

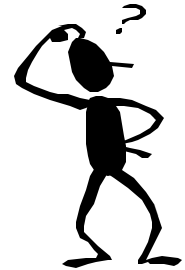
*A Guide for Determining YOUR  
Eligibility for FREE Health Care  
Coverage through*  
**MEDICAL ASSISTANCE  
(MA)**

Medical Assistance?



What's it all about?  
Are **you** eligible?

M.A.?



**Find out inside this  
manual...**

**Pennsylvania Health Law Project**

By Stacey A. Coggins, Staff Attorney  
924 Cherry Street, Suite 300  
Philadelphia, PA 19107

**800 274-3258 or 215 625-3663**

\*This Manual was made possible through a grant from the First Hospital Foundation.

# IMPORTANT NUMBERS!

<b>County Assistance Offices</b>	see back cover
<b>CHIP Statewide Help Line</b>	800 986-KIDS
<b>HCBS Waiver Programs Contact Number</b>	866 286-3636
<b>HealthChoices (MA Enrollment Assistance):</b>	800 440-3989
<b>PACE</b>	800 225-7223
<b>Social Security Administration</b>	800 772-1213
<b>Welfare Hotline</b>	800 692-7462

And, of course, for any questions regarding  
Medical Assistance, please call the  
PA Health Law Project Help Line at  
(800) 274-3258 or (215) 625-3663!

# Medical Assistance (MA)

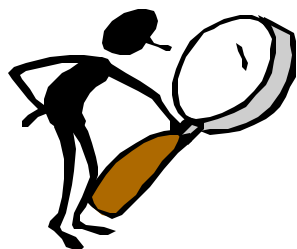
## What is Medical Assistance?

Medical Assistance (MA) (also known as Medicaid) is a free public health insurance program. It is not Welfare. In fact, most people on MA do not receive welfare in the form of cash benefits.

## Am I eligible?

Anyone can apply for MA, but not everyone is eligible. In order to be eligible, you must:

- 1) Fit into one of the groups that MA covers;
- 2) Meet income and resource requirements; and
- 3) Meet the Citizenship/Alienage requirements (see pages 4-5.)

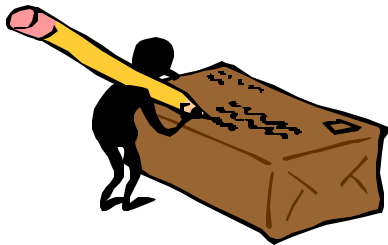


Keep reading  
to be clued in  
as to your  
eligibility!

# How Do I Apply for MA?

You can always go to the County Assistance Office closest to you to submit your application in person. (If you are unsure of the location, call us and we can tell you where it is!)

Or you can mail in your application to your local County Assistance Office, or apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us).



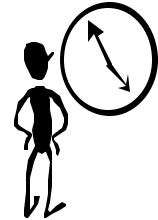
There are different applications for adults and for kids. For kids, use a PA 600CH form. For adults, use the PA 600. If you do not have a form, you can call us for one, go to the County Assistance Office to get one, or download one from the DPW Website: [www.dpw.state.pa.us/general/Guides.asp](http://www.dpw.state.pa.us/general/Guides.asp).

**You will always need to supply one month's proof of income with your application. Also, if it applies, you must supply proof of disability (or illness or condition), proof of alien status (if you are not a citizen), and any other documents that are requested on the application form. Read the application form carefully before submitting it to make sure you are submitting a complete application!**

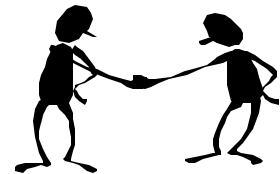
Call the PHLP Help Line for Further Information  
(800)274-3258

# WHAT ARE MY RIGHTS UNDER MA?

You have the following rights when you apply for MA in Pennsylvania:



- 1) The right to receive and file an application on the same day that you ask for it.
- 2) The right to bring someone with you to help you with the MA application.
- 3) The right to have an application completed by a friend, relative, or official of a hospital, agency, etc., if you are ill or physically or mentally unable to do so.
- 4) The right to translation services and translated written materials.
- 5) The right to receive coverage beginning with the third month before the date of application, if you qualify for retroactive MA.
- 6) The right to have DPW quickly issue an MA card if you have "an immediate need for medical services."
- 7) The right to receive medically necessary treatment and services without discrimination based on national origin, race, color, sex or disability.
- 8) The right to free choice of MA enrolled health care providers, unless you are enrolled in the Health Choices Program (in which case you have a choice of Health Choices plans and health care providers that are enrolled in those plans.)
- 9) The right to be treated with dignity and respect.
- 10) If you are homeless, the right to apply for MA even if you have no address.
- 11) The right to have the MA programs explained to you and to receive help in determining the best possible coverage for which you qualify.
- 12) The right to prior notice of, and a fair hearing to contest, any decision by the MA Agency or an MA HMO to deny, terminate or reduce benefits.



If you have questions about these rights, or encounter problems in trying to enforce them, call PHLP on the Help Line at (800)274-3258.

# WHAT IF I AM NOT A CITIZEN?

You may be eligible for full benefits under MA, as long as all other MA requirements are met, if you fit into one of the following categories:

**Lawful  
permanent residents**

**Refugees, Asylees  
and Cuban and  
Haitian Entrants**

**Persons Paroled in the  
US for one year or more**

**Persons permanently residing in the  
US under "color of law"**

(an immigrant whose presence is known to the government and who is allowed to remain in the US with the knowledge and permission of the INS)

\* Anyone unsure of PRUCOL status should check with an immigration attorney before applying for MA, since DPW does contact INS to verify PRUCOL status. Also, it's a good idea to verify with an attorney whether MA will affect ability to get a "green card" in the future.

