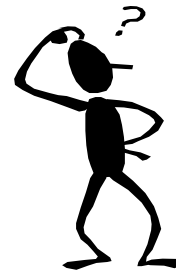




*Determining YOUR Eligibility for Health
Care Coverage through*
MEDICAL ASSISTANCE (MA)
*And Other Related
Public Health Insurance Programs*



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



PENNSYLVANIA HEALTH LAW PROJECT
REVISED BY S. MITA CHATTERJEE, STAFF ATTORNEY

437 CHESTNUT STREET, SUITE 900
PHILADELPHIA, PA 19106
800 274-3258 OR 215 625-3663

**Grateful acknowledgment to Stacey Coggins for her contribution toward the first edition of this manual, made possible through a grant from the First Hospital Foundation.*

MEDICAL ASSISTANCE(MA)

What is Medical Assistance?

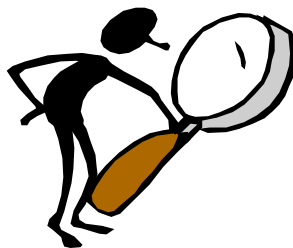
Medical Assistance (MA) (also known as Medicaid) is a free public health insurance program. When you qualify for certain cash benefits, you may be automatically eligible for MA benefits. Some examples of cash assistance with automatic MA eligibility include SSI (Supplemental Security Income), TANF (temporary assistance for needy families), and GA (general assistance). Each of these programs have different criteria and different benefit levels. Call your local legal services if you have any questions about receiving cash assistance.

Keep in mind, however, that **MA is not tied to cash benefits**. You DO NOT have to be eligible for cash benefits to be eligible for Medical Assistance. **In fact, most people on MA do not receive welfare in the form of cash benefits**. This manual will provide an overview of eligibility criteria so that YOU can determine whether you are eligible for Medical Assistance or other public health insurance programs

Am I eligible?

Any resident of Pennsylvania can apply for MA (you cannot be denied obtaining or submitting an application) but not everyone is eligible for MA. In order to be eligible, you must be determined under three criteria:

- 1) Do you meet immigration status requirements?
- 2) Do you fit within a group or category that MA covers?
- 3) Do you meet the appropriate income and resource requirements?



**Keep reading to
be clued in as
to your
eligibility!**

How Do I Apply for MA?

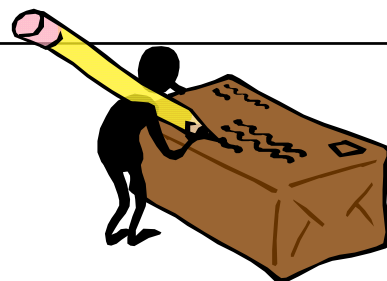
There are different applications for adults, for kids, and for specific MA programs. However, DPW has a rule that “any form is a good form” so even if you are unsure if you are using the right MA application, it should not be rejected. Generally, for kids, use a PA 600CH form.

For adults, use the PA 600 form. 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/FormsPub/003670865.htm

You can also apply online at www.humanservices.state.pa.us/compass

You can always go to the County Assistance Office closest to you to obtain and/or submit your application in person. (If you are unsure of the location, call the number of your local County Assistance Office, listed on the back cover of this manual.)

You can also mail in your application to your local County Assistance Office, or apply online at www.humanservices.state.pa.us/compass or call us and we can assist you!



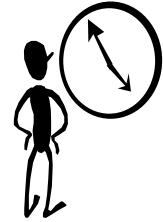
You will always need to supply one month’s proof of income with your application. Also, if it applies, you must supply proof of disability (or illness or condition), proof of immigrant or citizenship status and any other documents that are requested on the application form.

Read the application form carefully before submitting it to make sure you are submitting a complete application!

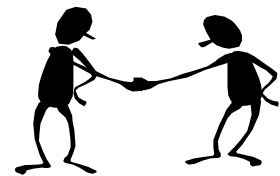
Call the PHLP Help Line for Further Information
(800)274-3258

WHAT ARE MY RIGHTS UNDER MA?

You have the following rights when you apply for Medical Assistance (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 coverage.
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, age or disability.
8. The right to free choice of MA enrolled health care providers, unless you are enrolled in the HealthChoices Program (in which case you have a choice of HealthChoices 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 or failure to act by the CAO or an MA HMO or Agency to deny, terminate or reduce benefits.
13. The right to represent yourself or have a lawyer, friend or relative represent you at an appeal hearing.



