

Health Law PA News

NEWSLETTER OF THE PENNSYLVANIA HEALTH LAW PROJECT

HARRISBURG ❖ PHILADELPHIA ❖ PITTSBURGH

STATEWIDE HELP LINE: 1-800-274-3258

ON THE INTERNET: WWW.PHLP.ORG

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New Health Coverage Available to Many Pennsylvanians in 2002

Over the first few months of 2002, Pennsylvania will be unveiling four new types of health coverage: the Adult Basic Coverage Program (ABC), eligibility for full MA for women with breast or cervical cancer, continued MA eligibility for certain workers who have been receiving SSI, and expanded funding for elderly people receiving care at home.

Adult Basic Coverage Update

As announced by the state, and as covered in previous issues of *Health Law PA News*, the Pennsylvania Insurance Department is planning to roll out the Adult Basic Coverage (ABC) program. ABC will provide health coverage to uninsured Pennsylvanians between the ages of 19 and 64 for a monthly premium of \$30. Enrollment in the program is expected to begin as soon as February of 2002, though the actual date could be later. ABC will provide basic physical health coverage, including preventive care, physician services, diagnosis and treatment of illness or injury, inpatient hospitalization/outpatient services, accident and emergency medical care.

ABC will not cover prescription drugs (apart from anti-rejection drugs and diabetic injectibles), dental or vision services, durable medical equipment, or mental health or substance abuse services.

The following standards will apply to eligibility:

- age between 19 and 64;
- residence in Pennsylvania for at least 90 days;
- income at or below 200% of the Federal Poverty Level. In 2001 this is \$1,432 per month for one person, or \$1,936 per month for two people, with an additional \$503 per month per additional member of the household.
- Employer must not have dropped coverage or individual must not have dropped COBRA coverage in the last 90 days.

The 90-day restriction will not apply if the appli-

(See ABC on page

MA Eligibility for Women with Breast or Cervical Cancer

As of January 2002, full Medicaid (MA) coverage will be available to uninsured Pennsylvania women with cancer, or pre-cancerous conditions of the breast or cervix. This new program extends MA to women screened for these diseases through the Center for Disease Control's Breast and Cervical Cancer Detection Program, administered in Pennsylvania as the Healthy Woman Program.

To qualify, a woman must be under 65, screened and diagnosed in the Healthy Woman program, uninsured or without creditable coverage, a resident of Pennsylvania, and a US citizen or qualified alien. Women screened outside a Healthy Woman program site may qualify if referred to a program site to complete the medical evaluation.

(See Cancer on page 2)



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cant 1) is eligible to receive unemployment compensation benefits; or 2) was covered by a private plan, but is now unemployed; or 3) is the spouse of someone who meets either of the first two exceptions, and is also applying for coverage.

The ABC program is funded out of money from the Tobacco Settlement, and its budget is fixed. Therefore, there will only be about 50,000 slots in the program, and there may be a waiting list for individuals who are eligible for ABC, but for whom no slot is yet open. ABC will not have any pre-existing condition limitations.

For more information on ABC, watch future editions of *Health Law PA News*, call PHLP at 1-800-274-3258, or check the Department of Insurance's ABC web page at <http://www.insurance.state.pa.us/html/abcover.html>. ■

Bridging Program Eases Access to HCBS for Elderly

The Department of Public Welfare (DPW) and the Department of Aging (DoA) have announced plans to implement a bridging program that will ease transition into DoA's home and community based services (PDA) waiver. Many older Pennsylvanians need the waiver's services, and are eligible in all ways, except for excess resources (assets). The Program will begin January 2002.

The Bridging Program, funded by money from the Tobacco Settlement, will provide consumers with cost-sharing for home and community based services. The program will pay 50% of the cost of services, while consumers pay the remaining amount. When the consumer's resources reach the PDA waiver limit of \$2,000, he or she will seamlessly transition into the waiver, and continue to receive the same services.

