card. Whenever possible, the parent and school nurse should make this call together, either by asking the health plan to conference both parties into a phone conversation or by having the nurse stand by while the parent makes the call.

3. When you speak with the member services representative, be clear about what you and the parent are requesting. Focus on the solution, not the problem. For example, instead of saying "this child was refused a replacement pair of

eyeglasses and is failing in school," you can say "what will it take to get eyeglasses for Johnny within a week?"

4. Always take notes. Write down the name of the representative, the date you spoke with him or her, and what was said.

5. If the problem is not resolved, call the SCHOOL NURSE HOTLINE. This is a special service for school nurses who are having trouble resolving problems with Medicaid health plans. The SCHOOL NURSE HOTLINE for each Medicaid health plan in the Southeastern region is listed in Appendix H.

6. If the SCHOOL NURSE HOTLINE is not able to resolve the situation, you may need to file a grievance and/or appeal (see the prior chapters).

USING THE SCHOOL NURSE HOTLINE TO HELP A CHILD

Shareef Glass is a seven year old boy living with Sickle Cell Anemia. He has Medical Assistance coverage through AmeriChoice. Shareef's mother, Andrea Glass and his second grade teacher were concerned because Shareef's frequent pain causes him to miss many days of school. AmeriChoice had already given approval to allow a home health aid to spend time with him when he was out of school to help manage his pain. Ms. Glass was interested in keeping him in school by possibly getting an aid to help him manage his pain while in class. AmeriChoice's school nurses hotline was contacted to inquire about approval for an in-school aid. The representative was not immediately sure if that kind of aid could be used or approved, but she immediately responded by locating an expert on Sickle Cell Anemia to go to Shareef's school and talk to his teacher and his classmates about Sickle Cell Anemia and what they could do to help Shareef.

SCHOOL DISTRICT OR HEALTH PLAN?

What to do if the HMO says the School District Must Pay

Children have a right to all medically necessary physical and behavioral health services if they are enrolled in Medicaid. If they have a disability that requires specialized instruction, they also have a legal right to free specialized instruction and "related services" from their local school district. Related services can include speech, occupational or physical therapy, psychological services or individualized supports, communication devices and even many "medical" services that they don't need a physician to provide (for example, tube feeding and some nursing services). A child can need a related service such as physical therapy to learn, and that same service can also be "medically necessary." Under these circumstances, the child is entitled to the service from both systems, and the family has the right to choose which will provide it to the child.

If an HMO refuses to provide a medically necessary service to a child arguing that the school district or the early intervention system should be providing the service, it is violating federal law. You can contact the Education Law Center at (215) 238-6970 or the Disabilities Law Project at (215) 238-8070 for help. If a school district or an early intervention agency refuses to provide a "related service" that a child needs to learn or to attend school safely, and instead refers the family to a Medicaid physical or behavioral HMO the Education Law Center should be contacted at (215) 238-6970.

SPECIAL ISSUES:

Vision Care

Many school-age children need eyeglasses. You may identify children in need of vision care through an annual vision exam conducted at school, or you may become aware of children whose vision defects have been diagnosed but who have not received proper treatment. As good vision is essential to success in school, problems with accessing vision care are among the most common difficulties with managed care expressed by school nurses.

Both Medicaid and CHIP provide vision care benefits. Some commonly misunderstood issues about CHIP and Medicaid vision benefits are described in this section.

CHILDREN ENROLLED IN MEDICAID

Children enrolled in Medicaid are entitled to all medically necessary vision care. Many families are not aware of the extent of this benefit, and wrongly believe that their children may only have one pair of eyeglasses annually – even if their vision needs change or a pair of glasses is broken or lost. School nurses sometimes encounter parents who have even been told by the vision care provider that their benefit package is limited, when it is not.

Eyeglasses: Whatever is Medically Necessary

The message for parents: children are entitled to all medically necessary vision care, including replacement eyeglasses if a pair of eyeglasses is lost or broken. Children are also entitled to lenses that may cost more than the average lens cost. The key is medical necessity: if a child needs a particular lens in order to see, the lens should be paid for in full by the Medicaid health plan.

LENSES AND FRAMES

Lenses are an issue of medical necessity; frames are not. Children enrolled in Medical Assistance are provided a selection of frames that are available at no cost to the parent. If the parent wishes to select more expensive frames, the parent will have to pay the difference. Some parents have not been clearly informed that they will be charged for the more expensive frames, and find themselves unable to pay for the child's glasses. It is important that parents are aware that there is a limited benefit for frames, but no limit on the benefit for lenses.

Contact lenses are not provided by Medical Assistance, unless the child's vision condition requires the use of contacts instead of eyeglasses.

EYEGLASS REPAIR

Repair of broken eyeglasses is a covered benefit for children enrolled in Medical Assistance. Again, many parents are not aware of this benefit or have been wrongly informed that they must pay to repair the eyeglasses themselves. Eyeglasses should be repaired at no cost, and if they are not able to be repaired, they should be replaced.

CHILDREN ENROLLED IN CHIP

Children enrolled in CHIP have the following vision care benefits:

- Routine eye examinations;
- One pair of eyeglass frames and lenses annually.

Replacement glasses are not covered, nor are repairs to broken glasses.

In the past, some parents of children enrolled in CHIP were required to pay for eyeglasses and submit the receipt to the insurance company for reimbursement. CHIP policy has changed, and this is no longer the case. There is no need for a parent to advance funds for the purchase of eyeglasses. If parents are asked to advance the cost of the glasses, they should contact the member services department of their CHIP insurance company.

UNDER-UNINSURED CHILDREN

If a child does not have coverage for eyeglasses and the family income is low, the child's caretaker can apply for Medical Assistance as secondary coverage. CHIP coverage is not available as secondary insurance; only uninsured children can enroll in CHIP. For help with resources for uninsured children, see section titled "Paying for Children's Health Care: Some Special Problems and Solutions" on page 28.

SPECIAL ISSUES:

Dental Care

Most children should see a dentist every six months, even if the child has no apparent dental problems. (Children should start seeing a dentist when teeth first appear in the mouth, at approximately six months to one year of age).

When children visit the dentist depending on the age and need of the child, a parent can expect:

- a general discussion of the child's oral and physical health
- an examination of the child's mouth
- cleaning of the child's teeth, including prophylaxis/scaling (scraping of tartar from teeth)
- x-rays
- topical fluoride treatment
- sealants
- reasonable reappointment time (10-14 days for follow-up treatment)

It is important for parents to ask for scaling of the teeth during a cleaning if the dental provider identifies calculus on the teeth, as this is recommended by the American Academy of Pediatric Dentistry. Parents should also ask about sealants, which are a coating on the teeth which helps to prevent decay. Unfortunately, some dental practices do not offer sealants or scaling, so asking in advance is important. Both CHIP and Medical Assistance benefits include sealants.

NOTE: *Uninsured children and their families in need of dental care may receive dental services free or at cost by going to one of the Philadelphia Health Care Centers listed in Appendix I. In addition, several dental schools offer low-cost services to uninsured children and their families. For a list of Low-Cost Dental Options see Appendix J.*

CHILDREN ENROLLED IN MEDICAID

Children enrolled in a Medicaid managed care plan can receive dental care from any of the dentists in a plan's network. Dentists are listed in each of the plan's provider directories. Keystone Mercy also publishes a monthly directory with an up-to-date listing of dental providers. Call Keystone Mercy members services for a copy.

Children enrolled in Medicaid should be able to get a dental appointment either for screening or for treatment in a timely manner. If you are working with a parent who is not able to get a timely dental appointment for a child, you can also call the School Nurse Hotline for assistance (See Appendix H). A parent can complain to the Health Plan and ask for help in getting an appointment more quickly

Dentists often work with many different HMOs and can make mistakes about benefits. It is important to remind them – if necessary – that children on Medicaid HMOs are entitled to all medically necessary dental care. If you are not sure and have concerns, do not give up! A school nurse or dental hygienist working with a parent can always call the School Nurse Hotline for help (Appendix H).

CHILDREN ENROLLED IN CHIP

Children enrolled in two of the three CHIP plans – KidsChoice and the Caring Foundation – can receive dental care from any of the dentists in each of the plan's networks without having to notify the plan of their dental choice. KidsChoice publishes the names of dental providers in their plan's provider directory. The Caring Foundation publishes the names of their dental providers in a separate dental directory. Call member services for a copy.

Children enrolled in CHIP who are members of Aetna, must choose a primary care dentist from their network of dentists. The dentist will be listed on the child's insurance card, and the child must receive care from

that dentist. A parent can change his/her child's dentist by calling Aetna's member services to request a change. Aetna members choose a dentist from a separate dental directory, however, not every dentist listed accepts children with CHIP. Parents will need to call a dentist's office to confirm that the practice accepts CHIP members before they choose a primary care dentist.

ORTHODONTICS

Children who need braces to straighten their teeth can have the braces paid for by their Medicaid HMO. However, children on Medicaid usually have to meet certain requirements in order to have braces:

1. The child must have all of his/her permanent teeth.

2. The child must score above 25 on a diagnostic screening test known as the Salzmann index. If the child scores below 25, the braces are not considered medically necessary.

Denial Notices from Medicaid HMOs

If a request for braces is denied, parents should receive a denial notice from their Medicaid HMO. Many requests for braces are denied, but some parents never receive formal notification of their rights to appeal. Parents need to receive these notices so that they appeal the decision. Parents who have not received a denial notice should contact their Medicaid HMO. Parents can also call the Pennsylvania Health Law Project at 1-800-274-3258.

Some orthodontists achieve good results by treating children before they have permanent teeth. Although this is not a standard practice for children on Medicaid, if a child needs braces and will have more health problems if he/she has to wait, child health advocates should try to get the braces for their child. If you are working with a child who needs help obtaining braces, you can call PCCY at (215) 563-5848 or the Pennsylvania Health Law Project at 1-800-274-3258.

