



How to Obtain Mental Health and Drug and Alcohol Services in Pennsylvania

A Guide for Consumers

Sad? Anxious? Can't sleep? Trying to Overcome Addiction?

Do you or your child feel sad or anxious too much of the time? Do you have trouble sleeping, eating, concentrating, or thinking clearly? Are you concerned, or are others concerned, that you are drinking too much or too often? Do you think you might have a substance use problem? You are not alone.

Millions of people suffer from mental health and drug & alcohol problems. The very good news is that help is available. You don't have to continue to suffer. Whether you have health insurance or not, there are treatment programs and other services ready to help. There are special treatment programs where women can take their children. There are programs just for teenagers. There are even programs that provide help right in your home. Use this booklet as your guide to help put you or your child on the road to feeling and doing better. You deserve the chance to be well!

Help is available. Read this guide to learn how to access mental health and drug and alcohol treatment services in Pennsylvania, whether you have health insurance or not.

What If I Have an Emergency?

If you have an emergency, don't delay. Go to the hospital nearest to you. If you are having thoughts about wanting to hurt yourself or someone else, or you have a plan to hurt yourself or someone else, you should go to a hospital emergency room or call your county's mental health crisis line or call 911. If you have overdosed or if you are having

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other serious medical problems related to alcohol or other substance or drug use, go to the emergency room or call the Crisis Line.

What If It's Not an Emergency but I Still Need Help?

There is more than one way to get help for mental health or drug & alcohol problems. If you have health insurance, begin by finding out what type of insurance it is. This will determine how you get help. If you don't have health insurance, help is still available for adults and children. When you know what, if any, health insurance you have, use this book to find out what your rights are, and where to turn for help.

How Do I Get Mental Health and/or Drug and Alcohol Services in My County?

Medical Assistance (MA) is a health care program for low income individuals, seniors, and persons with disabilities in Pennsylvania. Everyone on MA has an "ACCESS" card. Also, almost all people on MA are enrolled in HealthChoices. HealthChoices is a program in which members get their health care through a Managed Care Organization (MCO). If you are in an MCO, you will have an MCO member card and an ACCESS card, but you will use your MCO member card to get most of your health care services.

MA recipients who are not in an MCO get care through what is called the "Fee-for-Service" (FFS) system. Those in the Fee-for-Service system use their ACCESS card to cover their health care services. Read on to find out how to use the two different systems.

Getting Care through HealthChoices

If you are in HealthChoices for physical health services, you get physical health care through one of the MCOs contracted with the state. These MCOs don't provide mental health or drug and alcohol services, except for prescription medications. Instead, you receive mental health and drug and alcohol services through the behavioral health MCO chosen by your county.

You can go through one of 2 "doors" to get mental health or drug and alcohol services if you are in HealthChoices. Whatever door you choose should help get you the services you need. You can:

1. Call the Member Services line for your Behavioral Health MCO

The phone number is on the back of your MCO card. Phone lines are answered 24/7, 365 days a year. When you call, the MCO will give you the names of at least two mental health or drug and alcohol programs that can schedule you for an assessment. You

will then need to call the program directly to schedule your appointment. In a non-emergency, you have the right to be seen for an assessment within 7 days. If no program can see you within 7 days, call the MCO back to get the names and phone numbers of other programs.

2. Call a mental health or a drug and alcohol treatment provider directly.

You can call a mental health or a drug and alcohol treatment provider directly for an assessment if you know one in your behavioral health MCO's network. If you are not sure if the provider is in your MCO's network, just ask them when you call.

If the provider you call cannot give you an appointment within 7 days, then call another provider. The provider is required to be able to provide face-to-face treatment intervention within one hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine and specialty services.

What Treatment is Available?

The following types of mental health treatment are available through your MCO:

- Outpatient Services
- Partial Hospitalization
- Inpatient Hospitalization
- Crisis Services
- Case Management Services (RC & ICM)
- Peer Support Specialist
- Mobile Mental Health Treatment
- Additional services for children under 21:
 - Family Based Mental Health
 - Intensive Behavioral Health Services (IBHS)
 - Residential Treatment Facility

The following types of drug and alcohol treatment are available through your MCO:

- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Halfway House
- Hospital Detoxification

- Hospital Rehabilitation
- Nonhospital Detoxification
- Nonhospital Rehabilitation
- Methadone Maintenance

You may need other mental health services not provided by your MCO. These other services may be available from your local [County Mental Health/Intellectual Disabilities \(MH/ID\) Program Office](#).

