

**Long Term Care Supports Guidebook:
A Resource for Consumers and Families
January 2002**

Prepared by the Disability Rights Network of Pennsylvania

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This guidebook can be obtained in alternate formats for persons with visual impairments by calling: 215 238-8070 (voice) and 215 789-2498(TDD)

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User's Guide

This guidebook was prepared under a grant awarded by the Pennsylvania Developmental Disabilities Council. The Developmental Disabilities Council is a 20-member body appointed by the Governor pursuant to the federal Developmental Disabilities Act. 60% of its members are people with disabilities or their family members. The Council is empowered to engage in advocacy, systems change and capacity building activities to further the independence, productivity, integration, inclusion and self-determination of people with disabilities. The Council provides grants to a number of bodies to engage in work that furthers the Vision and Mission of the Council. To learn more about the Council, visit the Council's website at www.PADDC.org

This guidebook is designed to provide an overview of programs and supports available to persons with disabilities in Pennsylvania. It identifies by topic, the services available, the general eligibility for these services and how and where to apply. In order to use this guidebook, look in the Table of Contents which follows for the types of services for which you or your family member have a need and review the individual entries. Chapters are organized alphabetically. The information on general eligibility criteria was current **as of the time of publication of this guidebook**. Current criteria should be obtained from the relevant agencies. Periodic updates of this Catalogue may be available; please contact the Disabilities Law Project at the number on the cover or the Developmental Disabilities Council at 717 787-6057 for information on updates.

For persons with hearing impairments, TDD/TTY numbers have been listed in individual entries when available. Otherwise, persons can use the Pennsylvania Relay Service for conversations between people who use text telephones (TTYs) or telebraille (TB) and people who use standard telephones, 24 hours a day, every day. There is no charge to access the Pennsylvania Relay Service. Call 1-800-654-5984 (TTY) or 1-800-654-5988 (voice).

Where available, website addresses have been provided. Another useful website which collects links to the various programs of the Commonwealth of Pennsylvania is the Accessible PA website-- www.accessiblepa.state.pa.us. You will find information on a variety of programs and services for Pennsylvanians with disabilities, such as programs for education, housing, transportation, vocational rehabilitation, employment, health care, home and community-based services, and child-specific services. In addition, the state Department of Health funds the Special Kids Network, a free referral and information resource for families with children with special health care needs which can be reached at 1-800-986-4550.

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ASSISTIVE TECHNOLOGY SERVICES

ASSISTIVE TECHNOLOGY LENDING LIBRARY

Name/Type of Service:

Pennsylvania's Assistive Technology Lending Library is a free service that loans assistive technology devices, including software and laptop computers, to people with disabilities so that they can determine whether that particular device would be helpful to them before acquiring one through other funding mechanisms (such as Medical Assistance, OVR, private health insurance).

Eligibility Standards:

Services are available to persons with any disabilities regardless of income.

How Services Can Be Accessed:

The catalog of devices and the request form can be found on the PIAT website at www.temple.edu/inst_disabilities/PIAT/piat.html or by contacting the appropriate regional Assistive Technology Resource Center, the number for which can be obtained from PIAT:

Pennsylvania's Initiative on Assistive Technology (PIAT)
Institute on Disabilities/UAP
Ritter Hall Annex - Room 423; Temple University
Philadelphia, PA 19122
(800) 204-PIAT (7428) Voice ; (800) 750-PIAT (7428) TTY

BEHAVIORAL HEALTH

COUNTY MENTAL HEALTH PROGRAMS

Name/Type of Service:

County Mental Health Services offer long-term inpatient services (at state psychiatric hospitals); short-term inpatient services; partial hospitalization; counseling; information and referral; case management; residential services (e.g. group homes and CRRs); day programming; and respite care.

Eligibility Standards:

Services are available to people with mental illness or other demonstrated need for behavioral health services. There are no financial restrictions, however, for some services not covered by insurance or otherwise, an individual may be required to help pay for services.

How Services Can Be Accessed:

On the local level, the county or county joinder mental health and mental retardation program administers mental health services, using one or more base service units ("BSU") as the point of entry into the mental health system. To determine which BSU to contact, you should contact the county MH/MR office or look in the blue pages of your telephone book, or the DPW web site at www.dpw.state.pa.us. One can also access services by going to a local hospital if immediate assistance is necessary. If it is not a crisis situation, the BSU is the best place to access mental health services. If you are a Medical Assistance recipient living in an area covered by Health-Choices, contact your behavioral health managed care plan. Contact information is listed in the entry below.

MEDICAL ASSISTANCE BEHAVIORAL HEALTH SERVICES FOR ADULTS

Name/Type of Service:

Medical Assistance Behavioral Health Services for Adults include the following services: Inpatient psychiatric hospital services, except when provided in a state mental hospital; Psychiatric partial hospitalization services; Psychiatric outpatient clinic, psychiatrist services; Laboratory studies ordered by behavioral health physicians and clozapine support services; Crisis intervention services with in-home capability; Targeted mental health case management (intensive case management and resource coordination); Psychiatric rehabilitation services with mobile capability for adults.

Eligibility Standards:

Medical Assistance recipients with demonstrated need are eligible for behavioral health services. Medical Assistance is available to low or moderate income Pennsylvanians who meet the financial criteria under the State Medicaid Plan. An individual's assets and income will determine the individual's category of assistance.

How Services Can Be Accessed:

In counties not covered by HealthChoices, services can be accessed by directly contacting an enrolled MA provider of behavioral health services, or by contacting the local MH/MR office for assistance in finding a provider. The local office can be found on the DPW website at www.dpw.state.pa.us or in the blue government pages of the phone book.

HealthChoices Southeast

Magellan Behavioral Health:

Bucks	1-877-769-9784
Chester	1-877-769-9780
Montgomery	1-877-769-9782
Delaware	1-888-207-2911

Community Behavioral Health:

Philadelphia	1-888-545-2600
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HealthChoices Southwest

Community Care Behavioral Health:

Allegheny	1-800-553-7499
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Value Behavioral Health of Pennsylvania:

Armstrong	1-877-688-5969
Beaver	1-877-688-5970
Butler	1-877-688-5971
Fayette	1-877-688-5972
Greene	1-877-688-5973
Indiana	1-877-688-5974
Lawrence	1-877-688-5975
Washington	1-877-688-5976
Westmoreland	1-877-688-5977

HealthChoices Lehigh/Capital

Community Behavioral HealthCare Network of Pennsylvania

Cumberland	1-888-722-8646
Dauphin	same
Lancaster	same
Lebanon	same
Perry	same
Magellan Behavioral Health	
Lehigh	1-866-238-2312
Northampton	same
Community Care Behavioral Healthcare Organization	
Adams	1-866-738-9849
Berks	1-866-292-7886
York	1-866-542-0299

MEDICAL ASSISTANCE BEHAVIORAL SERVICES FOR CHILDREN

Name/Type of Service:

Medical Assistance Behavioral Health Services for Children include all medically necessary services at whatever frequency is necessary. Some examples of services are: Inpatient Psychiatric Hospital; Outpatient Clinic visits; Psychiatric Partial Hospital; Targeted Case-management; psychiatric medication and psychiatrists' visits; Drug and Alcohol Rehabilitation services; Residential Treatment Facility (RTF) services; Behavioral Health Rehabilitation (BHR) including Therapeutic Staff Support (a one-on-one aid to carry out a behavior plan designed by a professional), Mobile Therapy (in home psychotherapy), Behavioral Specialist Consultant (a professional who designs a behavior plan), Summer Therapeutic Camps, and any other prescribed and medically necessary rehabilitative service not otherwise covered; Family Based Mental Health Services; Psychologist visits; and Evaluations.

Eligibility Standards:

Children who have Medical Assistance coverage are eligible for all needed behavioral health services. Although Medical Assistance is limited to persons with low incomes, in the case of children with serious disabilities, parental income, including child support, does not count.

How Services Can Be Accessed:

To request services in HealthChoices counties, contact the relevant Behavioral Health plan for the county indicated. Contact numbers are listed in the Medical Assistance Behavioral Services for Adults entry above. Elsewhere, families should contact the county office of mental health; a list of these can be found on the DPW website, www.dpw.state.pa.us, or in the blue government pages of the phone book.

COUNTY BASED DRUG AND ALCOHOL REHABILITATION

Name/Type of Service:

County Drug and Alcohol Rehabilitation Programs offer inpatient and outpatient rehabilitation and treatment for substance abuse problems.

Eligibility Standards:

Services are available to persons with Substance Abuse problems; for people

who do not have Medical Assistance or other insurance coverage, a co-payment may be required for some services.

How Services Can Be Accessed:

The drug and alcohol system is funded by the state Department of Health and is operated on a county-wide basis generally. The office in each county is called the Single County Authority (“SCA”). Most SCA’s contract with independent providers for treatment, prevention and intervention services while several administer their own direct services. Applications for services are made at the SCA in the county where the applicant resides. These are listed at the Department of Health website at: www.health.state.pa.us/php/SCA/scacomap.htm or in the blue pages of your telephone book. If you are a Medical Assistance recipient living in an area covered by Health-Choices, you can contact your behavioral health managed care plan for information on drug and alcohol treatment. Contact information is listed in the Medical Assistance Behavioral Services for Adults entry above.

EDUCATION

ASSISTANCE IN PURSUING EDUCATION RIGHTS

For assistance with pursuing the Early Intervention and Special Education rights discussed below, families have a number of resources in Pennsylvania. For very helpful and detailed booklets and fact sheets on the right to early intervention and special education services in Pennsylvania, contact the Education Law Center-PA (ELC) at (215)-239-6970 or (412)-391-5225 or their website at www.ELC-PA.org. Booklets are free to parents requesting them and there is a small fee to advocates. The following groups, as well as other parent groups in your area, may also be helpful:

- Parents Exchange: (215) 242-9501
- Parent Education Network: 1-800-522-5827

EARLY INTERVENTION/PRE-SCHOOL SERVICES

Name/Type of Service:

Early Intervention/Pre-School Services include, but are not limited to, occupational, physical, speech and language therapies, psychological services; specialized learning instruction; family training and counseling and other services needed by the family to support the child’s development; assistive technology; and for children under age three, service coordination and nutrition services. The type, amount, and location of special services provided must be based on the child’s needs, ranging from services in the home, services provided in a public or private day care center or pre-school program, or special classroom-based programs. The law requires that pre-schoolers receive their services in integrated settings (with children without disabilities), to the maximum extent appropriate to the needs of the child.

Eligibility Standards:

Children from birth to age five with a developmental delay or with a physical or mental disability that is likely to result in a developmental delay are eligible.

How Services Can Be Accessed:

Detailed information can be obtained from the Education Law Center's fact sheets. Briefly, for children from birth through age 3, the parent must contact their local County MH/MR office to ask for a formal evaluation to determine a child's eligibility for services. Contact information for County MH/MR offices can be found in the blue government pages of the phone book or on the Department of Public Welfare web site at www.dpw.state.pa.us. For children age 3 to 5 who are not already receiving Early Intervention services, a parent can request such services from their County Intermediate Unit or from the child's school principal.