CHIP coverage does not include an orthodontic benefit.

SPECIAL ISSUES:

Hearing Impairment

Many school-age children require augmentation to be able to hear. Some hearing impaired children may already be using hearing equipment such as hearing aids or FM systems and have an established relationship with a hearing specialist. Others may be newly identified as hearing impaired and need to start from scratch obtaining the necessary services and tools for success in school and in life.

Both Medicaid and CHIP provide benefits related to hearing impairment. The distinctions between the two types of coverage are described in this section.

CHILDREN ENROLLED IN MEDICAID

Children enrolled in Medicaid are entitled to all medically necessary hearing equipment and hearing services. Hearing equipment covered by Medicaid includes, but is not limited to hearing aids, ear molds, batteries, and FM Systems. If a child with hearing aids loses or breaks their hearing equipment, or requires adjustment of their equipment, Medicaid will cover the cost.

Hearing Aids: Whatever is Medically Necessary

How all encompassing is Medical Necessity in relationship to hearing aids? The bottom line is that if a child needs a particular model of hearing aid to be able to hear at a functional level, even if it costs more than another model, Medicaid should pay for it. If, however, a digital model is available, but a less expensive model would achieve the same results for the child, Medicaid will pay for the least expensive version.

Batteries and Ear Molds

Batteries and Ear Molds are medically necessary in order for a hearing aid to function, therefore they are both covered under Medicaid.

Hearing Aid Repair

Repair of broken hearing aids or related hearing equipment is a covered benefit for children enrolled in Medical Assistance.

CHILDREN ENROLLED IN CHIP

CHIP provides 100% reimbursement for one hearing aid, per ear, every two calendar years. Benefits are also provided for hearing screenings for diagnostic purposes and evaluation for hearing aids once every two years. CHIP does not cover FM systems or repairs to broken hearing equipment. There may be some confusion about CHIP coverage of hearing aids or about getting reimbursement for services related to hearing aids. For answers to these and other questions call PCCY's Child Health Watch at 215-563-5848 extension 17.

UNDER/UNINSURED CHILDREN

If a child does not have coverage for hearing aids or related hearing services and the family income is low, the child's caretaker can apply for Medical Assistance as secondary coverage. Many children who are hearing impaired may qualify as disabled according to the standards of disability described by the Social Security Administration (SSA). If a child meets the standards of disability and the family income is under eligibility limits they may be entitled to receive Supplemental Security Income (SSI) from the SSA, which would include full Medicaid benefits and a monthly cash stipend. If the child meets the standards of disability, but the family income exceeds eligibility limits for SSI, the child may still be able to qualify for Medical Assistance regardless of family income. To apply for a child with a disability refer to the section titled "Applying for Medical Assistant Under Special Situations/MA Disabled Child on page 20 of the manual.

SPECIAL ISSUES:

Behavioral/Mental Health Care and Drug and Alcohol Treatment

This section of the manual describes how you can assist families in need of mental health and/or drug and alcohol services for their children. The first step, if the child is uninsured, is getting enrolled in insurance. The next steps depend on the type of coverage the child has.

- Children who are enrolled in Medical Assistance are entitled to all medically necessary mental health and drug and alcohol treatment.
- Children enrolled in CHIP are also provided with mental health and drug and alcohol treatment, but these services are limited to a specified package of benefits.
- Children with commercial health insurance may have coverage for behavioral health services, but sometimes do not.

Consent for Mental Health Care

If a child or teenager is under age 14, the permission of the parent (or guardian) is required for mental health treatment. If a teenager is 14 or older, then the teenager must consent to his or her own treatment, and can receive treatment without parental permission. This does not mean that parents cannot or should not be involved; it simply means that teenagers 14 and older must consent to their own care, and may choose to keep their treatment private.

Consent for Drug and Alcohol Treatment

Children and teenagers of any age do not need their family's permission to get substance abuse treatment.

CHILDREN ENROLLED IN MEDICAID

Children enrolled in Medicaid in the Philadelphia area are enrolled in a behavioral health managed care plan.[7]

Children (and adults) are assigned a behavioral health managed care plan based on their legal county of residence. The behavioral health plan in Philadelphia is Community Behavioral Health (CBH) 1-888-545-2600 or 215-413-3100.

Parents in Philadelphia who need to access mental health or drug and alcohol services for a child enrolled in Medicaid may call a behavioral health provider directly. For a partial list of mental health providers that serve children in Philadelphia, see Appendix K. For a list of drug and alcohol providers that serve children and adolescents in Philadelphia, see Appendix L.

To find a mental health or drug and alcohol provider for children, parents can also contact CBH for assistance in getting the services that they need. CBH's member services representative can assist the parent in finding a provider who participates in the network and can provide the desired service.

[7] One exception to this general rule are children who are enrolled in the Department of Public Welfare's Health Insurance Premium Payment Program (HIPP). These families are enrolled in employer-sponsored insurance that is paid for by the Department of Public Welfare, and have fee-for-service Medicaid (an ACCESS card) as secondary insurance.

In a Behavioral Health Crisis

In the event of a psychiatric emergency, parents should bring their children to the Einstein Children's Crisis Response Center (CRC) at Germantown Hospital (located at One Penn Blvd. between Germantown Ave. and Penn St.) to be evaluated by a psychiatrist and connected to appropriate treatment. The CRC can be contacted at (215) 951-8390.

If a child is unwilling or unable to travel to the CRC, a family member or other witness to the emergency can receive an involuntary commitment through the Office of Mental Health by calling (215) 685-6444.

The Office of Mental Health can also send a Mobile Team to the family's home to connect the child with needed crisis services.

Finally, Community Behavioral Health (CBH) has a crisis line, which parents are encouraged to contact if a child is having a psychiatric crisis. The crisis line phone number is: 1-800-545-2600.

If a parent is not satisfied with the member services line or the crisis line, he or she can file a complaint through the Community Behavioral Health (CBH) member services department or ask for assistance from any of the groups providing assistance with complaints and appeals listed in Appendix G. In addition, parents can also call the Consumer Satisfaction Team at (215) 923-9627 for assistance in resolving problems.

OUTPATIENT SERVICES

The outpatient treatment system is the least restrictive and most utilized treatment option for children and adolescents. Services can occur at a mental health provider's office or at a child's home or school. The outpatient system offers a wide range of clinical services including, individual, group and family therapy, psychiatric evaluations, case management, crisis specialists, mentoring programs, mobile therapy, therapeutic staff support, therapeutic classrooms and medication management.

The outpatient system is meant to provide readily accessible services to people in their communities. Treatment may range from several weeks to many years of therapy. The majority of outpatient treatment for children occurs at one of Philadelphia's 11 community mental health centers (for a list of the community mental health centers, see Appendix K) or at over 35 specialized mental health agencies. The outpatient system acts as both an end in itself and a transitional treatment modality. Thus, when children are discharged from inpatient or crisis services, they are usually transitioned to outpatient services.

School-Based Behavioral Health Workers

If you have a child with a behavioral health problem who needs assistance, utilize your school's Consultation and Education Specialist (C & E) for elementary and middle school students or the Student Assistance Provider (SAP) for high school students. C & E's and SAP's are mental health liaisons and case managers placed in Philadelphia schools to connect children and adolescents to mental health and drug and alcohol services.

If you do not know if your school has a C & E or a SAP worker, ask your school counselor or principal.

WRAPAROUND

Over the last few years, increasing numbers of children have been prescribed wraparound or a Therapeutic Staff Support (T.S.S.). The purpose of wraparound is to provide one-on-one care for children with serious behavioral needs whose ability to function at home or at school is compromised. In fact, over the last decade, wraparound services have grown exponentially as waiting lists for outpatient services have grown.

The recent explosion of wraparound has made many providers and advocates believe that it is being over-prescribed. Because of this, along with the large price tag of providing wraparound services to thousands of Philadelphia school children, it has become increasingly difficult to access Therapeutic Staff Support. Community Behavioral Health (CBH, the Medicaid behavioral health managed care organization) has created wraparound alternatives, such as school-based pilot programs for children with severe behavioral health problems. For more information about these pilot programs, please contact CBH at 1-888-545-2600 or (215) 413-3100.

Of course, wraparound is still an important part of the mental health system and is the treatment of choice for some children.

Steps to obtain wraparound services:

1. The parent or caregiver should call the behavioral health care plan's toll free number and request an evaluation of the child. In many cases, this evaluation will be the basis for deciding whether or not there will be an interagency team meeting. An interagency meeting can, however, be called before an evaluation is conducted. Often, this meeting can be where the need for wraparound

services is first identified. An evaluation of the child would then occur after the interagency meeting. The parent is a key participant in the interagency team meeting, and can invite an advocate such as a school nurse to attend the meeting.

2. At the interagency team meeting, the treatment plan will be designed. After the team meeting, the provider will submit a formal request for services to CBH, which should approve or deny the treatment plan within two days. A request for wraparound services must include a psychiatric or psychological evaluation, a treatment plan, the interagency meeting notes and a plan of care summary form. If the plan denies services, it must send a written notice explaining the reason for the denial and providing information on how to appeal the decision. If no denial notice is sent within 21 days of the request, the service should be deemed approved.

3. Every four months, a new evaluation must be done to reassess need. The team may reconvene at any time to discuss the child's treatment plan but for most children, need only reconvene annually.

4. Parents can file a complaint, grievance or appeal with the Department of Public Welfare at any point in the process. See the previous sections for details on the complaint, grievance and appeals processes. See Appendix G for a list of organizations that can provide assistance with this process.

Waiting for Evaluations or for Services

Parents may be concerned about waiting for treatment. If parents are waiting for an evaluation or for services when an evaluation has been completed, they should call their behavioral health care plan. If the wait continues, parents should call the regional office of Office of Mental Health and Substance Abuse Services (OMHSAS) at 610-313-5844 to file a complaint. Finally, parents can also call the Disabilities Law Project at (215) 238-8070.

