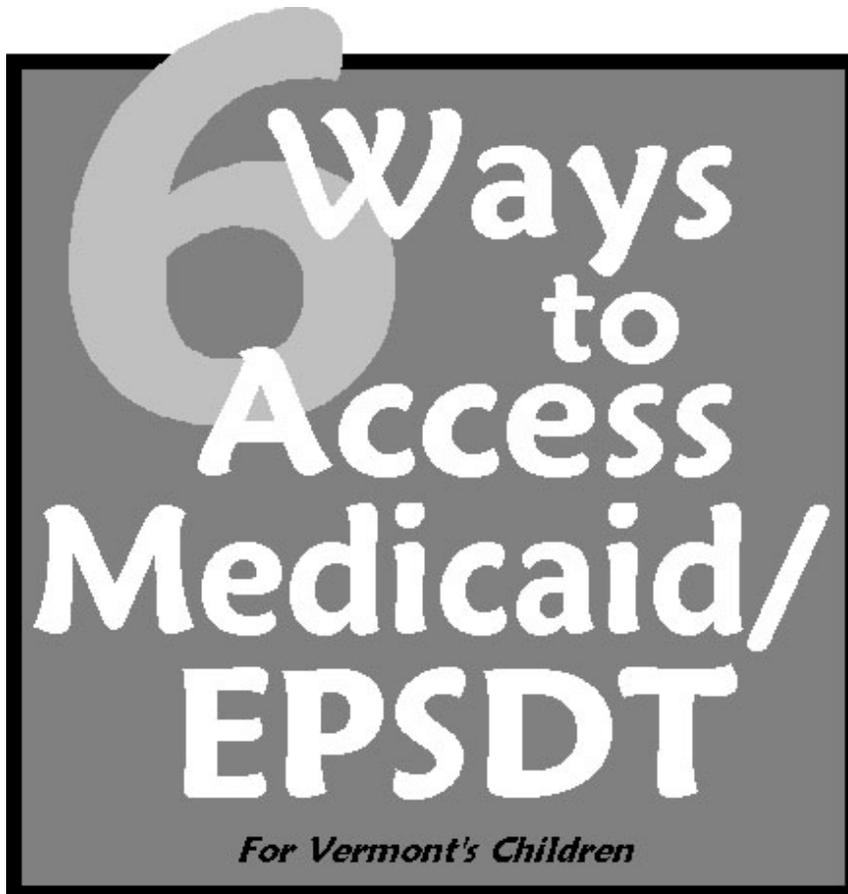


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July 2009



Vermont Dept. of Health



Information Prepared and Compiled by:

Vermont Family Network
1-800-800-4005 or (802) 876-5315
www.VermontFamilyNetwork.org

This information is current as of July 2009.

****Each year, on our website look for updates to Dr D page 7****

Please advise Vermont Family Network if you become aware of subsequent corrections/changes.

(Parent to Parent of Vermont is now known as Vermont Family Network)

www.VermontFamilyNetwork.org

Call Vermont Family Network for information
on workshops offered on this subject.

Large Print Version of this Manual is available.
Call 1-800-800-4005

We would like to acknowledge the following agencies and organizations for their assistance in writing this booklet:

- VT Department of Health, Divisions of Community Public Health and Health Improvement
- VT Economic Services Division, Office of Vermont Health Access
- VT Department of Developmental and Mental Health Services
- Centers for Medicare and Medicaid Services, Boston Regional Office
- The Social Security Administration
- Family Voices
- Disability Law Project
- Office of Health Care Ombudsman
- With special thanks to Vermont Family Network staff

For Additional Information:

Regarding Medicaid/EPSTDT services contact:

The Health Access Member's Services Unit, **1-800-250-8427**

Vermont Department of Health, **1-800-464-4343**

Vermont Family Network, **1-800-800-4005**

Hilde Hyde, Health Care Financing Coordinator, **(802) 728-2263**

Disability Law Project (for children with disabilities), **1-800-889-2047**

Office of Health Care Ombudsman, **1-800-917-7787**

Regarding Supplemental Security Income (SSI):

National Social Security Administration (SSA) office, **1-800-772-1213**

Rutland SSA office, **(802) 775-0893**

Burlington SSA office, **(802) 951-6753**

Montpelier SSA office, **(802) 223-3476**

Regarding Disability Determination for SSI or Katie Beckett/DCHC:

Disability Determination Service, **1-800-734-2463**

6 Key Ways to Unlock the Door to Medicaid and EPSDT Services

"Early Periodic Screening, Diagnosis and Treatment"

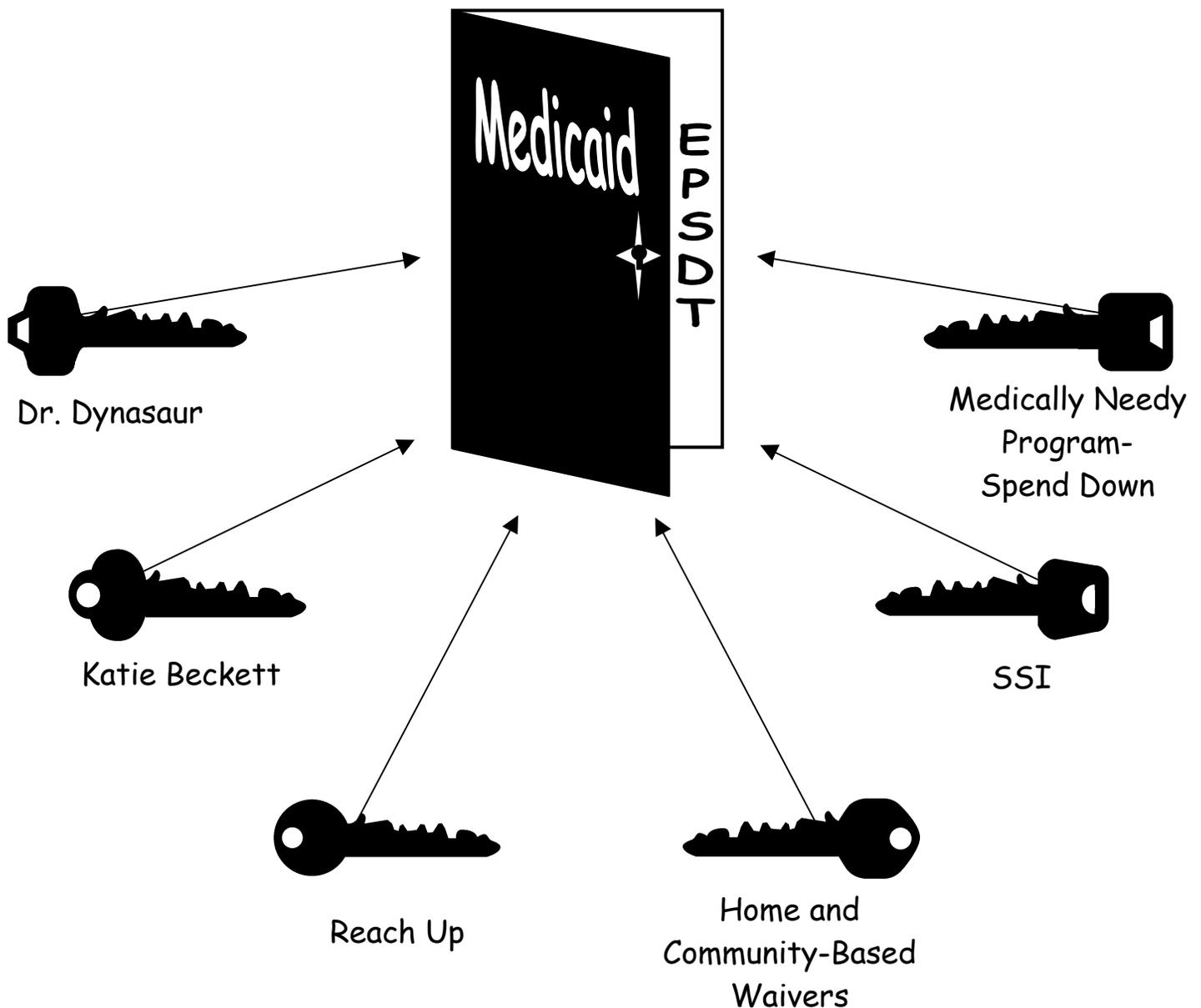
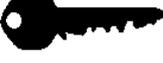


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Introduction

This booklet is a helpful guide for parents and professionals seeking information about the six most common ways that children living in Vermont can obtain Medicaid: Dr. Dynasaur, Disabled Children's Home Care (DCHC)/Katie Beckett, Reach Up, Medically Needy Program (Spend Down), Home and Community-Based Services Waivers, and Supplemental Security Income Program (SSI).

Also included is information on the Medicaid Services called EPSDT (Early Periodic Screening, Diagnosis and Treatment), with additional information provided on personal care services and children's Medicaid mental health benefits.

Information about the Mental Health and Substance Abuse Parity Law of 1997, the Federal Mental Health Parity Law, and the grievance and appeal process for both Medicaid and private insurance are also included in this booklet.

What is Medicaid?

Medicaid is a jointly funded state and federal program for payment of medically necessary services for people who meet certain income and resource guidelines. All states and U.S. territories provide a basic package of benefits. Children under age 21 with Medicaid receive a comprehensive package of services called Early Periodic Screening, Diagnosis, and Treatment (EPSDT). (See page 22-25 for list of EPSDT services.)

How will my child with Medicaid receive services?

If your child is eligible for Medicaid, he or she will receive health care through either Medicaid Managed Care (called **Primary Care Plus**) or traditional Medicaid (called "fee-for-service").

Children who qualify for Medicaid will automatically be enrolled in **Primary Care Plus** unless they meet one or more of the following criteria:

They are children who:

- have other health insurance.
- qualify for both Medicaid and Medicare (dual eligibility).
- have a waiver such as Traumatic Brain Injury (TBI) Waiver, Mental Health (MH) Waiver, Developmental Services Waiver (DS waiver), or Department of Aging & Disabilities (DAD/HCBS) Waiver. (See pages 15-17.)
- are under 21 years old and enrolled in the HiTech Program.
- reside in a long-term care facility or out-of-state placement.
- are receiving hospice care when they are found eligible for Medicaid.
- do not expect to need Medicaid coverage for more than 3 months.

Children who meet one or more of these criteria are exempt from enrollment in the **Primary Care Plus** Program and are enrolled in the traditional fee-for-service Medicaid Program.

Regardless of how your child is found eligible for Medicaid, or which of the two health systems he or she is enrolled in, your child is entitled to the same benefits.

What is the difference between these 2 delivery systems?

<i>Primary Care Plus</i>	Traditional Fee-For-Service
<ul style="list-style-type: none"> - You must choose a primary care physician listed in the Primary Care Plus provider directory. - You must receive a referral for health services from primary care physician except for: mental health services, eye exam and eyewear, chiropractic services, personal care services, OB/GYN services, dental care, transportation to and from medical appointments and emergency room visits when situation is life threatening. - Primary Care Plus includes coordination of care. - You use your Primary Care Plus card to access all services. 	<ul style="list-style-type: none"> - You must follow rules of your other private health insurer regarding identification of your primary care doctor and referrals (if you have other health insurance). - You may see any Medicaid approved provider you wish without the need for referral.

What programs are available for youth in transition to independent adulthood?

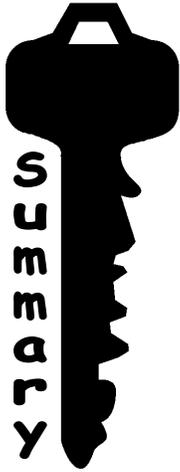
This book focuses on the six ways children can access Medicaid. Of course families are also concerned about what type of health care coverage their children will be eligible for as they become adults. Young adults who "age out" of the Dr. Dynasaur or Katie Beckett programs described later in the book may be eligible for either Medicaid or Vermont Health Access Plan (VHAP) coverage.

A young adult with low income and low assets may be eligible for Medicaid through his or her 21st birthday and would receive the package of EPSDT services offered to all children in Vermont under age 21. (Sometimes parental income is counted to determine eligibility if the youth lives at home.) Other young adults may be able to qualify for Medicaid (and/or SSI) on the basis of disability.

Low-income young adults who do not qualify for Medicaid may qualify for Vermont Health Access Plan (VHAP) coverage. VHAP is a state sponsored health care program for low income adults who don't have health insurance. In determining eligibility for young adults living with their parents, the parents' income is usually counted. VHAP covers many medical services including doctors' visits and hospital stays, but does not have as rich a benefits package as Medicaid does.

For more information on the eligibility requirements for Medicaid or Vermont Health Access Plan (VHAP) coverage for youth in transition to independent adulthood, contact the Health Access Member Services Unit at **1-800-250-8427**.

Adults over 18, including youth in transition to independent adulthood, may want to contact the Vermont Center for Independent Living (VCIL) toll free at **1-877-807-9700**. The VCIL offers benefits counseling to people with disabilities (including youth in transition) about work incentive programs which may provide workers benefits (including Medicaid) which might not otherwise be available.



Dr. Dynasaur

WHAT is it?

- Dr Dynasaur is the name Vermont uses to refer to Medicaid for children under the age of 18 and pregnant women.
- It provides a services package for children called: Early Periodic Screening, Diagnosis and Treatment (EPSDT). *(See page 22-23.)*
- Pregnant women receive free prenatal care.
- There may be a small monthly charge for this health coverage. *(See chart on page 7 for guidelines.)*

How do I QUALIFY for it?

- Eligibility is based on household and family income.
- Amount of allowable income changes each year. *(See current chart on page 7.)*
- Resources such as savings, land, etc. are not counted.
- Expenses related to employment (such as work uniforms up to \$90 per worker) and childcare (up to \$200) are deducted from gross income in determining income eligibility.

How do I APPLY for it?

- Call the Health Access Member's Services Unit at **1-800-250-8427** and ask for an application.
- A face-to-face interview is not required.
- You may also get an application at local Department of Health and local Economic Services Division offices. *(These offices are listed on pages 8-9.)*
- Medical bills incurred three months prior to eligibility may be paid by Medicaid. To obtain retroactive benefits, a DSW 202A Request for Retroactive Assistance must be filed.



Dr. Dynasaur



Dr. Dynasaur

Dr. Dynasaur is the same as having Medicaid. If a child qualifies for the Dr. Dynasaur program he or she is entitled to the same Medicaid services, called EPSDT, that any child with Medicaid can receive. The Dr. Dynasaur program is one of "six ways" a child can receive Medicaid benefits.

A family MAY have other health insurance coverage and still qualify for Dr. Dynasaur coverage!

Income Guidelines for Financial Eligibility: (Effective January 2009)

Family Size	Yearly/ Monthly Income for 100% FPL	Yearly/ Monthly Income for 150% FPL	Yearly/ Monthly Income for 185% FPL	Yearly/ Monthly Income for 200% FPL	Yearly/ Monthly Income for 300% FPL
1	\$10,872/ \$906	\$16,308/ \$1,359	\$20,113/ \$1,676	\$21,744/ \$1,812	\$32,616/ \$2,718
2	\$14,640/ \$1,220	\$21,948/ \$1,829	\$27,072/ \$2,256	\$29,268/ \$2,439	\$43,896/ \$3,658
3	\$18,396/ \$1,533	\$27,588/ \$2,299	\$34,033/ \$2,836	\$36,780/ \$3,065	\$55,176/ \$4,598
4	\$21,152/ \$1,846	\$33,228/ \$2,769	\$40,981/ \$3,415	\$44,304/ \$3,692	\$66,456/ \$5,538
5	\$25,920/ \$2,160	\$38,868/ \$3,239	\$47,940/ \$3,995	\$51,828/ \$4,319	\$77,736/ \$6,478
6	\$29,676/ \$2,473	\$44,508/ \$3,709	\$54,901/ \$4,575	\$59,340/ \$4,945	\$89,016/ \$7,418

**Financial eligibility is based on monthly income..*

Pregnant women are also covered under Dr. Dynasaur, but household income limitations are lower than for children. Call the Health Access Member Services Unit for details; **1-800-250-8427**.

Monthly charges for Dr. Dynasaur (for all children in household):

(Effective July 1, 2009)

Income (FPL is Federal Poverty Level)	Monthly Premium
Below 185% FPL	None
185% - 225% FPL	\$15/month
225% - 300% FPL with other health insurance coverage	\$20/month
225% - 300% FPL with no other health insurance coverage	\$60/month

If you want to pay your premiums automatically each month from your checking or savings account, call Health Access Member Services at 1-800-250-8427 (TTY 1-888-834-7898). Say that you want to make payments automatically.



Dr. Dinosaur

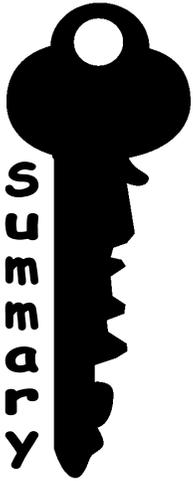
Local Department of Health Offices:

Location:	Address:	Phone:
Addison County	100 Exchange St., Suite 101 Middlebury, VT 05753-1529	388-4644 or 888-253-8804
Bennington County	200 Veterans Memorial Dr., Ste 1 Bennington, VT 05201-1944	447-3531 or 800-637-7347
Caledonia County	67 Eastern Ave, Suite 1 St. Johnsbury, VT 05819-2638	748-5151 or 800-952-2936
Chittenden County	1193 North Ave, Suite 1 Burlington, VT 05401-2749	863-7323 or 888-253-8803
Essex County	100 Main St., Suite 220 Newport, VT 05855	334-6707 or 800-952-2945
Franklin County	20 Houghton St., Suite 312 St. Albans, VT 05478-2248	524-7970 or 888-253-8801
Lamoille County	63 Professional Dr. Morrisville, VT 05661	888-7447 or 888-253-8798
Orange County	255 North Main St., Suite 8 Barre, VT 05641-4162	479-4200 or 888-253-8786
Orleans County	100 Main St., Suite 220 Newport, VT 05855	334-6707 or 800-952-2945
Rutland County	300 Asa Bloomer State Office Bldg Rutland, VT 05701	786-5811 or 888-253-8802
Washington County	255 North Main St., Suite 8 Barre, VT 05641-4162	479-4200 or 888-253-8786
Windham County	232 Main St., Suite 3 Brattleboro, VT 05301-2881	257-2880 or 888-253-8805
Windsor County White River Jct.	226 Holiday Dr., Suite 22 White River Junction, VT 05001	295-8820 or 888-253-8799
or in Springfield	100 Mineral St., Suite 104 Springfield, VT 05156	885-5778 or 888-296-8151



Local Economic Service Division Offices:		
Location:	Address:	Phone:
Addison County	700 Exchange St., Suite 103 Middlebury, VT 05753	802-388-3146 or 1-800-244-2035
Bennington County	200 Veteran's Memorial Dr, Ste 6 Bennington, VT 05201	802-442-8541 or 1-800-775-0527
Caledonia County	67 Easter Ave., Suite 7 St Johnsbury, VT 05819	802-748-5193 or 1-800-775-0514
Chittenden County	1193 North Ave. , Suite 5 Burlington, VT 05401	802-863-7365 or 1-800-775-0506
Franklin County	20 Houghton St., Room 313 St Albans, VT 05478	802-524-7900 or 1-800-660-4513
Lamoille County	63 Professional Drive., Suite 4 Morrisville, VT 05661	802-888-4291 or 1-800-775-0525
Orange & Washington County	255 North Main St., Suite 5 Barre, VT 05641	802-479-1041 or 1-800-499-0113
Orleans County	Emory E. Hebard State Office 100 Main St., Suite 240 Newport, VT 05855	802-334-6504 or 1-800-775-0526
Rutland County	320 Asa Bloomer State Office Rutland, VT 05701	802-786-5800 or 1-800-775-0516
Windham County	PO Box 70, 232 Main St., Brattleboro, VT 05302	802-257-2820 or 1-800-775-0515
Windsor County	100 Mineral St., Suite 201 Springfield, VT 05156 or 224 Holiday Dr., Suite A White River Jct., VT 05001	802-885-8856 or 1-800-589-5775 802-295-8855 or 1-800-775-0507

If you're not sure which Division office to go to, call 1-800-287-0589.



Katie Beckett & Disabled Children's Home Care

WHAT is it?

- A program which has two names: Katie Beckett and Disabled Children's Home Care (DCHC).
- A program enabling children with disabilities who might otherwise not qualify to obtain Medicaid EPSDT services.
- The parent's income and resources are NOT counted, only the CHILD'S income and resources are counted toward eligibility.

How do I QUALIFY for it?

- The child must have a disability.
- The child must be under the age of 19 years.
- The child must need a level of care given in hospitals, nursing homes, or in-patient care facilities. For example: a child receiving services at Brattleboro Retreat (or Northeastern Family Institute) or a child with an IV or G-tube living at home.
- It must be medically appropriate to care for the child at home.
- The care the child receives at home must not cost more than the same care in a care facility.

How do I APPLY for it?

- You can apply by calling The Health Access Member Services Unit **1-800-250-8427**.
- Ask for the application package specifically for the Katie Beckett Program. They will send you the forms.



Katie Beckett

If your child meets the eligibility guidelines for both Dr. Dynasaur and Katie Beckett programs, there may be advantages to applying for Katie Beckett rather than Dr. Dynasaur. Call Hilde Hyde of Vermont Family Network for more details at **(802) 728-2263**.

Medical bills incurred three months prior to eligibility may be paid by Medicaid after the child is found eligible for DCHC. To obtain retroactive benefits, a DSW 202A Request for Retroactive Assistance must be filed.

How is a disability determined?

The Disability Determination Service **1-800-734-2463** determines if a child is disabled. Examples of disabilities and conditions often covered under Katie Beckett include but aren't limited to: cerebral palsy with physical challenges, Down syndrome needing ongoing supervision, spina bifida, severe emotional disturbance, autism spectrum disorder.

Upon applying for DCHC/Katie Beckett:

The forms you should receive are:

- HC-202 Med. (Application for Health Care Programs).
- DSW-211 D Social Report (Disability Social Report).
- 2 copies of the Disability Information Release Authorization.
- Tips for Successful "Katie Beckett" (DCHC) Application.
- 2 Postage Paid envelopes. Ask the Member's Services Unit for a larger postage paid envelope if copies of the medical records and forms are too large to fit into the envelope provided.

Remember to fill out the application as if the CHILD was filing the application. Do NOT include family or household income and resource information. Remember the parent's income is NOT counted for eligibility.

Most families find the forms difficult to understand so please call Hilde Hyde, at VFN, 1-800-800-4005 or direct **(802) 728-2263** for assistance if necessary.

How long will it take to get Katie Beckett?

The VT Economic Services Division tries to determine if a child is eligible for Dr. Dynasaur before processing the DCHC application because a Dr. Dynasaur application is much quicker and easier to review and approve. Therefore, when you call for an application, let them know if your income is above the limit for Dr. Dynasaur, or you have lost Dr. Dynasaur because of an increase in income, or in the past your child had been found eligible for Supplemental Security



Katie Beckett

Income (SSI). In these cases your child might be eligible for Medicaid through the Katie Beckett program, though not through Dr. Dynasaur.

Generally a Katie Beckett application takes 6-9 weeks to process. You should receive a letter by mail, with the eligibility decision. If you disagree with the decision, you can appeal the decision. You can call Health Access Member Services at **1-800-250-8427** to check on the progress of your child's application.

What else should I know about Katie Beckett?

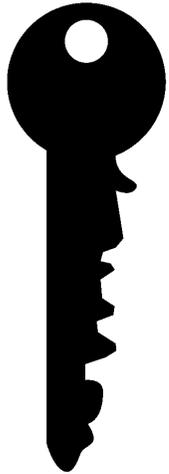
The following is optional, but can help speed up the application process:

- Make copies of your child's medical records that document your child's disability and send them with the application.
- List all the names of those who provide services or supports for your child (therapists, medical providers, counselors, special educators, etc.)
- Obtain and include letters from providers about your child's disability.
- When the Disability Determination Unit doesn't receive all the information about your child, they may deny your child's application even if your child should be eligible. Vermont Family Network can assist you with interpreting the denial and with the appeal process; call Hilde Hyde at **(802) 728-2263**. The Disability Law Project may be able to advise and provide representation about your appeal. (See *Grievance and Appeals Section on page 28-29.*)
- The application takes time and effort to fill out. You should make a copy of the application for your records in case the application is lost.

For more information or assistance call:

Vermont Family Network
(802) 876-5315, or
toll free 1-800-800-4005.





Reach Up (formerly ANFC)

WHAT is it?

- Reach Up offers case management, services, and cash assistance to families with low incomes to help them work toward self-sufficiency. Families who receive Reach Up are also eligible for health coverage (Medicaid), state subsidized childcare, and may receive fuel assistance, food stamps, job training and more.
- Reach Up was called "ANFC" in Vermont until July 1, 2001 and is sometimes called TANF (Temporary Assistance for Needy Families) by other states and the federal government.

How do I QUALIFY for it?

Before a family/household is found eligible to receive Reach Up, the following considerations are made:

- Earned and unearned income and resources of the household are counted.
- The parent(s) agree to work with their Reach Up case manager and participate in their Family Development Plan.

How Do I APPLY for it?

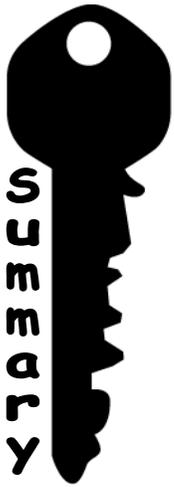
- Call or write your nearest local Economic Services Division office (*listed on page 9*) and ask for an application.
- This application is used to request Reach Up services as well as health coverage and food stamps.
- The application can be tricky to fill out, but just ask the local Economic Services Division worker for assistance.

Note: Low-income families with a disabled child(ren) will almost always have more total income if the disabled family member(s) is/are on SSI and the rest of the family is on Reach Up.

Do children who have Reach Up receive health care?

Almost everyone receiving Reach Up is eligible for Medicaid coverage.





Home and Community-Based Waivers

What is it?

- A waiver is a way the state can use Medicaid funding more flexibly to pay for services for a specific population as an alternative to institutionalized care. States can request that the federal government waive certain federal restrictions on how Medicaid dollars are spent.
- A child or adult who does not otherwise qualify for Medicaid could be found eligible for Medicaid by receiving one of the five waivers listed below. Conversely, a child or adult who is eligible for other kinds of Medicaid could get additional services covered under a waiver.
- A child or adult with significant personal assets, such as a trust fund, often cannot receive Medicaid, including a Medicaid waiver, unless the trust is what is known as "Medicaid qualifying" or "special needs".

What are the Waivers?

- **Developmental Services (DS Waiver)** *(Page 15.)*
- **The Children's Mental Health Waiver (MH Waiver)** *(Page 16.)*
- **The Traumatic Brain Injury Waiver (TBI Waiver)** *(Page 16.)*
- **Department of Aging and Disabilities Home-Based Medicaid Waiver** *(Page 17.)*
- **Department of Aging and Disabilities Enhanced Residential Care Waiver** *(Page 17.)*



WAIVERS



Developmental Services (DS) Waiver:

Who Is Eligible?

Individuals of all ages with a developmental disability (mental retardation with an IQ of 70 or below and significant deficits in adaptive behavior or a pervasive developmental disorder) are eligible for supports from Developmental Services within funds available. Individuals who have a critical need as defined in the System of Care Plan generally receive waiver funding. For example, children at risk of a possible out of home placement or adults who have health and safety risks or need employment supports are generally considered priorities for waiver funding. Needs are reassessed on a regular basis. The DS waiver is not an entitlement.

Waiver recipients are counted as a "one-person household", regardless of their present living arrangements. The family's income is "waived" or not counted. Only the income and resources of the person who has a developmental delay, cognitive impairment, or autism is counted.

What services may be available through the DS Waiver?

Services could include but are not limited to:

- service coordination
- behavior support
- community supports
- family education
- respite
- basic life skills and community mobility and self-sufficiency
- support during recreational activities
- job development/supported employment for adults

How Do I Apply?

For more details, contact the Division of Developmental Services at the Vermont State Department of Developmental and Mental Health Services, **(802) 241-2614**.

You can also contact your local developmental services agency for more information. Contact the Division of Developmental Services at the above number for the location of your local agency.

The Mental Health Waiver (MH Waiver):

Who Is Eligible?

Children with a mental health condition or mental illness who are at risk for psychiatric hospitalization are eligible for the Mental Health Waiver.

What services are available through the MH Waiver?

Services can include, but are not limited to:

- psychotherapy
- group therapy
- emergency care
- service coordination
- support services
- day activity
- family education and training services
- respite
- intensive day programming
- basic life skills
- community mobility and self-sufficiency

How Do I Apply?

Call the Vermont State Department of Developmental and Mental Health Services (DDMHS) at **(802) 652-2000** for more information or the number of your local community mental health center.

The Traumatic Brain Injury Waiver (TBI Waiver):

Who Is Eligible?

Individuals with recent, moderate to severe traumatic brain injury, age 16 years or older at risk for being in and out of rehabilitation centers

What services are available through the TBI Waiver?

Services can include but are not limited to:

- rehabilitation services
- transitional living
- case management services
- assistive technology
- employment supports
- psychology and counseling services
- respite

Long-term care services may be available for individuals 18 and older on TBI rehabilitation waivers for a significant period of time.

How Do I Apply?

Contact the TBI Program Coordinator at the Dept. of Aging and Disabilities, **(802) 241-3186**, for more information.

Department of Aging and Disabilities Home-Based Medicaid Waiver:

Who Is Eligible?

Vermont residents who are:

- elderly, or aged 18 and over with a physical disability, and
- need the level of care provided in a nursing home, and
- meet the income and resource eligibility criteria for Vermont Long-Term Care Medicaid, and
- live in a nursing home, are at risk of admission to a nursing home, or are otherwise at risk of harm or losing their independence.

This waiver provides services in the recipient's private home.

How Do I Apply?

Contact your local home health agency or area agency on aging.*

**If you do not know your local home health agency, call the Department of Aging and Disabilities at (802)241-2400. To locate your Area Agency on Aging call 1-800-642-5119.*

Department of Aging and Disabilities Enhanced Residential Care Waiver:

Who Is Eligible?

Vermont residents who are:

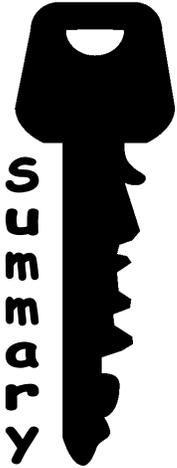
- elderly, or aged 18 and over with a physical disability, and
- need the level of care provided in a nursing home, and
- meet the income and resource eligibility criteria for Vermont Long-Term Care Medicaid, and
- live in a nursing home, are at risk of admission to a nursing home, or are otherwise at risk of harm or losing their independence.

The Enhanced Residential Care Waiver provides services only in licensed and approved residential care homes.

How Do I Apply?

Contact your local home health agency or area agency on aging.*

**If you do not know your local home health agency, call the Department of Aging and Disabilities at (802)241-2400. To locate your area agency on aging call 1-800-642-5119.*



Supplemental Security Income (SSI)

WHAT is it?

- Supplemental Security Income (SSI) is a federal program for people with disabilities administered by the Social Security Administration. