



# Elwyn S.E.E.D.S

Special Education for Early Development Success

## Family Guide to Medical Assistance





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# Medical Assistance

**for Children with Disabilities  
Under the PH95 Category**

**Pennsylvania has a special Medical Assistance program for children with disabilities that determines eligibility on the basis of the child's disability – not the parents' income.**

## **Why Medical Assistance?**

This **FREE** Health Insurance Program has the broadest coverage of medical and mental health services of any insurance program. It can serve as your child's primary OR secondary insurance and can cover services rarely covered by employer provided insurance:

- Shift Nursing (8 hours or more per day)
- In-home Personal Care Services
- Wraparound Services
- Diapers (after the age of 3 years)
- Nutritional Supplements
- Prescriptions
- Transportation to and from Medical Appointments
- Physical, Speech and/or Occupational Therapy



### **To apply:**

- Call: Statewide Toll Free Helpline: 1-800-986-KIDS  
PCCY Child Health Watch Helpline: 215-563-5848 ext. 17
- Contact your local County Assistance Office
- Apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us)  
(Only use this method if you are income eligible for MA)

Maximizing Potential  
**Elwyn**  
Since 1852



## Step 1: Documentation Checklist

### What you will need to include with your Medical Assistance Application

- Information About Your Income During the Last 6 Weeks** – such as pay stubs; benefit letters for unemployment or child support; or the amount you made in the last month, if you are paid in cash.
- Proof of Citizenship** If your child was born in the United States, include a copy of his/her U.S. passport or birth certificate. To obtain an official copy of a birth certificate for a child born in PA, call (724) 656-3100 or go to <http://www.health.state.pa.us/vitalrecords> on the web. If you are unable to obtain a copy of your child's birth certificate, fill out and attach PA form 1809 to the application (included in this packet).
- Proof of Your Child's Qualified Immigration Status (if applicable)** If your child has a qualified immigration status such as legal permanent resident, asylee or refugee, the application should include proof, such as a copy of his/her green card or stamped passport.
- Proof of Identity** Include a copy of your child's day care or preschool records. If this documentation is not available, you can fill out and sign an affidavit attesting to your child's identity (included in this packet). This affidavit does not need to be notarized.
- A Copy of Any Unpaid Medical Bills** If you have unpaid medical bills in the last 3 months for the child you are applying for, check **YES** in Section V of the application and attach a copy of the bill to the application.
- A Copy of Your Child's SSI Eligibility Determination/Denial Letter** (see "*Getting Your SSI Documents for your MA Application*" for instructions)
- A Recent Evaluation by a Licensed Clinician Documenting Your Child's Disability** It should answer the following questions:
  - What is your child's diagnosis?
  - How is this diagnosis disabling to your child?
  - What are treatment recommendations?

**Note:** The PH95 Category of MA uses the Social Security Guidelines to determine eligibility. An Elwyn SEEDS Evaluation Report may not include enough information to meet these guidelines. The more documentation you include with your MA application, the better.

(You do not need to send an evaluation if you are applying for MA based on income)

*If you have difficulty obtaining any of the above documentation, please contact your Elwyn SEEDS Service Coordinator for assistance*





## Step 2: Ways Families Can Enroll in Medical Assistance

### Apply Online

Apply online at the state-supported COMPASS website at [www.compass.state.pa.us](http://www.compass.state.pa.us).

After applying online, you will need to send in your documentation to the address provided at the end of the electronic application. An e-form number and password will be provided. Write this down and keep it with your child's records so you can follow-up on your online application if necessary.

In addition to applying for Medical Assistance, you can use the COMPASS web site to apply for cash assistance, free or reduced price school meals, food stamps, home and community based services and adultBasic as well as other state and federal benefits. *\*Please be advised that if you chose to apply online it is very important to mail your documentation immediately to ensure that the application and supporting documents are processed together.*

### Apply Over the Phone

There are several help lines that you can call to complete an application over the phone. Elwyn SEEDS encourages you to contact PCCY to complete the application, however, **you must have all of the necessary documentation listed on the "Documentation Checklist" prior to calling as well as the information required to complete the application.** Please see "Elwyn SEEDS and PCCY Child Health Watch Partnership" in this packet for further instructions.

Type of Help Line	Phone Number	Language Assistance
PCCY Child Health Watch Helpline	215-563-5848 ext. 17	Staff can assist families regardless of what language they speak using a phone interpreter
Statewide Toll Free Helpline	1-800-986-KIDS (5437) TTY/TDD 1-800-451-5886	Staff can assist families regardless of what language they speak

### Apply with a Paper Application

Paper applications for Medical Assistance can be ordered by calling 1-800-986-KIDS. They are also available at all County Assistance Offices (CAO). A copy of the MA Application is included in this packet.

### Apply in Person

You can also go to the Delaware County Assistance Office (CAO) in Chester and apply with a caseworker. This office is located at 701 Crosby St., Suite A in Chester, PA, 19013-6099 . The phone number is 610-447-5500. Applying at a CAO or applying online are good options if you want to apply for other benefits in addition to MA. If you go in person you may have to wait before you see a caseworker, but applying in the office or online often means that the application will be processed and approved quicker than mail or phone applications.





## Step 3: Filling Out the Application

If you choose to apply for Medical Assistance with a paper application or online and you would like to fill it out yourself, below are some guidelines to follow:

**IMPORTANT:** *You need to say that you are applying for a disabled child by writing in large print on the cover of the application, “MA Disabled Child Category PH 95”.*

### **Section 1: Initial Information**

If your family gets your mail at a PO Box, give the PO Box address AND the street address.