Behavioral/Mental Health and Medical Necessity

Although the behavioral/mental health system for children on Medicaid can sometimes seem very different from the physical health care system, the same rules apply. If you are working with a parent whose child is losing a needed service, or is unable to get care, do not give up. Read the sections of the manual on grievances and appeals on pages 46 and 57 or contact one of the organizations listed in Appendix G.

CHILDREN ENROLLED IN CHIP

The following mental/behavioral health care benefits are provided to children enrolled in CHIP:

- 50 outpatient visits per calendar year, including psychiatric visits, psychiatric consultations, individual counseling, family counseling, medication management, and electroconvulsive therapy.
- 90 inpatient days per calendar year. The 90 day maximum is a combination of medical/surgical benefits and mental health benefits.
- Partial hospitalization.
- Drug and alcohol treatment

To access mental/behavioral health benefits through:

- **Aetna U.S. Healthcare:** Call Aetna U.S. Healthcare at 1-800-822-2447 (prompt #3) to obtain the number for the mental/behavioral health provider.
- **Keystone Health Plan East:** Call Magellan at 1-800-294-0800.
- **KidsChoice:** Call KidsChoice at 1-877-289-1917 and dedicated staff will assist you.

Families can discuss problems with any CHIP benefit by calling the member services line of their CHIP health plan. Families can also call the CHIP helpline for assistance: 1-800-986-KIDS.

If a family has a complaint or grievance regarding mental/behavioral health services (or any other service) provided through a CHIP health plan, the family may follow the process outlined in the previous chapters. Families enrolled in CHIP do not have access to the fair hearing process, which is only for benefits provided by the Department of Public Welfare.

CHILDREN ENROLLED IN COMMERCIAL INSURANCE

If a child is enrolled in commercial insurance, the package of benefits is dependent on the contract between the insurance company and the employer (or other purchaser, such as the parent). If a child does not have adequate coverage for mental/behavioral health issues and his/her family's income is low, the family can apply for Medical Assistance as secondary insurance. CHIP is not available as secondary insurance; children who have current health insurance are not eligible for CHIP.

Children without coverage for mental/behavioral health benefits who live in Philadelphia can access one of the city's behavioral health base service units. These provide outpatient mental/behavioral health services to the uninsured with fees based on a sliding scale. For a listing of Community Mental Health Centers units see Appendix K.

SPECIAL ISSUES:

Childhood Lead Poisoning

The youngest school-aged children (5 and 6 year olds) are at risk for lead poisoning and should be tested and treated if necessary. Blood lead screening is mandated through Medicaid's EPSDT program. This section provides information about lead poisoning and what health plans should do to help children who may be exposed to lead.

WHAT IS LEAD POISONING?

Lead poisoning is a serious disease for young children. It can cause problems with how children grow, develop, learn, behave, and pay attention. Infants and children under the age of six who live in houses built before 1978 (when lead-based paint was banned for residential use) are most at risk. The lead-based paint in older homes deteriorates over time, breaking off into paint chips that become a fine dust contaminating both the interior and exterior of a home. Lead usually enters children's bodies when they play on the floor or in the yard and then put their lead-laden fingers or toys in their mouths. Lead dust is especially high on floors, window wells, and in soil but can also come from other sources like water traveling in lead pipes in plumbing and from occupational or recreational activities such as auto repair work, battery plants, construction, pottery making, and refinishing furniture.

HOW TO CHECK IF A CHILD HAS BEEN POISONED

Children are screened for lead by a blood test. The Philadelphia Department of Health advises health care providers to screen children between 9 and 12 months then again at age two and again at age three. Medical Assistance requires screening of recipients at ages one and two, and lead screening is a covered benefit under both Medical Assistance and CHIP. Parents should request a lead screening at the ages mentioned above if their health care provider does not offer it.

WHAT IS THE MEDICAL TREATMENT FOR A CHILD WHO HAS BEEN POISONED?

If a child's blood lead screening test shows a level greater than 9 mcg/dL, treatment protocols call for more frequent follow-up testing, nutritional counseling, and education about how children become exposed to lead – similar to the steps listed in the section above about how to prevent poisoning. Referrals to the Early Intervention program may also be appropriate if a child presents with or is at risk of developmental delays, learning difficulties, or shortened attention span.

Medication to decrease lead in a child's body is indicated for children who are more severely poisoned with blood lead levels greater than 44 mcg/dL.

It is a rare occurrence these days, but a child whose blood lead levels climb above 70 mcg/dL is admitted to the hospital under the conditions of a medical emergency and medications are administered to help bring the lead level down.

HOW TO TREAT A CHILD'S HOME AND OTHER LIVING ENVIRONMENTS

The best medicine for a child poisoned by lead is a lead-safe house.

Once a child's blood lead level reaches a certain level (exceeding 19 mcg/dL or two tests over 14mcg/dL in a six month period), the City's lead program initiates immediate contact with the parent. City staff members conduct an environmental inspection of the child's residence(s) to identify the presence of lead-based paint and take sample dust wipes to detect lead. Based on the results of the inspection, the lead program informs the property owner of the existing hazards and orders their repair within 14 days. A parent may also want to call the Tenant's Action Group (TAG) if they are renting their home. TAG can provide information on tenant's rights, relocation, and eviction.

HOW DO YOU PREVENT LEAD POISONING?

Children do not have to get lead poisoned! By taking the following steps, a parent can help reduce their children's exposure to lead.

WASH IT OUT!

- Wash your children's hands often (before eating and after playing)
- Wash their toys

- Wet-mop (NOT sweep) the floors they play on
- Wet-dust windowsills, window wells, and baseboards
- Use a high phosphate detergent, like dishwasher soap (2 tablespoons in a bucket of water)

EAT IT OUT!

- Serve a balanced diet with foods high in calcium (milk and dairy foods) and iron (meat, eggs, green leafy vegetables)
- Cut down on fatty and fried foods
- Do not store food in metal cans or ceramic bowls

RUN IT OUT!

- Always run cold tap water for 2-3 minutes before using for cooking or drinking
- Never use hot tap water to eat, drink, or cook

KEEP IT OUT!

- Have children wipe their feet and remove their shoes when they come into the house
- Hire trained workers for any job that disturbs paint

WHERE TO TURN FOR MORE INFORMATION?

You can direct a parent to contact the following local resources:

Philadelphia Citizens for Children and Youth 215-563-5848
Philadelphia Department of Public Health Lead Program.....215-685-2797
Early Intervention/Childlink.....215-731-2110
Tenant Action Group.....215-575-0700
Community Legal Services.....215-981-3700
National Lead Information Hotline.....1-800-LEADFYI
Pennsylvania Lead Information Line 1-800-440-LEAD
Poison Control Center.....215-386-2100

SPECIAL ISSUES:

Family Planning Services for Teenagers

There are many family planning clinics in the region that provide confidential services for teenagers under 18 (both male and female) at no cost. All family planning clinics accept Medical Assistance, and a number of clinics may soon accept CHIP for a limited number of services. All of these clinics are open to all teenagers at no cost. Insurance or cost should not be a barrier to a teenager seeking family planning services.

A list of family planning clinics is available in the Appendix. A user-friendly guide to family planning services in the region can be obtained by calling CHOICE at (215) 985-3300 and requesting a copy of "Where to Find."

Family planning services can be accessed directly: there is no need to go to a primary care physician to get a referral. A teenager can go directly to the family planning clinic.

In addition to providing all methods of birth control including Norplant and Depo-Provera, family planning clinics offer:

- Condoms and condom education *(males and females)*
- Complete pelvic examinations *(females)*
- Testicular examinations *(males)*

- Screenings for anemia and high blood pressure *(males and females)*
- Confidential testing and treatment for sexually transmitted diseases *(males and females)*
- Confidential or anonymous HIV testing *(males and females)*
- Tests for cervical and breast cancer *(females)*
- Emergency contraception, also known as morning after pill *(females)*
- Pregnancy testing and options counseling (females)
- Health education and counseling on a wide variety of issues (males and females)

If a teenager needs follow up testing, all family planning clinics can help the teen get a free or low-cost mammogram or colposcopy.

Some family planning clinics also offer Step-Ahead pregnancy testing. In these clinics, a teen can walk in for a pregnancy test without an appointment and talk with someone about the results. Call CHOICE at (215) 985-3300 for more information on clinics that offer this service, or refer to the chart in Appendix M.

MORE INFORMATION ON FAMILY PLANNING

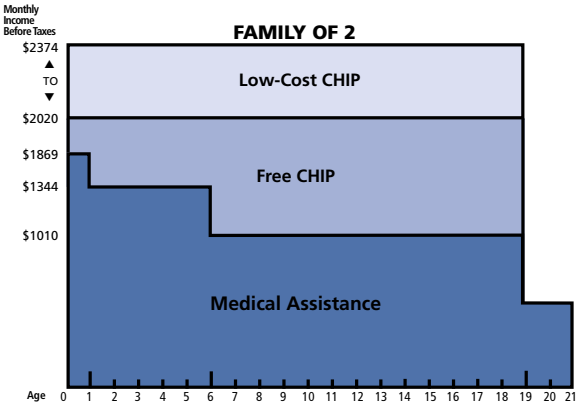
For more information about these issues and about services at family planning clinics, teenagers can call the CHOICE hotline at (215) 985-3300. The CHOICE hotline offers free, confidential counseling and information; telephone counselors are available Monday through Thursday 8:30 a.m. to 7:30 p.m. and Fridays 8:30 a.m. to 5:00 p.m. Weekend hours are: Saturdays 9:00 a.m. to 1:00 p.m.