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
("Green card" holders)

Refugees, Asylees and Cuban and Haitian Entrants

Persons with Parolee status in the US for one year or more
These persons are present in the US "in the public interest" or as a result of a grant of parole.

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 permanently residing in the US under "color of law" (aka PRUCOL status)

These persons are immigrants whose presence is known to the government and who are 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.*

Persons for whom INS does not plan to enforce departure.

These persons may be residing in the US under a stay, suspension, or withholding of deportation; grant of voluntary departure or deferred action; an approved immediate relative petition; etc.

** Anyone unsure of their status should check with an immigration attorney before applying for MA, since DPW does contact INS to verify whether they plan to enforce departure*

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 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 verify the existence of the Emergency Medical Condition with a doctor's letter 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 (EMC)** are:

- 1) **ineligible aliens** (lawfully admitted but only for a temporary or specified time e.g., persons with valid tourist or student visas);
- 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 application, these areas can be filled out with "N/A—Emergency Medical Only" on the application form)*

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?

Pregnant Women

Children



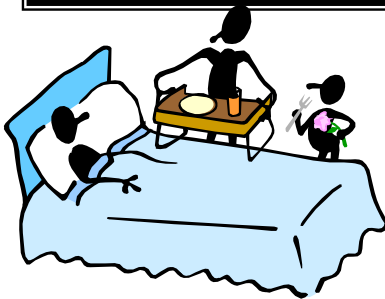
Households with TANF-eligible
Dependent Children

Eligible Custodial Parent

Families with Extended
Medical Coverage

SSI, TANF, and GA
recipients

Eligible Parents in a Two-Parent
Household with Child



Caretaker of Ill or Disabled Household
member or Non-parental Caretaker of Child

Participants in Drug & Alcohol Treatment

Victims of Domestic Violence receiving Protective Services

Seniors 65
and Older

Persons with Disabilities

Person Requiring
Health Sustain-
ing Medications

Persons With Breast or Cervical Cancer

Adults working 100 hours a month

Adults 59-64



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.

CHILDREN

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

Did you know your kids can get health coverage for **FREE** if your family income is within the income limits?

See the income guidelines on the chart to the right to determine whether your household income is within the limit for free coverage! Remember, even if your income falls above these guidelines, you should still apply because there are income deductions for work expenses and child care (or you may still be eligible for low cost coverage, described on the next page!)

200% of Federal Poverty Level for 2006**

| # in household | Monthly Income* | Yearly Income* |
|----------------|-----------------|----------------|
| 2 | \$2,200 | \$26,400 |
| 3 | \$2,767 | \$33,200 |
| 4 | \$3,334 | \$40,000 |
| 5 | \$3,900 | \$46,800 |

* After allowable work expense and child care deductions.

** Income limits change in February or March of every year.

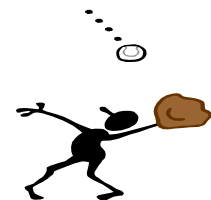
What are the two programs that offer children free health care coverage?

- 1) MA or Medical Assistance (under the “Healthy Beginnings” program) AND
- 2) CHIP (Children’s Health Insurance Program)

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



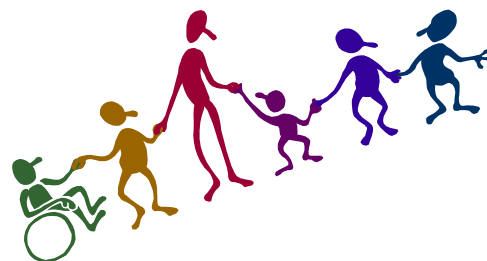
See the next page for more information on the two programs that offer free and low-cost coverage for children!



CHILDREN

MEDICAL ASSISTANCE

- ♦ MA under Healthy Beginnings can provide free coverage to children whose household incomes are within required limits
- ♦ For children with disabilities, only the child's income is counted for eligibility (not the entire household). Find further details for applying for MA for a child with a disability in our step-by-step guide, call us for a copy at 1(800)274-3258.
- ♦ For children in foster care and in federal and state adoptions assistance programs, the child is automatically authorized for MA.



CHIP (Children's Health Insurance Program)

- ♦ CHIP is available if your child does not qualify for MA because of excess income
- ♦ Some children will be eligible for FREE insurance under CHIP, while those in households with higher income levels will be eligible for low-cost CHIP. See below for income guidelines!