What can I do if my treatment is denied?

If you need treatment that your MCO denies, you can appeal the decision directly to them, request a Fair Hearing from the Department of Human Services (DHS), or you can do both.

An appeal to the MCO is called a “grievance” if your service has been denied, or a different service was approved, because the MCO says you don’t need the service you asked for. An appeal to the MCO for any other reason is called a “complaint.” You can also file a complaint if you are dissatisfied with a service you receive.

Be careful to pay attention to the deadlines for your appeal. For more information on how to request a grievance, complaint, or Fair Hearing, please call the Pennsylvania Health Law Project’s Helpline at 1-800-274-3258.

Getting Care through Fee-for-Service

For mental health treatment, you should call the [County MH/ID Program](#). For drug and alcohol treatment, call the [County Drug & Alcohol Program](#).

You will either be scheduled for an assessment at the county, or you will be given the name of a mental health or drug and alcohol provider to call directly for an assessment.

Are there any limits to the mental health or drug and alcohol services I can get through MA?

Yes, there may be. Some adults have limits on the type or amount of treatment they can get from Medical Assistance, depending on their MA category. For example, adults on General Assistance or who are medically needy have limits on some services. Children under age 21, however, are entitled to all medically necessary services. For more information about coverage in the Fee-for-Service program, call the Statewide Customer Service Center at 1-800-692-7462 (TTY/TTD 1-800-451-5886).

What if my treatment is denied?

If Medical Assistance denies treatment that you need or reduces payments or stops paying for services you are already getting, you can appeal that action by requesting a Fair Hearing with DHS. You are entitled to a decision in writing if MA denies, reduces, or stops services. That decision must also tell you how to file an appeal (request a fair hearing).

For more information on how to request a Fair Hearing, please call the Pennsylvania Health Law Project's Helpline at 1-800-274-3258.

Can I Get Transportation to My Mental Health or Drug and Alcohol Appointments?

Yes! If you are on Medical Assistance (MA), whether you are in HealthChoices or in the Fee-For-Service program, you can get transportation to medical care through the Medical Assistance Transportation Program (MATP). MATP provides rides or mileage reimbursement (if you use your car or someone else's) to get you to any medical appointments such as doctor's visits, therapy sessions, outpatient treatment, methadone clinic, or to the pharmacy to get your prescription medications.

To use this service, you first must be registered with MATP, and your health care provider needs to be enrolled in the MA program. To register and to get more information, call [MATP in your county](#).

Getting Services Through Commercial or Private Insurance

If you have commercial or private insurance, the services available to you will depend on the type of insurance you have. Different laws apply to different types of insurance.

The first question to ask is, "Do I have an ERISA plan?" ERISA, or the Employee Retirement and Income Security Act, is a federal law that sets standards for certain health plans offered by employers. If your insurance is through your employer, call and ask your employer's benefits manager if you have an ERISA plan.

What must an ERISA plan cover?

ERISA plans are not required to cover mental health treatment. But, if your plan pays for mental health services, and if 50 or more employees are covered, any lifetime or annual caps on mental health services must be set as high as those for physical health

services. Read your policy carefully as your employer may limit the number of mental health visits or the number of days covered.

ERISA plans may, but are not required to, provide drug and alcohol services. Read your policy carefully to see if you have any coverage.

What about non-ERISA plans?

Pennsylvania law governs what services are available under non-ERISA plans.

For mental health services, if your employer's non-ERISA plan covers 50 or more employees, it must cover nine "serious mental illnesses." These are: schizophrenia, bipolar disorder, obsessive compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizoaffective disorder, and delusional disorder. Any annual or lifetime limits on coverage for these illnesses must be no less than for other illnesses. Furthermore, coverage for these illnesses must include at least 30 days of inpatient and 60 days of outpatient care per year.