The program is available for Pennsylvanians age 59 and older who meet the nursing home standard of care, whose income is \$1,593 per month or less (this amount will increase slightly in 2002), and whose resources are between \$2,000 and \$40,000.

Call PHLP at 1-800-274-3258 or your local Area Agency on Aging for more details. ■

(Cancer from page 1)

Unlike other MA categories, eligibility for this program is diagnosis-dependent. The final MA bulletin has not been issued, but diagnoses likely to be covered include cancer of the breast or cervix, and some pre-cancerous conditions of the cervix.

Women will have expedited MA eligibility via a designated contact in each CAO, and a special application form available on the Healthy Woman Program site. Eligibility begins on the date of positive diagnosis, and will continue for 6-12 months depending on diagnosis. MA coverage will last only during active treatment. At the end of the approved coverage, the woman can apply for an extension if she is still in treatment. If she loses coverage, she can return to the Healthy Woman Program for follow-up care and screening for her cancer. She is eligible for additional cycles of coverage if she is found to need additional treatment.

At present, this program will be administered via the Medicaid fee-for-service system, even in those parts of the state with HealthChoices. Thus, in some parts of Pennsylvania, there may be a shortage of fee-for-service specialty providers.

DPW will issue the final MA Bulletin before the end of the year. The Healthy Woman Program can be accessed at <http://www.health.state.pa.us/php/HW/default.htm> or by calling the PA Department of Health at 1-877-PA-HEALTH or 717-783-1457. ■

Health Law PA News

Health Law PA News is published by the Pennsylvania Health Law Project approximately every other month for Medical Assistance, CHIP, Medicare, and uninsured consumers and their advocates.

The PA Health Law Project is a non-profit, statewide legal advocacy organization dedicated to empowering low-income Pennsylvanians to access healthcare. PHLP has three offices:

Pittsburgh

650 Smithfield St., Ste 2130
Pittsburgh, PA 15222
412-434-5779

Harrisburg

101 S. Second St., Ste. 5
Harrisburg, PA 17101
717-236-6310

Philadelphia

924 Cherry St., Ste 300
Philadelphia, PA 19107
215-625-3663

PHLP also runs a statewide toll-free help line available to consumers on Medical Assistance, CHIP, and Medicare, or who are uninsured at 1-800-274-3258.

MA for Workers with Disabilities



Under a new Program for Workers with Disabilities, Pennsylvanians with disabilities who work will be allowed to purchase Medical Assistance if their income (after all deductions) does not exceed 250% of the Federal Poverty Level (which in 2001 is \$1,790/mo). They must also have resources below \$10,000, and be between age 16 and 64. The cost to each participant will be 5% of the person's income. The program is scheduled go into effect in January 2002.

The state is referring to this program as MAWD (Medical Assistance for Workers with Disabilities). The worker will be purchasing the full Medical Assistance package of benefits, including prescription drug coverage and dental care. There is no preexisting condition exclusion for services under this program.

Before MAWD, a person disabled under Social Security standards would generally lose MA if their total countable income exceeded \$716/mo., or their resources exceeded \$2,000.

The final list of items that can be deducted from income has not yet been published. However, one important deduction will be the cost of "impairment related" work expenses. If one needs a special van to travel to and from work, or a personal assistant in order to perform work tasks, the costs can be deducted.

Persons whose condition has improved, to the point that they don't meet the Social Security Disability Standard, must work a minimum of 40 hours per month at minimum wage in order to qualify. However, those who continue to meet the Social Security Disability standard (except for the earnings limit), do not have to meet any minimum hours or earnings requirement. They simply have to be working. The program is expected to especially benefit persons who have social security income and Medicare, but who don't have prescription drug coverage.

If you have questions about Medical Assistance for Workers with a Disability, please contact PHLP at 1-800-274-3258. ■

2002 Medicare HMO Changes



Each year, Medicare HMOs announce changes for the upcoming contract year. Some HMOs pull out of Medicare entirely, others significantly change their costs and benefits. This year, the most significant loss for Pennsylvania is the withdrawal of Aetna US Healthcare from eight counties (Beaver, Bucks, Butler, Lawrence, Lehigh, Montgomery, Northampton, Washington) affecting 54,561 Pennsylvanians.