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 these limits.

235% of Federal Poverty Level for 2006**

| # in household | Monthly Income* | Yearly Income* |
|----------------|-----------------|----------------|
| 2 | \$2,585 | \$31,020 |
| 3 | \$3,250 | \$39,010 |
| 4 | \$3,916 | \$47,000 |
| 5 | \$4,582 | \$54,990 |

Remember, these are only guidelines because there are various deductions for work and child care.

*After allowable work expense and child care deductions.

** Income limits change in February or March of every year.

The same application can be used for MA, Free CHIP and low-cost CHIP!

GOOD NEWS!

Proposed CHIP expansion in 2007 through “Cover All Kids” initiative

Will ALL CHILDREN Have Access to Affordable Health Insurance Coverage?

Very likely! Although not finalized as of this writing, the Cover All Kids initiative would dramatically expand CHIP in 2007. Children whose household income is up to 350% of the federal poverty level will be eligible for low-cost CHIP. In addition, families with incomes above 350% will be offered the opportunity to purchase the benefits at a state-negotiated rate. Call us if you have questions about the CHIP expansion.



If you have been previously denied CHIP coverage because of your income, please contact the CHIP Statewide Help Line at 1(800)986-KIDS. They would like to hear from you!!

PREGNANT WOMEN: “Healthy Beginnings Plus”

Women of any age who are pregnant may be eligible for full MA under the Health Beginnings Plus program. If you think you might be pregnant, go to any MA Certified Presumptive Eligibility Provider to get your pregnancy verified. Call the Pennsylvania Department of Health at (800) 986-2229 for the certified provider nearest to you! A list of providers can also be found at www.dpw.state.pa.us/omap/provinf/hbpmapi.asp.

185% of Federal Poverty Level for 2006

| # in household | Monthly Income* | Yearly Income* |
|----------------|-----------------|----------------|
| 2 | \$2,035 | \$24,420 |
| 3 | \$2,506 | \$30,072 |
| 4 | \$3,084 | \$37,008 |
| 5 | \$3,608 | \$43,296 |

* Not all income is counted. There are allowable deductions, including child-care expenses up to a specified amount.

Before you even fill out an application, you can make a doctor appointment with a certified provider to get your pregnancy verified - and the visit will be covered by MA 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 above. Remember - if you are pregnant, you and your unborn child each count toward the total number in the household!*)

In order to remain eligible for the rest of your pregnancy, you must complete the application either at the CAO or at the doctor’s office, who will then forward the completed MA application to the County Assistance office. Within 45 days, you should go to your local CAO and submit proof of one month’s income to remain eligible for the rest of the pregnancy and for follow-up visits during the post-partum period (60 days after delivery).

Any increase in income during this period will not affect your eligibility! The baby will also be covered up to a year in this category regardless of any changes to the household income. (After the child is 1 year old, the child should be re-evaluated for Medical Assistance and CHIP described earlier in this manual. There should be no interruption of coverage if the child remains eligible.)

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 for MA if:

- you are responsible for a TANF-eligible dependent child (see next page for definition)
- you are a specified relative (see below for definition);
- you meet the income eligibility requirements;*

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.

* Call us at (800) 274-3258 to inquire about **INCOME LIMITS** for this category!
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. resource) TEST! Only INCOME is counted.

LOW INCOME HOUSEHOLDS with TANF-ELIGIBLE DEPENDENT CHILDREN

What is a TANF-eligible dependent child?

**A child must meet the dependent child criteria
for the adult in the household to be eligible for MA**

“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 parent is **unemployed** (see definition below).

A parent is considered unemployed if the parent :

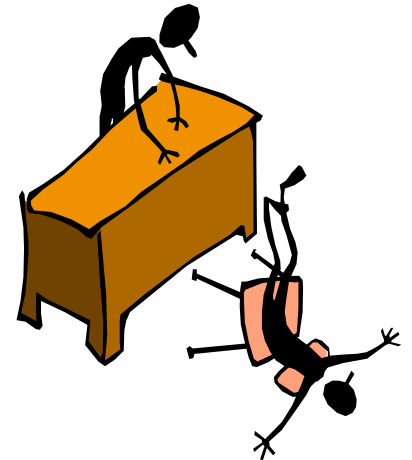
- 1) Has no work
- 2) Has work in which the net income, after allowable deductions, is less than the NMP income limit*
- 3) Has work in which the net income, after allowable deductions, is less than the MNO income limit*
- 4) Has “on the job training” in a project that is approved by job services (JS) or the RESET Program

*** Call us to find out the NMP/MNO income limits!**

FAMILIES (with Dependent Kids) who are Losing TANF cash assistance and/or MA

HOLD ONTO YOUR SEATS !!

