



Medicaid for Children:

What Advocates Need to Know to Help Clients Obtain & Keep Medicaid Benefits

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About PHLP

- We are a statewide, non-profit law firm that provides free legal services to individuals having trouble accessing publicly-funded health care coverage and services.
- We serve clients from **all PA counties**
- There is **no income limit** for our services
- Technical assistance to PLAN org. staff, social workers, others
- Also engage in policy advocacy, community education, monthly newsletters and other publications

Today's Roadmap

- ❑ Overview of Medicaid & EPSDT
- ❑ Medicaid eligibility for children
- ❑ How to apply
- ❑ Appeal rights if client is denied coverage or services

Terminology/Acronyms

- MA – Medical Assistance (Pennsylvania’s Medicaid program)
- DHS – Department of Human Services (formerly DPW)
- CAO – County Assistance Office
- MAEH – Medical Assistance Eligibility Handbook
- EPSDT- Early and Periodic Screening, Diagnostic and Treatment
- MCO – Managed Care Organization

Part 1: Introduction

Medicaid Overview

- Pennsylvania's Medicaid program is known as "Medical Assistance" (MA)
- Administered by state Department of Human Services (formerly DPW) in partnership with federal Medicaid agency (CMS)
- Free, publicly-funded health insurance program for children from low-income families; children with disabilities
- No co-pays, cost-sharing, monthly premium for children
- Broad range of services covered per EPSDT (more on next slide)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- Children's health component of federal Medicaid law.
- Applies to all children under age 21 enrolled in Medicaid.
- Medicaid must cover all services & treatments **medically necessary to correct or ameliorate** child's conditions, whether or not such services are covered under State plan.
- Services must be sufficient in **amount, duration & scope** to reasonably achieve their purpose.

Cites: 42 USC §§ 1396-1396v; 42 CFR part 430; CMS State Medicaid Manual § 5110; 55 Pa Code § 1241

“Medical Necessity”

- PA definition: [55 Pa Code § 1101.21a](#)
- A service is medically necessary if it meets *any one* of the following:
 - 1) The service or benefit will, or is reasonably expected to, prevent the onset of an illness condition, or disability
 - 2) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition or disability, **or**
 - 3) The service or benefit will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.

Takeaways

- MEDICAID IS IMPORTANT FOR ALL CHILDREN
- Comprehensive benefit package– all medically necessary services
 - Sick & well visits, immunizations, RX drugs, vision and hearing testing, eyeglasses, hearing aids, durable medical equipment, lab tests/x-rays, behavioral health services and therapies, private duty nursing, home health aide care, **and more.**
- Covers services rarely covered by commercial insurance & without any caps, lifetime limits, cost-sharing or co-pays.
- Can have MA secondary to other insurance (e.g. through parents' work)

Part 2: MA Eligibility for Children

Eligibility Basics

Generally 3 threshold requirements:

1. What “category” of MA eligibility does this person fit into? (e.g. low income, disabled);
 - Does the child’s household income meet the limit applicable to that category?
 - Are there times when the parents’ income doesn’t count? Hint: YES!
 2. PA Residency (See 42 CFR § 435.403; [MAEH Chapter 323](#)); **and**
 3. US Citizen OR “Lawfully Present” immigrant
 - Lawful presence defined at [MAEH 322.32](#)
 - More info: [Immigrant Health Care: Manual for Advocates](#) (PHLP)
- No resource (asset) limit for children, for any category.

MA through receipt of SSI

- An individual receiving Supplemental Security Income (SSI) automatically qualifies for MA.
 - No separate MA application needed
 - Get monthly cash benefit + MA insurance card
- Must be found disabled according to SSA child disability standard; plus meet SSI income/resource limits. Parental income/resources count until age 18
- At age 18, re-reviewed under adult SSI standard; MA re-reviewed as well
 - If SSI denied or terminated, should be appealed.
 - In meantime, CAO should review child for other MA categories.

Category MAGI: Children from lower-income families

- Covers children birth to age 18 if meet applicable income limit
- MAGI stands for Modified Adjusted Gross Income
 - Countable income based on taxability, w/ a few exceptions. [IRS Pub. 525](#); [MAEH 312.5](#)
 - Notably: Social Security benefits are included in MAGI income calculation even though not typically taxable.
 - Household size determined by tax filing household. See [MAEH 312.2](#)
- No resource (asset) limit for adults OR children
- Child born to a mother on MA is covered by MAGI MA until 1st birthday, if continues to live with mother, regardless of income changes.