Many more Medicare HMO participants will experience changes in their benefit packages, often accompanied by increased costs. Frequently the changes surround prescription drug coverage. PHLP has a packet of options consumers can consider in obtaining prescription drug coverage. Call PHLP at (800)274-3258 for a copy.

Consumers considering changes should be aware of the lock-in rule that will take effect in January 2002. HMO members will be able to change their HMO plan once between January 2002 and June 2002. They will be locked-in to the HMO they have chosen after June of 2002 until January 2003.

Until now, Medicare HMO participants have been able to change their HMO plan as many times as they wish throughout the year. The 2002 change is part of a 1997 law meant to stabilize Medicare HMO enrollment. A 2003 change will further tighten the lock-in, only allowing one plan change in the first three months of the year.

It is essential that Medicare HMO members read and understand their choices for 2002. They should have received complete comparative information on options in their county in the recent mailing, *Medicare and You 2002*. If they did not, complete comparative information is available on line at www.medicare.gov under the "plan compare" tool.

A change of plan made in November or December of 2001 to be effective on January 1st, 2002 **does not count** as the one permissible change between January and June 2002. Any change of plan can prompt a lock-in. So, a consumer who switches from one option to another offered by the same company will be locked in to that option. Likewise, a consumer who switches back to Original Medicare (no HMO) will be locked in to that option. ■

DPW Holds Second Dental Summit

DPW held its 2nd “Dental Summit” in Carlisle on November 1-2, 2001. The Summit was a gathering of consumers, dental providers, HMOs, staff from state agencies and others interested in increasing access to dentists and improving the use of dental services in the Medical Assistance (MA) program. DPW began the Summit by describing the accomplishments that had been made since the first Summit in Spring, 1999. The list included: simplifying the forms and expediting the process for dental providers to enroll with MA; adopting the claim forms endorsed by the American Dental Association; increasing MA payments for certain procedures; and adding services such as periodontal treatment for adults as well as increasing the number of teeth cleanings covered from once to twice per year.

This second summit focused on developing statewide and regional strategies to improve access to quality dental care. The members of the Consumer Subcommittee of DPW’s Medical Assistance Advisory Committee (MAAC) who attended the Summit described their own experiences, as well as what they hear from others, when trying to access dental services:

- HMO provider networks are inadequate across the state. Only a small percentage of licensed dentists accept MA leaving only 1 or 2 dentists in some counties to care for thousands of MA consumers
- Consumers feel they are treated as inferior and are given poor care by some MA providers with no oversight regarding how they are treated or the quality of the services they receive
- Dental specialists are virtually impossible to find
- Though DPW has increased dental fees to the health plans, those increases are not always passed on to the providers of care

Consumers also offered the following suggestions for improvement at the Summit:

- Involve the state’s dental schools in delivering services and in recruitment of minority dentists as well as dentists willing to provide care in underserved areas
- Use the state’s purchasing power to improve provider participation in MA by tying it to participation in other publicly funded programs like CHIP and the State Employees’ Benefit Plan
- Improve management of the HealthChoices plans by DPW to include: penalties for poor performance and incentives for improved performance;
 - Require plans to take additional steps such as directly employing dentists, increasing fees, and creating mobile dental offices in areas where access to dental care is particularly poor
 - If the above efforts fail, “carve out” dental services from the HealthChoices contracts and put it out for bid with very strict access and performance requirements



PHLP will continue to update our readers on any DPW dental initiatives or actions that arise out of this recent meeting. ■

MA Coverage to Include Enteral Nutritional Supplements and Smoking Cessation

Effective January 1, 2002, DPW is expanding Medical Assistance benefits to include enteral nutritional supplement formulas (including Ensure), and tobacco cessation drugs and services.