SPECIAL EDUCATION**Name/Type of Service:**

Detailed information can be obtained from the Education Law Center's comprehensive Right to Special Education in Pennsylvania : A Guide for Parents. Briefly, federal and state law guarantee a free appropriate public education (FAPE) for every eligible child with a disability. All special education programs and related and supportive services needed by the child must be provided without cost to the family. Special Education services include, but are not limited to, Specially Designed Instruction; Supplemental Aids and Services such as the help of a special teacher or an instructional aide, assistive technology devices; Related Services, such as transportation; physical, occupational, and speech therapy; counseling or psychological therapy; school health services; and other necessary services. Special education programs and services may be provided in a regular classroom, a special classroom or in a special school, depending on the needs of the child. The law favors placement in the school the child would attend if he/she did not have a disability. Students requiring placement in a special class or school must still be given opportunities to be included in school programs and activities with their non-disabled peers.

Eligibility Standards:

Special education services are offered to children with a physical, emotional, or mental disability who need special education because of the disability. Eligible children may receive services from the age the child begins attending public school through the end of the school term in which the child turns 21 or graduates from high school.

How Services Can Be Accessed:

Detailed information can be obtained from the Education Law Center's booklet. Briefly, if a parent believes his/her child needs special education services, he/she must send a written request for an evaluation to the Principal of the child's school, including the child's name, birth date, why an evaluation is needed, and giving consent for the evaluation. Following the evaluation process, an Individualized Education Program (IEP) is developed by a team (which must include the parent). The IEP must include all the programs and services necessary to meet a child's individual needs as identified during the evaluation process and school officials are responsible to make sure that the child receives all the programs and services that are listed on the IEP.

SERVICES FOR ELDERLY PERSONS

A number of services for persons who are elderly are administered by the Pennsylvania Department of Aging (PDA) through local Area Agency on Aging (AAA) offices. Addresses for the local AAA office can be found at PDA's website www.aging.state.pa.us or in the blue government pages of the telephone book. The next six entries are programs that can be accessed through your local AAA office.

PDA WAIVER

Name/Type of Service:

The PDA Waiver provides an array of community based long term care services which assist elderly consumers to function at the optimal level while remaining in the most appropriate setting, preferably their own home. Examples of services which can be obtained are home support, home health, personal care, adult day care, respite care, counseling, protective services, extended state plan physician services, home delivered meals, transportation services, medical equipment, supplies, and adaptive devices, home modifications, personal emergency response and companions. Services must not exceed 80% of the Medical Assistance costs of nursing facility care.

Eligibility Standards:

A program for persons age 60 and older who need nursing home level of care. Persons are eligible for this waiver if they receive Medical Assistance (other than as a GA recipient). Additionally, the PDA Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual and whose resources (excluding a residence) are less than \$2000. Unlike traditional Medical Assistance eligibility, a spouse's income and resources do not count, and the consumer applying for the program can transfer resources to a spouse without penalty. There are no co-payments or costs for eligible persons.

How Services Can Be Accessed:

Contact local Area Agency on Aging (AAA) office and ask for an assessment of service needs. If all service slots are filled, the applicant is placed on a waiting list.

OPTIONS COMMUNITY BASED LONG TERM CARE PROGRAM

Name/Type of Service:

This program is nearly identical to the PDA 60+ Waiver, but is available for persons whose income is too high to qualify for the Waiver.

Eligibility Standards:

A program for elderly persons age 60 and older who need nursing home level of care. There is no income limit for this program. It is anticipated that co-payments will soon be required.

How Services Can Be Accessed:

Services are applied for in the same manner as the PDA Waiver above.

LONG TERM CARE BRIDGE PROGRAM

Name/Type of Service:

The Long Term Care BRIDGE Program would provide the same array of services as the PDA 60+ Waiver and the OPTIONS program.

Eligibility Standards:

A program for persons age 60 or older who need nursing home level of care. This program is proposed for elderly persons whose income would qualify them for the PDA 60+ Waiver but whose assets exceed the \$2000 limit.

How Services Can Be Accessed:

The program was under development at the time of publication of this guidebook; contact the local Area Agency on Aging (AAA) office for information.

FAMILY CAREGIVER SUPPORT PROGRAM

Name/Type of Service:

The PDA Family Caregiver Support Program provides payments of up to \$200 per month to an eligible family caregiver for the expenses of care-giving related supplies such as adult incontinence products and services including respite care for an elderly family member. A caregiver may also be eligible for a one time grant of up to \$2000 to make home modifications and purchase assistive devices.

Eligibility Standards:

Eligibility is limited to families with a household member who is age 60 or older. Financial eligibility is determined on a sliding scale and is based on income. Free services are provided to families with annual incomes under about \$24,000 and on a sliding scale for annual incomes up to approximately \$40,000.

How Services Can Be Accessed:

Services are applied for in the same manner as the PDA Waiver above.

SENIOR CENTER SERVICES

Name/Type of Service:

Senior Centers are operated in various communities by a variety of agencies including governments, religious and charitable organizations. They provide an array of services which can vary significantly from site to site including adult day care, social services, recreational opportunities, health screenings, meals.

Eligibility Standards:

For elderly persons, exact ages served vary by programs, as well as any income limitations on free services.

How Services Can Be Accessed:

The local Area Agency on Aging (AAA) should have a list of senior centers in the area.

MEALS ON WHEELS and CONGREGATE MEALS

Name/Type of Service:

Meals are provided to elderly persons and their household members with disabilities at various senior centers and other locations, usually five days a week. Meals are free to eligible persons. Persons unable to get to a local center may be able to receive home delivered meals or Meals on Wheels.

Eligibility Standards:

For persons aged 60 and over; and any members of their household with disabilities.

How Services Can Be Accessed:

The AAA should have information about these programs in the local area.

PROGRAMS FOR ELDERLY PERSONS SERVING LIMITED GEOGRAPHIC AREAS

LONG TERM CARE CAPITATED ASSISTANCE PROGRAM

Name/Type of Service:

Long Term Care Capitated Assistance Program, also known as the LIFE program, provides all inclusive care for elderly persons using a single community based provider for a full array of health care and social services. These emphasize community based services generally delivered at an adult day center including primary medical care, grooming and bathing, physical, occupational and speech therapies, as well as social services and meals. Home health care services are provided when needed and if the participant's health prohibits participation at the adult day center. Health care services are delivered by agency-contracted physicians, nurses, therapists, home health care providers, hospitals and nursing facilities. Participants must use the LIFE program for all their health care needs.

This is a pilot program now limited to Philadelphia and Allegheny Counties. There are two providers in Philadelphia: St. Agnes Medical Center and Penn Nursing Network. A third program is expected to be operating in Philadelphia by 2002, at which point there will be coverage for all of Philadelphia. There are two locations in Allegheny County: LIFE --Pittsburgh, Inc. and Community LIFE. A third program is expected to be operating for the balance of Allegheny County by 2002.

Eligibility Standards:

A program for persons age 60 or older living at home who need nursing home level of care. The eligibility age is planned to be reduced to age 55 in the near term. Check with individual programs for information. The financial criteria are the same as those for the PDA Waiver above.

How Services Can Be Accessed:

Interested persons should contact the LIFE provider serving their zip code.

In Philadelphia, the South Philadelphia area is served by LIFE– St. Agnes at 1500 S. Columbus Blvd., Philadelphia, PA 19147, Telephone: 215 339-4747. Currently serving zip codes: 19145, 46, 47, 48. Eventually will cover NE Philly as well.

All of West Philly and limited portions of NE are served by LIFE – Penn program at 4101 Woodland Avenue, Philadelphia, PA 19104 , Telephone: 215 573-7200,

serving zip codes: 19103, 04, 21, 30, 31, 39, 42, 43, 51, 53.

In Allegheny County, Pittsburgh Care Partnership, 1305 Fifth Avenue, McKeesport, PA 15132, Telephone: 412 664-1448, serves zip codes: 15018, 15020, 15025, 15028, 15034, 15035, 15037, 15045, 15047, 15088, 15102, 15104, 15110, 15112, 15120, 15122, 15129, 15131, 15132, 15133, 15135, 15137, 15145, 15207, 15217, 15218, 15221, 15227, 15232, 15234, 15236. In March 2002, a second site will be opened by this program at Homestead Senior High Rise Apartments, East 8th Avenue, Homestead.

LIFE Pittsburgh, 2695 Winchester Drive, Pittsburgh 15220, Telephone: 412 388-8042, serves zip codes: 15017, 15031, 15064, 15071, 15106, 15142, 15201, 15203, 15204, 15205, 15210, 15211, 15212, 15213, 15214, 15216, 15219, 15220, 15222, 15224, 15226, 15228, 15233, 15241, 15243

FOOD AND NUTRITIONAL SERVICES¹

FOOD STAMP PROGRAM

Name/Type of Service:

The Food Stamp Program provides monthly benefits to assist low income households in purchasing food. Although the Food Stamp rules usually require all members of a household to apply together for food stamps, a person aged 60 or over who is also disabled and cannot purchase or cook food on his or her own is eligible to apply for food stamps as a household of 1 in some circumstances. This may lead to higher benefit levels for this household member. There are also special rules for persons who live together in group homes and for attendants.

Eligibility Standards:

Available to low income persons. Income limits and maximum benefits are:

Household Size	Maximum Gross Monthly Income	Maximum Net Monthly Income	Maximum Monthly Food Stamp Benefit
1	\$ 905	\$ 696	\$ 130
2	1,219	938	238
3	1,533	1,180	341
4	1,848	1,421	434

Resources, not including a car or home, are limited to \$2000 per household or \$3000 for households containing a person over 60.

How Services Can Be Accessed:

By visiting the local DPW County Assistance office to apply. Addresses can be found at DPW's website, www.dpw.state.pa.us or in the blue government pages of the telephone book. In addition, households containing only SSI recipients can apply for food stamps at their local Social Security office.

¹ Also, see the entry on Congregate Meals and Meals on Wheels under Services for Elderly Persons.

WIC PROGRAM

Name/Type of Service:

WIC provides low-income women, infants and children with food vouchers to purchase foods including milk, eggs, cheese, Vitamin C rich fruit juices, iron fortified infant & adult cereals, peanut butter, and dried peas & beans.

Eligibility Standards:

For pregnant, postpartum and nursing mothers; and infants and children up to five years of age. To qualify for this Program, prospective participants must have a medical or nutritional risk verified by a physician and have income less than: \$1,288 for a family 1; \$1,735 for 2; \$2,182 for 3; and \$2,629 for 4.

How Services Can Be Accessed:

Call 1-800-WIC-WINS for information on your local WIC agency.

HOUSING AND HOUSING MODIFICATION PROGRAMS

This topic area is divided into three main types of housing programs. The first entries are programs which provide some kind of assistance with the costs of purchasing a home. The second set of entries are programs which can assist with the costs of modifying homes to make them accessible to persons with physical disabilities. The third set of entries include information on rental assistance and personal care homes.

HOUSING PURCHASE ASSISTANCE PROGRAMS

PHFA HOME PURCHASE ASSISTANCE PROGRAMS

Name/Type of Service:

The Pennsylvania Housing Finance Administration (PHFA) offers a number of programs which can assist persons with disabilities or their family members with buying a home; from assistance with mortgages, to down payments, to closing cost assistance. These programs include: PHFA/Fannie Mae Disability Access Modification Loan; Access Down Payment and Closing Cost Assistance Program; Hafer Home Buyer Program; Lower Income Home Ownership Program; Statewide Home Ownership Program; Homestead Second Mortgage; and the Closing Cost Assistance Program.

Eligibility Standards:

Many of the programs offer assistance to persons with disabilities, or who have (a) family member(s) with disabilities living with them, regardless of family income. Others are available to low income persons only. Contact PHFA for details.