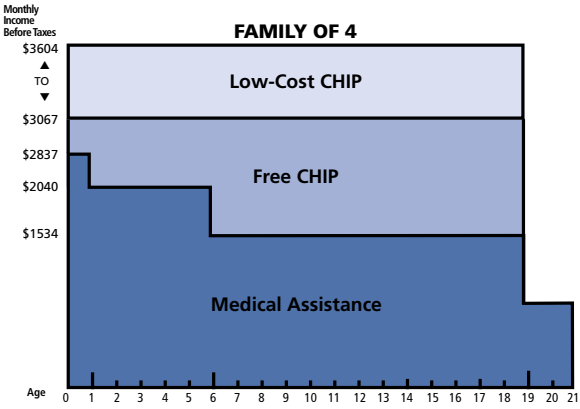
APPENDIX

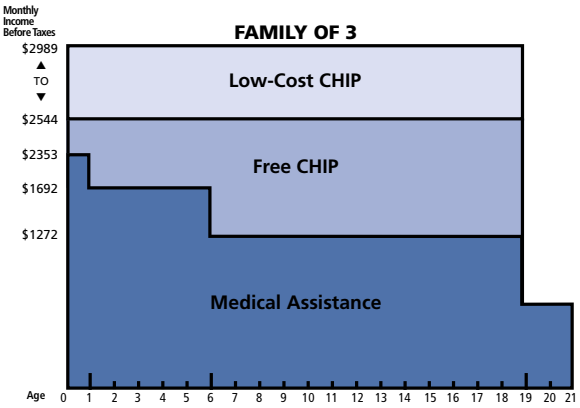
PCCY CHILD HEALTH WATCH

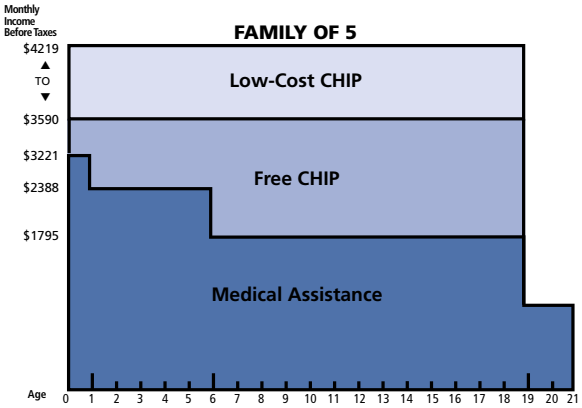
Health Insurance Coverage for Children in Southeastern Pennsylvania

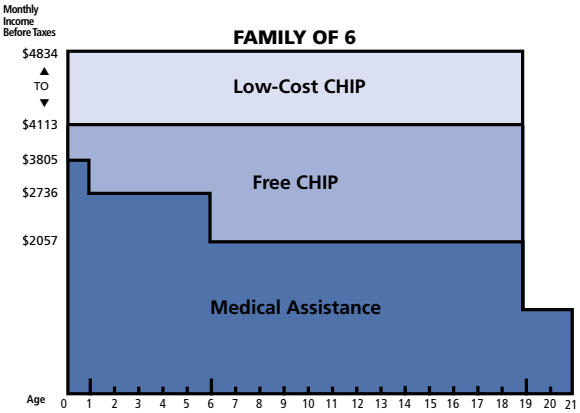
AS OF 5/1/03

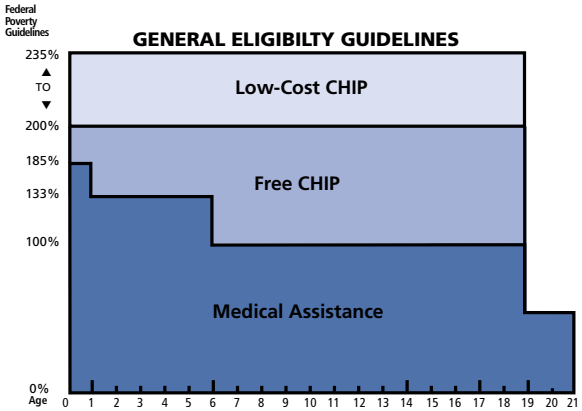












Families whose income appears to be too high may still qualify by taking some income deductions. Working parents may deduct $90 per month per working parent from income. Families with child care expenses may deduct up to $200 in child care expenses per month from the family's gross income for each child under age two.

A deduction of up to $175 in child care expenses is permitted for each child two years of age or older or a disabled adult. Parents who take these deductions may need to prove their child care expenses, and will not be able to take a deduction that is more than the amount that they pay for child care. For more information, call PCCY at (215) 563-5848.

Family Size is parent(s) or guardian(s) plus children.
For example, 1 parent with 2 children is a family of 3.

Pregnant women count as two people for Medical Assistance. Special rules apply to stepparents.

For pregnant women, use eligibility guidelines for 0-1 year olds.
For more information, call PCCY at (215) 563-5848.

FOR MORE INFORMATION

To sign a child up for free or low-cost health insurance:

Statewide Toll-Free Helpline:
(PA Department of Health) 800-986-KIDS
Child Health Watch 215-563-5848
Children's Health Line.....215-985-3301
Aetna U.S. Healthcare.....800-822-2447
The Caring Foundation of Independence
Blue Cross/Pennsylvania Blue Shield.....800-464-5437
KidsChoice.....877-707-5437

To get help with any problems getting health care for a child:

Child Health Watch 215-563-5848
Children's Health Line.....215-985-3301

PHILADELPHIA MEDICAL ASSISTANCE LIAISONS

These are the people who should be contacted when a problem cannot be resolved through the caseworker or the caseworker's supervisor.

District	Liaison	Telephone Number	Alternate	Telephone Number
Alden	Angela Lynch	215-560-4836	David Kennedy	215-560-4833
Boulevard	Antoinette Niwinski	215-560-6545	Kathy Hughes	215-560-6528
Center	Wayne Bishop	215-560-3668	Michelle McCarter	215-560-3604
Delancy	Phyllis Ames-Bey	215-560-3727	Roxanne Kimbrough	215-560-3732
Elmwood	Brenda Parker	215-560-3889	Gloria Hicks	215-560-3809
Federal	Janet Mano	215-560-4417	Cheryl Mobley	215-560-4419
Girard	Alicia Carroll	215-560-3512	Edgar Rosario	215-560-3531
Hill	Yvette Newkirk	215-560-6690	John Hightower	215-560-5288
Jefferson	Ora P. Lambright	215-560-7313	Dianna Davis	215-560-7330
Kent	Alba Ortiz	215-560-7151	William Pennington	215-560-7152
Lehigh	Janice Schlagnhaufer	215-560-4642	Linda Thomas	215-560-4635
North	Ray Melnikoff	215-560-4081	Louis Jackson	215-560-4049
Nursing Home	Joan Chardon	215-560-1331	Janet McDaniel	215-560-1340
Ogontz	Mary Magan	215-560-5022	Brenda Dean	215-560-5060
Ridge	Iren Halkias	215-560-4952	George Bryant	215-560-4941
Snyder	Edward Moody	215-787-3325	Steven Magerman	215-787-3360
Tioga	Michael Corso	215-560-4785	Towanna Santiago	215-560-4753
Unity	Susan Myers	215-560-6475	Diane Glendon	215-560-6470
Vine	Lorraine Gordon	215-560-7804	Richard Cooperstein	215-560-7815
West	Charles Bowman	215-560-6118	Lynelle Bard-Hairston	215-560-6129

PHILADELPHIA COUNTY ASSISTANCE OFFICES

All applications for Medical Assistance should be mailed to the main office (first on the list) where they will be sorted and sent to the appropriate district office.

Philadelphia County Assistance Office (Main Office)
Philadelphia State Office Building
1400 Spring Garden Street
Room 608
Philadelphia, PA 19130-4088
Fax: 215-560-2114
Phone: 215-560-2900

Alden District
5853 Germantown Avenue
Philadelphia, PA 19144-2154
FAX: 215-560-4876
Phone: 215-560-4800

Boulevard District
4109 Frankford Avenue
Philadelphia, PA 19124-4508
FAX: 215-560-2087
Phone: 215-560-6500

Center District
900 North Marshall Street
Philadelphia, PA 19123-1307
FAX: 215-560-3648
Phone: 215-560-3600

Delancey District
5548 Chestnut Street
1st Floor
Philadelphia, PA 19139-3204
FAX: 215-560-2055
Phone: 215-560-3700

Elmwood District
5554 Chestnut Street
2nd Floor
Philadelphia, PA 19139-3204
FAX: 215-560-2065
Phone: 215-560-3800

Federal District
1334 Bainbridge Street
Philadelphia, PA 19147-1810
FAX: 215-560-2066
Phone: 215-560-4400

Girard District
961 North Marshall Street
Philadelphia, PA 19123-1306
FAX: 215-560-6996
Phone: 215-560-3500

Hill District
301 East Chelten Avenue
3rd Floor
Philadelphia, PA 19144-5751
FAX: 215-560-5251
Phone: 215-560-5200

Jefferson District
2701 North Broad Street
3rd Floor
Philadelphia, PA 19132-2743
FAX: 215-560-2039
Phone: 215-560-6600

Kent District
2701 North Broad Street
2nd Floor
Philadelphia, PA 19132-2743
FAX: 215-560-5403
Phone: 215-560-5400

Lehigh District
2701 North Broad Street
4th Floor
Philadelphia, PA 19132-2743
FAX: 215-560-2248
Phone: 215-560-4600

North District
219 East Lehigh Avenue
Philadelphia, PA 19125-1099
FAX: 215-560-4065
Phone: 215-560-4000

Nursing Home District
4601 Market Street
Ground Floor
Philadelphia, PA 19139-4616
FAX: 215-560-3469
Phone: 215-560-5500

Ogontz District
301 East Chelten Avenue
2nd Floor
Philadelphia, PA 19144-5751
FAX: 215-560-5116
Phone: 215-560-5000

Ridge District
1350 West Sedgley Street
Philadelphia, PA 19132-2496
FAX: 215-560-4938
Phone: 215-560-4900