Category MAGI: Income limits

Birth to Age 1		Age 1-5		Age 6-18	
Household size	Monthly limit (220% FPL, 2019)	Household size	Monthly limit (162% FPL, 2019)	Household size	Monthly limit (138% FPL, 2019)
2	\$3,100	2	\$2,283	2	\$1,945
3	\$3,911	3	\$2,880	3	\$2,454
4	\$4,721	4	\$3,476	4	\$2,961

Source: [MAEH Chapter 312](#)

Category PH-95: Children with disabilities

- For children with disabilities who are ineligible for SSI due to parental income/resources & ineligible for MAGI for same reason
- Remember SSI counts parental income/assets until child turns 18
- **Parental income does NOT count for a child's PH-95 eligibility!!!!**
- Child's condition must meet the SSA disability criteria for children – known as "[childhood listing of impairments](#)"
- Documentation of disability is KEY – submit as much as possible with application (medical records, doctor letters, evaluations, IEPs, etc.)
- More info: see PHLP's [PH-95 Guide](#) ; see also [MAEH 315](#)

Children's Health Insurance Program (CHIP)

- Covers kids under age 19 who are uninsured & do not qualify for MA
- MAGI income counting rules; limit is based on child's age & hh size (see chart):
 - Free CHIP: up to 213% FPL
 - Subsidized aka Low Cost CHIP: up to 319% FPL
 - At-cost CHIP: above 319% FPL
- No wrong door- If found ineligible for MA, app sent to CHIP automatically
- No EPSDT in CHIP
 - Child with complex health needs may not be well-served in CHIP; consider PH-95
 - CHIP to PH-95 referral process – see [MAEH 315.51](#)

Part 3: Applying for MA

How to apply

There are 3 ways to apply for MA:

1. Online through COMPASS: www.compass.state.pa.us
2. By phone: 1-866-550-4355
3. Mail or drop off paper application ([PA 600 CH](#)) to local [County Assistance Office \(CAO\)](#)

Welcome to COMPASS

The fast and easy way to access benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the [Apply Now](#) button below to begin.

[APPLY NOW](#)

[DO I QUALIFY?](#)