For drug and alcohol treatment, Pennsylvania requires group health plans to cover drug and alcohol services (Act 106). If you bought your own group health insurance, or if you are covered through your employer's non-ERISA plan, these are the minimum coverage requirements:

- At least 4 inpatient detoxification admissions (of up to 7 days each) in a lifetime;
- At least 30 days per year (90 days lifetime) of nonhospital residential treatment; and
- At least 30 days per year of outpatient or partial hospitalization services

How do I get services through a non-ERISA plan?

Read your insurance company's member handbook or your insurance contract to see how to access services. Some health plans let you "self-refer" to any provider. Others restrict you to certain providers in their "network," or they offer discounts if you use network providers. Some insurers require that requests for certain services must be reviewed in advance by the plan. Unless you get this "prior authorization," the service will not be covered.

What can I do if my treatment is denied?

If your insurer is a managed care plan (MCO), Pennsylvania law provides that you can appeal the denial directly to the MCO. This appeal is called a "grievance" if your service

has been denied or a different service was approved because the MCO says you don't need the requested service. Grievances can ultimately be appealed to an outside agency called a "certified review entity."

If you have been denied a service for some reason other than medical necessity, or if you are simply dissatisfied with the service you have received, you can file a complaint. Complaints can ultimately be appealed to the Pennsylvania Department of Health or the Insurance Department. Be careful to pay attention to the deadlines for any appeals.

If your insurer is not an MCO, look at your insurance contract to see if you have any appeal rights.

Coverage Under Medicare

Medicare is a federal program that provides health care coverage for most persons aged 65 and older, and for adults with disabilities who receive Social Security (SSDI) or Railroad Retirement benefits. Everyone eligible for Medicare has Part A hospitalization coverage at no cost. Part A covers mental health and drug and alcohol treatment in a hospital, including room, meals, nursing and other services. Part B, which is medical coverage, is also available through Medicare but only to those who pay a premium of \$93.50 a month. Part B coverage includes the services of mental health or drug and alcohol professionals (whether inpatient or outpatient), outpatient therapies, lab tests and partial hospitalization. Medicare Part D covers prescription medications.

The Medicare program does not cover a certain "package" or defined amount of specific services. Rather, it covers health care, including mental health and drug and alcohol services, which are reasonable and medically necessary according to Medicare's written standards.

Prior to receiving any care, you should ask your doctor or call 1-800-MEDICARE (1-800-633-4227) to check if Medicare is likely to cover the treatment or service you need. Medicare does not prior-authorize treatment or services and will not tell you ahead of time whether a treatment or service will be covered in your situation.

Medicare does not cover the total cost of most treatment or services, so recipients are normally required to pay deductibles and copayments.

Some people have Medical Assistance (MA) as well as Medicare, and their MA can often be used to cover any copays or deductibles not picked up by Medicare (the primary payer). Keep in mind that if you have Medicare and MA, your providers must accept that coverage as payment in full and they are not allowed to bill you for any balance on covered services.

There are two ways to receive Medicare benefits: Traditional or “Original” Medicare, and Medicare Advantage Plans.

Original Medicare

Persons who are in traditional Medicare, also called “Original” Medicare, receive care under a Fee-for-Service system. There are substantial copayments and deductibles for inpatient care in a general hospital or in a specialty psychiatric hospital. In addition, there is a lifetime limit (currently 190 days) on the number of days Medicare will cover for care in a specialty psychiatric hospital. Other copayments for which you are responsible include:

- 50% of the charges for the outpatient services of a doctor or other health care professionals (after payment of a \$131 deductible per year)
- 20% of the costs of any professional services you receive in a hospital
- 50% of the costs of outpatient substance abuse treatment

See your Medicare materials for more information on your payment responsibilities.

If Traditional Medicare denies, reduces, or terminates any services, you have a right to appeal that decision. Medicare decisions, also called “Medicare Summary Notices”, must be given to you in writing and contain instructions for how to appeal and who to contact. The Notice also provides the deadlines for appealing. If you are not satisfied with the results of your appeal, you can appeal further. See your most recent “Medicare & You” handbook for more details.

Medicare Advantage Plan

People who choose to be in Medicare Advantage Plans receive their Medicare through a private health insurance company or “health plan” (for example, an HMO). These companies must provide at least the same level of services (and assume the same amount of the cost of services) as Original Medicare. Though the actual costs to the member (i.e. copayments and deductibles) are typically less than in Original Medicare, those costs vary from one company to another. The only way to find out what each plan covers, and at what cost, is by calling around and asking for benefit information.