The coverage expansion for enteral supplements and tobacco cessation will apply to the entire MA program, including fee-for-service, HealthChoices, and voluntary managed care. ■

Assisted Living: Auditor Gen. Releases Report, 6 Bills Pass House

October 2001 was a busy month for Assisted Living developments. The Auditor General released the results of his performance audit of the Department of Public Welfare's oversight of personal care homes/assisted living residences. And, a package of six bills on long term care issues passed the PA House of Representatives.

Auditor General Bob Casey found that DPW was seriously deficient in its oversight of personal care homes. The Audit report details numerous failures on the part of DPW including:

- DPW renewed licenses without verifying that serious violations were corrected.
- DPW licensed new homes without ensuring that administrators and staff were qualified.
- DPW failed to classify violations and impose fines as required by law and to assess penalties based on the classifications and on the length of time the violation goes uncorrected, and to revoke licenses under specified conditions.
- DPW made announced, regularly scheduled inspections once per licensing year as required, but this was negated by the fact that DPW did not ensure that personal care homes corrected the violations cited during these inspections.
- DPW was late in investigating almost half of the complaints it received.
- DPW kept complaint records poorly.
- DPW did not respond to complaints on evenings and weekends
- DPW failed to assess penalties for serious violations that remained uncorrected
- On the rare occasions when DPW attempted to revoke a license, it failed to make the monthly monitoring visits required during the revocation appeals process.

In a related matter, the Senate Aging and Youth Committee is currently considering House Bill 49 and Senate Bill 888, two proposals to license and regulate assisted living facilities and providers who come to consumer's homes. In October, the House

passed bills 1626-1631, all on long term care issues. These bills would create a bill of rights for long term care residents, establish a certification process and requirements for what services and programming must be provided by facilities that offer services to individuals with Alzheimer's or other cognitive impairments, and articulate criteria for residency in personal care homes.

All PA House and Senate bills are online at the Electronic Bill Room, located at <http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm>. PHLP is available to assist persons experiencing quality of care problems in a personal care home/assisted living residence. Call (800)274-3258. ■

Barriers Workgroup Finds Getting Care at Home is Tough

Home and community based services provide a wide array of services from skilled nursing, home health, adult day care, and home delivered meals to full Medical Assistance coverage and home modifications. The Pennsylvania Health Law Project represents consumers seeking home and community based services. Our staff have found the application and eligibility process for obtaining these services unbelievably cumbersome. A recent report by the Intra-Governmental Council on Long Term Care's Barriers Elimination Workgroup presents more than 20 major impediments to consumers receiving care and service in their home or community.

Because it is so difficult to access home and community based services, the report found too many consumers end up living in nursing facilities even though they would rather have been served at home. Among the barriers identified were: lack of information publicizing the availability of home and community based services, complicated application processes, significant burdens on consumers throughout the application process, financial barriers such as the low resource limits for waiver programs, and systemic barriers such as the lack of service availability in some parts of the state and more.

The workgroup hopes that the report will spur action by the Department or, if necessary, the Legislature to remedy these barriers to home and community based care. Anyone experiencing problems should call the Pennsylvania Health Law Project at (800)274-3258. ■

Five MISA Pilot Projects Selected, Start Up Expected in January 2002

In August 2001, the Commonwealth awarded five counties seed money to develop MISA (Mental Illness Substance Abuse) pilot projects. With the seed money the counties are expected to design model programs that coordinate mental health and drug and alcohol treatment for individuals with co-occurring disorders. These projects are expected to be up and running in January 2002.

Since 1997 the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services (OMHSAS) and the Department of Health Bureau of Drug and Alcohol Programs (BDAP) have worked with stakeholders to look at ways to combine mental health and substance abuse treatment for people with co-occurring disorders. In April 2001, OMHSAS and BDAP sought proposals for MISA pilot projects from county Mental Health administrators and Single County Authority (SCA) directors. Eighteen proposals were submitted and after review, four projects for adults (Washington, Blair, Beaver, Mercer) and one project for children and adolescent (Berks) were chosen to receive funding.