Although it is recommended that you fill in all social security number information, if you (the parent/guardian) do not have or do not want to give a social security number (SSN), just leave the space blank. **The only SSN that must be provided is the child’s for whom you are applying.**

### **Section II: Household Members**

List the immediate family members: the child, his/her siblings, parents/guardians living in the home. ***Others living at the same address such as cousins or non related individuals do not need to be listed. Siblings over the age of 21 do not need to be listed either.***

In this section, parents/guardians need to provide citizenship information and social security numbers **only for the children for whom they are applying.**

### **Section III: Income and Expenses**

#### **Income**

Even though income is not counted for the PH95 application, **you still need to include this information.** List the gross monthly income of only the individuals listed in the household section of the application. (Gross income is the total amount earned before taxes and other deductions). You are required to send in documentation of any income listed in this section of the application. *\*If you do not receive a paycheck from your employer and are paid in cash, ask your employer to write a letter stating how much he/she pays you each week. Make a copy of this letter and include it with the application.*

#### **Expenses**

##### **Dependent Care**

Fill in information on any expenses for dependent care. This includes children, disabled individuals in the household and older adults who require care by others while the adult(s) in the household are working. If you get childcare subsidy from Child Care Information Services (CCIS), only write down the amount that you pay out-of-pocket for child care.

##### **Transportation**

Fill in information about transportation to and from work, whether it is miles traveled or amount paid for transportation. Other work related travel is not counted here. Also include information about car payments, as these may matter in figuring income eligibility.

## Section IV: Insurance

### *Health Insurance*

It is important that you answer every question in this section. If your child is covered under your health insurance, you need to complete this section. If your private insurance is about to lapse, then fill out this section and be sure to list the date the insurance will end.

### *Auto Insurance*

If you (or your spouse) have auto insurance, fill in this section. The application asks for this information because auto insurance often covers medical bills that are related to accidents involving insured vehicles.

### *Other Insurance Availability*

If you (or your spouse) have a job that offers insurance, but your family can't afford to buy it, it doesn't mean you can't get Medical Assistance for your child. The employer-offered insurance, however, may affect how a child's MA is provided. Check the appropriate boxes in this section.

## Section V: Special Qualifying Information

*\*Be sure to answer these questions as they may influence the kind of insurance available to the child.*

### *Unpaid Bills*

**Medical Assistance may cover unpaid medical bills for treatment obtained three months prior to the month of application.** This can be a huge help to some families with medical debts.

If you have unpaid medical bills for the child you are applying for, be sure to check **YES** and attach a copy of the bill to the application. If there is an outstanding bill that you have not yet received, write down the date of service, the name of the facility where service was given and indicate that the bill has not yet been received.



## Section VI: Optional Sections

You can decide whether or not you would like to complete these sections. If you choose not to, it will not affect your child's eligibility.

**IMPORTANT:** Make sure that you sign the form and write the date. Without a signature and date, the application cannot be approved!







## Step 4: What To Do with Your Completed Application



- **IMPORTANT:** Make a copy of the application and supporting documents. This is very important just in case the application is lost.
- **Send the Application to the Right Place**

Mail the Application to the County Assistance Office located in your community. (Refer to the listing of County Assistance Offices in Philadelphia to find the closest location). If you are unsure which office is the closest, mail your application to the Main Office (first on the list) where it will be sorted and sent to the correct place. However, be advised that this may add up to three weeks to the processing time.

**Note:** Applications may be processed quicker if you drop it off in person at your County Assistance Office. **If you deliver the application in person, be sure that you get a receipt for the application and the supporting documents.**

## Step 5: Track the Application

The County Assistance Offices (CAO) can take **30-45 days to process an application** and determine eligibility. The CAO is required to notify you *in writing* about their decision. If you have not received a letter in the mail within this time, you should call The Statewide Change Center or the caseworker at the County Assistance Office where you applied and ask about the status of your application.

The Statewide Change Center is a service of the Department of Public Welfare. Call 1-877-395-8930 to learn how to apply for benefits, check your application status, make updates or changes to your case, and learn about a variety of other services offered through the CAO.

## Step 6: After a Determination Has Been Made

### *If Coverage Has Been Approved*

The approval letter from the County Assistance Office will confirm that your child is eligible for coverage. Check the effective date of the coverage to make sure it is correct. **Coverage is supposed to start when your application is received by the County Assistance Office** – or earlier if you are seeking retroactive coverage for unpaid medical bills.

Once your child is determined eligible for Medical Assistance, the County Assistance office may assign him/her to a managed care organization or the County Assistance Office who will provide you with directions for choosing a health plan. You may be asked to call HealthChoices to choose an HMO.

Three managed care organizations provide services to Medical Assistance enrollees in Southeastern PA. All the plans provide the same benefits. (The major difference between the plans is their provider networks—**Ask your caseworker which plan is recommended for your area**). The Medical Assistance plans for Southeastern PA are: Health Partners, AmeriChoice, and Keystone Mercy.

- *If you would like to change your plan the County Assistance Office assigned to your child, you need to call the PA Enrollment Services (sometimes referred to as Health Choices) call line at 1-800-440-3989. Or, you can call the plan assigned to you and ask to switch.*

Soon after the State mails the approval letter, you will receive your child's yellow ACCESS card. Two to three weeks after you choose a physical health plan, the health plan will send your child's identification card.