You have a right to appeal Medicare Advantage Plan decisions which deny, reduce, or stop services. If your dispute is over how your provider or health plan has treated you, it will be called a grievance and must be handled by your health plan’s grievance process. Check your Member Handbook for a description of your health plan’s grievance process.

If your dispute is over a health plan decision not to provide or not to pay for a prescribed service or treatment, it will be called an organization determination. There are timeframes for appealing an organizational determination, including an expedited process which will get you a decision quickly. If you are not satisfied with the results of your appeal, you can appeal further.

For more information on appeals, review your most recent “Medicare & You” handbook or call 1-800-Medicare (1-800-633-4227).

Coverage Under CHIP

CHIP stands for the Children’s Health Insurance Program. The CHIP health plan that your child belongs to must provide mental health and drug and alcohol services.

The following mental health services are available through CHIP:

- All medically necessary prescription medications
- 90 days of inpatient care per year (applies to all inpatient care, physical and mental health care combined).
- Outpatient mental health services (up to 50 visits per year—can be exchanged for inpatient hospital days)

The following drug and alcohol treatment services are available through CHIP:

- Up to 4 admissions (of up to 7 days per admission) in a lifetime, for inpatient detoxification
- Up to 90 days per year of nonhospital residential treatment (with a 360 day lifetime cap)
- Up to 90 days of outpatient services per year (with a lifetime maximum of 360 days)

Read your CHIP plan’s Member Handbook or check with your plan directly to see what other mental health and drug & alcohol services are covered.

What if my child’s treatment is denied by their CHIP plan?

If a mental health or a drug and alcohol program says your child needs treatment that CHIP denies, then you can appeal CHIP’s decision. You can file a grievance (if the health plan denied the treatment because they said it wasn’t medically needed) or you can file a complaint (if the treatment was denied for some other reason). For more information on how to file a grievance or a complaint, please call the Pennsylvania Health Law Project’s Helpline at 1-800-274-3258.

Getting Care and Treatment When Uninsured

If you do not have insurance, call your local County MH/ID Program for mental health services, or call the County Drug and Alcohol Program for drug and alcohol services. See pages 25-27 for contact information for your county offices.

You will be scheduled for an assessment to see what type of treatment(s) you need. You will also be asked questions about your income to see if you can afford to pay for part of your treatment. In addition, the county has funds to cover most types of treatment. However, mental health residential treatment programs may not be available if you do not have health insurance.

The interview you have at the County or with a mental health program will determine what type of treatment you need. The types of treatment that might be available are:

- Outpatient Services
- Partial Hospitalization
- Inpatient Hospitalization
- Case Management Services
- Crisis Services
- Long Term Structured residence (LTSR)
- Community Residential Rehabilitation (CRR)

The following types of drug and alcohol treatment may be available to you even if you don't have insurance:

- Outpatient
- Partial Hospitalization
- Intensive Outpatient
- Halfway House
- Hospital Detoxification
- Hospital Rehabilitation
- Non-hospital Detoxification
- Non-hospital Rehabilitation
- Methadone Maintenance

Note: You may be able to get health insurance under Medical Assistance (MA) once you begin drug and alcohol treatment. If you are not able to work while you are getting treatment, you might be able to get MA.

However, you can only get MA for a total of nine months in your lifetime if you get treatment in order to access drug and alcohol treatment. If you can qualify for MA some other way (i.e. not solely to get drug and alcohol treatment) you should do that, so you don't use up this nine month limit unless absolutely necessary.

For more information about qualifying for MA, see our [Medical Assistance Eligibility Manual](#).

It is possible that you will need more than one level of treatment. For example, you may need non-hospital detoxification first and then non-hospital rehabilitation. The county has different ways of paying for your treatment when you have no insurance. Whether or not you get the type of treatment you need may depend on the money the county has available for that treatment. However, some level of treatment should always be available to you.

Getting Treatment for a Child or Adolescent

If you are trying to get mental health or drug and alcohol treatment for a child or adolescent, you should follow the same steps listed previously in this guide, depending on the type of health insurance coverage your child has. Children access services the same way as adults, but they may be eligible for additional services that are specific to children.

