

MA, CHIP & Waivers Segments

Introduction

1. What is CHIP and Who is Eligible?
2. Eligibility for MA
3. Meeting the SSI Criteria
4. Using MA to Pay for Healthcare Services
5. Using MA to Pay for Behavioral Health Services
6. Coordination with Special Education
7. Private Insurance Coordination
8. Waivers & Services for Transitioning Youth
9. How to Appeal a Denial

Introduction

Welcome to Medical Assistance,
CHIP and Waivers
for Children & Adolescents:
*Using Public Insurance to Get Services &
Supports You Need*



David Gates, Esq.
PA Health Law Project

Family to Family Health Information Center
a project of the PEAL Center

About the PEAL* Center

* Parent Education & Advocacy Leadership Center

- PEAL Center can help with:
 - Education questions & information on resources
 - Workshops and trainings in your area & webinars
 - Health care and community services
 - Newsletter, website & eblast calendar of events
 - Annual statewide conference
- **CONTACT US** - services are free
 - 412 281-4404 Pittsburgh Area
 - 866-950-1040 Toll Free
 - 412 281-4409 TTY
 - 412 281-2208 FAX
 - info@pealcenter.org

PA Health Law Project



- Free legal advice regarding:
 - Medical Assistance eligibility
 - Services under Medical Assistance & CHIP
 - Physical & Behavior health
 - Appeals
 - Home & Community Based Waivers
 - Consolidated & PFDS MR waiver
 - Adult Waivers
 - Self-directed/family directed services
- 1-800-274-3258 www.phlp.org

CHAPTER 1

What is CHIP and Who is Eligible?



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What is CHIP & Who's Eligible

- Free or low cost health insurance for uninsured children w/o disabilities & not otherwise eligible for Medical Assistance
- Family has choice of insurance company
- Child must be resident of PA + US citizen or US National or lawfully residing in the US
- No income limit but income determines amount family must pay towards premium & copays. See chart next slide.
- Income of entire household considered.

See salmon sheet

How to use this chart:
 Step 1. Locate the number of people in your household.
 Step 2. Find the row that matches your household's annual gross income and age of your children.
 Step 3. Look down the row to the COST BOX to see your approximate average (2008) cost per child and the co-payments per visit, per visit.

Example: A four person household with an annual income of \$62,000 will have an average monthly premium of \$30 per child, plus any co-pays for services.

HOUSEHOLD SIZE	FREE			LOW COST		FULL COST	
	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income		Annual Income	
1	\$10,000 - \$21,000	\$14,404 - \$21,000	\$10,000 - \$21,000	\$21,061 - \$27,075	\$27,076 - \$30,705	\$30,706 - \$33,481	\$33,482 - No Limit
2	\$20,050 - \$29,140	\$18,219 - \$29,140	\$14,070 - \$29,140	\$29,141 - \$35,420	\$35,421 - \$40,080	\$40,081 - \$43,710	\$43,711 - No Limit
3	\$10,000 - \$19,000	\$14,404 - \$19,000	\$10,000 - \$19,000	\$19,001 - \$24,775	\$24,776 - \$28,001	\$28,002 - \$29,631	\$29,632 - No Limit
4	\$40,700 - \$44,700	\$29,311 - \$44,700	\$17,000 - \$44,700	\$44,701 - \$55,175	\$55,176 - \$60,000	\$60,001 - \$64,700	\$64,701 - No Limit
5	\$47,742 - \$51,680	\$34,561 - \$51,680	\$25,700 - \$51,680	\$51,681 - \$64,475	\$64,476 - \$70,025	\$70,026 - \$77,370	\$77,371 - No Limit

COST BOX		Average Premium			Average Premium		
Average monthly premium, per child		\$0	\$0	\$43	\$00	\$08	\$105
Co-payments per visit, per visit							
Doctor Visit	\$0	\$0	\$0	\$0 (except for well-child visits)	\$0	\$0	\$10
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$10
General Hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$10
Hospitalization	\$0	\$0	\$0	\$10	\$10	\$10	\$20
IVA visit**	\$0	\$0	\$0	\$10	\$10	\$10	\$10

** IVA visit is limited to annual visits, and is not subject to copayments for medical assistance. For more details, please call 1-800-688-4222.
 * Emergency room and critical care services if the cost is not approved for a specific day.

For more information: www.wa.gov/health
 1-800-688-4222

Effective March 1, 2009

- ### Who's Eligible (cont.)
- For households with incomes above the no-cost limit (see previous chart), children age 2+ must have been uninsured for 6 months unless child lost insurance because parent lost job or child is moving from Medical Assistance to CHIP
 - Age ranges- birth through 18

- ### CHIP- What it covers
- Primary & preventive medical care
 - Specialists
 - Hospitalization- 90 day per year maximum
 - Prescription drugs
 - PT, OT & Speech therapy- only for 60 days
 - Home health care (nursing & nurses aides)
 - Durable medical equipment
 - Mental health services including:
 - Inpatient; partial hospitalization, outpatient

CHIP- What it covers- cont.

- Substance abuse treatment
- Dental
- Eye exams & glasses
- What's NOT covered:
 - Medical supplies except for diabetes
 - BHRS (wraparound)