The projects will receive funding from Mental Health and Drug and Alcohol for two years with an additional year for evaluation by the Center for Mental Health Policy and Services Research, at the University of Pennsylvania. OMHSAS and BDAP expect the pilot projects to show the potential of integrated MISA treatment and support services as a cost-effective alternative to traditional services, and to create best practice models of system integration. Washington County expects to have a dually licensed continuum of care at: Washington Hospital, Greenbriar Treatment Center, and Care Center. The county proposes to increase the number of places where MISA screening is done, and provide mobile MISA screening, assessment, crisis services, and intensive case management. The county also expects to establish a MISA Oversight Committee; a MISA Task Force to promote community awareness and supports; a MISA Halfway House; and therapeutic community housing.

Blair County expects to integrate care from: Pyramid Health Care, Cove Forge, the Home Nurs-

ing Agency, and Altoona Hospital. The county plans to develop a Central Point of Contact to "welcome" consumers into treatment; designate a MISA Project Coordinator, MISA Policy and Assessment Teams, & a Triage/Outreach Counselor; & provide Intensive (MISA) Case Management.

Beaver County proposes to have Gateway Rehabilitation Center provide integrated treatment for county criminal justice clients, both incarcerated and paroled. The county will also designate a Forensic case manager, require MISA training for its provider network and focus on community support services (housing, vocational, & social services).

Mercer County expects to: provide a MISA mobile assessment team; create MISA Interagency Subcommittee; create 3 new positions for MISA Case Managers; designate a MISA Coordinator position; and integrate service from Sharon Regional Health System, Community Counseling Center, UPMC Horizon Hospital System

Berks County expects to convene a workgroup to include families and other stakeholders to plan and implement its MISA project. The county also intends to add MISA coordinator (administrative) and MISA case manager positions; train intake staff and providers beyond the core requirements; and add Integrated Intensive Outpatient to the treatment continuum via Reading Hospital and the Caron Foundation.

OMHSAS and BDAP are working with Hahnemann University to develop a screening tool called the SIIP (Screening Interview for Initial Placement). The SIIP is to be used by all MISA projects serving adults. The Berks County Staff will utilize the CALOCUS for screening/assessment of adolescents. For more information contact the local SCA where the MISA project is based or call the administrative contact designated for each county MISA pilot project:

Beaver:	Arlene Bell 724-847-6220
Mercer:	Joe Montone 724-662-1550
Washington:	Donna Murphy 724-228-6764
Blair:	Judith Rosser 814-693-3023
Berks:	Erin McGloin or Michele Ruano-Weber 610-376-8669

Call PHLP at 1-800-274-3258 for more info. ■

Drug & Alcohol Treatment Services Available for Young People Through MA & CHIP

If a child or young person is under the age of 21, and is eligible for Medical Assistance (MA) s/he is entitled to receive all medically necessary treatment. Kids under age 21 who are eligible for MA can get the following kinds of substance abuse and addiction treatment if they are medically necessary:

- Inpatient detox & rehab;
- Non-hospital residential detox, rehab, & half-way house services;
- Outpatient treatment including Methadone maintenance;
- Wraparound services (EPSDT/BHRS);
- Crisis intervention services by phone or in-home; and
- Coordination of care for children with co-occurring disorders (mental illness, mental retar-

PHLP Welcomes New Staff

The PA Health Law Project is excited to announce that it has added two new staff members to its ranks.

Gene Bishop, MD is a Soros Fellow who comes to PHLP from her private practice as a family physician with the University of Pennsylvania Health System. The Soros foundation is sponsoring Gene's project with PHLP, working on clinical quality of care issues. Gene has been with PHLP since August.

