

Health Law PA News

NEWSLETTER OF THE PENNSYLVANIA HEALTH LAW PROJECT

HARRISBURG ❖ PHILADELPHIA ❖ PITTSBURGH

STATEWIDE HELP LINE: 1-800-274-3258

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New Balanced Budget Act Means Important Changes for HMOs: New Notices and Appeal Rules for MA Managed Care!



The Balanced Budget Act (BBA) is a federal law that mandated certain notice and appeal protections for MA recipients who are enrolled in managed care organizations (MCOs). BBA rules were developed that became effective in August, 2002, and states were given until August, 2003 to come into compliance. Pennsylvania is now implementing the BBA rules and is directing MCOs across the state to change their notices and the appeal procedures that are provided to enrollees who are in HealthChoices or who are enrolled in a voluntary managed care plan. The most significant changes mandated by the BBA are highlighted in this article.

(BBA, Continued on page 2)

Consumers Give Priority List to Welfare Secretary

On September 24, 2003, PA Department of Public Welfare Secretary Estelle Richman met with the Consumer Subcommittee of the Medical Assistance Advisory Committee during the Subcommittee's monthly scheduled meeting to discuss consumer priorities for the upcoming year. The Subcommittee presented six concerns each illustrated by concrete problem areas that needed attention in the form of a letter to the Secretary. Secretary Richman reviewed the priorities with the group and offered comments to some of the. DPW will further investigate each issue and prioritize the concerns as the budget allows. The Secretary did not have time to address all the priorities at the Consumer Subcommittee meeting, but she will continue to

(Consumer Priorities Continued on page 6)

-In this edition-

| | |
|---|----------------|
| The new Balanced Budget Act and its impact on managed care | 1,2,10 |
| Consumers share priorities with Secretary of Welfare | 1,6,7,8 |
| Help available for children who need "Pull-ups" | 4 |
| Court watch: <u>Sabree v. Richman</u> | 4 |
| Announcing: PHLP's Enhanced New Website! | 5 |
| Drug and Alcohol Treatment Programs Close Due to Budget Cuts | 6 |
| PHLP and CLS file <u>amicus</u> brief arguing "Blues" must meet charitable obligations | 9 |
| State pilot to tear down barriers to Home and Community Based Services | 9 |
| Medicaid rolls continue to swell | 9 |
| Feds to fund PA non-institutional option for persons with disabilities | 10 |

Consumer attendance at first level grievances and complaints

Recipients can now choose to participate in their 1st level complaint or grievance in person, by phone or by videoconference, if available. (Previously, the first level complaint or grievance was simply a paper review) When the MCO sends the member an Acknowledgement of their Complaint or Grievance, the member will be asked to tell the MCO within 5 business days whether he/she wants to attend the review.

Pursuing a DPW Fair Hearing on a complaint

Under the BBA, certain “complaints” can now be pursued through a DPW Fair Hearing. Previously, it was DPW’s position that “complaints” (disputes about issues other than the medical necessity of a service) could only be pursued through the MCO’s complaint process and could not go to a Fair Hearing. Now certain complaints can be appealed to a Fair Hearing. These are complaints regarding:

- a denial of service or payment for a service because the MCO decides it is not a covered benefit under MA
- a denial of service or payment for a service because the MCO decides it is not a covered benefit for the member
- an MCO’s failure to meet required timeframes for providing a service
- an MCO’s failure to decide a complaint/grievance within the required timeframes
- a denial of payment for services rendered because the service was given by a non-MA provider without authorization from the MCO

Expedited grievances and complaints

Previously, MCO members who were filing “grievances” (disputes about the medical necessity of services) could by-pass the 30 day grievance process and request an expedited grievance if a provider certified the member’s health, life, or ability to attain, maintain or regain maximum function would be jeopardized by the delay. What is different under the BBA is that this expedited process is now available for complaints (if the dispute involves any of the 5 issues described in the above paragraph).