You and your family are automatically eligible for MA if you are receiving or are eligible for TANF cash assistance (you may choose to receive MA only). The same application form can be used for cash assistance, MA and food stamps!



But what happens if you and your family become ineligible for TANF cash assistance? YOU may still be eligible for extended medical coverage!

Two EXTENDED MEDICAL COVERAGE programs provide MA coverage for you and your family if you lose eligibility for TANF-related Cash Assistance and/or MA because of:

- 1) An increase in income due to receipt of child support OR
- 2) An increase in income from employment

See the next page for details on both categories of Extended Medical Coverage!

FAMILIES (with Dependent Kids) who are Losing TANF Cash Assistance and/or MA

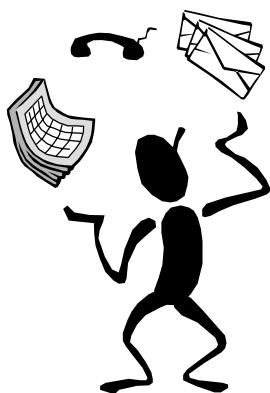
INCREASED CHILD SUPPORT:

If you and your family lose your TANF-related cash benefits and/or MA due to an increase in child support payments, your family is eligible for **FOUR MONTHS** of Extended Medical Coverage. In this category, **THERE IS NO INCOME LIMIT!**

INCREASED EMPLOYMENT INCOME:

If you and your family 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 and you have received TANF-related cash assistance for 3 of the 6 months immediately prior to this increase in your income, your family is eligible for 6 months of Extended Medical Coverage (EMC) under MA, even if you are offered or have insurance through your employer. In this category, there is no income limit for six months!

PLUS...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 2006

| # in household | Monthly Income | Yearly Income |
|----------------|----------------|---------------|
| 2 | \$2,035 | \$24,420 |
| 3 | \$2,506 | \$30,072 |
| 4 | \$3,084 | \$37,008 |
| 5 | \$3,608 | \$43,296 |

* Income limits increase every February or March.

MA for Parents in a Two-Parent Household With a Child Under 13 years or 13 or Older and Disabled

If your child does not qualify for TANF (i.e., does not meet the deprivation of support criteria mentioned earlier), parents in a two-parent household of a child under 13 or parents of a child age 13 or older and verified disabled may be eligible for MA.

- ♦ What is a verified disabled child? A verified disabled child is a child who receives Social Security disability income or Supplemental Security Income (SSI).
- ♦ What is a two-parent household? To be eligible in this category, parents must reside in a two-parent household with the child. It does not matter whether or not the parents are married as long as paternity is established. Income of both parents must be considered in the eligibility determination, although both parents do not have to apply.
- ♦ The income limits are **LOW** for this eligibility category and vary by county (call us for your county's income limit, it will be approximately \$205/month for a single person). But, remember, you can become eligible through "spenddown."

MA for Custodial Parent Exercising Care and Control of a Dependent Child

If you are a custodial parent,
exercising care and control of a dependent child
(natural or adoptive) under 21 years of age,
you may be eligible for Medical Assistance.

- ♦ When both parents of the child reside in the household, an unmarried (custodial) parent may receive MA without consideration of the other parent's income
- ♦ A parent can qualify as a custodial parent of a child under 21 who is attending college away from home if the child maintains legal residence at the parent's home and the child is under the care and control of the parent
- ♦ This type of MA (Medically Needy Only, "MNO") does not cover prescription drugs or most durable medical equipment.
- ♦ The income limits to the right are low for this eligibility category, but you can become eligible through a 6-month "spenddown."
- ♦ The resource limit is \$2,400 for one person; \$3,200 for 2 people; and add \$300 for each additional person.