How Services Can Be Accessed:

To obtain more information or to apply for a loan, contact PHFA at 1-800-822-1174 or visit the website at www.phfa.org.

HOUSING MODIFICATION ASSISTANCE PROGRAMS

ACCESS HOME MODIFICATION PROGRAM

Name/Type of Service:

The Access Home Modification Program provides interest-free, deferred payment loans to persons with disabilities and their families in order to make accessibility

modifications to a home that is being purchased. The loans can be from \$1,000 to \$10,000, and is not due until payoff of the first mortgage, sale, transfer, refinance or non-owner occupancy of the property.

Eligibility Standards:

Individuals with physical disabilities or their families are eligible regardless of income.

How Services Can Be Accessed:

Contact PHFA at 1-800-822-1174 or visit the website at www.phfa.org.

PENNSYLVANIA ACCESS GRANT PROGRAM

Name/Type of Service:

The Pennsylvania Access Grant Program is administered by the Pennsylvania Department of Community and Economic Development (DCED). It's goal is The program is open to homeowners and to renters. Grants are made to local government units to provide low and moderate income persons with disabilities with assistance in making accessibility modifications to their homes.

Eligibility Standards:

The program is open to persons with permanent disabilities. Each local program can have a different emphasis and additional tailored eligibility criteria.

How Services Can Be Accessed:

Contact local government units in your area to see whether they are administering a local program. For information on whether any of these grants have been awarded to local government units in your area, you can contact the regional offices of the DCED which cover the counties listed:

Southeast 215 560-2256: Bucks, Chester, Delaware, Montgomery and Philadelphia

Northeast 717 963-4571: Berks, Bradford, Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Wayne and Wyoming

Central 717 787-7347: Adams, Bedford, Blair, Cambria, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Snyder, Somerset, Union and York

Southwest 412 565-5002: Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Washington, and Westmoreland

Northwest 814 454-7494: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, and Warren

RENTAL ASSISTANCE AND ASSISTED LIVING PROGRAMS

HOUSING CHOICE VOUCHERS (SECTION 8)

Name/Type of Service:

The Housing Choice Voucher Program is HUD's major program for assisting very-low income families, elderly persons and people with disabilities to rent housing in the private market. The tenant pays 30% of his or her income towards rent and the Housing Choice Voucher Program pays the balance. For eligible applicants with disabilities, the housing authority is required to maintain and provide a list of private

housing units that accept the voucher and are accessible to persons with disabilities. Additionally, if no accessible unit can be obtained at the fair market value (FMV) of the voucher, HUD and the housing authority are required to increase the FMV so that an accessible unit can be obtained.

Eligibility Standards:

Program available to people with any disabilities, elderly persons and low-income families. Households whose income does not exceed 50% of the median income for their county or metropolitan area are eligible for this program.

How Services Can Be Accessed:

For information about the Housing Choice Voucher Program contact your local Public Housing Authority. A list of the agencies in Pennsylvania can be found on the internet at www.pahra.org, or in the blue government pages of the telephone book.

PUBLIC HOUSING PROGRAMS

Name/Type of Service:

HUD administers federal aid to local Public Housing Agencies (PHAs) to provide decent shelter for low-income residents at rents they can afford. Local PHA's own and operate public housing. Federal law requires that 5% of a PHA's units to be accessible to tenants with disabilities who use wheelchairs and 2% to be accessible to tenants with sensory disabilities (e.g. strobe light fire alarms for tenants who are Deaf and Braille/Raised print elevator buttons for tenants with visual impairments).

Eligibility Standards:

Families and individuals must be low income. There are often wait lists for units.

How Services Can Be Accessed:

A list of the Public Housing Authorities in Pennsylvania can be found on the internet at www.pahra.org, or in the blue government pages of the telephone book.

PERSONAL CARE HOMES

Name/Type of Service:

Personal Care Homes provide room and board and other services such as medication administration, assistance with personal finances, and accessing medical and other services in the community. Personal care home operators are required to have a service contract with each resident setting out fees and what services will be provided.

Eligibility Standards:

Each personal care home has its own fees for the particular personal care home(s) it operates. If you receive SSI, you may be eligible for an SSI supplement as a resident of a personal care home. However, the operator of the personal care home will receive the supplement as part of your fee.

How Services Can Be Accessed:

Personal care homes are located in many communities in Pennsylvania and are operated by private providers. It is important to verify licensing information before moving into a facility. You can do this by visiting or calling the facility/home and asking to see the license prior to admission.

ELWYN WAIVER

Name/Type of Service:

The Elwyn Waiver provides residential assisted living services to eligible individuals in their own living units in a facility in Delaware County. The Waiver is capped at approximately 45 persons and is close to being filled.

Eligibility Standards:

Limited to individuals who are deaf or who are deaf and blind, over 40, and who need the level of care provided by a nursing facility. Persons are eligible for this waiver if they receive Medical Assistance (other than as a GA recipient). Additionally, the Elwyn Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual and whose resources (excluding a residence) are less than \$2000.

How Services Can Be Accessed:

To find out more information about the Elwyn Waiver, including information on applying for services, contact:

Paul Culbertson 717-772-2525

Department of Public Welfare, Office of Medical Assistance Programs

Division of Long Term Care Client Services

1401 North 7th Street

P.O. Box 2675

Harrisburg, PA 17105-2675

INCOME SUPPORTS

SUPPLEMENTAL SECURITY INCOME

Name/Type of Services:

Persons with little or no income who are permanently disabled can receive a monthly Supplemental Security Income (SSI) check. As of January 2002, the maximum amount that an individual living in Pennsylvania may receive is \$557.40, and the maximum amount for a couple is \$839.70. Persons who receive SSI payments will automatically receive Medical Assistance. Other income that a recipient receives will reduce the amount of the SSI check. However, not everything a person receives is considered income, and many items that are income are not counted.

Eligibility Standards:

SSI is paid to persons under age 65 with a disability which is permanent, likely to last at least 12 months or to end in death, and which prevents the person from engaging in any work in the national economy. Unlike the other Social Security programs listed below, there is no requirement of a work history. Low income persons aged 65 and over are eligible for benefits regardless of disability. The program is limited to individuals and couples with monthly incomes less than \$20 over the monthly benefit amounts. Assets cannot exceed \$2000 for an individual or \$3000 for a couple. Many assets, such as the value of a home and vehicle are not counted.

How Services Can Be Accessed:

By visiting your local Social Security office to apply, by calling 1-800-772-1213, TTY 1-800-325-0778 to make an appointment to apply by phone, or by filing on the Social Security web site at www.ssa.gov.

SOCIAL SECURITY BENEFITS FOR WORKERS

Name/Type of Services:

Social Security offers a number of programs for workers and their families if the worker becomes disabled, retires or dies. Social Security Disability Insurance Benefits are monthly checks paid to workers who become permanently disabled. Social Security Retirement Benefits are paid when a worker retires beginning at age 62, with full benefits and Medicare coverage at age 65. Social Security Survivors Benefits are paid to the surviving family of a deceased worker.

Eligibility Standards:

Although there are no income or asset limits for recipients under these programs, benefits are limited to persons who have worked a sufficient amount of time to qualify. The amount of the monthly benefits checks are based on the earnings records of the worker.

How Services Can Be Accessed:

By visiting your local Social Security office to apply, by calling 1-800-772-1213, TTY 1-800-325-0778 to make an appointment to apply by phone, or by filing on the Social Security web site at www.ssa.gov.

SOCIAL SECURITY CHILDREN'S BENEFITS

Name/Type of Services:

The following three programs provide monthly cash payments for the children of qualified workers:

- Social Security Dependents – If a parent receives retirement or disability benefits, his/her children, if unmarried and under age 18, or under 19 and still in school are eligible for benefits. A child eligible under this provision will receive benefits whether or not they have a disability.
- Survivor Benefits -- If a parent is deceased and earned enough Social Security work credits, his/her children are eligible for benefits if unmarried and under age 18, or under 19 and still in school. A child eligible under this provision will receive benefits whether or not they have a disability.
- Social Security Benefits for Adults Disabled Since Childhood – Benefits are payable to a child over age 18 with a disability that began before age 22, on the record of a parent who is collecting Social Security retirement or disability benefits or who is deceased. These benefits are also known as Disabled Adult Child benefits.

Eligibility Standards:

See standards listed above. There are no financial restrictions, but benefits will vary depending on the parent's work history.

How Services Can Be Accessed:

Applications can be made at the local Social Security office to apply, or by calling

1-800-772-1213, TTY 1-800-325-0778 for information on the nearest office or by filing on the Social Security web site at www.ssa.gov.

DPW BENEFITS: TANF and GA

Name/Type of Service:

The Department of Public Welfare (DPW) administers two main cash assistance benefit programs: Temporary Assistance for Needy Families (TANF) and General Assistance (GA). TANF provides money for dependent children and their parents or other relatives with whom they live, and for pregnant women. GA provides money for specified individuals with certain medical, social or other circumstances that prevent them from working. Benefits, which are the same in both programs, vary by county and range from between \$174 and \$215 for a household of one, to \$454 to \$514 for a household of 4.

Eligibility Standards:

TANF and GA are not programs designed specifically to assist persons with disabilities. TANF provides temporary income supports to low income families with minor children. There are generous disregards for work income. GA is available to some single adults or childless couples who have insufficient income to meet their basic needs, including persons who have temporary or permanent disabilities which prevent them from working in any gainful employment, or an adult who is caring for another person in the household who is ill or disabled. For both programs, assets must be under \$1000, but some items are not counted such as the value of a family residence and the full value of one automobile per family.

TANF benefits are generally limited to 60 months (5 years) lifetime, though there are some exceptions to this rule. Persons with disabilities and the caretakers of persons with disabilities will become eligible for General Assistance benefits when their TANF time limits are reached. Also, the sixty month time limit does not apply to "child-only" TANF benefits. For example, when a child lives with a parent who receives SSI because of her disability, the child can receive TANF benefits in excess of the five years. In addition, when a child lives with a relative who is not her parent such as a grandparent, as long as the grandparent is not also receiving TANF payments, the child can receive benefits for more than 60 months.

If a person loses TANF benefits at the end of 60 months, they should nevertheless remain eligible for TANF-related Medical Assistance benefits, which provide a much broader package of benefits than the extremely limited GA-related Medical Assistance benefits.

If a person has a severe disability, SSI benefits are much more generous than GA or TANF benefits, and provide the recipient with much better health care coverage. Persons with disabilities should talk to their DPW case worker about receiving assistance from DPW's Disability Advocacy Program (DAP program). A special DAP worker will be assigned to the recipient and will provide assistance with the process of applying for SSI benefits and with any appeals that might be necessary.

How Services Can Be Accessed:

By visiting the local DPW County Assistance office to apply. Addresses can be

found at DPW's website, www.dpw.state.pa.us or in the blue government pages of the telephone book.

STATE BLIND PENSION

Name/Type of Service:

State Blind Pension benefits provide minimal income supports to persons who have limited visual acuity. State Blind Pension recipients receive a maximum benefit of \$100 per month. Since State Blind Pension benefits are much less than TANF, GA or SSI benefits, persons who are also eligible for those programs would be better off applying for them.