If your child does not have health insurance but needs to access mental health or drug and alcohol treatment, they will probably qualify for coverage through Medical Assistance (MA) or through the Children's Health Insurance Program (CHIP), depending on your family income. To find out if your child can get coverage through either of these programs, you just need to fill out an application. To apply, go to www.compass.state.pa.us or go to your local [County Assistance Office](#).

What services can children get?

Children can qualify additional services beyond what is covered for adults. If your child (under 21) has insurance through MA (whether in an MCO or Fee-For-Service), then they can get any treatment that is considered medically necessary. Your child can even get mental health treatment in your home if it is medically necessary. Some additional services that are available to children include:

- Residential Treatment Facility (RTF)
- Intensive Behavioral Health Services (IBHS)
- Family Based Mental Health Services

What about the School Assistance Program (SAP)?

School-based Student Assistance Programs (SAPs) are another community resource to help you get treatment for your child.

SAP teams are set up to find students who are having problems in school and to get those students the help they need to do well. If you are worried about your child's behavior in school or problems with their schoolwork, SAP may be able to help.

Specially trained SAP teams in your child's school will work with you and your child to get her the help she needs. This may mean more help with schoolwork or it may mean

sending your child to a Mental Health or Drug & Alcohol specialist to see if she needs treatment.

SAPs are not set up to tell you what type of treatment your child needs, nor do they treat your child's mental health or addiction problems. They should help you find the right program to treat your child. If you do not want to work with the SAP team you don't have to, but if you want to know more about school or community services available for your child, your local SAP team can help.

For more information about SAP, contact your child's school district.

Can my child get MA because of their mental health diagnosis or treatment needs?

It is very likely. Your child may be able to get health insurance through Medical Assistance, regardless of your income, due to their mental health diagnosis and/or treatment needs. If your child has been seen by a doctor and has a severe mental health "disability," they may qualify for MA. To determine if your child can qualify for MA, view our guide, [Getting Medical Assistance for a Child with a Disability, Behavioral or Autism Spectrum Disorder under the PH-95 Category](#).

Can my child be made to go to drug or alcohol treatment if they don't want to?

It is possible to have your child (under age 18) "involuntarily committed" to drug or alcohol treatment according to Pennsylvania law. This law is called "Act 53." If you think your child needs drug and alcohol treatment you can file a petition with the court asking to have your child ordered to treatment. The law states that this matter is handled through Juvenile Court. To get help with filing a petition, contact an attorney.

Getting Help with Prescription Medications

If you can't afford your mental health prescription medications, it may be possible to get your mental health medications paid for by the county. To find out if your county has a program for mental health medications, contact your local [County Mental Health/Intellectual Disabilities \(MH/ID\) Program Office](#).

The Department of Human Services also has a program called the Special Pharmaceutical Benefits Program (SPBP). This program is for people with low or moderate income, who have a diagnosis of schizophrenia or HIV/AIDS. It will pay for certain medications. To qualify for this program, you cannot be on Medical Assistance. For more information or to apply for SPBP, visit [their website](#) or call 1-800-922-9384.

Lastly, prescription drug companies often provide free or low-cost help for people who cannot afford their prescriptions. For more information, go to www.needymeds.com or call the PA Patient Assistance Program at 1-800-955-0989.

Appendix: Definitions for Types of Services

Case Management Services – These are services provided by staff who assist adults or children by coordinating the different needs they may have, including housing, education, employment and transportation.

Community Residential Rehabilitation (CRR) – A place where people with serious mental health problems live under supervision for a period of time. Trained staff is onsite 24 hours a day/ 7 days a week helping residents manage their illness and their activities of daily living. The goal of a CRR is to help people, in time, be able to live on their own. These programs are available for children and adults.

Crisis Services – This is a place to walk-in or call if you are having a mental health emergency to get you the immediate care or treatment you need to be safe and get well.

Family Based Mental Health Services – These are intensive in-home services provided to a child with mental health problems and their family for a short period of time (usually 8 months). Trained staff work to decrease problem behaviors for the child and family and increase the positive behaviors of the child.