Renew Your Benefits

Log in to your My COMPASS Account to



Finish Your Application

Log in to your My COMPASS Account to finish



Free Summer Meals for Children

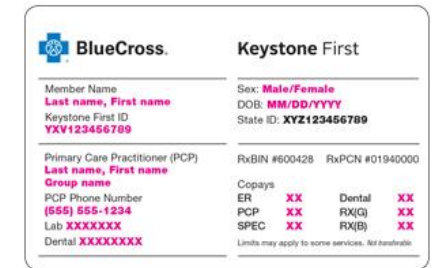
The Summer Food Service Program offers

Application process

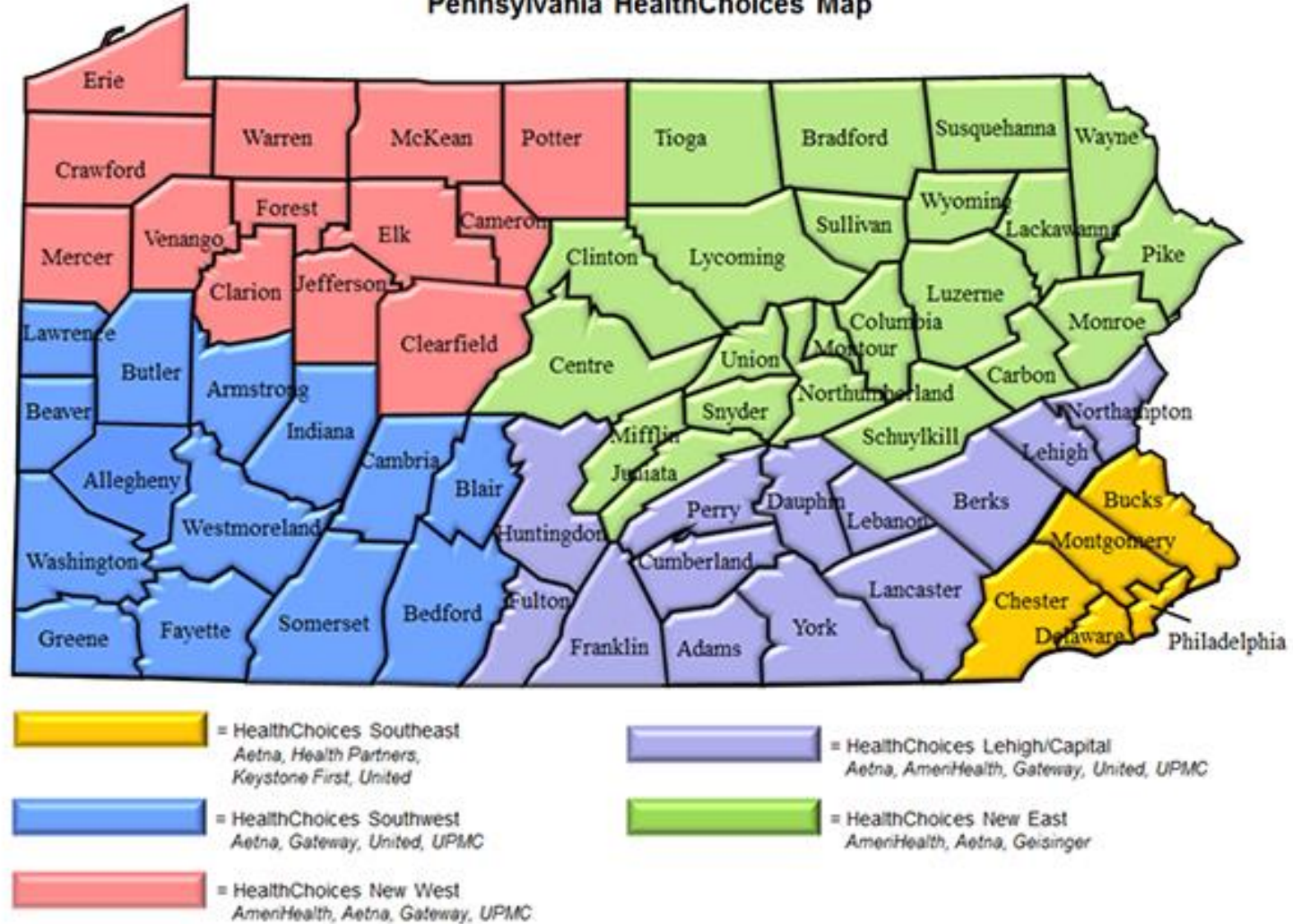
- Paper verification generally required (e.g. paystubs, proof of address)
- Retroactive coverage up to 3 months prior to date of application – application asks about *unpaid bills* from last 3 months
- Takes up to 30 days for a decision – but see [MAEH 303.13](#), speeding up application in a medical emergency
- Entitled to notice of decision & right to appeal if application is denied

Using MA Benefits after Approval

- ACCESS card is temporary insurance card until select & enroll in Managed Care Organization (MCO)
- Managed care is mandatory (exception: kids in HIP)
- Choice of a handful of plans depending on “zone”
- Go to www.enrollnow.net to compare plans, enroll in or change plan, select PCP, search provider networks
- Some services need prior authorization – shift care, DME. Notice & appeal rights if service request denied.



Pennsylvania HealthChoices Map



Source: <http://www.healthchoices.pa.gov/providers/about/physical/index.htm>

Part 4: Notice & Appeal Rights

Notice & Appeal rights

- Procedural due process protections for MA benefits (eligibility & services)
- Entitled to advance notice and meaningful opportunity to be heard

“a recipient [must] have timely and adequate notice detailing the reasons for a proposed termination, and an effective opportunity to defend...” Goldberg v. Kelly, 397 U.S. at 267–68 (1970)

(1) Adequate notice – advance of decision taking effect, basis for decision, instructions re: continued benefits pending appeal outcome

- 10 days from notice mail date for service denials
- 15 days from notice mail date for eligibility denials. See [MAEH 377](#)

Notice & Appeal rights

(2) Meaningful opportunity to be heard

- Neutral decision-maker
- Right to present evidence, cross-examine Agency evidence/witnesses
- Hearing forum differs based on type of MA appeal:
 - eligibility denial → Fair Hearing w/ DHS
 - service denial (client in Fee for Service) → Fair Hearing w/ DHS
 - service denial (client in MCO) → Grievance, THEN Fair Hearing w/ DHS
- Grievance exhaustion required as of 2018 managed care reg changes

Additional Resources

Resources from DHS

- [Medical Assistance Eligibility Handbook](#) (MAEH)
- MA regulations: [Title 55 of PA Code](#) – Fair Hearings at § 275
- [CHIP Eligibility & Benefits Handbook](#)

PHLP Publications

- [Medical Assistance Eligibility Manual](#)
- [Impact of the ACA on Family Court Decision-Making](#)

Misc

- [EPSDT - A Guide for States](#) (CMS)
- [Q&A- Due Process & Medicaid Notice & Hearing Standards](#) (NHeLP)



QUESTIONS?

THANK YOU!

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