Jessica Bellinder, Esq. joined PHLP as a staff attorney in September. Jessica received a fellowship from the Independence Foundation to work on drug and alcohol treatment access issues for adolescents. Jessica graduated from New York University Law School in May 2000, and worked for a year as a law clerk for the Honorable John T. Nixon, a Federal District Court judge in the Middle District of Tennessee.

ation, addiction).

If a child's doctor or specialist thinks an addiction treatment is medically necessary, that treatment should be provided.

Children get less treatment for addiction under the Children's Health Insurance Program (CHIP) than with MA, but CHIP does provide the minimum level of drug and alcohol treatment guaranteed under Act 106 of 1989 (31 Pa. Code § 89.601 *et. seq.*) If a child is under age 19 & meets the other CHIP eligibility criteria, she is entitled to:

- Inpatient Detox - At least four inpatient detox admissions per lifetime in a hospital or non-hospital inpatient facility. The plan must provide reimbursement for at least 7 days of inpatient detox per admission.
- 30 days of substance abuse inpatient treatment per year, with a lifetime limit of 90 visits
- 30 days of outpatient visits per calendar year, with a lifetime limit of 120 visits.

Patients may exchange their 30 outpatient sessions on a two-to-one basis to secure up to 15 additional inpatient days, or if needed may exchange one inpatient day for two additional outpatient visits.

If an MA or CHIP-eligible child is denied medically necessary substance abuse/addiction treatment, call the Pennsylvania Health Law Project at 1-800-274-3258 and ask for Jessica Bellinder. ■

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BMurken@phlp.org

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

Announcements

Check out the New PHLP Web Page!

That's right, the Pennsylvania Health Law Project has put up a new web page. Watch it for important updates on Medical Assistance and other health coverage-related issues. It's chock-full of info on health coverage in Pennsylvania for low income and disabled people, PHLP newsletters, and many other useful resources for consumers and advocates. Go to www.phlp.org.

Health Coverage Information Online

Get information on MA, CHIP, ABC, and other state-run health coverage programs *online* at our website, www.phlp.org. This section of our website is being updated, and we are open to your feedback on what you would find helpful. Contact BMurken@phlp.org.

Lehigh/Capital Area Trainings

PHLP staff are available to conduct trainings for consumers and advocates on HealthChoices Mandatory Managed Care during and following its implementation in the Lehigh-Capital region. Please contact our office at 1-800-274-3258 for more information. Also, watch Health Law PA News over the coming months for features on issues important to consumers in all HealthChoices and voluntary managed care regions.

Confused by MA Eligibility Rules?

The Pennsylvania Health Law Project has produced a free guide to Medical Assistance eligibility. It is designed to be brief, simple, and to the point. Obtain a copy for free as an acrobat file by emailing scoggins@phlp.org, or from our website at:

www.phlp.org/healthinfo/phlp_ma_manual.pdf

Happy Holidays from the staff of PHLP!

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New Drug & Alcohol Treatment Advocacy Project

PHLP is starting a new project intended to increase access to and quality of drug and alcohol treatment for juveniles (under age 21) who are from low-income families. If you are having difficulty getting the treatment you need for a young person who you think might be eligible for Pennsylvania's CHIP or MA Programs, **please contact our Help Line at 1-800-274-3258 and ask for Jessica Bellinder.** You can also reach her by email at jbellinder@phlp.org. There is no charge for our services. The PHLP Help Line operates Monday to Friday, 9:00 a.m. to 5:00 p.m.

The Pennsylvania Health Law Project (PHLP) is a non-profit public interest law firm that provides free legal assistance to Pennsylvanians who are low-income, elderly, or have disabilities. Among other things PHLP helps people apply for Medical Assistance (MA), the Children's Health Insurance Plan (CHIP), and Medicaid Waivers, all of which provide drug and alcohol treatment. PHLP also advocates for clients in these programs to get the full range of treatment they are entitled to and helps clients to appeal the denial of treatment. We also advocate for policies that increase access and quality of treatment. For more information visit our website at <http://www.phlp.org/>