Halfway House – This is a residential treatment program in the community that provides services for adults or adolescents with drug & alcohol problems in a drugfree environment. The treatment focuses on helping people understand their addiction and the problems it causes in many areas of their lives while helping them to rebuild their lives. Residents can usually stay in this program for 36 months.

Hospital Detoxification – This process occurs in a hospital for an adult or adolescent who is alcohol or drug intoxicated and requires medical interventions to gradually get rid of the drug from their system. The medical care is provided by doctors and nurses. This process should also support and encourage the person to agree to drug & alcohol treatment following the detoxification.

Hospital Rehabilitation – Drug & alcohol treatment for adults or adolescents that occurs in a hospital setting because the person has physical and/or psychiatric problems that require additional medical attention. This level of treatment can last from a few days to several weeks depending on the extent of the person's drug and alcohol problems and their other medical problems.

Inpatient Hospitalization – This treatment takes place in a hospital using medical staff and medications, if needed, to help someone who is experiencing serious mental

health or drug & alcohol problems. Hospitalization may occur, for example, if a person feels as though he wants to hurt himself or someone else.

Intensive Case Management (ICM) – These are services provided by trained staff who help adults and children with serious and ongoing mental health or drug & alcohol problems to get other assistance they may need, such as medical, social, vocational, educational or transportation services.

Intensive Outpatient – This treatment includes one-to-one therapy, group therapy and education groups for adults and adolescents with drug and alcohol problems. This treatment occurs at a site at least 3 days per week for 5 to 10 hours per week.

Long Term Structured Residence (LTSR) – This is a place where adults, 18 and older, with very serious and ongoing mental health problems can live. Residents are provided with organized day to day activities, medication management, one-to-one therapy and group therapy over a long period of time. This is a structured, supportive residence for people who may not be able to live independently because of their mental illness.

Methadone Maintenance – This treatment occurs at a site where methadone is given to people who are dependent on opiates such as heroin to help them get stable and keep them from going through withdrawal from the drug. The goal is to help the person eventually eliminate their dependency on opiates and stop using the methadone as well.

Mobile Mental Health Treatment— This is an array of services for individuals 21 and older who have encountered barriers to, or have been unsuccessful in, receiving services in an outpatient clinic. The purpose of mobile mental health treatment is to provide therapeutic treatment to reduce the need for more intensive levels of service, including crisis intervention or inpatient hospitalization.

Non-hospital Detoxification – This process occurs in a facility, which is not a hospital. It provides medical management by doctors and nurses of an adult or adolescent who is alcohol or drug intoxicated and requires medical attention to gradually rid their system of the drug. Unlike hospital detoxification, a nonhospital facility does not have the full range of medical services that are available in a hospital.

Non-hospital Rehabilitation – This treatment occurs in a facility where residents stay in a drugfree, supported environment for several weeks or months. The treatment consists of individual therapy, group therapy, family therapy, education groups and daily monitoring of adults or adolescents who are dependent on alcohol or other drugs. This level of treatment is necessary for people whose addiction is severe enough that outpatient services would not be able to meet their needs.

Outpatient Services – This treatment for adults or children is usually individual counseling or group counseling at a mental health or drug & alcohol program for 1 or 2 hours, once or twice a week.

Partial Hospitalization – This treatment for adults or children includes individual therapy, group therapy and education groups for people with mental health or drug & alcohol problems. This treatment occurs at a mental health or drug & alcohol program at least 3 days a week and at least 10 hours a week. This treatment is for adults or children who need more intensive help than intensive outpatient treatment but who do not need to go into the hospital.

Peer Support Services – Specialized therapeutic interventions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process.

Residential Treatment Facility (RTF) – A residence where children (under 21) stay for whatever length of time they medically need the services. The program has trained staff providing services and supervision 24 hours a day/ 7 days a week. These services include individual therapy, group therapy, family therapy, group education, medication evaluation and medication monitoring. The services are intended to decrease behaviors that are causing problems for the child and to increase helpful, positive behaviors.

Resource Coordination (RC) – These services for adults and children are similar to Intensive Case Management for people who don't need as much help as those who need an ICM. These services include coordinating and referring people to other needed help in areas such as education, vocation, transportation or housing.



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This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call the Helpline at 1-800-274-3258.