**Certain battered spouses and  
children** (Spouses or children of US Citizens or permanent residents who have filed a "self-petition" under the Violence Against Women Act)

**Persons granted Withholding  
of Deportation or  
Withholding of Removal**

Even if you do not fit into one of these categories, you may be eligible for Emergency Medical Care.

See the next page for more information!

**And remember-  
Children born in the US  
are eligible for MA (even  
if their parents are living  
in the US unlawfully)**

# EMERGENCY MEDICAL CARE

If you do not fit into one of the categories of aliens that that are eligible for full MA benefits, you **may still be eligible** for **Emergency Medical Care** under MA to treat an **Emergency Medical Condition**.

An **Emergency Medical Condition** is a medical condition with acute symptoms of such severity, including severe pain, that without immediate medical attention, the result may be:

- **that the patient's health is in serious jeopardy;**
- **serious impairment to bodily functions;** OR
- **serious dysfunction of any body organ or part.**

Labor and delivery  
are considered Emergency  
Medical Conditions.

An alien must prove the existence of the Emergency Medical Condition with a doctor's note which:

- **Identifies** the Emergency Medical Condition;
  - **Specifies** the need for medical treatment resulting from the Emergency Medical Condition;
- AND
- **Provides a date** on which the emergency is **expected to end**.

**Categories of aliens** eligible for **Emergency Medical Care** are:

- 1) **ineligible aliens** (lawfully admitted but only for a temporary or specified time);
- 2) **illegal aliens**; and
- 3) **undocumented aliens**.

Persons in receipt of EMC are **NOT REQUIRED** to:

- sign a Citizenship/ Alienage Declaration Form;
- verify alien status; or
- verify a social security number.

In order to qualify for Emergency Medical Care, you must meet all other requirements for Medical Assistance, which are explained in the remainder of this manual.

Undocumented aliens have been able to obtain Emergency Medical Care with no INS problems!

# WHAT GROUPS ARE COVERED?

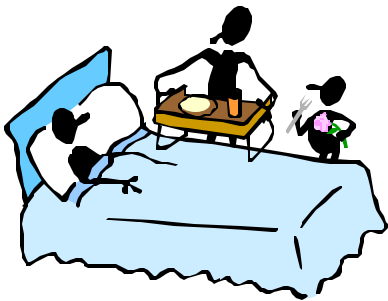
1) KIDS (pp. 8-10)



2) Pregnant Women (p. 11)

3) Low-Income Households with TANF (Temporary Assistance for Needy Families)-eligible Dependent Children under 19 Years Old (pp. 12-13)

4) Families (with Dependent Kids) who are Going from Welfare to Work (pp. 14-15)



5) Families (with Dependent Kids) who are Losing TANF-related Cash Assistance and/or MA due to Increased Child Support (p. 16)

6) Adults 65 Years and Older (pp. 18-19)

7) Persons with Disabilities (pp. 20-22)

8) Some Adults in Households without Dependent Children (pp. 23-29)



# GOOD NEWS!



If you fit into one of the  
MA Covered Groups,  
you may qualify for  
health care coverage  
EVEN IF you are above the  
income limits!



See the SPENDDOWN section  
on pages 30-31 of this  
manual for further details.

# KIDS

Even if you are working, your kids may be eligible!

**Do you know-  
Your Kids can get health coverage for FREE if you are within the income limits!**

(See the income levels on the chart to the right to determine whether your household income is within the limit for free coverage!)

200% of Federal Poverty Level for 2004\*\*

# in household	Monthly Income*	Yearly Income*
2	\$2,082	\$24,980
3	\$2,612	\$31,340
4	\$3,142	\$37,700
5	\$3,672	\$44,060

\* After allowable work expense and child care deductions.  
\*\* Income limits change in February or March of every year.

Also, if your income is too high for free coverage, you can purchase low-cost health coverage for your kids if your income is less

than the limit listed in the chart to the left for the number of family members in your household.

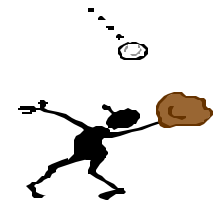
235% of Federal Poverty Level for 2004\*\*

# in household	Monthly Income*	Yearly Income*
2	\$2,446	\$29,352
3	\$3,069	\$36,825
4	\$3,692	\$44,298
5	\$4,315	\$51,771

\*After allowable work expense and child care deductions.  
\*\* Income limits change in February or March of every year.



See the next page for more information on the two programs that offer **free and low-cost** coverage for children!



# KIDS

Even if you are working, your kids may be eligible!

## MA

- ? Provides free coverage to kids under 21 whose households are within the required income limits.
- ? For children with disabilities, only the child's income is counted for determining that child's eligibility.
- ? Kids in foster care and in federal and state adoption assistance programs are eligible.



Please note: You must submit verification of one month of income with your application!



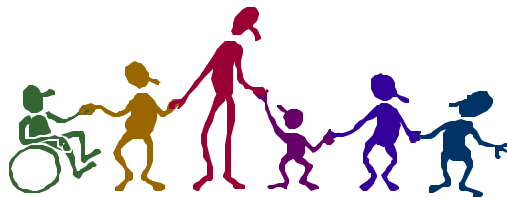
## CHIP (Children's Health Insurance Program)

- ? This program is available **if your child does not qualify for MA due to excess household income.**
- ? Some kids will be eligible for free insurance under CHIP, while those in households with higher income levels will be eligible for low-cost CHIP (see previous page.)