MNO INCOME GUIDELINES

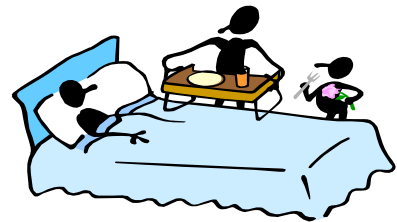
| # in household | Net Monthly Income | Annual Income |
|----------------|--------------------|---------------|
| 1 | \$425 | \$5,100 |
| 2 | \$442 | \$5,300 |
| 3 | \$467 | \$5,600 |
| 4 | \$567 | \$6,800 |
| 5 | \$675 | \$8,100 |

**Please call our helpline if you have
ANY questions, 1(800)274-3258!**

MA for CARETAKERS of ILL or DISABLED MEMBERS of HOUSEHOLD (adults or kids) / CARE-TAKERS 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




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.)

MA for Seniors (65+) and Adults with Disabilities: “HEALTHY HORIZONS”



Pennsylvania’s seniors who are 65 and older and adults with disabilities are eligible for coverage if they meet the income and resource requirements!



YOU CAN BE ELIGIBLE FOR HEALTHY HORIZONS 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 **\$837/month (\$10,044/year)** for 2006.
- A **couple** (if they are **both eligible**) can have a joint net income (through Social Security checks and other unearned income) of up to **\$1,120/month (\$12,732/year)** for 2006.
- **NOTE: These limits are general guidelines.** If you have earned income, much of that income is set aside and not counted. Also, if your income is very near the limit, you may still be eligible if certain deductions are applied.

How about the Resource Requirements?

- A **single person** applying for MA in this category 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. Resources that are counted include: savings accounts, CDs, etc.).
- If there is a minor child living in the household, resources are not considered!

HEALTHY HORIZONS provides comprehensive health care coverage if you have no other health insurance and provides secondary coverage for Medicare recipients, including payment of Medicare premiums, deductibles, coinsurances and coverage for services not covered under Medicare.



MA for Seniors 65+ and Adults with Disabilities: “Medicare Savings Program”

GOOD NEWS! For **Medicare recipients** with income levels **too high** for full Medical Assistance with the income limits from the previous page, you may still be eligible for the **MEDICARE SAVINGS PROGRAM!** If you are not enrolled in Medicare but meet the requirements, you are still eligible for this program!



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 and/or
- ◆ Medicare Deductibles and Copayments

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

Maximum Allowable Income
Limits for the year 2006

| # in Budget group | Monthly Income Limit | Yearly Income Limit |
|-------------------|----------------------|---------------------|
| 1 | \$1,123 | \$13,476 |
| 2 | \$1,505 | \$18,060 |

* The income limits increase every February or March. These limits pertain to the year 2006.

ATTENTION MEDICARE RECIPIENTS! DO YOU HAVE MEDICARE AND MEDICAL ASSISTANCE ? ARE YOU HAVING TROUBLE UNDERSTANDING HOW YOUR BENEFITS COORDINATE? ARE YOU ELIGIBLE FOR THE MEDICARE PART D DRUG PLAN AND WANT TO FIND OUT HOW YOU CAN REDUCE YOUR OUT-OF-POCKET COSTS? Call us at 1(800)274-3258 for assistance and brochures that explain these benefits!!

Persons with Disabilities

Are you **PULLING YOUR HAIR OUT** trying to figure out the MA programs available for persons with disabilities? Are you concerned with how you show you are eligible? See below!!



I get SSI payments, am I covered? YES!
Recipients of SSI automatically get full MA coverage

I get SSDI (Social Security Disability) payments, am I covered? YES! SSDI recipients are covered under Healthy Horizons or the Medicare Savings program if they meet the income and resource requirements described earlier. (If you are **ABOVE** these limits, **STAY TUNED!** There **STILL** may be MA coverage for you!!)

I have a disability but I do not receive SSI or SSDI? Can I still be eligible for Healthy Horizons? YES!! Your Health care professional can certify on an Employability Assessment Form (EAF) that you are either (1) permanently disabled or (2) temporarily disabled and unable to work for **12 months or more** due to an illness or a condition (physical or mental). Contact your CAO or call us if you need an EAF!!

What if I have a Permanent disability but my total income is ABOVE the Healthy Horizons Eligibility Limits? Can I still be eligible for Medical Assistance? YES! You may still fit into any number of other categories for people with disabilities or persons with a serious medical condition. In fact, this manual will go through the following categories, and **YOU** may fit into one of them!

- ◆ **MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (“MAWD”)**
- ◆ **MA UNDER THE BREAST AND CERVICAL CANCER PREVENTION & TREATMENT PROGRAM (“BCCPT”)**
- ◆ **MA UNDER HOME AND COMMUNITY-BASED WAIVER SERVICES**

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.)