Snyder District
990 Buttonwood Street
5th Floor
Philadelphia, PA 19123-1306
FAX: 215-560-4321
Phone: 215-560-4300

Tioga District
1348 West Sedgley Avenue
Philadelphia, PA 19132-2498
FAX: 215-560-2260
Phone: 215-560-4700

Unity District
4111 Frankford Avenue
Philadelphia, PA 19124-4508
FAX: 215-560-2067
Phone: 215-560-6400

Vine District
4601 Market Street
Philadelphia, PA 19139-4616
FAX: 215-560-7818
Phone: 215-560-2301

West District
5070 Parkside Avenue
Philadelphia, PA 19131-4747
FAX: 215-560-2053
Phone: 215-560-6100

PHILADELPHIA HEALTH CARE CENTER DATA ON CHILDREN'S HEALTH SERVICES

Name of Health Center	Daily Hours	Evening Hours	Weekend Hours	Accepts Walk-in Patients for Immunizations	HMOs Accepted: Medical Assistance	HMOs Accepted: CHIP	Private Insurance Accepted	Uninsured Seen for Sick and Well visits	Minimum Fee on a Sliding Scale
District Health Center # 2 1720 S. Broad St. 19145 215-685-1803	M, T, W, F 8-4:30	Thurs. 8-7:30	Sat. 8-12	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center # 3 555 S. 43rd St. 19104 215-685-7504	T – F 8-4:30	Mon. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice Health Partners	Keystone Health Plan East KidsChoice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center #4 4400 Haverford Ave. 19104 215-685-7600	M, W, Th, F 8-4:30	Tues. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center #5 1900 N. 20th St. 19121 215-978-2933	M, W, Th, F 8-4:30	Tues. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center #6 321 W. Girard Ave 19123 215-685-3803	M, T, Th, F 8-4:30	Wed. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center #9 131 E. Chelton Ave. 19144 215-685-5701	M, T, Th, F 8-4:30	Wed. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$0
District Health Center #10 2230 Cottman Ave. 19149 215-685-0639	M, T, Th, F 8-4:30	Wed. 8-7:30	None	Yes	Keystone Mercy, AmerChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$0
Strawberry Mansion 2840 W. Dauphin St. 19132 215-685-2424	M-F 8-4:30	Every other Thurs. 8-7:30	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$0
Abbotsford Health Center 3205 Defense Terrace 19129 215-843- 9720	M, W, F 8:30-5	T, Th 10-6:30	1st and 3rd Sat. 9-1	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East Kids Choice, Aetna	Keystone Health Plan East	Yes	$10
Covenant House 251 E. Bringhurst 19144 215-844-1020 and 0181	M, T, F 8:30-4:30	W, Th 8:30-8	Sat. 8:30-12	No	Keystone Mercy, Health Partners	Keystone Health Plan East	Most major private insurances accepted	Yes	$10
Esperanza Health Center 2927 N. 5th St. 19133 215-634-4673	M-F 9:15-5	None	Sat. 10-1	No	Keystone Mercy, Health Partners	Keystone Health Plan East	None	Yes	$45
Fairmount Health Center 1412 Fairmount Ave. 19130 215-235-9600	T-F 8:30-5	Mon. 8:30-7	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, Kids Choice, Aetna	Most major private insurances accepted	Yes	$15
Frankford Health Center 4510 Frankford Ave. 19124 215-744-1302	Fri 8-5	M-Th 8-8	Sat. 8-12:30	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	None	Yes	$20

Name of Health Center	Daily Hours	Evening Hours	Weekend Hours	Accepts Walk-in Patients for Immunizations	HMOs Accepted: Medical Assistance	HMOs Accepted: CHIP	Private Insurance Accepted	Uninsured Seen for Sick and Well visits	Minimum Fee on a Sliding Scale
Haddington Health Center 5619 Vine St. 19139 215-471-2761	T-F 8:30-5	Mon. 8:30-8	None	No	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurance accepted	Yes	N/A
Maria de los Santos 5th St. & Allegheny 19133 215-291-2525	T-F 8-5	Mon. 8-8	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Heath Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$10
Finley Family Health Center 2813 W. Diamond St. 19124 215-763-4445	M, F 8 – 12 T, Th 12 - 4	Wed. 1-8	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$2
Southeast Health Center 930 Washington Ave. 19147 215-339-5100	M, W, Th, F 8:30-5	Tues. 8:30-8	1st and 3rd Sat. 8:30-12	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	N/A
Wilson Park Medical Center 2520 Snyder Ave. 19145 215-755-7700	M-F 8:30-5	None	2nd & 4th Sat. 8:30-12:30	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	None	Yes	$20
Woodland Ave. Health Ctr. 5501 Woodland Ave. 19143 215-726-9807	Fri. 8-5	M-Th. 8-10	Sat. 8-3	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$20
Hunting Park Health Center 1999 Hunting Park Ave. 19140 215-228-9300	M, T, Th, F 8:30-5	Wed. 8:30-8	2nd & 4th Sat. 8:30-12:30	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Keystone Health Plan East, Aetna US Healthcare	Yes	$20
Quality Community Health Ctr. 2501 W. Lehigh Ave. 19132 215-227-0300	M, T, Th, F 8-8	Wed. 1-8	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$2
Schuykill Falls Community Health Center 4325 Merrick Road 19129 215-843-2580	M, Th, F 9-5	Tues. 10-6:30 Wed. 2-6:30	2nd & 4th Sat. 9-1	No	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East	None	Yes	$10
Broad Street Health Center Progress Human Service Bldg. 1415 N. Broad St. 19122 215-235-7944	M-F 8:30-5:30	None	None	Yes	Keystone Mercy, AmeriChoice, Health Partners	Keystone Health Plan East, KidsChoice, Aetna	Most major private insurances accepted	Yes	$7

NURSING CENTERS IN PHILADELPHIA

Nursing Center	Type of care provided
Health Annex 5803 Kingsessing Avenue Philadelphia, PA 19143 215-685-2684	**Primary care**
11th St. Family Services of Drexell University 850 N. 11th Street Philadelphia, PA 19123 215-768-1100	**Primary care**
Health Corner at Larchwood Gardens 8112 Grover's Avenue Apt. A Philadelphia, PA 19153 215-492-9642	**Primary care OBGYN, immunizations, counseling**
LaSalle University Neighborhood Nursing Center 1900 W. Olney Avenue Philadelphia, PA 19141 215-951-1434	**Primary care**
LaSalle Health Center 500 East Adams Avenue Philadelphia, PA 19120 215-728-6404	**Primary care**
Mary Howard Health Center 260 S. Broad Street Philadelphia, PA 19102 215-985-2563	**Services the homeless only**
Temple Health Connection 1035 W. Berks Street Philadelphia, PA 19122 215-765-6690	**Primary care**

Nursing Center	Type of care provided
Abbottsford Health Center 3205 Defense Terrace Philadelphia, PA 19129 215-843-9720	**Primary care**
Schuykill Falls Health Center 4333 Kelly Drive Philadelphia, PA 19129 215-843-2580	**Primary care**
APM Community Health Center 2145 North 6th Street Philadelphia, PA 19122 215-236-0315	**Primary care**
Community College of Phila. 19130 Zip Code Project 1700 Spring Garden Street Department of Nursing Philadelphia, PA 19130 215-751-8753	**Health promotion**
St. Vincent Health Center 109 East Price Street Philadelphia, PA 19144 215-438-7939	**Primary care for the homeless**
VNA of Greater Philadelphia Monroe Office Building 1 Winding Drive Philadelphia, PA 19131 215-581-2005	**Primary care for Seniors**

HIPAA:

Health Insurance Portability and Accountablility Act

The following link will take you to the screen for this particular form.

http://www.ibx.com/htdocs/privacy_info_hipaa/pdf/authorization_form.pdf

Authorization to Release Information [Please print]

This form is used to release your protected health information as required by federal and state privacy laws. Your authorization allows the Health Plan (your health insurance carrier or HMO) to release your protected health information to a person or organization that you choose. You can revoke this authorization at any time by submitting a request in writing to the Health Plan (contact Member Services for further instructions). Revoking this authorization will not affect any action taken prior to receipt of your written request.

Member Information: (individual whose information will be released)

Name: (First, Middle, Last, Title)		**Date of Birth:** (Month/Day/Year)
Address: (including zip code)		**Telephone Number:** (including area code)
Group Name/Number: (if available)	**Social Security Number:** (optional)	**Member ID Number:**

Health Plan: (organization that will release your information)

I authorize _____ to release my protected health information as described below.
(Health Plan name on your ID card)

Recipient: (person or organization that will receive your information)

Person's Name or Organization:	**Telephone Number:** (including area code)
Address: (including zip code)	**Fax Number:** (if available)

Description of the Information to be Released: (what type of information will be released)

Check only one box:

❑ **Psychotherapy notes** – Federal law requires an authorization to use or release psychotherapy notes.
If you check this box, you may not check another box below.

❑ **All information related to the provision of and payment for my health care benefits or services.***

❑ **Specific information described below:***

_____
Examples: The claim related to my service on (date); Appeal information related to my claim on (date)

Purpose of Release: _____
Examples: At my request; To resolve my appeal; To assist with my health insurance services

***NOTE**: State law requires that you give specific permission to release the information below even if you checked a box above. Indicate your permission for the Health Plan to release any of the following information by initialing all that apply.

Genetic Information _____ (Initials) **HIV/AIDS** _____ (Initials)
Substance/Alcohol Abuse _____ (Initials) **Mental/Behavioral Health** _____ (Initials)

Expiration: (when this authorization will end)

This authorization will expire on ____/____/____(mm/dd/yyyy) **OR** on the occurrence of the following event:

_____
Examples: Until I revoke this authorization; Resolution of a specific issue

Approval: (You OR your personal representative must sign and date this form in order for it to be complete.)

I understand that this authorization to release information is voluntary and is not a condition of enrollment in this Health Plan, eligibility for benefits, or payment of claims. I also understand that if the person or organization I authorize to receive the information described above is not subject to federal health information privacy laws, they may further release the protected health information and it may no longer be protected by federal privacy laws.

Member Signature: By signing below, I authorize the use of my protected health information.	**Personal Representative Information:** A personal representative is a person who has the legal authority to act on behalf of an individual. A copy of a Power of Attorney or other court-related legal document must be on file at the health plan.
_____ (Signature of Member)	_____ (Printed Name of Personal Representative) _____ (Date) (____)_____ (Telephone Number)
_____ (Date)	_____ (Signature of Personal Representative) _____ (Description of representative's authority)

PLEASE KEEP A COPY OF THIS FORM AND THE INSTRUCTIONS FOR YOUR RECORDS

[Please print}

Instructions - Authorization to Release Information

This form is used for you or your personal representative to authorize the Health Plan to release your protected health information to another person or organization at your request.

"Protected health information," means individually identifiable health information. It is information about you, including your name, address and medical information and may relate to your past, present or future physical or mental health or condition. The Health Plan maintains information that may include eligibility, benefits, claims or payment information.

Member Information: (individual whose information will be released)

Print your complete name, address, date-of-birth and telephone number. Provide your group name and number if available. Social Security number is optional.

Important: Provide the Member ID Number located on the front of your Health Plan identification card. Be sure to include any letters in front of the identification number.

Health Plan: (organization that will release your information)

The Health Plan is your insurance carrier or HMO that maintains information about you. Print the name of your Health Plan on the line provided.

Recipient: (person or organization that will receive your information)

The recipient is a person or organization that you choose to receive your protected health information from the Health Plan. You must provide all of the contact information in order for the information to be released.

- Identify the person, family member or organization to receive your information.
- Provide the contact information about the person, family member or organization

Description of the Information to be Released: (what type of information will be released)

You must indicate or describe the information to be released. **Check one box that best describes your request**. There are three choices. The first choice is **Psychotherapy Notes**. The second choice is **All Information**. The third choice is **Specific Information** that you must describe on the line provided.

If this authorization is to release psychotherapy notes, the Health Plan cannot release any other information unless you complete another Authorization to Release Information form.

Psychotherapy Notes are notes recorded by a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session. These notes are separated from the rest of the individual's medical record. **Psychotherapy notes cannot be combined with an authorization to release any other type of information.**

All Information. If you check this box the Health Plan may release all information related to the provision of a payment for my health care benefits or services. If someone is directly involved in coordinating your health care or benefits, you may want them to have access to all of your information.

Specific Information. By checking this box, you indicate that you want only specific information to be released. Describe the specific information on the line provided.

Purpose of Release. You must provide a brief description of the reason you want this information released. The statement, "At my request" is sufficient.

IMPORTANT: State law requires that you give specific permission to release certain health information. Your initials are required on each line in order for the Health Plan to release information for HIV/AIDS, Substance/Alcohol Abuse, Genetic information or Mental/Behavioral Health information.

Expiration: (when this authorization will end)

Print either an expiration date OR event, but not both. If an expiration event is used, the event must relate to the purpose of the release of information being authorized.

Approval: (You OR your personal representative must sign and date this form in order for it to be complete.)

Member Signature. If you are the individual whose information will be released, you must sign and date in this section.	**Personal Representative Information.** If you are the personal representative, the member's signature is not required. However, you must provide the requested information, signature and date. A copy of the legal authority, such as a Power of Attorney or other court-initiated document, must be on file with the Health Plan.

HELP WITH COMPLAINTS, GRIEVANCES AND APPEALS

Community Legal Services
1424 Chestnut Street
Philadelphia, PA 19102
(215) 981-3700

Community Legal Services
Law Center North Central
3638 North Broad Street (at Erie)
Philadelphia, PA 19140
(215) 227-2400

Pennsylvania Health Law Project
924 Cherry Street
Suite 300
Philadelphia, PA 19107
(215) 625-3663
1-800-274-3255

Philadelphia Legal Assistance
1424 Chestnut Street
Philadelphia, PA 19102
(215) 981-3800

Disabilities Law Project
1315 Walnut Street
Suite 400
Philadelphia, PA 19107
(215) 238-8070
(215) 789-2498 (TDD)

Education Law Center
1315 Walnut Street
Suite 400
Philadelphia, PA 19107
(215) 238-6970

Juvenile Law Center
1315 Walnut Street
4th Floor
Philadelphia, PA 19107
(215) 625-0551

SPECIAL HOTLINE FOR SCHOOL NURSES AND COUNSELORS

Because school nurses are so important to children's health, each HMO that enrolls Medical Assistance recipients in the Philadelphia area provides a special "School Nurse Hotline". When you call this number, you will reach a staff member who has agreed to work with school nurses on promptly resolving children's health care problems.

If possible, before you call the "School Nurse Hotline", the parent should call the member services line to request assistance.

> ***Advocacy tip:*** *If a school nurse and parent want to call the HMO's member services line together (and the parent is at home), the school nurse can call the HMO and request that the member services representative make a conference call to the nurse and the parent.*

AmeriChoice –

Special Needs Hotline (215) 832-4571

Health Partners –

Special Needs Hotline (215) 991-4370

Keystone Mercy –

1-800-450-1166, press "1"

Explain you are a school nurse and you will be transferred to the appropriate staff person.

PHILADELPHIA HEALTH CARE CENTER DATA ON CHILDREN'S DENTAL SERVICES

Name of Health Center	Basic Check-up with Cleaning	Scaling with Cleaning	X-rays	Fillings	Sealants	Simple Extractions	Crowns	Bonding	Pulpotomies
District Health Center # 2 1720 S. Broad St. 19145 (215) 685-1822	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #3 555 S. 43rd St. 19104 (215) 685-7506	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #4 4400 Haverford Ave. 19104 (215) 685-7605	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #5 1900 N. 20th St. 19121 (215) 685-2937	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #6 321 W. Girard Ave. 19123 (215) 685-3816	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #9 131 E. Chelten Ave. 19144 (215) 685-2268	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District Health Center #10 2230 Cottman Ave. 19149 (215) 685-0608	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

MORE LOW-COST DENTAL OPTIONS

TEMPLE UNIVERSITY HOSPITAL/ EPISCOPAL DIVISION – PEDIATRIC DENTAL ASSOCIATES (215) 426-6760

Medicaid HMOs accepted: Health Partners, AmeriChoice, Keystone Mercy
CHIP HMOs accepted: Aetna US Healthcare, KidsChoice, Keystone Health Plan East
Commercial Health Insurance: Aetna US Healthcare, Prudential, Delta Dental, UCCI, PA Blue Shield

Services Offered: Basic services (general check-up), X-rays, fillings, sealants, simple, extractions, crowns, bonding, pulpotomies

Costs:		
	Initial Exam	$40
	Fluoride treatment:	$25
	Cleaning	$40-$55
	Pan X-rays:	$50
	Fillings:	$55-96 (silver)
		$55-$150 (tooth colored)
	Sealants:	$40 (per tooth)
	Simple extractions:	$60
	Crowns:	$125-$160
	Pulpotomies:	$90

Special Needs: Special needs children can be treated.
Appointments: Call main number for an appointment.

TEMPLE UNIVERSITY SCHOOL OF DENTISTRY (215) 707-2900

Medicaid HMO's accepted: Health Partners, Keystone Mercy, AmeriChoice
CHIP HMO's accepted: Keystone Health Plan East
Commercial Health Plans: Aetna U.S. Healthcare, Blue Cross/Blue Shield, Delta Dental, Keystone Health Plan East

Services offered: Basic services, x-rays, fillings, sealants, simple extractions, crowns, bonding, pulpotomies.

Costs: No general information on costs.

Special Needs: Special needs children will be referred for treatment in the Hospital.

Appointments: Appointments can be made by calling the main phone number. Emergency cases will be accepted as walk-ins.

UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE

Pediatric Clinic (215) 898-8979

Educational Outreach and "Penn Smiles" (215) 898-8424

Medicaid HMOs accepted: AmeriChoice (up to age 11), Keystone Mercy
CHIP HMOs accepted: Keystone Health Plan East, KidsChoice, Aetna US Healthcare
Commercial Health Plans: Blue Cross/Blue Shield, Delta Dental, Keystone Health Plan East

Dental services offered: Basic services (general check-up), X-rays, fillings, sealants, simple extractions, crowns bonding, pulpotomies

Educational services offered: Educational outreach including classroom education, oral health screening and dental treatment provided on mobile dental van, "Penn Smiles". Call to discuss schedule and preparation for visit.

Costs:

Initial Exam:	$30
Fluoride treatment:	$14
Pan x-rays:	$60
Fillings:	$30 - $80
Sealants:	$14 (per tooth)

Special Needs: They will treat children with mild retardation.

Appointments: Call pediatric clinic for an appointment.

PHILADELPHIA COMMUNITY MENTAL HEALTH CENTERS SERVING CHILDREN

Anyone can go to any base service unit. Priority is given to clients in designated zipcodes. For uninsured clients, all base service units operate on a sliding scale fee.

Center Name & Address	Zip Codes Covered	Ages Served	Languages Spoken
CATCH, Inc. 1409 Lombard Street Philadelphia, PA 19146 215-735-7434 Fax 215-790-0238 www.catchinc.com	19102, 19103, 19107, 19145, 19146	5-18	English, Italian, Spanish, Vietnamese
COMHAR, Inc. 100 West Lehigh Avenue Philadelphia, PA 19133 215-203-300 Fax 215-203-3011 www.comhar.org	19124, 19125, 19133, 19134	7-18	English, Spanish, Arabic, Cantonese, French, Russian, Urdu, Italian, Romanian
Community Council for MH/MR, Inc. 4900 Wyalusing Avenue Philadelphia, PA 19131 215-473-7033 Fax 215-477-9530 E-mail: ccmhmr@libernet.org	19104, 19131, 19139, 19151	3-18	English
Dr. Warren E. Smith Health Centers 1315 Windrim Avenue Philadelphia, PA 19141 215-455-3900 Fax 215-456-4066 www.drwes.org	19121, 19132, 19133, 19140	3-21	English, Spanish, Korean Russian, Japanese, Ukrainian
Hall-Mercer Community MH/MR Center of PA Hospital 8th & Locust Streets Philadelphia, PA 19107 215-829-5226 Fax 215-829-5376 www.med.upenn.edu/pahosp	19106, 19112, 19147, 19148	3-17	English, Cantonese, Taiwanese, Mandarin, Vietnamese, Cambodian

APPENDIX K

Center Name & Address	Zip Codes Covered	Ages Served	Languages Spoken
Interac, Inc. 6012 Ridge Avenue Philadelphia, PA 19128 215-487-0914 Fax 215-487-3716 www.intercommunityaction.org	19127, 19128, 19129, 19132, 19140, 19144	3-18	English
John F. Kennedy CMH/MR Center, Inc. 112 North Broad Street Philadelphia, PA 19102 215-568-0860 Fax 215-568-0769 Hometown.aol.com/jfkmhmr/center.html	19102, 19103, 19106, 19107, 19121, 19122, 19123, 19130	0-21	English, Spanish
Northeast Community Center for MH/MR Roosevelt Blvd. & Adams Ave. Philadelphia, PA 19124 215-831-2800 Fax 215-831-2835 www.nemhmr.org	19111, 19120, 19124, 19135, 19137, 19149	3-18	English
Northwestern Human Services of Philadelphia 27 East Mount Airy Avenue Philadelphia, PA 19119 215-248-6713 Fax 215-248-9294 www.nhsonline.org	19114, 19115, 19116, 19118, 19119, 19128, 19138, 19144, 19154	3-18	English, Spanish, Ukrainian, Russian
PATH (People Acting to Help), Inc. 8220 Castor Avenue Philadelphia, PA 19152 215-728-4600 Fax 215-728-4576 www.pathcenter.org	19111, 19114, 19136, 19149, 19152	4-18	English, Russian
The Consortium, Inc. 3801 Market Street Philadelphia, PA 19104 215-596-8100 Fax 215-382-4089 E-mail: consorlp@magpage.com	19104, 19139, 19142, 19143, 19153	6 mo.-21	English, American Sign Language

DRUG AND ALCOHOL TREATMENT PROGRAMS FOR TEENS

The following facilities are part of Philadelphia's Behavioral Health System serving uninsured, underinsured and Medicaid-eligible residents. They offer treatment services geared specifically to children and teens under age 18. Most of them also serve older teens and adults. They serve adolescents in outpatient programs unless otherwise noted.

In addition to the facilities listed here, there might be other facilities in Philadelphia or a short distance from Philadelphia offering treatment services you need. For more information, contact your insurance company or CBH (1- 888-545-2600).

The Bridge (residential & outpatient)
8400 Pine Road
(215) 342-5000 x 218 (residential)
(215) 742-5540 (outpatient)

Congreso de Latinos Unidos, Inc.
216 West Somerset Street
(215) 763-8870

Cora Services, Inc.
8500 Verree Road
(215) 342-7660

Gaudenzia
1306 Spring Garden Street
(215) 238-2150

JFK Walk-In/Youth Services
112 North Broad Street
(215) 238-2150

Kirkbride/The Westmeade Center
111 North 49th Street
(215) 471-2000

PATH Adolescent Treatment Program
8220 Castor Avenue
(215) 728-4555

Shalom, Inc.
1080 North Delaware Avenue
(215) 546-3470

Dr. Warren E. Smith Health Centers/Passages
1315 Windrim Avenue
(215)456-2710

The Consortium
4219 Chester Avenue
(215) 596-8199

FAMILY PLANNING FOR TEENAGERS:

Philadelphia County

CENTER CITY

Site	Who?	Cost	Walk-In Pregnancy Testing
District Health Center #1 1400 Lombard Street Philadelphia, PA 19146 (215)-685-6571	Men and Women	Free	Mondays (call first to make sure)
Women's Care Center Drexel University Hospitals 1427 Vine Street, 2nd Floor Philadelphia, PA 19102 (215)-762-7824	Men and Women (Has Spanish speaking staff)	Free	Tues./Wed. 1-3 Fri. 8:30-10:30
PCHA/Mazzoni Clinic 1201 Chestnut Street, 3rd Floor Philadelphia, PA 19107 (215) 563-0658/0652	Men and Women (Has Spanish speaking staff)	Free	By appointment only
Planned Parenthood Locust Street 1144 Locust Street Philadelphia, PA 19107 (215)-351-5560	Men and Women (Has Spanish speaking staff)	Free	Mon. 9-3 Thurs. 9-4 Tues. 1-5 Fri. 10-3 Wed. 1-5 Sat. 10-1
Planned Parenthood Chestnut Street 1211 Chestnut Street, 4th Floor Philadelphia, PA 19107 (215)-496-9696	Men and Women	Free	Mon. 1-6 Fri. 9-2 Tues/Wed 9-6 Sat. 10-2 Thurs. 10-4
St. Chris Child & Adolescent 231 N. Broad Street Philadelphia, PA 19107 (215)-523-6589	Men and Women	Free	By appointment only
Women and Children's Health Services Pennsylvania Hospital/Garfield Duncan Bldg. 700 Spruce Street, Suite 200 Philadelphia, PA 19106 (215)-829-3525	Women	Free	Mon-Thurs. 9-11, 1-2;30 Fri. 9-11
Thomas Jefferson University Hospital 833 Chestnut Street, 2nd Floor, Suite 200 Philadelphia, PA 19107 (215) 955-6777	Women	Free	Mon/Wed./Thurs/Fri 8-11 Tues. 2:30-4

NORTHEAST PHILADELPHIA

Site	Who?	Cost	Walk-In Pregnancy Testing
District Health Center #10 2230 Cottman Avenue Philadelphia, PA 19149 (215) 685-0600	Men and Women	Free	Wed. 4-7
Planned Parenthood Castor Avenue Center 8210 Castor Avenue Philadelphia, PA 19152 (215) 745-5966	Men and Women	Teens under 18 may be charged a fee at this site.	Tues. 12-6 Wed. 9-1 Thurs. 11-5

GERMANTOWN

Site	Who?	Cost	Walk-In Pregnancy Testing
Abbotsford Family Practice & Counseling 3205 Defense Terrace Philadelphia, PA 19129 (215) 843-9720	Men and Women	Free	By appointment only
Covenant House Health Services 251 East Bringhurst Street Philadelphia, PA 19144 (215) 844-0181	Men and Women	Free	Mon.-Fri. 9-11, 1-4
District Health Center #9 131 East Chelten Avenue Philadlephia, PA 19144 (215) 685-5701	Men and Women	Free	Mon. – Fri. 7:30 – 4 (Arrive at 7:30)
Germantown Women's Health Center 2 Penn Boulevard, Suite 110 Philadelphia, PA 19144 (215) 844-8570	Women only	Free	By appointment only
Drexel University Hospital Ambulatory Services, 4th Floor 3300 Henry Avenue Philadelphia, PA 19129 (215) 842-6972	Women only	Free	Mon./ Tues. 8:30-10 Wed. 8:30-3
Schuykill Falls Community Health Center 4333 Kelly Drive Philadelphia, PA 19129 (215) 843-2580	Men and Women	Free	Mon. 8:30-5 Thurs. 9-5 Tues. 10-6:30 Fri. 9-5 Wed. 10-6:30 Every other Sat. 9-1

APPENDIX M

KENSINGTON / FRANKFORD

Site	Who?	Cost	Walk-In Pregnancy Testing
Episcopal Hospital **Lantern Women's Health Center** Front & Lehigh Streets Philadelphia, PA 19125 (215) 427-7065	Women only	Free	Mon. – Fri. 9-11, 1-3
Frankford Avenue Health Center Greater Philadelphia Health Action 4510 Frankford Avenue Philadelphia, PA 19124 (215) 744-1302	Men and Women	Free	Mon. – Thurs. 8-5:45
Kensington Hospital 136 West Diamond Street 1st Floor, Clinic Area Philadelphia, PA 19122 (215) 426-8100, Ext. 6367 or 6314	Men and Women	Free	Tues./Thurs. 9-4
Ken-Care Clinic 2858 North 5th Street Philadelphia, PA 19133 (215) 229-8488	Men and Women	Free	Fri. 1-4
Temple Physicians 2301 E. Allegheny Avenue Helene Fuld Building, 4th Floor Philadelphia, PA 19134 (215) 291-3700	Women only	Free	Yes, but call ahead to make sure the Family Planning Clinic is open on a specific day.

NORTH PHILADELPHIA

Site	Who?	Cost	Walk-In Pregnancy Testing
Albert Einstein Healthcare Network OB/GYN Clinic – Paley 3 5501 Old York Road Philadelphia, PA 19141 (215) 456-7180/6375	Men and Women	Free	Mon. – Thurs. 9-11, 1-3
Spectrum Health Services Broad Street Health Center 1415 North Broad Street, Suite 224 Philadelphia, PA 19122 (215) 235-7944/235-1177	Men and Women	Free	Mon./Wed./Fri. 8:30-4:45 Tues. /Thurs. 8:30-6
Congreso de Latinos Unidos, Inc. 216 West Somerset Street Phildelphia, PA 19133 (215) 763-8870, Ext. 1010 or 1000	Men and Women	Free	Wed. 9-4

NORTH PHILADELPHIA (CONTINUED)

Site	Who?	Cost	Walk-In Pregnancy Testing
District Health Center #5 1900 North 20th Street (20th & Berks) Philadelphia, PA 19121 (215) 685-2933	Women only	Free	Mon.-Thurs. 8-3
District Health Center #6 321 West Girard Avenue Philadelphia, PA 19123 (215) 685-3803	Women only	Free	Mon.-Fri. 8:30-4
Hunting Park Health Center **Greater Philadelphia Health Action** 1999 W. Hunting Park Avenue Philadelphia, PA 19140 (215) 228-9300	Women only	Free	Mon.-Fri. 8:30-4
11th Street Health Center 850 N. 11th Street Philadelphia, PA 19123 (215) 769-1100	Men and Women	Free	Mon./Wed./Thurs./Fri – 9-5 Tues. 9 - 6
St. Christopher's Hospital for Children Adolescent Clinic Front Street & Erie Avenue Philadelphia, PA 19134 (215) 427-3802	Men and Women	Free	Wed. 3-4
Strawberry Mansion Health Center 2840 West Dauphin Street (29th & Dauphin Streets) Philadelphia, PA 19132 (215) 685-2401/685-2424	Men and Women	Free	Mon./Tues./Fri. 8-3
Temple Health Connection 1035 West Berks Street (N.E. corner of 11th & Berks) Philadelphia, PA 19122 (215) 765-6690	Men and Women	Free	Mon./Tues./Thurs. 9-12:30, 1:30-5 Wed. 9-12:30, 1:30-6 Fri. 9-12:30
Temple University Family Planning Outpatient Building, 8th Floor Broad & Tioga Streets Philadelphia, PA 19140 (215) 707-3232	Women only	Free	By appointment only
Woman to Woman/ Temple Midwifery Practice 2701 North Broad Street Philadelphia, PA 19132 (215) 226-8820	Women only	Free	Mon-Fri. 9-11, 1-4

APPENDIX M

NORTH PHILADELPHIA (CONTINUED)

Site	Who?	Cost	Walk-In Pregnancy Testing
11th Street Family Health Services at Drexel University 850 North 11th Street Philadelphia, PA 19123 (215) 769-1100	Men and Women	Free	Mon./Wed./Thurs/Fri. 9-4 Tues. 10-6

WEST PHILADELPHIA

Site	Who?	Cost	Walk-In Pregnancy Testing
Children's Hospital of Philadelphia One Children's Plaza Wood Building, 4th Floor 34th and Civic Center Boulevard Philadelphia, PA 19104 (215) 590-3537	Men and Women	Free	Mon.-Fri. 1-3:30
CHOP Primary Care Center 225 Cobbs Creek Parkway Philadelphia, PA 19139 (215) 476-2223	Men and Women	Free	Mon./Fri. 9-5 Tues./Thurs. 9-9 Sat. 9-3
District Health Center #3 555 South 43rd Street (43rd between Chester & Baltimore) Philadelphia, PA 19104 (215) 685-7500	Women	Free	Tues./Thurs. 7:30-4
District Health Center #4 4400 Haverford Avenue Philadelphia, PA 19104 (215) 685-7600	Men and Women	Free	Mon. – Fri. 7:15-1:30
Haddington Health Center 5610-25 Vine Street Philadelphia, PA 19139 (215) 471-2761	Men and Women	Free	Mon. – Fri. 8:30-11, 1:30-3
Health Annex at Myers Recreation Center 5803 Kingsessing Avenue Philadelphia, PA 19143 (215) 685-2684	Women	Free	Mon. – Fri. 1:30-11, 1-5

WEST PHILADELPHIA (CONTINUED)

Site	Who?	Cost	Walk-In Pregnancy Testing
Helen Dickens Center for Women's Health One East Gates Building 3400 Spruce Street Philadelphia, PA 19104 (215) 662-2730	Women	Free	Mon. 4:30-6:30
Drexel University Hospital OB/GYN Associates Suite 418 Rowland Hall 4190 City Avenue Phildelphia, PA 19131 (215) 477 4960	Women	Free	By appointment only
West Philadelphia Community Center Health Corner 3512 Haverford Avenue, 2nd Floor Philadlephia, PA 19104 (215) 685-2684	Women	Free	Mon./Tues./Thurs./Fri. 8:30-12, 1-5 Wed. 10-6:30
Woodland Avenue Health Center Greater Philadelphia Health Action 5501 Woodland Avenue Philadelphia, PA 19143 (215) 726-9807	Men and Women	Free	Mon.- Fri. 8:30AM-8:45PM

SOUTH PHILADELPHIA

Site	Who?	Cost	Walk-In Pregnancy Testing
District Health Center #2 1720 South Broad Street (Broad & Morris) Philadelphia, PA 19145 (215) 685-1803	Women	Free	Mon./Fri. – 8-4 Thurs. 4:15 (First 15 patients will be seen; all other must reschedule)
Southeast Health Center Greater Philadelphia Health Action 930 Washington Avenue Philadelphia, PA 19147 (215) 339-5100	Men and Women	Free	Mon. – Fri. 8:30-5
Urban Solutions Health Associates of South Phila., Inc. 1408 South Broad Street Philadelphia, PA 19146 (215) 755-0700, Ext. 105 Teens (215) 755-0700, Ext. 103 Adults	Men and Women	Free	Mon.-Fri. 9-3

APPENDIX M

SOUTH PHILADELPHIA (CONTINUED)

Site	Who?	Cost	Walk-In Pregnancy Testing
Wilson Park Medical Center **Greater Philadelphia Health Action** 2520 Snyder Avenue Philadelphia, PA 19145 (215) 755-7700	Men and Women	Free	Mon.-Fri. 8-5

TRANSPORTATION FOR FAMILIES ON MEDICAL ASSISTANCE

Families on Medical Assistance are provided non-emergency transportation to and from medical facilities such as hospitals, clinics, dental offices, mental health centers, pharmacies, eye doctors, etc. In Philadelphia, this service is funded by the Pennsylvania Department of Public Welfare and is administered by Wheels of Wellness (Wheels).

Anyone with an ACCESS card and HMO card who needs transportation can be reimbursed to cover the fare for public transportation or for cost if a privately owned vehicle is used. This service also provides door to door paratransit on a shared ride basis.

In Philadelphia, families must call Wheels to apply for the services. The application process may take up to one month. Once the family is registered, scheduling should be done at least 24 to 48 hours ahead of time or as soon as the family knows of their medical appointment.

To apply for services.....215-563-9670
Main phone # 215-563-2000
Fax #.....215-563-5531
TDD (For the Hearing Impaired).....215-563-0233
Reimbursement information 215-563-1997

Remember:

- Medical Assistance transportation is not for emergencies
- Families must apply to receive this service
- Scheduling must be done 24 to 48 hours ahead of time or a soon as the family knows of their medical appointments.

EMERGENCY TRANSPORTATION

If a family enrolled in Medical Assistance is in need of emergency transportation, the family needs to call their HMO immediately.

WHY ADVOCATE FOR CHILDREN?

WHY ADVOCATE FOR CHILDREN?

- Because kids can't advocate for themselves and look to adults to take care of them
- Because children do not vote so their voices often go unheard
- Because children and youth have rights which must be honored
- Because kids need us!

WORKING WITH POLICY-MAKERS

Gaining the support of policy-makers is an important and valuable strategy for citizens and non-profit organizations. To inform, educate and/or influence decision-makers, you can call them, write a letter, or meet with them.

HERE ARE SOME SUGGESTIONS FOR TALKING TO A POLICY-MAKER...

- Tell them right away that you are a constituent
- State the purpose of your letter or call
- Be courteous and to the point
- Include key information and use examples
- Keep it simple

HOW TO ADVOCATE FOR KIDS

- Educate your community about the importance of supporting kids
- Be informed-read the paper and watch the news
- Organize your neighbors to support kids
- Make children a priority at work
- Volunteer
- Educate elected and appointed leaders
- Testify at public hearings
- Write an op-ed or letter to the editor
- Vote

FEDERAL POLICY-MAKERS

Senators:

Specter	597-7200
Santorum	864-6900

Congressmen:

Brady	389-4627
Fattah	387-6404
Hoeffel	610-272-8400

State Policy-Makers

To find your State Representative call the Capitol in Harrisburg at 717-787-2372. To find your State Senator call 717-787-7163. Or, if you can, access the internet at http://www.house.state.pa.us

For a list of all your elected leaders: http://www.vote-smart.org/index.phtml

APPENDIX O

Philadelphia Policy-Makers

Mayor: John Street.....686-2181

At Large Councilmember's

Blondell Reynolds Brown.....686-3438

David Cohen 686-3446

W. Wilson Goode Jr.....686-3414

James F. Kennedy.....686-3450

W. Thacher Longstreth 686-3452

Angel Ortiz.....686-3420

Frank Rizzo 686-3440

District Council Members

Frank Dicicco(1st District) 686-9458

Anna C. Verna 686-3412
(2nd District and Council President)

Jannie L. Blackwell (3rd District).....686-3418

Michael A. Nutter (4th District).....686-3416

Darrell L. Clarke (5th District) 686-3442

Joan L. Krajewski (6th District) 686-3444

Richard T. Mariano (7th District).....686-3448

Donna Reed Miller (8th District) 686-3424

Marian B. Tasco (9th District) 686-3454

Brian J. O'Neill (10th District).....686-3422

To write to the Mayor/Council Members:

The Honorable (name)
City Hall
Philadelphia, PA 19107

Free & Low Cost Health Insurance for Children & Adults

A family of 4 with income up to $36,804/year can qualify for free coverage

PCCY's Child Health Watch offers free help!

Call us at 215-563-5848 x17

Child Health Watch can help you and your family:

-apply for free or low cost health insurance

- get health care for kids with special needs

-find ways to pay for prescription drugs

Philadelphia Citizens for Children and Youth (PCCY) is a nonprofit child advocacy organization, working to improve the lives and life chances of Philadelphia's children

Seven Benjamin Franklin Parkway
Philadelphia, PA 19103
Phone: 215-563-5848 Fax: 215-563-9442
email: pccy@aol.com
www.pccy.org