Another change is the time allowed to decide expedited grievances and complaints. Now, once the provider’s harm statement is received, the MCO has to give the member a decision within 48 hours of when the provider’s statement is received, or within 3 business days of the member’s request for an expedited process, whichever is shorter. This timeline is the same for Physical Health and Behavioral Health MCOs.

Expedited DPW Fair Hearings

Previously, there was no procedure available to MCO enrollees to obtain an expedited Fair Hearing. Rather, DPW had 90 days from the date a Fair Hearing request was received to schedule the fair hearing and issue a decision. Now under the BBA, DPW must provide an expedited fair hearing if a provider certifies that an MCO enrollee’s life, health, or ability to attain, maintain or regain maximum function would be jeopardized by waiting 90 days for a decision. The hearing will be held by telephone. As with expedited complaints and grievances, DPW must give the member a decision within 48 hours of when the harm statement is received from the provider, or within 3 business days of the member’s request for an expedited process, whichever is shorter.

Notices of non-payment of medical bills

The BBA requires that enrollees receive a Notice from their MCO that their medical provider was not paid for services received by the member. These are not Bills which a member must pay. Consumers and advocates are concerned that MA recipients may be confused by these notices, or may misunderstand them, and think they are required to pay their provider for the services. There are 3 different types of Non-Payment Notices a MA enrollee could receive from their MCO. The enrollee’s appeal options, if any, depend on the reasons for MCO non-payment:

Consumer and Advocate Education

Invite us to talk to your consumers or staff!

Here are just a few topics that PHLP is available to discuss:

- Accessing services under HealthChoices and Fee-for-Service Medical Assistance, including prescription medications, mental health and drug and alcohol treatment; durable medical equipment, and home health services.
- Patient's rights under managed care.
- How to qualify for health coverage under Medicaid, CHIP, adultBasic and other programs for Pennsylvanians who are low-income, elderly or have a disability.
- New Medicaid Programs like **Medical Assistance for Workers with Disabilities (MAWD)** and the **Breast and Cervical Cancer Prevention Treatment Program**.
- How to get help with prescription drug costs.
- How to get Medicare premiums paid.



Some Upcoming Trainings include:

- Butler County Community Support Program (CSP) Health Fair, October 6, 2003.
- MS Society of Allegheny County, "Health Insurance Options for the Uninsured and the Under-Insured", November 1, 2003.
- Epilepsy Foundation, Pittsburgh, PA, "Medical Assistance for Workers with Disabilities (MAWD), adultBasic, and Obtaining Prescription Coverage", November 13, 2003.
- Rural Health Conference- Healthy Kids To Healthy Adults sponsored by Fayette, Greene and Washington counties, "Health Car
- Options for the Uninsured and the Under-Insured" and "Treatment Works!-How to Access Tobacco Cessation Programs and Drug & Alcohol Treatment Services", November 21, 2003.



Do you find our free resources helpful?

Now there are two ways you can show your support for PHLP!

You can **mail** your tax-deductible donation - check or money order - to:

The Pennsylvania Health Law Project
924 Cherry Street, Suite 300
Philadelphia, PA 19107



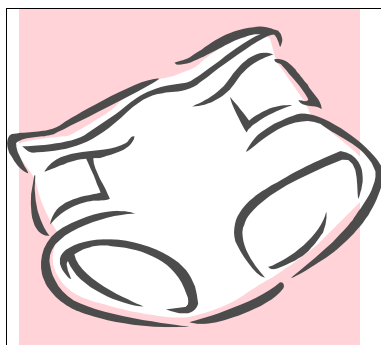
You can also make donations to PHLP through The **United Way Donor's Choice Program**. If your employer participates in this program, please ask for an application form and enter the PHLP number, **10277**. The amount you choose to designate will be deducted from your paycheck. *Some employers provide matching gifts.*

If you are outside of the Southeast Pennsylvania Region, please check with your local United Way on how to donate to PHLP through Donor's Choice. To locate your local chapter of **The United Way**, and to find out more about this program, please visit the new donations page on our website at:

<http://www.phlp.org/Donations.html>.