MA for Persons With Disabilities: MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (“MAWD”)

You are eligible for full MA benefits under MAWD, if you satisfy these requirements:

- ♦ **AGE:** You must be between the age of 16 and 64 years.
- ♦ **DISABILITY:** You are either receiving SSI or SSDI or you have an impairment that meets the Social Security Administration’s definition of “disability.” If you are not receiving SSI or SSDI, you should **STILL** apply! You will be authorized MA benefits if you show you have a disability and then you will be asked to submit medical documentation to the CAO within 3 months for DPW’s Medical Review Team. You are not required to be receiving SSI or SSDI or be required to apply for SSI or SSDI in order to remain eligible for MAWD.
- ♦ **WORKING:** You are working and earning compensation. There is no minimum work requirement, so as little as 1 hour/month is ok! Self-employment qualifies as work as long as it generates income. So, you can qualify for this program if you receive compensation for efforts such as babysitting, lawn/yardwork, pet-sitting, administrative tasks, free-lance work, etc!
- ♦ **INCOME:** You have countable income (after all deductions and disregards) of less than 250% of the federal poverty level (See chart below.)
- ♦ **RESOURCES:** You have countable resources valued at less than \$10,000.
- ♦ **COST:** The cost of this program is 5% of your countable income. (Your spouse’s income will **NOT** be counted to determine your monthly premium.)

250% of Federal Poverty Level for 2006**

| # in household | Monthly Income* | Yearly Income* |
|----------------|-----------------|----------------|
| 1 | \$2,062 | \$24,744 |
| 2 | \$2,770 | \$33,240 |
| 3 | \$3,478 | \$41,736 |
| 4 | \$4,187 | \$50,244 |

Remember, these are only guidelines! Earned income is significantly set aside. And if you are very close to the limit, other deductions may apply!

*After allowable deductions and earned income deductions.
** Income limits change in February or March of every year.

**You can use a special MAWD application to apply for this program!
Call your CAO or call us at 1(800)274-3258 for an application and assistance!**

MA FOR PERSONS WITH BREAST OR CERVICAL CANCER: “BCCPT” and “Healthy Woman”

Did you know that you are entitled to full Medical Assistance benefits throughout the course of your treatment for breast or cervical cancer, or a precancerous condition of breast or cervical cancer?

In order to be eligible for full MA under the Breast and Cervical Cancer Prevention and Treatment (BCCPT) program, you must be:

- ◆ Under age 65
- ◆ Screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix through the Healthy Woman Project (See below for more information)

In order to receive free screening and examination services for breast and cervical cancer through the Healthy Woman Project, you must be:

- ◆ Age 50-64, although a limited number of women age 40-49 can be served if they meet the other eligibility guidelines
- ◆ Have no insurance or limited insurance
- ◆ Have income than 250% of the federal poverty level. (See the chart on the previous page for a guideline of this income limit.)

The application process for BCCPT is done at the Healthy Woman Project provider sites. Your provider will be responsible for completing and submitting your application, so your eligibility can be quickly determined and you can immediately receive coverage for benefits and services! To find a provider site near you, call 1-800-295-7494 or go online at www.health.state.pa.us/php/HW/hltwmap.htm.

If you have been diagnosed outside of a Healthy Woman Project provider site, you are still eligible for BCCPT, if you provide a release of information to the HWP for the screening and diagnostic tested results, previously performed, and have at least one screening or diagnostic test provided and paid for by the Healthy Woman provider site.

Call the site for more information!

MEDICAL ASSISTANCE for Persons with a Temporary Disability

**Do you
know...**



... 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 for Medical Assistance for a temporary disability, you need to **fill out an MA Application Form**, and submit an **EMPLOYABILITY ASSESSMENT FORM (EAF)**

When you present your doctor the EAF, he can indicate on this form whether you are permanently disabled, temporarily disabled for 12 months or more, temporarily disabled for 12 months or less, or employable.

- ◆ You are eligible for Healthy Horizons if he indicates you are **permanently disabled or temporarily disabled for 12 months or more**
- ◆ You will be determined ineligible for MA if your doctor says you are **employable**, unless you are eligible under a different category.
- ◆ You will be eligible for MA under a temporary disability if your doctor indicates that you are **temporarily disabled for 12 months or less**. The qualifying income limit for this category is **MUCH LOWER** than Healthy Horizons and varies by county (call us for your county's income limit, it will be approximately \$205/month for a single person). But, remember, you can become eligible through "spenddown!"

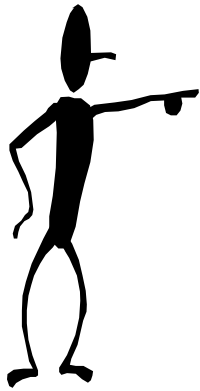
You have a right to receive an **Employability Assessment Form** when you hand in your application.

If you are denied this, call us on our **Help Line at (800) 274-3258**.

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

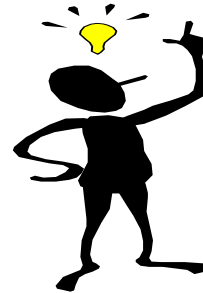
If you do not yet have documentation of your illness or condition when you turn in your application, or still need to have the Employability Assessment Form completed, the County Assistance Office (CAO) must provide you with a special temporary medical card (a Noncontinuous Eligibility (NCE) Card), which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

MEDICAL ASSISTANCE for Persons 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 the **HEALTH-SUSTAINING MEDICATION ASSESSMENT FORM**. The doctor certifies that you are able to work, but only with the assistance of a health-sustaining medication.

You can get this form at the County Assistance Office (CAO), or your doctor may have one. You have the right to apply for this category, and therefore the CAO must give you this form upon request.

Please note that you **DO NOT** have to be working to be eligible for this category of MA. Only that you would be **ABLE** to work with the help of health-sustaining medications.

Any drug that your doctor thinks is necessary for you to have and hold a job, is acceptable (e.g., insulin, medication for hypertension, pain medication, asthma medication, etc.).

Submit this form and a completed MA application. If you are not able to see a doctor to fill out this form, hand in your application and ask the CAO for a temporary medical card (called a Noncontinuous Eligibility (NCE) Card), which will pay for a visit to a doctor to have this form completed. You must then return the form to the CAO and your application will be processed.

The income limits are **LOW** for this eligibility category and vary by county (call us for your county's income limit, it will be approximately \$205/month for a single person). But, remember, you can become eligible through "spenddown."

Other MA categories for ADULTS in HOUSEHOLDS WITHOUT DEPENDENT CHILDREN

Adults Ages 59-64

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

Adults Ages 21-58 and working at least 100 hours per month

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

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 (each month of the six month eligibility period) and earning at least Minimum Wage (currently \$5.15/hour, expected to increase to \$6.26/hour on Jan 1 and then to \$7.25/hour on July 1)

are eligible for **MEDICALLY NEEDED 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.

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?

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

WHO CAN USE IT?

To use spenddown, you must satisfy all other requirements for a covered group, except for income.

HOW DOES IT WORK?

Medical expenses (ongoing and sometimes retroactive) 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**. (These expenses include insurance premiums, prescriptions costs, etc.)
- ◆ 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** (e.g., a hospitalization).
- ◆ The **income limits are higher** under MNO than NMP; however, **MNO does not cover prescriptions nor most durable medical equipment.**



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



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 are examples of the kind of services 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 (\$1,809/month in 2006) 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. If an applicant is married, the resources of both the applicant and the nonapplicant are reviewed and calculated using “spousal impoverishment” rules. These rules protect assets for the nonapplicant spouse. If you have questions on spousal impoverishment rules, contact your area agency on aging or call our helpline. If you have been denied home and community-based services, call and ask us to review your denial.

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.

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
Primary diagnosis not MH/MR
Not ventilator dependent
Eligible for nursing facility services

Severe physical disability which is likely to continue indefinitely, and which results in substantial functional limitations in 3 or more major life activities.

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.

Other Public Health Insurance Programs

You may be eligible for specialized services and benefits under other public health insurance programs, such as:

- **Special Pharmaceutical Benefits Program**
- **PACE/PACENET**
- **Adult Basic Care**

These programs each have different applications and eligibility requirements, and will be explained in this manual.

WAIT!!!

**Has your application for
Medical Assistance been denied?**

**Has it been more than 30 days since you
submitted your application?**

Good News! The Pennsylvania Health Law Project will provide free legal help and review your denial and if appropriate, represent you in an appeal. Our assistance is free and confidential. Call us at 1(800)274-3258!

Special Pharmaceutical Benefits Program (“SPBP”)

WHAT IS IT?