Eligibility Standards:

A person with visual acuity in the better eye using the best correcting lens which does not exceed 3/60 or 10/200 is eligible. In addition, persons who have better acuity than this, but have such severe tunnel vision that they are considered medically blind are eligible. Recipients must be at least 21 years of age and be low income. Income cannot exceed \$4260 per year (\$355 per month). Assets must be under \$7,500, and most assets count toward this limit including the value of a family residence.

How Services Can Be Accessed:

By visiting the local DPW County Assistance office to apply. Addresses can be found at DPW's website, www.dpw.state.pa.us or in the blue government pages of the telephone book.

WORKERS' COMPENSATION

Name/Type of Service:

If a person cannot work because of a job injury or a work-related illness, Pennsylvania's Workers' Compensation Act provides for medical expenses and wage-loss compensation benefits until he/she is able to return to work. The benefits vary depending on the degree of injury and the amount the worker was earning prior to injury or illness.

Eligibility Standards:

Workers' Compensation is a program to replace lost income and reimburse medical costs for work-related injuries. Compensation is limited to work related injuries.

How Services Can Be Accessed:

A worker should report any injury or work-related illness to his/her employer immediately. If the worker and employer dispute the injury or other matters related to the claim, the worker should file a petition with the Bureau of Workers' Compensation (Bureau); forms can be obtained from the Claims Information Helpline (800-482-2383). Workers' compensation judges resolve disputes after a hearing. Workers' may represent themselves, but Workers' Compensation litigation is complex, and the employer or employer's insurance carrier will be represented by an experienced attorney, so most workers choose to obtain an attorney to represent them. The local Bar Association or the Pennsylvania Bar Association can help with finding an attorney: (800) 692-7375.

If the worker requires an accommodation to participate in a hearing, call or write

the Judges' office assigned to your case and describe the accommodation. The Bureau Headquarters' Administrative Division Chief can also be contacted at: (717) 783-5421; TTY: (800) 362-4228.

UNEMPLOYMENT COMPENSATION

Name/Type of Service:

Unemployment Compensation provides an income to people who become unemployed through no fault of their own. Benefits are paid to individuals who are able and available for work but continue to be unemployed while looking for another job. The amount of Unemployment Compensation benefits depends on the amount of income the worker was earning on the job.

Eligibility Standards:

Unemployment Compensation is not a disability specific program, but provides income to some workers who have lost their jobs. A person must be able and available to work to receive Unemployment Compensation benefits. A person with a disability who is able to work with a reasonable accommodation qualifies as "able and available." A worker must have worked a sufficient number of hours to be covered by Unemployment Compensation benefits. They must not have committed wilful misconduct or voluntarily quit their job without good cause.

How Services Can Be Accessed:

Pennsylvania is in a time of transition over how benefits can be filed. To find out how you should file for benefits, call 1-888-313-7284, TTY 1-800-778-4PAT.

VETERANS BENEFITS

Name/Type of Service:

The Department of Veterans Affairs pays two types of benefits to veterans' with disabilities: VA Disability Pension Benefits and VA Disability Compensation Benefits. The amount of benefits paid for the current year can be found at the VA website, www.va.gov by clicking on the links to Compensation and Pension benefits and viewing the Fact Sheets, or by calling the VA at 1-800-827-1000.

Eligibility Standards:

VA Disability Pension Benefits are paid to low-income veterans who cannot work because of permanent and total disability. The income limits in January 2002 ranged from \$9556 for a veteran with no dependents to \$18,902 for a veteran needing assistance with activities of daily living who has one dependent. VA Pension benefits are available only to veterans who received other than dishonorable discharges, had a minimum period of service (from 90 days to 24 months, depending on the time s/he served) and had at least one day of wartime service. The veteran need not have actually seen combat, or been in the war zone, but need only have been in the service at a time of war. Dates of war time service can be obtained from the VA.

VA Disability Compensation Benefits are paid because of injuries or illnesses that happened or were made worse during military service; or those caused by VA medical care. Benefits are payable regardless of a veteran's other income or resources.

How Services Can Be Accessed:

By calling 1-800-827-1000; visiting the VA website at www.va.gov, or visiting your closest Department of Veterans Affairs Regional Office. Pennsylvania has two regional offices. The Philadelphia office is located at 5000 Wissahickon Avenue, Philadelphia, PA 19101. The Pittsburgh office is located at 1000 Liberty Avenue, Pittsburgh, PA 15222.

There are many service organizations for veterans which can be very helpful in negotiating the sometimes long and difficult process of applying for VA benefits. These include the Eastern Paralyzed Veterans Association, Disabled Veterans of America, Vietnam Veterans of America, Veterans of Foreign Wars, American Red Cross, American Legion, Jewish War Veterans, Catholic War Veterans. A helpful link to the websites of these organizations can be found at www.vrna.org. Many of these organizations have representatives available to assist veterans and their families located at the VA Regional Offices, as well as in local communities.

INDEPENDENT LIVING SERVICES

ATTENDANT CARE WAIVER

Name/Type of Service:

Attendant Care Waiver attendant care services are in-home personal care and support services provided to eligible persons to enable them to live in their own homes and communities. Services include assistance with transfers, bathing, personal hygiene, dressing, grooming, meal preparation, homemaker-type services, companion-type services (including assistance with transportation, letter-writing, and reading mail), and assistance with cognitive tasks (including managing finances, planning activities, and making decisions). The Attendant Care Waiver is designed to give consumers the right to make decisions about, direct the provision of, and control their attendant care services. They can choose among a continuum of service control models ranging from maximum consumer-control to complete agency-control.

Eligibility Standards:

Eligible persons are those between 18 and 59 who: (1) have physical disabilities that are expected to last for a continuous period of more than twelve months and, as a result of which, require assistance for his/her activities of daily living, and (2) are "mentally alert" (i.e., capable of selecting, supervising, and (if necessary) firing an attendant and managing his/her own financial and legal affairs). Individuals must receive Medical Assistance (other than as a GA recipient). Additionally, the Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual and whose resources (excluding a residence) are less than \$2000. Persons not eligible for the Attendant Care Waiver should apply for the Act 150 Attendant Care program.

How Services Can Be Accessed:

Contact:

Liberty Resources, Inc.
1341 N. Delaware Ave.
Suite 105
Philadelphia, PA 19125

UCP-Lancaster
1901 Homestead Lane
P.O. Box 10485
Lancaster, PA 17605

TRCIL Services, Inc.
900 Rebecca Avenue
Pittsburgh, PA 15221
(412) 371-7700

(215) 634-2000

(717) 397-1841

"ACT 150" ATTENDANT CARE SERVICES

Name/Type of Service:

Act 150 Attendant Care services are essentially the same as those provided under the Attendant Care Waiver, but people are eligible regardless of income.

Eligibility Standards:

Same as Attendant Care Waiver above, except there are no financial eligibility requirements. Sliding scale fees may be assessed depending on income.

How Services Can Be Accessed:

Through the same agencies listed under the Attendant Care Waiver above.

OBRA WAIVER

Name/Type of Service:

The OBRA Waiver provides services to persons with developmental disabilities other than mental retardation. OBRA Waiver services include resource management services (including service coordination and monitoring); in-home habilitation services (including daily living services, home support services, routine wellness services, and community integration services); out-of-home habilitation services (including supported employment services, prevocational services, adult day and educational services); respite services; physical, occupational, visual, and behavioral therapies; visiting nurse services; minor physical home adaptations; assistive technology; and transportation.

Eligibility Standards:

Individuals with developmental disabilities (other than mental retardation) are eligible, including individuals with physical disabilities, such as cerebral palsy, that occurred prior to age 22 as well as individuals with autism who do not also have a diagnosis of mental retardation. Individuals must receive Medical Assistance (other than as a GA recipient). Additionally, the Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual and whose resources (excluding a residence) are less than \$2000.

How Services Can Be Accessed:

Through the same agencies listed under the Attendant Care Waiver above.

INDEPENDENCE WAIVER

Name/Type of Service:

Independence Waiver services include service coordination (including assistance with identifying, coordinating, and facilitating Waiver and other services and advocacy to assist the consumer to access non-Waiver services); daily living services (including assistance with eating, bathing, dressing, hygiene, health maintenance, meal preparation, and essential housekeeping), which consumers may direct if they choose and if they complete training requirements; respite services; physical, occupational, and speech therapies; environmental adaptations to the home; specialized medical

equipment and supplies; visiting nurse services; and, personal emergency response systems.

Eligibility Standards:

Individuals over 18 with physical disabilities that substantially limit three or more major life activities (e.g., mobility, communication, self-care, learning, self-direction, or capacity for independent living) with the exception of individuals who are ventilator-dependent are eligible. Individuals must receive Medical Assistance (other than as a GA recipient). Additionally, the Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual and whose resources (excluding a residence) are less than \$2000.

How Services Can Be Accessed:

Through the same agencies listed under the Attendant Care Waiver above.

MICHAEL DALLAS WAIVER

Name/Type of Service:

Services available under the Michael Dallas Waiver include: case management; specialized equipment and medical supplies; private-duty nursing; respite care; attendant care; nutritional supplements.

Eligibility Standards:

The waiver is limited to persons who are dependent on a technological device (such as a ventilator or feeding tube) to replace a vital body function or to sustain life. There are no age restrictions on the waiver, though, since Medical Assistance-eligible youngsters under age 21 who need the services available under this Waiver can receive them through the EPSDT program, they are not likely to be eligible for the Waiver. Individuals whose income is nor more than \$1,590 per month are eligible. The Waiver is capped. It can provide services to no more than 100 individuals, but the Waiver is not yet filled. Individuals are eligible for the Waiver only if it is determined that they need the level of care provided by hospitals.

How Services Can Be Accessed:

Individuals can apply for the Michael Dallas Waiver by contacting their caseworkers at the County Assistance Offices, the Special Needs Units of their HealthChoices HMOs (if they are enrolled in HMOs), or by contacting:

Paul Culbertson 717-772-2525
Department of Public Welfare, Division of Long Term Care Client Services
1401 North 7th Street
P.O. Box 2675
Harrisburg, PA 17105-2675

CENTERS FOR INDEPENDENT LIVING

Name/Type of Service:

Centers for Independent Living (CILs) are consumer-controlled, community-based, cross-disability, non-residential private non-profit agencies that are designed and operated within a local community by individuals with disabilities and that provide an array of independent living services. CILs offer information and referral services about

disability issues and programs; individual and systems advocacy; peer support; and independent living skills training.

Eligibility Standards:

Persons with "significant disabilities," i.e., severe physical or mental impairments that substantially limit the ability to function independently in the family or community or to obtain, maintain, or advance employment, are eligible for CIL services.

How Services Can Be Accessed:

The addresses and phone numbers for Pennsylvania's CIL's are:

Abilities in Motion 416 Blair Avenue Reading, PA 19601 (610) 376-0010	Anthracite Region CIL 40 North Church Street Hazleton, PA 18201 (570) 455-9800	CIL of Central PA 415 Fallowfield Road Camp Hill, PA 17011 (717) 731-1900
CIL of North Central PA 210 Market St., Suite A Williamsport, PA 17701 (570) 327-9070	CIL of Southcentral PA 3009 Walnut Avenue Altoona, PA (814) 949-1905	TRCIL Services, Inc. 900 Rebecca Avenue Pittsburgh, PA 15221 (412) 371-7700
Citizens for Independence and Access 3450 Industrial Highway York, PA 17402 (717) 840-9653	Community Resources for Independence 2222 Filmore Avenue Erie, PA 16505 (814) 838-7222	Freedom Valley Disability Enablement 3607 Chapel Road Newton Square, PA 19073 (610) 353-6640
Lehigh Valley Center for Independence 919 South 9th Street Allentown, PA 18103 (610) 770-9781	Liberty Resources, Inc. 1341 N. Delaware Ave. Suite 105 Philadelphia, PA 19125 (215) 634-2000	Life & Independence for Today 503 Arch Street St. Marys, PA 15847 (814) 781-3050
Northeast PA CIL 431 Wyoming Avenue Lower Level IBEW Bldg. Scranton, PA 18503 (570) 344-7211	Tri-County Patriots for Independence 69 East Beau Street Washington, PA 15301 (724) 223-5115	Voices for Independence 3711 West 12th Street Erie, PA 16505 (814) 838-9890

AIDS/HIV INFECTION WAIVER

Name/Type of Service:

Services available under the AIDS/HIV Infection Waiver include: homemaker services; specialized medical equipment and supplies; extended home nursing and home health care services; and nutritional supplements and consultations.

Eligibility Standards:

Individuals age 21 or older who have AIDS or symptomatic HIV infection are eligible. Virtually all persons eligible for Medical Assistance either as categorically

needy or medically needy are eligible for services under this Waiver. The Waiver is capped. It can provide services to fewer than 1,000 individuals. Individuals are eligible for the Waiver only if it is determined that they need the level of care provided by nursing facilities, hospitals, or intermediate care facilities for persons with mental retardation or other related conditions. Individuals are not eligible if: they are enrolled in a managed care program; they are enrolled in a Medical Assistance hospice program; or they have third-party insurance coverage for inpatient hospital services.

How Services Can Be Accessed:

Individuals can apply for the AIDS/HIV Infection Waiver by contacting their caseworkers at the County Assistance Offices or by contacting:

Department of Public Welfare, Office of Medical Assistance Programs

Case Management Programs

P.O. Box 8021

Harrisburg, PA 17105-8021

1-800-922-9384

or

Paul Culbertson

Department of Public Welfare, Office of Medical Assistance Programs

Division of Long Term Care Client Services

1401 North 7th Street

P.O. Box 2675

Harrisburg, PA 17105-2675

717-772-2525

Applications for this Waiver also can be downloaded from the Internet at www.dpw.state.pa.us/omap/hiv_aids/omappwfpse.asp.

ICF/ORC SERVICES

Name/Type of Service:

Intermediate Care Facilities for Persons with Other Related Conditions (ICFs/ORC) are 24-hour residential programs for persons with other related conditions. ICFs/ORC must provide health, rehabilitation, and active treatment services programs to residents. Currently, there are only three ICFs/ORC in Pennsylvania that can serve six to seven people each. However, anyone eligible for ICF/ORC services has an entitlement to receive such services.

Eligibility Standards:

ICF/ORC services are available to individuals with "other related conditions." "Other related conditions" are disabilities (other than mental retardation or mental illness) that arose prior to age 22, are likely to continue indefinitely, and result in substantial functional limitations in three or more major life activities (self-care, communication, learning, mobility, self-direction, or capacity for independent living). Recipients must be eligible for Medical Assistance or would be eligible for Medical Assistance if institutionalized.

How Services Can Be Accessed:

Given the limited number of ICFs/ORC in Pennsylvania, it is unclear how one applies for such services. Individuals who are interested should contact:

Helen Powers
Department of Public Welfare
Office of Social Programs
Community Services for Persons with Physical Disabilities (CSPPPD)
P.O. Box 2675
Harrisburg, PA 17105-2675
(717) 772-2094

HOMEMAKER SERVICES

Name/Type of Service:

The Homemaker Services program is limited to residents of Philadelphia County. The program provides basic personal care assistance (e.g., assistance with grooming, hygiene, eating) and basic home management (e.g., light housekeeping). There currently is a waiting list of between six months and one year.

Eligibility Standards:

The program is available to persons aged 18 to 59 who because of medical/physical health problems are unable to attend to their own personal care and/or homemaking needs. Their income must be within 250% of the federal poverty level, in 2002 this was \$1,790 per month for an individual.

How Services Can Be Accessed:

Contact: Homemaker Services of the Metropolitan Area, Inc.
801 Arch Street, Ground Floor
Philadelphia, PA 19107
(215) 592-0002

LEGAL SERVICES PROGRAMS

LEGAL SERVICES FOR PERSONS WITH DISABILITIES

Name/Type of Service:

Various programs provide free or reduced cost legal representation to people with disabilities. For details on the programs, see the individual listings below.

Eligibility Standards:

The standards vary by program; some programs cover only certain disabilities such as HIV/AIDS. There are generally no financial restrictions, though there can be limitations in some programs.

How to Access Services:

Contact the program below that appears most relevant to your legal needs:

Disabilities Law Project (DLP)

www.dlp-pa.org

Philadelphia office: (215) 238-8070, TDD (215) 238-6069

Pittsburgh office: (412) 391-5225, TDD (412) 467-8940

Provision of free disability-related legal services to Pennsylvania residents with disabilities including intake and referral, advocacy, and legal representation (if appropriate) in areas including: access to health care, employment discrimination, fair housing, and access to places of public accommodation. DLP's goal is to pursue litigation which increases self-determination for individuals with disabilities, has a positive impact on large populations, and results in systemwide reform. After intake, internal case review by the legal staff will occur to determine which cases are appropriate for legal representation. DLP receives funding through Pennsylvania Protection & Advocacy, Inc., the recipient of federal funds granted to the states by federal disabilities legislation.

Community education materials are published on the DLP web site. DLP also publishes hard copies of its materials which are available by calling either the Philadelphia or Pittsburgh offices. Materials include, but are not limited to, the following topics: Employment Discrimination, Discriminatory Zoning and Fair Housing, Guardianship, Access to Public Accommodations, and Estate Planning.

Education Law Center (ELC)

www.elc-pa.org

Philadelphia office: (215) 238- 6970, TDD (215) 238-5892

Pittsburgh office: (412) 391-5225, TDD (412) 467-8940

ELC provides intake and referral, advocacy, and legal representation, where appropriate, for pre-schoolers and students with disabilities. After intake, internal case review by the legal staff will occur to determine which cases are appropriate for legal representation. ELC receives funding through Pennsylvania Protection & Advocacy, Inc., the recipient of federal funds granted to the states by federal disabilities legislation. ELC also publishes booklets and fact sheets on securing Special Education services for a child, the general legal rights of students with disabilities, and on the dispute resolution process. Booklets are free for parents who request them. There is a fee for booklets provided to advocates who request the information. Community education materials are published on the ELC web site.

Center for Disability Law & Policy

www.equalemployment.org

Philadelphia office: (215) 557-7112 (voice/TDD)

Pittsburgh office: (412) 363-7223 (voice/TDD)

The Center administers the Client Assistance Program for individuals with disabilities seeking or receiving services under section 504 of the federal Rehabilitation Act, and also provides advocacy and legal services for individuals with disabilities. Please contact the Center for additional information on intake procedures.

AIDS Law Project of Pennsylvania

(215) 587-9377

Provides legal assistance for clients living with HIV/AIDS (or clients whose family members are living with HIV/AIDS) in a wide range of legal areas, including social

security appeals, family law, health, housing, employment, estate law, landlord/tenant, insurance, confidentiality issues. No income restrictions.

Pittsburgh Aids Task Force

www.patf.org

(412) 242-2500

Provides referrals and case management services for people living with HIV/AIDS. Legal services are provided by volunteer attorneys.

Philadelphia Bar Association Senior Citizen Judicare Project

(215) 238-6361

Intake hours: by telephone, Monday-Friday, 9:00 - 1:00

The Judicare Project provides pro bono or sliding scale legal services for senior residents of Philadelphia County in the following areas: energy/utility assistance, estate law, health care, home repair contract issues, property damage, real estate tax matters, consumer issues, financial exploitation, and grandparents raising grandchildren issues.

The Legal Clinic for the Disabled

www.mageerehab.org, look under Community Programs

(215) 587-3350, TDD (215) 587-3352

The clinic provides no-cost legal services to Philadelphia area individuals with physical disabilities. Legal Services income restrictions apply in legal representation situations. No income level restrictions for individuals requesting information and/or advice only.

American Association of Retired Persons (AARP) Legal Services Network

www.aarp.com/lsn

(800) 424-3410

The Legal Services Network is an AARP member benefit which provides access to private attorneys who reduce their fees for AARP members and their spouses. Please be sure to ask each attorney about his or her fee arrangement. This group also has a statewide Legal Hotline program. You do not have to be an AARP member to access a legal hotline. Call the above number or consult your local Yellow Pages (Blue Pages section) for hotline numbers. Some hotline programs charge for telephone time.

Pennsylvania Legal Advice Line

e-mail: telelaw@msn.com

(800) 262-5297

This hotline is for individuals over age 50 with questions in the Elder Law area. There is no charge for individuals with incomes below \$18,000. There is a charge of \$3.00 per minute for individuals with incomes over \$18,000, or for individuals who are under age 50.

Disabilities Lawyer Referral Service

(888) 712-0128, TDD (888) 248-2795

The Pennsylvania Bar Association sponsors this statewide referral service. Callers should identify the particular disability-related legal problem, and the service will attempt to match the caller with a private attorney. There is no charge for the referral, however, the consumer must ask the individual attorney about his/her fee arrangement.

Private Attorneys

Some private attorneys will represent individuals in disability-related litigation on either a pro bono (free of charge) basis or for a fee. Your local Bar Association (listed in the Yellow Pages) should have an attorney referral service to assist in identifying such attorneys. Please note that the Bar Association may charge a fee for the referral service. Some attorneys may charge for an initial consultation. Also, if pro bono service is not being provided, consumers should make sure to discuss fees with the individual attorney before consulting with that attorney. Each attorney may have a different fee arrangement.

Allegheny County Bar Assoc. Lawyer Referral Service: (412) 261-5555

Philadelphia County Bar Assoc. Lawyer Referral Service: (215) 238-6333

Law School Legal Clinics

Some law schools have legal clinics which may represent individuals in disability-related litigation. Please contact local law schools for information.

LEGAL SERVICES FOR LOW-INCOME PERSONS

Name/Type of Service:

In addition to the disability specific programs listed above, there are a number of programs that provide free legal assistance to low-income persons regardless of disability. Provision of free legal services to low income Pennsylvania residents include intake and referral, advocacy, and legal representation (if appropriate) in areas including, but not limited to: public benefits, family law, SSI, health care, employment, consumer law, bankruptcy, housing, and utilities. Different legal services offices have expertise in various areas of the law.

There are also eight "Specialty Programs," throughout the state, which provide legal services in specialized areas of the law or to special groups of clients. The Specialty Programs include: Community Justice Project, Community Legal Services, Friends of Farmworkers, PA Farmworker Project, PA Institutional Law Project, PA Health Law Project, PA Utility Law Project, and Regional Housing Legal Services. More information on these programs can be found at the website for the organization which coordinates funding for all the programs: Pennsylvania Legal Services System (PLS), www.palegalservices.org.

Community education materials are published on the PLS website. PLS also publishes a newsletter called "Hot Sheet" which discusses news affecting legal services and the legal services community. Past issues are available on the PLS website.

Eligibility Standards:

Most programs use legal services financial eligibility criteria serving people with an income level of about \$895 for an individual or \$1209 for a couple. Some of the

“Specialty Programs” accept clients with incomes of about \$1345 for an individual or \$1813 for a couple.