If you would like a letter acknowledging your donation for tax purposes, we will be happy to furnish one upon your request. The official registration and financial information of PHLP may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Help Available for Children Who Need “Pull-Ups”!



A longstanding problem in the MA-Fee for Service system has been accessing “pull-ups” (instead of diapers) for children who need them and who have a prescription from their physician. “Pull-Ups” are not on the MA fee schedule, but they can be approved on a case-by-case basis through the “program exception” process. Parents regularly call PHLP’s Helpline because they have a prescription for “pull-ups” for their child, but they cannot find a pharmacy or a DME supplier willing to accept MA’s payment and provide the pull-ups. Some providers say MA’s fee is too low, while other providers do not want to bother with the program exception process.

The Consumer Subcommittee of the MAAC has raised this issue several times with the Department over the past year and urged them to fix the problem and contract with providers who are willing to fill these prescriptions. PHLP recently learned that DPW has identified a provider who is willing to supply “pull-ups” to MA recipients statewide. Druzack Medical has enrolled as a provider who is willing to comply with DPW’s program exception process and provide “pull-ups” (All Nights © is the product they are using) via mail delivery to MA –FFS consumers across the Commonwealth.

If you know of MA –FFS clients who are having difficulty getting “pull-ups” they need, they can do either of the following:

1. Ask their prescribing physician to submit a “program exception” request (using the MA-97 form) to DPW and identify **Druzack Medical (Provider # 01937318)** as the medical supplier, *or*
2. Call **Druzack Medical** directly at 800-837-9560. The company will submit the program exception request directly to DPW for approval and then supply the pull-ups by mail that are approved.

Anyone having difficulties with this process or with obtaining the “pull-ups” they need through MA should call PHLP’s Helpline at 800-274-3258.

Court Watch: Sabree v. Richman

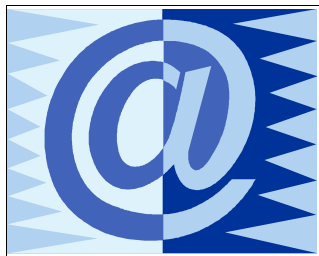


The Third Circuit Court of Appeals heard arguments on September 11, 2003 over the case Sabree v. Richman (formerly Sabree v. Houston), which could have far-reaching effects for Medical Assistance recipients. The plaintiffs are several mentally retarded Medical Assistance recipients on the waiting list for residential mental retardation services. They sued the Department of Public Welfare in May 2002, saying that under the federal Medicaid law, the Department of Public Welfare was required to provide them with services with reasonable promptness.

In January 2003, a judge in the federal District Court ruled that the case should be dismissed because the federal Medicaid law does not allow individuals to file federal lawsuits to contest violations of the law. He said that since the statute addressed what the state must do to be eligible for funding under Medicaid, the Secretary of the Department of Public Welfare only needed to look at how the state complies overall, rather than how the needs of an individual are met. The published opinion also said that the opportunity for a fair hearing before the state agency when claims for medical assistance are not met shows that the statute was not meant to give individuals a right to enforce the law in federal court.

The appeal to the Third Circuit challenged those rulings. We will keep you updated as to the decision when it is released.

Introducing PHLP's Enhanced New Website



As this newsletter goes to print, the Pennsylvania Health Law Project is on the verge of unveiling a new and improved Website! The new Website, which can still be found at www.phlp.org, features not only an improved look, but also updated and expanded resources for consumers, providers and advocates on health care coverage issues in Pennsylvania. For example, find links to the following:

- **PHLP's current and past *Health Law PA* and *Senior Health* newsletters;**
- **The Website for the PA Campaign for Affordable Health Care;**
- **A screening tool that allows you to determine your potential eligibility under several of the state's public health care programs;**
- **Comprehensive consumer guides on a wide variety of topics surrounding the public health care programs in Pennsylvania;**
- **And much more!**

One other new and very exciting addition to the Website is a Provider Information page. This section, which was created by Gene Bishop, MD, who worked with PHLP over the past two years on a Soros Foundation Fellowship, addresses the information that provider's need to allow them to be better advocates for their patients. It features, for example, a template for a Letter of Medical Necessity, which prompts providers to enter the basic information necessary for a comprehensive and effective letter of medical necessity for patients on Medical Assistance, and then allows them to print out this letter on their own stationary. The Provider section also explains the Medical Assistance denial and appeals processes, attempts to shed light on the complicated Medical Assistance system, provides information on various essential contacts within the Medical Assistance program, and links to the Medical Assistance forms that providers need to assist patients in becoming eligible for this program. Thanks to Gene for this hugely beneficial addition to our Website!

Please take some time to familiarize yourself with our new site, so that you can use it as a tool when you run into problems in dealing with health care coverage issues with yourself or your clients. And, as always, if you have questions about any of the materials that you see on the Website, you can call for clarification on the PHLP Help Line at 1(800) 274-3258. Enjoy!

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Please include your name, email address, and your current subscription address so we can switch you over to an electronic subscription.



Ask PHLP



Dear PHLP:

I think I might be eligible for the Medical Assistance for Workers with Disabilities (MAWD) program, but I don't think I can work more than a few hours per month. Will that be enough to qualify for MAWD? Please help!

I.M. Eager, Beaver County

Dear Eager:

Have no fear! There is no minimum number of hours you would have to work in order to be eligible for MAWD! So long as you meet all of the other qualifications for the program, it does not matter how much you work each month. So long as you are working for at least minimum wage, and can show proof of your employment and income each month, you should satisfy the work requirement for MAWD. There are some restrictions on what qualifies as "work", but do not be discouraged. The range of activities that will count as work is broad. Many people, even some who have very severe disabilities, have been able to enroll in the MAWD program. It is even possible to be self-employed under this program!

Information about MAWD is available at your local County Assistance Office, and on the Department of Public Welfare website (<http://www.dpw.state.pa.us/oim/medicaid/oimmawd.asp>)

And remember, you can always contact PHLP for additional assistance by calling our helpline at: 1-800-274-3258.

Drug & Alcohol Treatment Programs Close Due to Budget Cuts



The Office of Mental Health and Substance Abuse Services (OMHSAS) has identified 17 drug and alcohol treatment facilities that have closed as of August 2003 due to budget cuts. The budget passed by the legislature in March included over \$100 million in cuts to drug and alcohol treatment services. The facilities that have closed provided a range of services including outpatient, partial hospitalization, halfway house and non-hospital residential rehabilitation. As a result of these programs closing, there are over 500 people daily who may not be getting the treatment they need. These facilities closed despite "stopgap" funding that was provided to the Single County Authorities. As we go to press, Legislators are still in negotiations over the final budget that was due to be passed under PA law by July 1. In the meantime, more programs are at risk to close resulting in more people not getting the drug and alcohol treatment services that are critical to their health, well being and productivity.

DPW Secretary, Estelle Richman, was present at the September Consumer Subcommittee of the MAAC and told the consumers that restoring the drug and alcohol and mental health cuts was her number one priority. However, only the legislature can approve restoration of these funds. If you or someone you know needs help getting drug and alcohol treatment, please call the PA Health Law Project Helpline at 1-800-274-3258.

(Consumer Priorities, Continued from page 1)

meet and dialogue with representatives of the group.

The following lists the consumer priorities (not in any order of priority) followed by Secretary's comments on the issues she addressed:

I. Making a Commitment to Consumer Rights through Regulation

1. Put Medical Assistance Transportation Program (MATP) standards into enforceable standards. The Secretary supports developing regulations for MATP. She articulated the goal of MATP was to get people with medical needs to treatment in the shortest amount of time. She agreed that MATP was not organized and that the program currently is not housed in the most appropriate office. She is

(Consumer Priorities, Continued on page 7)

committed to solving this problem.

2. Promulgate Nursing Home Civil Rights Enforcement Regulations. Racial segregation in the state's long-term care system has been blight on PA's record for over twenty years. Almost all of the nursing homes in the state are Medicaid certified, and over two-thirds of nursing home residents in PA are on MA.
3. Improve the Quality in the Personal Care Home Systems. The Secretary views the enforceability of regulations as the main issue. She issued deadlines for the regulations to be in place and is very interested in moving this issue forward.

II. Getting What You Pay For From the System. Some MA services exist in name only. When the services are supposed to be provided by a managed care organization under contract with the state, this is doubly troubling, since the state is paying for something consumers can not access.

1. Dental Care. The HMOS have inadequate dental provider networks. Many dentists that are listed as being part of a HMO's network are outdated and either not taking new patients or not accepting MA any longer. There is a need to find better models of practice in Pennsylvania and emulate them. Also, there is a need to audit the HMOS to determine what they are taking from the state to cover dental costs, and what they are paying out.
2. Tobacco Cessation Products. Very few consumers or providers seem to know that MA pays for tobacco cessation products. The HMOs need to spread the word about and eliminate barriers such as requiring prior authorization for these products. Secretary Richman expressed the dilemma about tobacco use as an addiction and the struggle in classifying the problem as a behavioral health problem v. medical problem. She suggested the possibility of creating a system that properly addresses both the behavioral and medical factors involved with tobacco use.

III. Eliminating Unnecessary Barriers to Coverage and Care

1. Presumptive Eligibility for Pregnant Women. DPW instituted a pilot program to eliminate the gap in eligibility at the end of the 45-day presumptive period for newly-applying women. In Philadelphia, the pilot permitted pregnant women to self declare their income and provide simpler forms of verification to submit with the MA application. This helped women to get continuous care throughout their pregnancy. The women are also ushered into managed care plans more quickly so as to take advantage of special program targeting pregnant women. Consumers want DPW to expand this program across the state.
2. Help persons with Medicare and Medicaid to Navigate the System. DPW needs to clarify the rights of dual eligible consumers, to communicate these rights clearly to consumers, providers, and health plans, and establish a point of contact either at the plan or state level to help dual-eligible consumers with billing, prior-authorization and network issues.
3. Establish clear standards for Approving Hours of Care for Children in Need of Shift Nursing. An assumption exists that parents are to be full-time nurses for their children. The current standards are applied arbitrarily. Secretary Richman suggested that respite care should be offered through the MA system.

4. Investigate Racial Disparity in the MA system. Secretary Richman sees this as an overall healthcare issue. She is working with PA Department of Health Secretary Calvin Johnson to implement long-term change to eradicate racial disparity in healthcare.
5. Prescription Drug Coverage for Persons with Disabilities. The Subcommittee urges the state to adopt the plan presented to the Secretary that would make it more affordable for persons receiving Social Security Disability benefits to obtain their medications because they earn too much to qualify for Medical Assistance.
6. Eliminate Behavioral Health Assessments for Developmentally Delayed Children.

IV. Improving Quality of Life for MA Recipients

1. Develop a Behavioral Health Plan for Children
2. Put Psychiatric Rehab Services back on the State Plan
3. Greatly Expand Community-Based Service Options and Eliminate Barriers to Consumer Use of these Waivers. People need to get on waivers more expediently. Presumptive eligibility for waiver pilots will be conducted throughout the next few months. Estelle Richman shared that the Office of Healthcare Reform is completing recommendations for expanding the self-directed waiver model v. using an agency model.
4. Restore Funding to Mental Health and Drug & Alcohol Programs. Secretary Richman stated that restoring Drug & Alcohol programs are a priority to DPW.
5. Do not implement the changes to MNO spend-down

V. Keeping Consumers Informed

1. Advertise the Existence of MAWD-Medical Assistance for Workers with Disabilities
2. Continue to Improve the Content of the HealthChoices Performance Profiles, and Distribute them to all Health Choices Members and just to newly eligible MA Recipients
3. Involve Consumers in the Development of any Preferred Drug List
4. Share Reports and DPW Regulatory and Contractual Interpretations with Consumers and the Consumer Subcommittee.

VI. Improve Service at the County Assistance Offices.

Quality standards should be set for caseworkers. Items which should be covered by the standards include basic knowledge of existing programs, responsiveness to consumer calls, turn around time on both routine and urgent matters, etc. Secretary Richman will be visiting all 119 CAO's to meet with caseworker and discuss their concerns.

Amicus Brief by PHLP, CLS Argues Blues Must Meet Charitable Obligation

On October 14, 2003, the Pennsylvania Health Law Project and Community Legal Services filed a friend of the court brief to the Pennsylvania Supreme Court, arguing that the Court should not permit the state's Blue Cross plans to amass surplus funds while failing to meet their statutory obligation to make health insurance available to as many uninsured people as possible. The brief, on behalf of 11 non-profit organizations and unions across the commonwealth, was filed in the case of Jules Ciamaichello and Rob Stevens v. Independence Blue Cross, No. 223MAP2003.

In the brief, amici argue that in the face of Pennsylvania's health insurance crisis, and in light of the Insurance Department's failure to define and enforce the Blues' charitable obligation, the courts should step in and direct that the excess surplus be used to expand health insurance and health care. The case, which was brought by employers seeking to reduce the premiums they were paying for health insurance, is on appeal from a Commonwealth Court decision, which overturned an order of the Bucks County Court of Common Pleas, and held that jurisdiction over the issue rested with the Insurance Commissioner. Amici are Philadelphia Welfare Rights Organization, Consumer Health Coalition, Philadelphia Citizens for Children and Youth, Action Alliance for Senior Citizens of Greater Philadelphia, Mon Valley Unemployed Committee, Women's Law Project, Pennsylvania Alliance for Retired Americans, Philaposh, Citizens for Consumer Justice, Services Employees International Union District 1199P, and Philadelphia Unemployment Project. A copy of the brief can be viewed on PHLP's website, www.phlp.org.

State Pilot to Tear Down Barriers to Home and Community Based Services

This month, the state will begin a demonstration project in 3 Southwest Counties, aimed at creating real choices to nursing homes for older persons and persons with disabilities who would otherwise face placement in nursing homes. The pilot is premised on the assumption that delays and red tape associated with the state's community based waiver application process leave nursing homes as the only alternative for most persons who need long-term care.

In the three demonstration counties, Greene, Fayette, and Washington, the state will shorten the length of time to determine both functional and financial eligibility. Consumers will be able to self-declare their income and resources, and complete a short functional assessment. Those who appear eligible for Medicaid funded services will be considered "presumptively eligible," and temporary services will be arranged to avoid institutionalization. The current resource limit of \$2,000 will be raised to \$8,000, and those without family members or supports to navigate the process will be assigned an advocate. The state promises to provide consumers with clear information about their choices, and to have someone available to answer questions about estate recovery.

The effort, which is being led by the state's Office of Health Care Reform, involves a partnership of the Departments of Public Welfare, Aging, and Labor and Industry. It will be expanded to Philadelphia in January, and based on the results, may be extended statewide in July 2004.

Medicaid Rolls Continue to Swell

The number of persons eligible for Medical Assistance in Pennsylvania increased by over 10,000 between August and September, bringing the statewide total to 1,593,909, according to the Department of Public Welfare. At the current rate of increase, the number of MA recipients should go over 1.6 million this month. The census has not averaged over 1.6 million since the 1995-1996 fiscal year. In 1999-2000, the average monthly MA census was just above 1.4 million. Counties with the highest percentage of MA recipients are Philadelphia, Fayette, Greene, Clearfield, Venango, McKean and Forest. Only in Chester County is less than 5% of the population on Medical Assistance.

Feds to Fund PA Non-Institutional Option for Persons with Disabilities



The federal Center for Medicare and Medicaid Services (CMS) has awarded Pennsylvania a \$700,000 grant to fund its "Money Follows the Person" initiative. Part of that initiative, which was conceived of by attorneys for Regional Housing Legal Services the Pennsylvania Health Law Project, and private attorney Steve Gold, is aimed at expanding the availability of affordable, physically accessible rental units for persons with disabilities, especially those seeking to leave nursing homes or other institutions.

This will involve a joint effort by DPW and the Pennsylvania Housing Finance Agency (PHFA). DPW will identify persons with disabilities living in nursing homes, who would like to live in the community. PHFA will identify accessible housing units as they become vacant in projects financed by PHFA. DPW will create a new position for someone whose responsibility is to link the institutionalized persons identified with the accessible housing units. This person will also encourage local housing authorities to apply for additional Section 8 certificates or vouchers, to be used by the occupants of these units. In addition, DPW will review existing home and community funding sources ("waivers") to determine how additional supports, such as home modifications and personal assistance services can be provided promptly to persons with disabilities relocating from institutions to the community.

The state plans to implement this housing initiative in 3 yet-to-be-identified localities (urban, suburban and rural) of the housing portion of the "Money Follows the Person" proposal that was ultimately submitted by the state and selected by CMS for funding.

(BBA, Continued from page 2)

If the MCO denies payment because the service was delivered by a non-MA provider who did not ask the MCO for approval, the member can file a complaint or request a Fair Hearing. *Note: In this case, the provider **can** bill the member for the service.*

1. If the MCO denies payment because it determined the service was not covered for the member, the member can file a complaint or request a Fair Hearing. *Note: In this case, the provider **can** bill the member for the service **only if the provider told the member the service would not be covered before the service was delivered.***
2. If the MCO denies payment because it determines the service was not medically necessary, the member has no appeal options. *Note: In this case, the provider **cannot** bill the member for the service.*

At the time this Newsletter went to print, DPW had not yet finalized the language of the new Notices the MCOs would be required to provide their enrollees under the BBA. Nor had DPW finalized redrafting the Complaint and Grievance section which the MCOs must insert into their Member Handbooks describing the new process. The Physical Health MCOs have not yet been instructed by DPW to implement the new BBA notices and appeal procedures. However, PHLP has been informed that the Behavioral Health MCOs were instructed to begin implementation effective 8/13/2003. PHLP staff are available to do trainings or presentations to groups of consumers, advocates or agencies on the new BBA procedures. To schedule a training or presentation, call the Helpline at 800-274-3258.

A Special Thank You to Funders

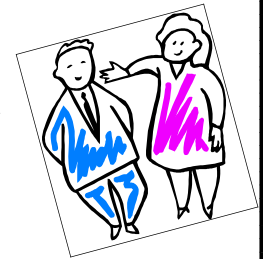
PHLP wishes to acknowledge and thank the **Jewish Health Care Foundation** and the **Independence Foundation** for generously supporting our work with two recent grants. The Jewish Health Care Foundation supports PHLP's advocacy in the Southwest, and the Independence Foundation has provided multi-year funding in support of our work in the 5-county Philadelphia area.



Staff Update PHLP Welcomes New Advocates!

The Pennsylvania Health Law Project welcomes two new advocates, **Kevin Prindiville and Leonardo Cuello**. **Kevin** recently graduated from Penn Law School where he developed a strong interest in poverty law. During law school, **Kevin** advocated for low income clients in the Penn clinics and during summers spent at the Juvenile Law Center in Philadelphia and Bay Area Legal Aid in Oakland, California. **Leonardo**, an intern at PHLP for the summers of 2001 and 2002, returns to PHLP as an advocate after graduating from Penn Law School in May 2003. He joins us as an Independence Public Interest Law Fellow carrying out a project focusing on health issues for Immigrants and Latinos.

In addition to welcoming Leonardo and Kevin, PHLP also said goodbye to Staff Attorney **Jessica Bellinder**, who is now an advocate with the Partnership for the Homeless in New York City. Keep up the great work, Jessica!!



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