You can apply for either MA or CHIP using the same form! If your child is not eligible for the program through which you apply, but may be eligible for the other, the first program will automatically forward your child's application to the other program to be considered for eligibility. Call 1(800) 986-KIDS or PHLIP (1(800)274-3258) for more information!

# KIDS with Adoption Assistance and Foster Care Payments

YES, YOU ARE ELIGIBLE!



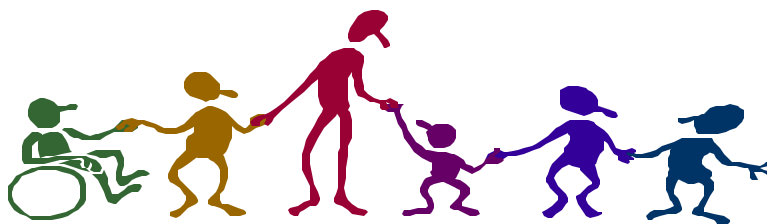
**BOTH:**

1) Kids who are  
in **foster care**  
**placement**

and

2) Kids who are in  
either **federal** or  
**state adoption**  
**assistance programs**

**ARE ELIGIBLE FOR MA!**



# PREGNANT WOMEN

If you think you might be pregnant, go to any MA Certified Presumptive Eligibility Provider to get your pregnancy verified.  
(Call us at (800) 274-3258 for the certified provider nearest to you!)

Before you even apply, you can go to the doctor to get your pregnancy verified – and the visit will be covered if you are found to be eligible!

You will be IMMEDIATELY ELIGIBLE for free health care coverage under MA for up to two months if:

- 1) You are determined to be pregnant by an MA Certified Presumptive Eligibility Provider;  
**AND**
- 2) Your household income is below 185% federal poverty level (see chart to right.)

185% of Federal Poverty Level for 2004

# in household	Monthly Income*	Yearly Income*
2	\$1,926	\$23,107
3	\$2,416	\$28,990
4	\$2,907	\$34,873
5	\$3,397	\$40,756

\*After allowable deductions, including childcare expenses up to a specified amount.

Remember - **if you are pregnant**, you and your unborn child are each counted toward the total number in the household!

In order to **remain eligible for the rest of your pregnancy**, you **must go in person to the County Assistance Office** nearest to you to apply and to show proof of one month's income.

Once you provide proof that your income is below the allowable amount, you are *covered for the rest of your pregnancy*, and for the *follow-up appointments afterwards*—regardless of any changes in your income.

**Plus, your baby will automatically be covered for up to 1 year after its birth, regardless of any changes in your income!**

Many providers accept MA, so once you are covered, there are lots of providers that you can go to see .



And remember . . . the earlier you see a doctor in your pregnancy, the better your chances are of having a healthy baby!

# LOW INCOME HOUSEHOLDS with TANF-ELIGIBLE DEPENDENT CHILDREN

**If you are in a household with TANF-eligible Dependent Children, and you are a specified relative, you may be eligible for MA!**

You are eligible if --

- you have a **TANF-eligible dependent child (see next page for definition)** within the budget group applying for MA;
- you are a **specified relative (see next page for definition)**;
- you meet the **income eligibility requirements**;<sup>\*</sup>  
**AND**
- you meet the **citizenship/alienage requirements** (as described on page 4.)

\* call us at (800) 274-3258 to inquire about income limits. They vary so greatly, depending upon whether you are qualified for various deductions, that **NO SINGLE CHART** could even begin to explain it!



Within this category, there is **NO ASSET** (i.e. resources, things you own) **TEST!**

# LOW INCOME HOUSEHOLDS with TANF-ELIGIBLE DEPENDENT CHILDREN

## What is a TANF-eligible dependent child?

**“dependent child”** - A child who: 1) is under age 18, or 18 and a full-time student in high school (or a vocational or technical school) AND 2) meets one of the TANF **deprivation of support** conditions.

**“deprivation of support”** - a lack of, or interruption in, the maintenance, physical care, or parental guidance a child ordinarily receives from one or both parents.

**A child is considered deprived only if:**

- 1) one or both parents are continuously absent;
- 2) a parent is incapacitated or impaired; OR
- 3) the principal wage earner parent (see definition below) is unemployed.

**Principal wage earner** - parent in household who:

- 1) has worked 24 of the past 64 months or has been eligible for unemployment compensation during that period; **AND**
- 2) who earned the most money in the household in the 24 month period prior to application.

## What is a “Specified Relative”?

A **“specified relative”** is an adult who: 1) is related to a dependent child; 2) exercises responsibility for the care and control of the child; AND 3) lives with the child or is in the process of setting up a home where the child will live within 30 days.

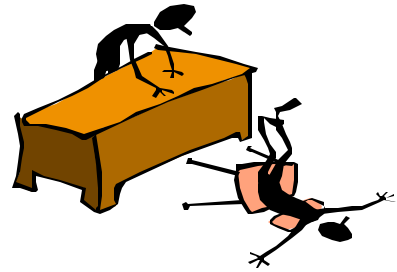
# FAMILIES (with Dependent Kids) who are Going from Welfare to Work

## HOLD ONTO YOUR SEATS !

### DO YOU KNOW THAT . . .

You and your TANF-eligible dependent children can remain eligible for MA:

- v even after you start a new job;
- v even if you receive an increase in income that makes you ineligible for TANF-related Cash Assistance and/or MA;
- v even if you have a steady, well-paying job; **AND**
- v even if you are offered insurance through your employer.