How Services Can Be Accessed:

Each legal services office has a client intake system accessible by telephone or by walk-in. Addresses for local programs can be found on the Pennsylvania Legal Services website, www.palegalservices.org, or in the attorney listing of the yellow pages.

In addition to the programs discussed above, there are four similar legal services programs operating in restricted geographic areas:

Philadelphia VIP Volunteers for the Indigent Program

(215) 523-9550

Telephone intake Mon.-Fri., 10:00-12:00 and 2:00-4:00.

This is a pro bono referral program that provides services to low-income Philadelphia residents or to others with a legal problem located within Philadelphia County. Income eligibility levels are the same as Legal Services eligibility levels. Special services include a taxpayer clinic during tax season.

Allegheny County Mental Health Legal Services

(412) 391-3820; Toll-free number: 1 (877) 391-3820

Allegheny County Mental Health Legal Services (ACMHLS) is a corporation affiliated with the Mental Health Association of Allegheny County. ACMHLS provides Allegheny County residents who are receiving mental-health services with information, advice, and limited legal representation, where appropriate. Areas of practice include but are not limited to: family law and Supplemental Security Income. ACMHLS receives funding from the Allegheny County Department of Human Services, and the Pennsylvania IOLTA Board. Typical legal services poverty level restrictions apply in legal representation situations. ACMHLS does not charge for its services.

Venango County Pro Bono Program

(724) 867-5921

This is a pro bono referral program providing services to low-income Venango County residents in areas including: adoption, bankruptcy, consumer law, custody, domestic violence, elder law, employment, health care, housing, termination of parental rights, and estates. Program has financial restrictions. Program administrator has discretion over cases accepted for legal representation.

Lackawanna Pro Bono, Inc.

(570) 961-2714

Lackawanna Pro Bono is an independent non-profit attorney referral program serving residents of Lackawanna County. Referrals are provided to volunteer attorneys who do not charge for their services. Income restrictions are the same as the Legal Services Program income restrictions. Practice areas include, but are not limited to, family law, landlord/tenant law, social security. The program does not refer criminal cases, personal injury cases, or cases where there is a statutory right to counsel. The program receives funding from North Penn Legal Services, bar associations, the Pennsylvania IOLTA fund, and foundation funding. The program does not receive any government funding.

MEDICAL SERVICES

Overview of the Medical Assistance Program

In Pennsylvania, the primary funding source for a wide array of medical and other services for low income persons with disabilities is Medical Assistance.

Income and Resource Eligibility

Adults²

In general, Medical Assistance is available to low income persons with disabilities. Persons with disabilities whose income is no more than 100% of the Federal Poverty level plus \$20 are eligible, currently \$736 per month for an individual and \$987 for a couple. Resources cannot exceed \$2000 (excluding a residence).

There are more generous income limits for services under various Medical Assistance waiver programs and for persons who need nursing home care; these limits are listed with those particular entries where relevant throughout this Guide.

Under a new program being developed by DPW, Medical Assistance for Workers with Disabilities, persons with disabilities who work will be eligible to buy in to the Medical Assistance program using 5% of their net monthly income. This program will provide a full package of Medical Assistance benefits including durable medical equipment and prescription drug benefits. To qualify, a person must meet Social Security's definition of disabled, earn less than 250% of the Federal Poverty level (currently, \$21,475 annually), and have resources less than \$10,000. This program is expected to begin early in 2002.

Children

For children with significant disabilities, parental income is not counted in determining eligibility for Medical Assistance and resources are not counted at all. Nor is any child support paid on behalf of the child. Thus, unless a child has significant income in his or her own name, such as Social Security Survivor's Benefits or trust income, the vast majority of children with disabilities in Pennsylvania will be eligible for Medical Assistance regardless of the wealth or income of their parents.

Spend Down

Pennsylvania allows persons with disabilities who would otherwise be over income for Medical Assistance to use their medical expenses to "spend down" to become eligible. Persons with disabilities must spend down to the SSI benefit level, currently, \$ 557.40 for an individual and \$839.70 for a couple. In other words, the applicant must spend down her excess income or "incur" a certain amount of medical expenses for the month before Medical Assistance will cover other medical bills. An initial deduction of \$20 is taken from income regardless of whether there are medical

² There are other categories of Medical Assistance coverage for people who are not seriously disabled. For example, anyone receiving TANF benefits receives broad coverage. However, for General Assistance recipients, the package of available services is quite restricted. Since this catalog is intended as a resource for people with disabilities, those categories of coverage are not discussed in detail, and when Medical Assistance is referred to, it is generally the category for people with disabilities, which provides broad coverage.

expenses. After the applicant meets her "spend down," Medical Assistance will pay for all covered services for the rest of the month.

Medical expenses that can be counted toward the "spend down" amount include Medicare and other health insurance premiums, and deductibles such as enrollment fees and co-payments, and a broad range of medical expenses including hospital, physician, and home health care; personal care services, visits to a speech or physical therapist; prescriptions; medical equipment, including bedding; the cost of travel to the hospital, doctor, or drugstore; over the counter drugs such as cold medications, laxatives; bandages, cotton balls, needles, crutches, and braces; and dentures, eyeglasses, and hearing aids. Both bills recently paid and unpaid bills from any time can be counted. In addition, the value of any medical or medical-like services received from local, county or state government entities can be counted toward the spend down, such as county provided MR or MH services including case management and free or low cost health services received from city or county health centers. The value of these services is counted **even if they are provided at no cost to the recipient.**

Delivery and Approval of Medical Assistance Services

The vast majority of Pennsylvania Medical Assistance recipients receive their benefits through the HealthChoices program which requires mandatory enrollment in managed care plans ("MCOs"). In the areas of Pennsylvania where HealthChoices is not yet in effect, recipients receive their benefits through "fee for service" Medical Assistance by presenting their Access card to any MA participating provider.

Some services must be "prior authorized" or "prior approved" by the relevant MCO or DPW in the case of fee for service Medical Assistance. Though the list of services and items subject to prior authorization or approval vary from plan to plan, it usually includes specialized items of durable medical equipment as well as home health services. Although the exact procedure for making such requests differs from plan to plan, the usual process is for a treating physician to prescribe the item or service and to provide a detailed justification for why the item or service is medically necessary. The MCO or DPW must act upon the request within 21 days, and, if the request is denied, provide written notice of the reasons why to the recipient and the prescribing physician. Appeals can be taken from any denials, and are often successful when pursued.

Appeal Rights for Denials of Medically Necessary Services

In general, recipients must ensure that their appeals are received by DPW within 30 days of the date on the notice of denial, reduction or termination of services. **In the case of an ongoing prescription, as for home nursing or home health care, if the appeal is sent within ten days of the notice, and the appeal includes a request to have the services continue, they will continue.** A sample appeal letter follows this summary. The appeal should be sent to the address listed for DPW in the denial, and a copy should be sent to the HealthChoices HMO, if any.³

³ Persons enrolled in HealthChoices, who can pursue DPW Fair Hearings, also have the right to an internal grievance and review by the MCO. Consumers have not

The appeal, or fair hearing, is conducted by an independent DPW hearing officer who hears evidence and accepts documents from the recipient and DPW or the MCO. It is useful, but not necessary, to have the assistance of an attorney in these hearings. See the Legal Services section for information on how to obtain one. After the hearing decision, either side can request reconsideration from the Secretary of Public Welfare, or ultimately bring the matter to state court.

found this avenue to be as successful as immediately pursuing a DPW appeal.

Note: This letter must be received within 30 days of the date on denial notice or, to receive a continuation of benefits, it must be sent within **ten** days of notice date. Send a copy of this letter to your HMO if you want to ensure continuation of services.

Sample DPW Appeal Letter

[Date]

REGISTERED MAIL

DPW; Office of Medical Assistance Programs
P.O. Box 2675
Harrisburg, PA 17105-2675
OR the Address given on the denial if any

Re: Appeal of **[Name of person]** from **[Denial/Reduction/Termination]**

Dear Sir or Madam:

I am writing to appeal the **[denial/reduction/termination]** of **[type of service]**. **[Short description of what happened -- dates and names if possible and attach copy of any written notice or letter from the HMO or Medical Assistance]**. The denial notice is dated _____.

I do not agree with the decision to **[deny/discontinue/ reduce]** the **[type of service]**. I request a hearing to be held in **[city, town where it is convenient to you]**. The hearing will take approximately **[number of hours, days]**.

[If this is an appeal from a reduction/termination of services or, a refusal to re-authorize services state the following:] I request continued receipt of full services pending the resolution of this appeal. This appeal is filed within ten days after **[written notice of the decision was mailed or I did not receive written notice of the ten-day deadline to appeal and maintain benefits or I did not receive the notice in time to appeal within ten days]**.

I can be reached at **[work/home address and telephone numbers]**. **[You can contact name of person who will represent me in this matter at address and telephone number]**. My Medical Assistance number is **[_____]** and my Social Security number is **[_____]**.

Very truly yours,
[Signature]
[Name]

cc: **[HMO Name if relevant]**

MEDICAL ASSISTANCE

Name/Type of Service:

Medical Assistance provides coverage of a broad range of services, including in-patient and out-patient hospital physician services; laboratory and X-ray services; home health care; nursing homes; family planning; durable medical equipment; medical supplies and prescriptions. The durable medical equipment entitlement includes power wheelchairs, motorized scooters, and augmentative communication devices for adults as well as children.

For children (up to age 21), the entitlement is quite broad, and should not include any limits on medically necessary services or equipment, including hearing aids, eyeglasses, and orthodontia. This also means, for example, that a child with demonstrated medical need can get home health care coverage for times when the demands on his parents of work, sleep and the needs of other children in the household prevent them from providing care to the child, including up to twenty four hours a day of care in exceptional cases. Personal care services are an underutilized service available to families of children who have cognitive disabilities (e.g., mental retardation or autism), serious emotional disabilities, or physical disabilities, and as a result need assistance with activities of daily living such as getting up, dressing, bathing, grooming, toileting, eating, and meal preparation. In making requests for home health services and personal care services, it is important that the child's physician prepare a detailed request including the child's condition, the family circumstances that require the service (e.g. parent's disability, work schedule, demands of other children in the household), and the specific number of hours needed.

For adults, although more limited, the home health benefit can provide fairly extensive home health aid and skilled nursing visits which allow a person to remain at home instead of being forced to seek admission to a nursing facility. DPW and the HealthChoices MCOs have a restrictive view of this service and it will likely be necessary to seek legal assistance in pursuing claims for significant hours of this service. See the Legal Services section for information on how to find a lawyer to assist.

Eligibility Standards:

See Overview of Medical Assistance Section above for detailed discussion of eligibility.

How Services Can Be Accessed:

An individual enrolls in Medical Assistance by visiting the local DPW County Assistance office to apply. Addresses can be found at DPW's website, www.dpw.state.pa.us or in the blue government pages of the telephone book.

See Overview of Medical Assistance Program above for discussion of how to request specific services.

MEDICARE

Name/Type of Service:

Medicare Part A coverage includes: Inpatient hospital care; some skilled nursing facility care and home health care; hospice care; and limited inpatient psychiatric care.

Part B coverage includes: physician services; medical equipment; lab, diagnostic, and screening tests; outpatient hospital services; physical and speech therapy; outpatient mental health services; and limited home health care.

Premiums, deductibles and co-payments are required for most services.

Eligibility Standards:

Medicare is available to persons who have received Supplemental Security Income benefits or Social Security Disability benefits or Railroad Retirement Disability benefits for 24 months and to persons with end stage renal disease. Regardless of disability, at age 65, individuals qualify for Medicare Part A if either they or their spouse paid into the Social Security or Railroad Retirement system for at least 40 calendar-year quarters (at least ten years of work). Those who lack sufficient work history may purchase Part A coverage. Individuals qualify for Medicare Part B upon turning 65; if they wish, they may enroll in Part B by paying the monthly Part B premiums.

How Services Can Be Accessed:

Most Medicare beneficiaries obtain their health care in a fee-for-service system that allows them to choose their own health care provider. Some Medicare beneficiaries choose to enroll in managed care. Beneficiaries in managed care have a primary care physician (PCP) who must authorize visits to specialists and requests for services and equipment. Managed care plans typically offer beneficiaries reduced out-of-pocket costs and broader coverage that includes preventive services and often some prescription drug coverage as well.

MEDICARE BUY-IN

Name/Type of Service:

The Medicare Buy-In is also called QMBY or “Quimbees”, SLMBY or “Slimbees”, and QI-1 and QI-2. Medicare Buy-in benefits are available to low-income persons to help with the costs of Medicare premiums and deductibles. Medicare recipients must generally pay monthly premiums to receive Medicare Part B coverage (doctor visits, medical equipment, home health care and physical, occupational and speech therapies); currently, those premiums are \$50 per month. In addition, Medicare recipients must generally pay annual deductibles; currently, the deductible for hospital care is \$792 and for Part B services is \$100.

Persons with monthly income less than \$736 for an individual and \$988 for a couple are eligible for full payment of their monthly premiums and annual deductibles. These are called Qualified Medicare Beneficiaries or QMBs.

Persons with monthly income less than \$879 for an individual and \$1182 for a couple are eligible for full payment of their monthly premiums. These are called Specified Low-Income Medicare Beneficiaries or SLMBs.

Persons with monthly income less than \$879 for an individual and \$1182 for a couple are eligible for full payment of their monthly premiums on a first-come, first-served basis. These are called Qualified Individual 1 (QI-1).

Persons with monthly income less than \$1273 for an individual and \$1714 for a couple are eligible for payment of part of their monthly premiums on a first-come, first-served basis. These are called Qualified Individual 2 (QI-2).

Eligibility Standards:

Medicare Buy-Ins are available to persons who are eligible for Medicare. Medicare buy-ins are available to individuals with incomes listed above and assets under \$4000 (\$6000 for couples). Assets do not include homes, cars, household goods, burial plots and life insurance policies of less than \$1500.

How Services Can Be Accessed:

By visiting the local DPW County Assistance office to apply. Addresses can be found at DPW's website, www.dpw.state.pa.us or in the blue government pages of the telephone book. Applicants should write on their application that they are applying for the "Medicare Buy-In Program."

MEDIGAP INSURANCE**Name/Type of Service:**

Medigap plans are private health insurance policies that cover some of the costs the original Medicare Plan does not cover, including prescription drugs in some cases. Medigap has 10 standard plans called Plan "A" through Plan "J". Each plan has a different set of benefits. There is detailed information on the plans, and information on how to compare plans, on the Pennsylvania Department of Insurance web site, www.insurance.state.pa.us, in the Consumer Information Section.

Eligibility Standards:

Available to all Medicare recipients, though there is generally only one open enrollment period for persons seeking Medigap coverage. After enrolling (regardless of age) in Part B, a Medicare recipient has six months during which a company cannot deny Medigap coverage due to a medical condition. This "open enrollment" period may be the only real opportunity for people with serious health problems to qualify for plans that offer prescription drug coverage and at-home recovery.

How Services Can Be Accessed:

Policies are purchased directly from individual insurers. Information on which insurers offer benefits in Pennsylvania can be found on the Pennsylvania Department of Insurance web site, www.insurance.state.pa.us, in the Consumer Information Section.

PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY**Name/Type of Service:**

Pharmaceutical Assistance Contract for the Elderly (PACE) and PACE Net provide assistance with prescription coverage for elderly persons. PACE has no deductible, requires a \$6 co-payment for generic medications when available, and a slightly higher co-payment for non-generic drugs. PACE Net, for slightly higher income elderly persons, requires payment of an annual \$500 deductible, then a co-payment of \$8 for generic drugs and \$15 for brand name drugs.

Eligibility Standards:

This program is available regardless of disability to low income persons aged 65 or older. There are two levels of income eligibility for this program. Individuals with annual incomes less than \$14,000 or couples with less than \$17,200 qualify for PACE

benefits; individuals with annual incomes between \$14,000 and \$17,000 and couples with between \$17,200 and \$20,200 qualify for PACE Net. There is no asset limitation. The program is not available to Medical Assistance recipients since that program already includes prescription coverage. PACE benefits are secondary to Medicare HMO coverage or other insurances.

How Services Can Be Accessed:

Applications can be obtained from local Area Agency on Aging offices (AAA), pharmacies, hospitals and other places serving elderly persons. They are filled out and mailed to the Department of Aging. The local AAA office can be found in the blue government pages of the phone book, or by consulting the Department of Aging Website at www.aging.state.pa.us.

CHILDREN’S HEALTH INSURANCE PROGRAM

Name/Type of Service:

The Children’s Health Insurance Program (CHIP) provides coverage of a broad range of services, including: immunizations; routine check-ups; diagnostic testing; prescription drugs; dental, vision, hearing services; emergency care; maternity care; mental health benefits; up to 90 days hospitalization in any year; durable medical equipment; substance abuse treatment; partial hospitalization for mental health services; rehabilitation therapies; and home health care. Services are provided through managed care plans. There are no co-pays or deductibles for CHIP services. Low-Cost CHIP requires payment of a low family premium.

Eligibility Standards:

CHIP is not a disability specific program; children with severe disabilities should seek coverage under the Medical Assistance program because the coverage is much broader. Children under age 19 are eligible. “Free CHIP” is available to families with incomes at or below 200% of the Federal Poverty Level. “Low-cost CHIP” is available to families with income up to 235% of the Federal Poverty Level.

<u>Family size</u>	<u>Free CHIP</u>	<u>Low-cost CHIP</u>
Family of 1	\$17,180	\$20,187
Family of 2	\$23,220	\$27,284
Family of 3	\$29,260	\$34,381
Family of 4	\$35,300	\$41,478

Families can take deductions from income of \$90 per month for each parent who works, and deductions for child care costs of up to \$200 a month for children under 2, and \$175 per month for other children or the cost of care for adults with disabilities in the home.

How Services Can Be Accessed:

To apply for CHIP benefits, a family should call 1-800-986-KIDS. Alternately, a family can pick a CHIP provider in their area, and enroll with them. CHIP providers for each county can be found on the Department of Insurance website at www.insurance.state.pa.us under the CHIP listing. Services are provided by managed care plans which contract with the state. In some counties there is a choice of plans.

VETERANS HEALTH CARE

Name/Type of Service:

The VA provides eligible veterans with needed hospital care and outpatient care services through a system of VA medical centers and clinics. Eyeglasses and hearing aides are provided to veterans who are service-connected with a disability rating of at least 10%. Nursing home care is available to all veterans on an as available basis in VA Nursing homes.

Eligibility Standards:

Priority for services is given based on a number of factors which assign a veteran to one of seven priority groups. A specific listing of the priority groups and the factors to be considered can be found on the VA website: www.va.gov.

How Services Can Be Accessed:

Veterans should obtain VA Form 10-10EZ by visiting, calling or writing any VA location of care or any veterans benefits office and return the completed form in person or by mail to any VA health care facility. Facilities are listed on the VA website, can be found in the government listing of the phone book, or by calling the VA Health Benefits Service Center toll free at 1-877-222-VETS. Veterans can also apply online through the VA website: www.va.gov.

CITY AND COUNTY HEALTH CLINICS**Name/Type of Service:**

Some cities, counties and municipalities operate local health clinics to provide free or low cost health care to area residents. The services vary from site to site.

Eligibility Standards:

The standards vary from site to site, some have free services to low income persons or charge a sliding scale fee to uninsured persons with income.

How Services Can Be Accessed:

Services are provided at city and county health centers, generally operated by county or municipal governments. Procedures to access services are quite variable by county and site. Individual centers should be contacted for information. They can be found in the blue government pages of the phone book or there is a list with contact information on the Pennsylvania Department of Health website at www.health.state.pa.us under the Community Health Districts listing.

MENTAL RETARDATION SERVICES**Overview of Services for Persons with Mental Retardation**

In Pennsylvania, an array of in-home, community-based and institutional services are available to individuals with mental retardation. Although thousands of persons are receiving these services, many more are on waiting lists. This section describes the types of mental retardation services which are available and the process to apply for these services.

The majority of mental retardation services in Pennsylvania are funded by the Medical Assistance program (also called MA or Medicaid), a combined state and federal program for persons who have limited income. (See Overview of Medical Assistance) There are two types of Medical Assistance funding available to support Mental

Retardation Services. They are:

- Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)
ICF/MR funding supports state-operated institutions, large private institutions and a limited number of four-person group homes. ICF/MR services are an entitlement for eligible persons and cannot be capped or subject to waiting lists.
- Medical Assistance Home and Community-based Waivers
Waiver programs generally support persons in their own homes, family homes or group living arrangements. Pennsylvania has received federal approval to operate several home waivers generally known as the (1) Consolidated Mental Retardation Waiver, (2) Person/Family Directed Support Waiver and, (3) the Early Intervention Waiver.

In addition to Medical Assistance Funding under either the ICF/MR program or waivers, some retardation services are supported by other federal programs (such as block grants under Title XX of the Social Security Act) or other state funds, generally known as the “base allocation” and in some cases a local match.

Retardation services are generally provided through appropriations to County operated Mental Health and Mental Retardation (MH/MR) Programs. The County MH/MR programs then establish one or more organizational units known as Base Service Units (or BSUs). The BSU is the first point of intake into the MH/MR program. The Counties do not generally deliver services directly but contract with private service providers who ultimately deliver services.

What follows are entries that describe the array of services for which a person with MR may be eligible, and how and where to apply for these services.

CONSOLIDATED WAIVER

Name/Type of Service:

Persons with Mental Retardation are eligible for a variety of services under the Consolidated Waiver including: residential programs such as group home or family living; day habilitation; pre-vocational services; supported employment services; educational services; chore services; private duty nursing; specialized therapy; permanency planning for children and youth; respite care; accessibility adaptations to home or vehicle; transportation; case management.

Individuals are eligible to receive the full array of services which he/she needs and there are no limits on the cost of services for an individual. Case managers in some cases imply or assert that there is a cap on the amount an individual is entitled to under this waiver. There are **no** individual caps. However, the average state-wide cost cannot exceed the cost of serving the same number of persons in ICFs/MR (cost-neutrality).

Eligibility Standards:

To be eligible, persons must be diagnosed with mental retardation and show that they require an ICF/MR level of care. Persons are eligible for this waiver if they receive Medical Assistance (other than as a GA recipient). Additionally, the Consolidated Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual.

How Services Can Be Accessed:

Applications for services are made at a person's Base Service Unit; contact the county Mental Health and Mental Retardation Program for information by looking in the blue pages of the telephone book. Under the waiver, recipients have a right to choose any eligible provider from which to receive services set forth in their service plan. Once the waivers reach their caps, waiting lists for waiver services are established within each county. People are selected from the waiting list on the basis of urgency of need as established by their PUNS evaluation. Any aspect of the waiver program, including denial of waiver services or denial or limitation of a particular waiver service, are subject to appeal.

PERSON/FAMILY DIRECTED SUPPORT (P/FDS) WAIVER**Name/Type of Service:**

The Person/Family Directed Support Waiver provides services to persons with MR and their families up to \$21,125 per year. These can include: residential habilitation; day habilitation; pre-vocational services; supported employment services; homemaker/ chore services; specialized therapies; respite care; accessibility adaptations to home or vehicle; adaptive appliances and equipment; personal support; transportation.

Eligibility Standards:

Persons must be over three, diagnosed with mental retardation, and require an ICF/MR level of care. Persons are eligible for this waiver if they receive Medical Assistance (other than as a GA recipient). Additionally, the P/FDS Waiver can provide services to people who are not currently Medical Assistance recipients but whose income is no more than \$1593 for an individual.

How Services Can Be Accessed:

Applications for services are made at a person's Base Service Unit; contact the county Mental Health and Mental Retardation Program for information by looking in the blue pages of the telephone book. Under the waiver, recipients have a right to choose any eligible provider from which to receive services set forth in their service plan. Once the waivers reach their caps, waiting lists for waiver services are established within each county. People are selected from the waiting list on the basis of urgency of need as established by their PUNS evaluation. Any aspect of the waiver program, including denial of waiver services or denial or limitation of a particular waiver service, are subject to appeal.

FAMILY-DRIVEN FAMILY SUPPORT SERVICES**Name/Type of Service:**

Family-driven Family Support Services are an annual amount of money (generally between a few hundred and a few thousand dollars) provided to a person

with retardation or his/her family to be used for the benefit of the family member with mental retardation. The money can be spent on a vast array of services, including, but not limited to, camp, respite care, housing modifications, and equipment purchases (such as computers).

Eligibility Standards:

Eligible persons have mental retardation and live at home with their natural adoptive or foster families or legal guardians; or persons with mental retardation who live independently in their own homes, domiciliary care, boarding homes or in minimal supervision group homes; or natural or adoptive families, foster families or relatives or legal guardians who live with a person with mental retardation. There are no financial eligibility requirements but a contribution based on a sliding scale is required for families (of persons under age 18) or persons with retardation who have income or assets. Funding is limited by the amount of money appropriated by the Commonwealth to each county and the number of persons who apply for and receive FD/FSS funding. Local advisory boards assist and advise the counties as to the criteria for distribution of these funds.

How Services Can Be Accessed:

Applications for services are made at a person's Base Service Unit; contact the county Mental Health and Mental Retardation Program for information by looking in the blue pages of the telephone book.

COMMONWEALTH-FUNDED

Name/Type of Service:

Mental Retardation Services (Commonwealth-funded) for people with MR and their families which can include: case management; day programs; supported work; group homes; Family Living services; and Community Mental Retardation Facilities (private congregate facilities).

Eligibility Standards:

Services are available to persons with MR. There are no financial eligibility requirements but a contribution based on a sliding scale is required for families (of persons under age 18) or persons with mental retardation who have high income or resources.

How Services Can Be Accessed:

Applications for services are made at a person's Base Service Unit; contact the county Mental Health and Mental Retardation Program for information by looking in the blue pages of the telephone book.

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

Name/Type of Service:

Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) are residential facilities providing active treatment for four or more persons with retardation. Included

are both state-operated and privately operated facilities. Most ICFs/MR in Pennsylvania are large, congregate facilities.

Eligibility Standards:

Persons who have mental retardation and are eligible for Medical Assistance are eligible for ICF/MR services.

How Services Can Be Accessed:

There are three main points of entry for ICF-MR services. Persons can be court-committed to an ICF/MR. Persons can be referred to ICF/MRs through their county MH/MR Program. Or persons can apply directly to an ICF/MR for admission. ICF/MR services are an entitlement. There can be no caps or waiting lists for this service. The movement has been away from ICF/MR services, especially large, separate congregate-care facilities, so that persons with mental retardation can live in settings which are fully integrated with community living.

TRANSPORTATION SERVICES

ACCESSIBLE PUBLIC TRANSPORTATION SERVICES

Name/Type of Service:

Under federal law, transit authorities must provide accessible transportation to riders with disabilities. This requirement, however, is not immediate and absolute. Transit authorities have until 2010 to ensure that at least 2/3 of key transit stations are accessible to people with disabilities. Importantly, as new buses and trains are purchased, they must be accessible to riders with disabilities and as new stations are constructed or altered, the new or altered portions must be accessible.

Eligibility Standards:

Requirements ensure equal access to public transportation for people with disabilities as is provided to persons without disabilities. Children with disabilities may be required to travel with an adult if other same age children without disabilities are also required to travel with an adult.

How Services Can Be Accessed:

By contacting the transit authority in your area.

PARATRANSIT

Name/Type of Service:

The Americans with Disabilities Act (“ADA”) requires local and regional transit authorities to provide a comparable level of transit service to riders with disabilities who are unable to travel on regular (“fixed route”) transit service because of their disability. Eligible riders must schedule rides before the close of business at least one day in advance and the transit authority must schedule and provide a ride to the rider within a two hour window (either one hour before or after the rider’s original requested ride time). Companions may travel with the rider on a space available basis and must also pay a fare. Personal attendants may travel with the rider, but are not required to pay a fare. Fares charged may be up to twice the full fare amount paid on the fixed route system.

Eligibility Standards:

Persons with physical and/or mental disabilities are eligible. To be eligible,

applicants must complete an application with the transit authority serving their area and may be required to provide a doctor's verification. Service can be limited to travel within ¾ of a mile on each side of the regular (fixed) bus route service offered by the transit authority. However, in areas where the fixed route services overlap (such as urban systems like SEPTA in Philadelphia), the transit authority may offer paratransit to all destinations within that area. The transit authority is not required to provide the service outside the hours of operation of the regular fixed route service.

How Services Can Be Accessed:

By contacting the transit authority in your area.

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

Name/Type of Service:

Medical Assistance recipients are eligible for free rides to and from Medical Assistance providers like doctors and dentists. Actual transportation can be provided by a county or by the Medical Assistance contractor hired by the county; or tokens for public transportation can be provided; or reimbursement for transportation provided by the recipient in their own or another's vehicle. Ambulance services are provided when medically necessary or in an emergency. In addition, transportation for distant specialty care treatment, including air fare or air ambulance service, can be provided in extraordinary circumstances.

Eligibility Standards:

Available to Medical Assistance beneficiaries statewide; though the program is operated by individual counties or contractors with those counties.

How Services Can Be Accessed:

By contacting the Medical Assistance Transportation Program in your county. This information can be obtained from the DPW caseworker. For recipients enrolled in managed care plans, contacting the Special Needs Unit of the plan can sometimes be helpful. Because this program is operated on a county-by-county basis, it is sometimes difficult to get transportation to out-of-county appointments, though recipients have a right to receive transportation to enable them to receive medically necessary care.

VOCATIONAL PROGRAMS

OFFICE OF VOCATIONAL REHABILITATION SERVICES

Name/Type of Service:

OVR Services are designed both to help overcome or mitigate the effects of disability and to help persons with disabilities prepare for a career. Services are tailored to meet individual needs. OVR services can include diagnostic services; vocational evaluation and counseling; training and education including basic academic, vocational/technical, college, on-the-job training, independent living skills, and personal and work adjustment training; medical services and equipment such as physical and occupational therapy, wheelchairs, and automobile hand controls needed to pursue and achieve employment; placement assistance; assistive technology; support services including room, board, and transportation costs during an evaluation or while completing a rehabilitation program, occupational tools, licenses, or equipment, home

modifications, adaptive or special household equipment needed to get ready to go to and be on time for a job; van or car modifications, including special driving devices or lifting devices to enable travel to a job; personal care assistance provided to help with daily needs in order to enable participation in a vocational rehabilitation program; job site modifications; independent living training; Text Telephone (TT), signaling devices, hearing aids, and interpreters services when needed to facilitate communication.

Eligibility Standards:

Services are available to a person with a physical, mental, or emotional impairment which results in a substantial impediment to employment, and the person with such a disability can benefit in terms of an employment outcome from services provided, and, Vocational Rehabilitation services are required for the person with a disability to prepare for, enter, engage in, or retain gainful employment.

How Services Can Be Accessed:

Check the blue government pages of the telephone book for the number of the OVR District Office serving your area.

SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

Name/Type of Service:

The Bureau of Blindness and Visual Services in the Pennsylvania Department of Labor and Industry offers services to persons who are blind or who have visual impairments, including: Rehabilitation Teaching - Helps individuals safely and efficiently carry out their daily activities at home, on the job and in the community; Orientation and Mobility Instruction - Teaches individuals how to travel independently within their homes, workplaces and communities; Vocational Rehabilitation - Assists individuals to prepare for, enter, engage in, or retain employment; Business Enterprises - Enables legally blind persons to operate a food service business in a commercial, industrial or government facility; Specialized Services - Assists individuals to achieve maximum independence within their homes and communities. The Bureau also contracts with the Pennsylvania Association for the Blind (PAB) and Associated Services for the Blind (ASB) in the delivery of Life Skills Education, Quality of Life and Transportation and Escort Assistance. Prevention of Blindness services are also contracted through BBVS which includes large scale vision screening of preschool children, school age children and older adults.

Eligibility Standards:

Persons over 18 years of age with blindness and visual impairments are eligible regardless of income.

How Services Can Be Accessed:

These services are delivered to customers in their homes and community settings by the staff of BBVS assigned to six district offices located throughout the Commonwealth as well as through agreements or contracts with numerous vendors and service organizations. Applications for services are handled by the district office for the county where the applicant resides.

ALTOONA

ERIE

Executive House 1
615 Howard Avenue
Altoona, PA 16601
(814) 946-7330
Counties Served: Bedford, Blair, Cambria,
Centre, Clinton, Columbia, Fulton,
Huntingdon, Juniata, Lycoming, Mifflin,
Montour, Northumberland,
Snyder, Somerset, Union

HARRISBURG
2923 North Seventh S., Suite B
Harrisburg, PA 17110
(717) 787-7500
Counties Served: Adams, Cumberland,
Dauphin, Franklin, Lancaster, Lebanon,
Perry, York

PITTSBURGH
1075 Kossman Bldg.
Forbes and Stanwix Sts.
Pittsburgh, PA 15222
(412) 565-5240
Counties Served: Allegheny, Armstrong,
Beaver, Butler, Fayette, Greene, Indiana,
Washington, Westmoreland

448 West Eleventh Street
Erie, PA 16501
(814) 871-4401
Counties Served: Cameron, Clarion,
Clearfield, Crawford, Elk, Erie
Forest, Jefferson, Lawrence, McKean,
Mercer, Potter, Venango, Warren

PHILADELPHIA
Room 206 State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130
(215) 560-5700
Counties Served: Bucks, Chester,
Delaware, Montgomery, Philadelphia

WILKES-BARRE
111 North Pennsylvania Ave., 3rd Floor
Wilkes-Barre, PA 18701
(570) 826-2361
Counties Served: Berks, Bradford,
Carbon, Lackawanna, Lehigh,
Luzerne, Monroe, Northampton,
Pike, Schuylkill, Sullivan,
Susquehanna, Tioga, Wayne, Wyoming