The SPBP provides payment for certain drug therapies, including:

- ◆ Certain HIV/AIDS drug therapies for eligible participants with a diagnosis of HIV/AIDS and a medical need
- ◆ Specific atypical antipsychotic medications for eligible participants with a DSM diagnosis of schizophrenia

WHO CAN USE IT?

To use **SPBP**, you must satisfy all the following requirements:

- 1) **Income limit:** Individuals – \$30,000 gross income per year, Families – \$30,000 gross income per year with an allowance of \$2,480 for each additional family member. (Example: family of two, \$32,480; family of three \$34,960, etc.) There is **NO** resource test, all resources are **EXEMPT**.
- 2) Must be living in Pennsylvania and not institutionalized
- 3) Must meet medical need and diagnosis requirements

HOW CAN I APPLY?

If you need an application or require help in completing an application, call the **SPBP** program at 1-800-922-9384. All information submitted is confidential and will only be used for the purposes of the SPBP program.

Note: MA recipients who receive pharmaceutical coverage through MA are **NOT** eligible for an SPBP card, and should not apply.

BUT, if you have other health insurance that pays for drugs, you should still apply for SPBP. SPBP can cover the portion of drug costs not covered by your policy or the co-pay!!

PACE and PACENET:

Prescription Coverage for Pennsylvanians 65 Years of Age and Older

PACE and PACENET are Pennsylvania's prescription benefit plans to serve older Pennsylvanians. You can still apply even if you have health insurance or limited benefits through another insurance! Find out if you are eligible!

In order to be eligible you must be:

- ◆ 65 years of age or older
- ◆ Must have been a resident of PA for at least 90 consecutive days prior to application
- ◆ Not eligible for pharmaceutical coverage under Medical Assistance
- ◆ Satisfy the income requirements of either PACE or PACENET. (There is no resource/asset test.)

PACE

How does it work?

PACE has a \$6 copayment for each covered generic drug and a \$9 copayment for each single-source brand name drug.

What are the income limits?

If you are single and your total previous calendar year's income was less than \$14,500, or

If you are married and your combined total previous calendar year's income was less than \$17,700, you may be **ELIGIBLE** for PACE.

Do you want to know how the Medicare Part D prescription plan fits in with the PACE and PACENET program? If so, **CALL US!**

PACENET

How does it work?

PACENET has a monthly \$40 deductible, which is cumulative if not met each month. In addition, PACENET, has an \$8 copayment for each generic drug and a \$15 copayment for each single-source brand name drug.

What are the income limits?

If you are single and your total previous calendar year's income was less than \$23,500, or

If you are married and your combined total previous calendar year's income was less than \$31,500, you may be **ELIGIBLE** for PACENET.

adultBasic: Health Insurance for Adult Pennsylvanians

If you do not fit into an MA category, you may want to consider enrolling in adultBasic Health Insurance to receive the following benefits:

- ◆ Hospitalization (unlimited days)
- ◆ Physician Services (primary care and specialists)
- ◆ Emergency Services
- ◆ Diagnostic Tests (e.g., x-rays, mammograms and laboratory tests)
- ◆ Maternity Care
- ◆ Rehabilitation and skilled care (in lieu of extended hospitalization)

To be eligible, there are certain requirements you need to meet:

- ◆ You are between the ages of 19 and 64
- ◆ You do not have any other healthcare coverage
- ◆ You have been without insurance for 90 days prior to enrollment, except if you or your spouse lost health insurance coverage because you are no longer employed;
- ◆ Your family income is less than the income limits listed below.
- ◆ You are a PA resident for at least 90 days prior to enrollment
- ◆ You have U.S. citizenship or permanent resident (“green card”) status

ELIGIBILITY LIMITS for 2006

| HOUSEHOLD SIZE | MAXIMUM INCOME |
|----------------|----------------|
| 1 | \$19,600 |
| 2 | \$26,400 |
| 3 | \$33,200 |
| 4 | \$40,400 |
| 5 | \$46,800 |
| 6 | \$53,600 |

WAIT!!! Isn't there a waiting list for this insurance? Well, yes. But don't be discouraged! You should still apply, because once you apply and are determined eligible, your name will be placed on a “first come, first served” statewide waiting list. Spots continue to open for eligible applicants and once you are on the waiting list, you also have the option to purchase the coverage, at a cost that averages about \$305/month. You do not have to continue purchasing coverage each month, but can purchase it for a future month if you think you may need it for a particular medical situation.

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.

County Assistance Offices

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