**EXTENDED MEDICAL COVERAGE** under MA is available for you and your family for up to a year after becoming ineligible for TANF-related Cash Assistance and/or MA due to an increase in wages. And, for the first six months, income is not a factor!

See the  
next page  
for details!

# FAMILIES (with Dependent Kids) who are Going from Welfare to Work

Your family is eligible for 6 months of Extended Medical Coverage (EMC) under MA if :

- ? you are losing your TANF-related cash benefits and/or MA due to an **increase in salary** because of a **new job**, an **increase in pay**, or an **increase in hours**;
- ? you have **dependent children** in the household who are also losing their cash benefits and/or MA; and
- ? you have **received TANF-related cash assistance** for **3 of the 6 months immediately prior** to this **increase in your income**.

(If you meet the above three qualifications, EMC is available **REGARDLESS of YOUR INCOME** and **EVEN IF YOU HAVE INSURANCE THROUGH YOUR JOB!**)

You remain eligible for 6 more months if your **earned income remains below 185%** of the Federal Poverty Level for the number in your household (see chart below.)



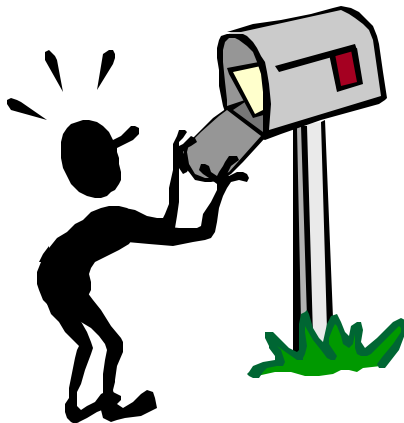
185% of the Federal Poverty Level in 2004

# in household	Monthly Income	Yearly Income
2	\$1,926	\$23,107
3	\$2,416	\$28,990
4	\$2,907	\$34,873
5	\$3,397	\$40,756

\* Income limits increase every February or March.

# Families (with Dependent Kids) Losing TANF-related Cash Assistance and/or MA Due to Increased Child Support

If you are threatened with losing your  
MA due to increased Child Support,  
**EXTENDED MEDICAL COVERAGE**  
may work for you and your whole family!



## HOW?

If you are cut off of TANF-related Cash Assistance and/or MA due to an increase in child support payments, you are eligible for four months of Extended Medical Coverage.

**In this category,  
there is no income limit!**

# REMEMBER

The PA Health Law Project Help Line is open  
Monday-Friday from 9 am - 5 pm.



Call us with your MA questions, problems  
or concerns at:

(800)274-3258      or      (215)625-3663

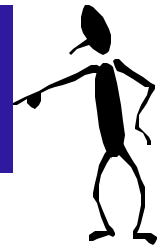
## DO YOU KNOW-

- ? After you get MA, we can help you if you are having problems gaining access to any of the services or benefits that you should be receiving under MA.
- ? And if you are denied services or benefits, or you are notified that the services or benefits that you already have are going to be reduced or terminated, we can help you with appealing those decisions.

# ADULTS 65 Years old and older HEALTHY HORIZONS is available for you!



All of Pennsylvania's seniors who are 65 and older are eligible for coverage **if** they meet the **INCOME** and **RESOURCE** requirements!



**YOU CAN BE ELIGIBLE EVEN IF  
YOU ARE ON MEDICARE!**

## What are the Income Requirements?

- ? A **single person** can have a net income (through Social Security checks and other unearned income) of up to **\$796/month (\$9,552/year.)**
- ? A **couple** (if they are **both eligible**) can have a joint net income (through Social Security checks and other unearned income) of up to **\$1,061/month (\$12,732/year.)**
- ? If you are **working and getting Social Security benefits, call us for applicable income limits**, as the limits are **higher for earned income.**

\* The income limits increase every February or March. These limits pertain to the year 2004.

## How about the Resource Requirements?

- ? A **single person** over 65 applying for MA cannot have more than **\$2,000 in resources.**
- ? A **couple** can have up to **\$3,000 in resources.** (Your primary residence and 1 car are exempt from the resource calculations. So are personal items that you own such as jewelry and clothes.)
- ? If there is a minor child living in the household, resources are not considered!



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**SEE THE NEXT PAGE FOR THE  
KEY TO OTHER PROGRAMS FOR  
SENIORS!**

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## GOOD NEWS for PENNSYLVANIA'S SENIORS!

For **seniors** (65+) with income levels **too high** for full MA under **Healthy Horizons**, there are options!



Your income can be up to **135% of the FPL** (see chart to the right) and you can have resources up to **\$4,000/single person and \$6,000/couple** and still be qualified to have at least **some medical expenses covered**, such as:

- Medicare Part B Premium
- Medicare Deductibles and Copayments

CALL US ON THE HELPLINE  
at (800)274-3258  
for more information!

Maximum Allowable Income  
Limits for the year 2004

# in Budget group	Monthly Income Limit	Yearly Income Limit
1	\$1,048	\$12,569
2	\$1,406	\$16,862

**\* The income limits increase every February or March. These limits pertain to the year 2004.**

Plus, for those of you with **large monthly expenses** whose incomes are too HIGH for MA, you can use some of your monthly medical expenses to reduce your "countable" income, and then qualify under MA to have the **remainder** of the month's medical bills paid! (See the "spenddown" section on pages 30-31 of this manual for more details.)

# Persons with Disabilities

Are you PULLING YOUR HAIR OUT trying to figure out the INCOME GUIDELINES for MA Eligibility for Persons with Disabilities? See the summaries below to try to fill in the puzzle . . .



**SSI RECIPIENTS:**  
Automatically get full MA coverage.

**SSDI (Social Security Disability, not SSI) RECIPIENTS:** Are covered fully under MA if they meet the following income and resource requirements:

**Income:**

- A **single person** can have a net income (through Social Security checks and other unearned income) of up to **\$796/month (\$9,552/year) in 2004.**
- A **couple** (if they are **both eligible**) can have a joint net income (through Social Security checks and other unearned income) of up to **\$1,061/month (\$12,732/year) in 2004.**
- If you are **working and getting SSDI**, call us for **applicable income limits**, as the limits are **higher for earned income.**

**Resources** (i.e. things that you own, assets):

- A **single person** applying for MA cannot have more than **\$2,000** in resources.
- A **couple** (if they are both eligible) can have up to **\$3,000** in resources. (Your primary residence and one car are exempt from resource calculations. So are personal items, such as jewelry and clothing.)
- If there is a **minor child** living in the household, **resources are not considered.**

**SSDI RECIPIENTS NOT MEETING INCOME GUIDELINES FOR FULL MA:** Are *still* qualified to have at least some medical expenses covered, such as:

- **Medicare Part B Premium**
- **Medicare Deductibles**

if your income is less than **135% of the FPL (see chart to the right)** and you have **resources below \$4,000 for an individual or \$6,000 for a couple.**

Maximum Allowable Income Limits for 2004

# in Budget group	Monthly Income Limit	Yearly Income Limit
1	\$1,048	\$12,569
2	\$1,406	\$16,862

**\* The income limits increase every February or March. These limits pertain to the year 2004.**

And, for those of you with **large monthly expenses** whose incomes are **TOO HIGH** for MA, you can use some of your monthly medical expenses to reduce your "countable" income, and then qualify under MA to have the **remainder** of the month's medical bills paid! (See the "**spenddown**" section on pages 30-31 of this manual for more details.)

# Persons with Disabilities

DO YOU  
KNOW. . .



Even if you **do not** have **SSI** or **SSDI**, you can qualify for MA if your doctor will certify that you have an **ILLNESS** or **CONDITION** that keeps you from working!

In order to be eligible, you need to **fill out an MA Application Form**, and **submit an EMPLOYABILITY ASSESSMENT FORM (form to be filled out by your doctor)** on which your doctor certifies that:

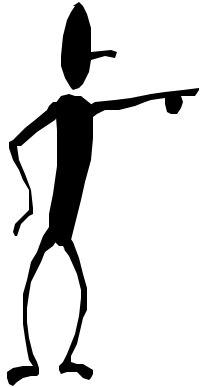
- you are **unable to work** (either **temporarily or permanently**) due to an **illness or condition**.

**REMEMBER:**  
Your MA will last only for the amount of time that the doctor certifies you will be unable to work.

If you do not yet have documentation of your illness or condition when you turn in your application, or still need to have the Employability Assessment Form completed, the County Assistance Office (CAO) must provide you with a special temporary medical card (a Noncontinuous Eligibility (NCE) Card), which will pay for your trip to the doctor to have your illness verified and the form completed!

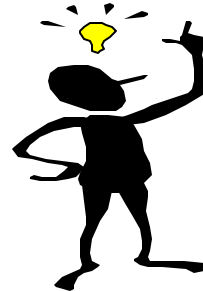
You have a **right** to receive an **Employability Assessment Form** when you hand in your application. If you are denied this, call us on our **Help Line** at (800)274-3258

# Persons with Disabilities Requiring Health Sustaining Medications



Do you  
require health  
sustaining  
medications  
in order to  
maintain  
your employment?

If so, MA  
may be available  
for you!



## HERE IS HOW:

- ? Have your prescribing doctor (who must be an MA provider) fill out a **HEALTH SUSTAINING MEDICATIONS FORM**, on which the doctor certifies that you **ARE ABLE TO WORK, BUT ONLY** with the assistance of **HEALTH SUSTAINING MEDICATIONS**.
- ? You can get this form at the County Assistance Office (CAO), or your doctor may have one. You have a **right to apply for MA**, and therefore the CAO **MUST** give you a Health Sustaining Medications Form upon request.
- ? If you hand in your application before you have the Health Sustaining Medications Form completed by your prescribing physician, the CAO can supply you with a **special temporary medical card (a Noncontinuous Eligibility (NCE) Card)**, which will pay for your visit to the doctor (**who must be an MA provider**) to have the Health Sustaining Medications Form completed. You must then **return this form** to the CAO in order to complete your application.

While the income limits are low for this eligibility category (approximately \$205/month for a single person), you can become eligible through “spenddown.”  
(See the “spenddown” section on pages 30-31 of this manual for more information.)

# ADULTS in HOUSEHOLDS WITHOUT DEPENDENT CHILDREN

Adults Ages 59-64

Victims of domestic violence who are receiving protective services (9 month lifetime limit)

Caretakers of ill or disabled members of a household (adults or kids) / Caretakers of children in a household under 13 years old (who are not relatives)

Adults with HIV/AIDS

Adults who are working at least 100 hours per month

Adults unable to work due to illness or condition, who are not on SSI or SSDI, have no dependant kids and are not yet 65 (see p. 21)

Participants in Drug and Alcohol Treatment Programs (9 month lifetime limit)

Adults who are on Health Sustaining Medications (see p. 22)

There are **DIFFERENT INCOME REQUIREMENTS** for the **VARIOUS CATEGORIES AVAILABLE** to adults in households without dependent children.

There are also **different SERVICES** and **BENEFITS OFFERED** DEPENDING UPON the **CATEGORY** under which you apply.

**READ THE FOLLOWING PAGES TO LEARN the INCOME and OTHER REQUIREMENTS of the DIFFERENT CATEGORIES.**

While these categories do have low income limits, remember the spenddown option, under which you may qualify for MA after spending a certain amount on your medical bills each month.  
(See pages 30-31 for more information on spenddown.)

# ADULTS in HOUSEHOLDS WITHOUT DEPENDENT CHILDREN

## ADULTS WHO ARE:

1) 59-64 Years Old

or

2) 21-58 Years Old and Working 100 Hours per month,  
earning at least Minimum Wage (currently \$5.15/hour)

are eligible for **MEDICALLY NEEDY ONLY (MNO) MA.**

This type of coverage **DOES NOT COVER** prescription  
**drugs** nor **most durable medical equipment**.

### MNO Resource Limits:

One person: \$2,400

Two people: \$3,200

Each add'l person: \$300

**THE benefit to this category is that it has HIGHER INCOME LIMITS (see chart to right) than the NMP MA CATEGORY, which is described on the next page!**

### MNO Income Guidelines

# in household	Net Monthly Income	Annual Income
1	\$425	\$5,100
2	\$442	\$5,300
3	\$467	\$5,600
4	\$567	\$6,800
5	\$675	\$8,100

\* After allowable deductions.

# ADULTS in HOUSEHOLDS WITHOUT DEPENDENT CHILDREN

## ADULTS WHO ARE:

- 1) caretakers of sick or disabled members of a household or caretakers of children in a household under 13 years old (who are not relatives);
- 2) persons with HIV/AIDS;
- 3) unable to work due to illness or condition, who are not on SSI or SSDI, have no dependent kids, and are not yet 65 years old (see p. 21);
- 4) taking Health Sustaining Medications (see p. 22);
- 5) victims of domestic violence who are receiving protective services (9 month lifetime limit); AND
- 6) participants in Drug and Alcohol Treatment Programs (9 month lifetime limit)

are eligible for **NON MONEY PAYMENT (NMP) MA.**

This type of coverage **DOES COVER** prescription drugs and **most durable medical equipment.**

### NMP Resource Limits:

One person: \$250  
Two or more people:  
\$1,000

The **INCOME LIMITS** for these NMP MA groups **VARY** from county to county. Call the **PHLP Help Line** to find out if you are **INCOME ELIGIBLE!**  
**(800)274-3258** or  
**(215) 625-3663**

READ ON FOR MORE INFORMATION on the  
PROGRAM REQUIREMENTS!

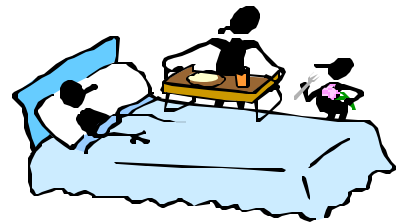
CARETAKERS of ILL or DISABLED MEMBERS of HOUSEHOLD (adults or kids) / CARETAKERS of CHILDREN in household UNDER 13 YEARS OLD (who are not relatives)

If you are caring for someone in your home who is:

1) **ill or disabled (child or adult)**

or

2) **under 13 years old** and who is **not a relative**



you may be eligible for MA if you meet the NMP MA income guidelines.

If you are caring for someone who is **ill or disabled**, in order to qualify, you need to:

- 1) get a note from the physician indicating that the person being cared for is "ill or disabled" (this can also be proven by providing person's SSI or SSDI receipts);
- 2) get the doctor to describe in the note the kind of care that the individual needs (for example feeding, bathing or safety); AND
- 3) show that there is no one else in the household who is able to perform the caretaking task (for example, pay stubs from others in the household who are working.)

# PERSONS with HIV/AIDS

**If you have HIV or AIDS, there are several ways in which you may qualify for MA.**

If you have **AIDS** and meet the SSI INCOME requirements (less than \$591.40/month in 2004) then you should qualify for SSI, which provides full MA coverage.

If you have **asymptomatic HIV** (without symptoms), there are two programs for which you may qualify:

- 1) **Special Pharmaceutical Benefits Program**: This program has much higher income levels than regular NMP MA, so if you are working, chances are you may qualify. It only covers medications. Call us on the **Help Line** at **(800) 274-3258** for an Application and to find out if you are income eligible.
- 2) **Health Sustaining Medications**: This is full MA coverage through the NMP MA category, so it has much lower income requirements than the other program. In order to qualify, you need to submit a PA 1671 form, that your prescribing doctor has filled out, to the County Assistance Office. Call us on the **Help Line** at **(800) 274-3258** for more information.

## Victims of Domestic Violence who are Receiving Protective Services

**You are eligible for NMP MA if:**

- 1) you are in receipt of **domestic violence protective services**  
**AND**
- 2) you meet the **citizenship, resource,**  
and **income** requirements.

There is a **NINE MONTH** lifetime limit  
for eligibility under this category!  
Therefore, if you can become eligible  
through some other category,  
use it first.

# Participants in Drug and Alcohol Treatment Programs

## You are eligible for NMP MA if:

- 1) you are undergoing **active treatment** for **drugs or alcohol**;
- 2) your participation in the treatment Program **precludes employment**;
- 3) the program is **licensed and approved** by the Department of Health or is **administered** by an agency of the federal government; **AND**
- 4) you meet the **citizenship, resource, and income** requirements.

There is a **NINE MONTH** lifetime limit for eligibility under this category! Therefore, if you can become eligible through some other category, use it first.

# SPENDDOWN . . .

## will it work for you?

### WHAT IS IT?

**Spenddown** allows individuals who would **otherwise be ineligible** for MA, **due to excess income**, to become eligible.

### WHO CAN USE IT?

To use **spenddown**, you must fit into one of the groups that are described in this manual as covered MA groups.

### HOW DOES IT WORK?

**Medical expenses** that you have can be deducted from your income for MA eligibility purposes.

Once the medical expense deductions bring your income under the limit for the MA category for which you are applying, **MA will pay your remaining medical bills** either for *one month* or for *a six month period*, depending upon the type of spenddown for which you qualify.

**\* Please note that under spenddown, MA will not pay for the bills that were used to meet the spenddown.**

Discover more about  
spenddown on the  
following page...

... or, call us on the  
Help Line at  
(800) 274-3258!

# SPENDDOWN . . .

## will it work for you?

### HOW DO I APPLY FOR MA SPENDDOWN?

You must fill out an Application, indicating that you want to apply for MA under spenddown.

There are two kinds of spenddown :

1) NMP (Non Money Payment) -

-**Submit your application** for MA and the worker at the County Assistance Office will tell you your **monthly spenddown amount**.

-Each month you will need to send in **receipts, bills, etc.** showing that **you have been billed for or paid the amount in medical expenses for which you are responsible**.

-For the **remainder of the month, MA will pay** your medical expenses. (Please note: MA will not pay for the expenses that were used to meet the spenddown.)

-**NMP MA does cover prescription drugs and most durable medical equipment.**

2) MNO (Medically Needy Only) -

-At the time you submit your application, your **eligibility is determined for a six month period**.

-This period can be **retroactive** for up to three months, so this option may be beneficial if you owe **back bills**.

-The **income limits are higher** under MNO than NMP; however, **MNO does not cover prescriptions nor most durable medical equipment.**



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CONFUSED? CALL US ON THE HELP LINE  
IF YOU HAVE ANY FURTHER QUESTIONS  
(800)274-3258

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# Home and Community-Based Waivers

## What are Home and Community-Based Services Waivers?

Under waiver programs, states provide services in a home or community-based setting as opposed to in a nursing facility setting.

## What kinds of services are available under the Waivers?

The waivers offer a variety of different services. While none of the waivers offer all of the following services, these services are ones that may be offered in each of the programs:

Case management	Non-medical transportation
Homemaker/home health aide services	In-home support services
Personal care services	Special communication services
Adult day health, habilitation and respite care	Minor home modifications
	Adult day care

In addition, for individuals with chronic mental illness, the following services may be provided :

Day treatment or other partial hospitalization services	Psychosocial rehabilitation services
	Clinic services

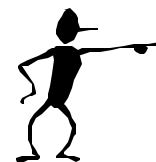
## Who is eligible for waiver services?

Individuals who require a Nursing Facility level of care are medically eligible for Waiver Services. There are also financial eligibility criteria: an applicant may have up to 300% FBR (\$1,692/month in 2004) in income. As well, most of the waiver programs have a resource limit, which is \$8,000/person, unless the applicant is under 21, in which case there is no resource limit.

### Please note:

Because waiver services are not an entitlement, there is no guaranteed entrance into a waiver program, even if you meet all of the program eligibility requirements. Also, there is a federal requirement that Waiver Services be cost effective, meaning that the cost of providing services through a waiver must be less than the cost of institutional care. This requirement will therefore effect an individual's eligibility for a particular waiver.

For more information on waiver programs,  
see the next page or call our Help Line  
at 1(800) 274-3258



# Home and Community-Based Waivers

The following is a summary of the non-financial eligibility requirements for the waiver programs that are available in Pennsylvania:

## **Consolidated Waiver for Persons with Mental Retardation**

Age: 3 and older  
Mental retardation

## **Long Term Care Capitated Assistance Program (LTCCAP)**

Age 60 or older  
Nursing facility eligible

## **Michael Dallas:**

Private insurance exhausted  
Average cost of care does not exceed cost of institutional care  
Technology-dependent  
Doctor's statement of need for mechanical device

## **COMMCare Waiver:**

Age 21 or older  
Diagnosis of Traumatic Brain Injury (TBI)  
Specialized Rehabilitation Facility Services eligible  
Disability results in substantial functional limitations in 3 or more major life activities  
Not ventilator dependent

## **AIDS Waiver:**

Age: 21 or older  
Individuals with HIV/AIDS

## **Elwyn:**

Cost of care cannot exceed 80% of MA cost for a nursing facility  
Age: 40 and older  
Deaf or deaf and blind

## **Person/Family Directed Support Waiver:**

Cost of services not to exceed \$20,000/year  
Age: 3 and older  
Mental retardation  
Not requiring licensed community residential services

## **Aging Waiver:**

Cost of care can not exceed 80% of MA cost of a nursing facility  
Age 60 or older  
Disabled  
Nursing home eligible

## **Attendant Care:**

Cost of care cannot exceed 100% of MA cost for a nursing facility  
Age: 18-59  
Physically disabled  
Mentally alert  
Need nursing facility level of care

## **Home and Community Based Services Waiver for Infants, Toddlers and Families**

Cost cannot exceed ICF/ORC level of care  
Age: 0-3  
Need for early intervention services  
ICF/MR level of care for mental retardation or other related conditions

## **Independence Waiver**

Age: 18 and older	Severe physical
Primary diagnosis not MH/MR	disability which is likely to continue indefinitely, and which results in substantial functional limitations in 3 or more major life activities.
Not ventilator dependent	
Eligible for nursing facility services	

## **OBRA-87**

Developmentally disabled  
Primary diagnosis is not MH or MR  
Disability manifests itself before age 22  
Disability likely to continue indefinitely  
Disability results in substantial functional limitations in 3 or more major life activities  
Nursing Facility resident determined to be inappropriately placed or  
Community resident meeting ICF/ORC level of care

For information on the services that are available under the various waivers programs, call the DWP Long Term Care Help Line at (866) 286-3636 or PHLP on the Help Line at (800) 274-3258.

# County Assistance Offices

<b>Adams</b> 717 334-6241	<b>Clinton</b> 800-820-4159	<b>Luzerne</b>	Vine 215-560-2301
<b>Allegheny :</b> 412-565-2146	570-748-2971	Wilkes-Barre	West 215-560-6100
Alle-Kiski 800-622-3527	<b>Columbia</b> 877-211-1322	570-826-2100	<b>Pike</b> 570-296-6114
724-339-6800	570-387-4200	Hazleton 570-459-3800	<b>Potter</b> 800-446-9896
Eastern 412-645-6400	<b>Crawford</b> 800-527-7861	<b>Lycoming</b> 877-867-4014	814-274-9700
Institution-Related	814-333-3400	570-327-3300	<b>Schuylkill</b> 877-306-5439
Eligibility District	<b>Cumberland</b> 800-269-0173	800-382-5253	570-621-3000
412-565-5604	717-240-2700	717-248-6746	<b>Snyder</b> 570-374-8126
Liberty 412-565-2652	<b>Dauphin</b> 800-788-5616	<b>McKean</b> 800-822-1108	<b>Somerset</b> 800-248-1607
North County	717-787-2324	814-362-4671	814-443-3681
412-565-7755/7756	<b>Delaware</b> 610-447-5500	<b>Mercer</b> 800-747-8405	<b>Sullivan</b> 877-265-1681
Northern 412-565-5638	Crosby 610-447-5300	724-983-5000	570-928-8596
South Side	Lansdowne	<b>Monroe</b> 570-424-3030	<b>Susquehanna</b>
412-488-2030/7806	610-461-3800	<b>Montgomery</b> 610-270-3500	888-753-6328
Southeast	<b>Elk</b> 800-847-0257	Pottstown 800-641-3940	570-278-3891
412-664-6800/6801	814-766-1101	610-327-4280	<b>Tioga</b> 800-525-6842
Southern 412-565-2232	<b>Erie</b> 800-635-1014	<b>Montour</b> 570-275-7430	570-724-4051
Susquehanna	814-461-2000	<b>Northampton</b>	<b>Union</b> 570-524-2201
412-645-7400/7401	<b>Fayette</b> 877-832-7545	610-250-1700	<b>Venango</b> 800-522-2078
<b>Armstrong</b> 724-543-1651	724-439-7015	<b>Northumberland</b>	814-437-4341/4342
800-424-5235	<b>Forest</b> 800-876-0645	800-368-8390	<b>Warren</b> 800-403-4043
<b>Beaver</b> 724-773-7300	814-755-3552	570-988-5900	814-723-6330
<b>Bedford</b> 800-542-8584	<b>Franklin</b> 800-921-8839	<b>Perry</b> 800-991-1929	<b>Washington</b>
814-623-6127	717-264-6121	717-582-2127	800-835-9720
<b>Berks</b> 610-736-4211	<b>Fulton</b> 800-222-8563	<b>Philadelphia</b> 215-560-2900	724-223-4300
<b>Blair</b> 814-946-7111	717-485-3151	Alden 215-560-4800	Valley 800-392-6932
<b>Bradford</b> 800-542-3938	<b>Greene</b> 888-410-5658	Boulevard 215-560-6500	724-379-1500
570-265-9186	724-627-8171	Center 215-560-3600	<b>Wayne</b> 877-879-5267
<b>Bucks</b> 215-781-3300	<b>Huntingdon</b> 800-237-7674	Delancey 215-560-3700	570-253-7100
Warminster	814-643-1170	Elmwood 215-560-3800	<b>Westmoreland</b>
800-362-1291	<b>Indiana</b> 800-742-0679	Federal 215-560-4400	800-905-5413
215-443-3200	724-357-2900	Girard 215-560-3500	724-832-5200
<b>Butler</b> 724-284-8844	<b>Jefferson</b> 800-242-8214	Hill 215-560-5200	Alle-Kiski 800-622-3527
<b>Cambria</b> 877-315-0389	814-938-2990	Jefferson 215-560-6600	724-339-6800
814-533-2491	<b>Juniata</b> 800-586-4282	Kent 215-560-5400	Donora 800-238-9094
<b>Cameron</b> 814-486-3757	717-436-2158	Lehigh 215-560-4600	724-379-1500
<b>Carbon</b> 570-325-9540	<b>Lackawanna</b> 877-431-1887	North 215-560-4000	East Greensburg
<b>Centre</b> 800-355-6024	570-963-4525	Nursing Home	800-905-5413
814-863-6571	<b>Lancaster</b> 717-299-7411	215-560-5500	724-832-5218
<b>Chester</b> 800-814-4698	<b>Lawrence</b> 800-847-4522	Ogontz 215-560-5000	<b>Wyoming</b> 570-836-5171
610-466-1000	724-656-3000	Ridge 215-560-4900	<b>York</b> 717-771-1100
<b>Clarion</b> 800-253-3488	<b>Lebanon</b> 800-229-3926	Snyder 215-560-4300	
814-226-1700	717-270-3600	Tioga 215-560-4700	
<b>Clearfield</b> 800-521-9218	<b>Lehigh</b> 610-821-6509	Unity 215-560-6400	
814-765-7591			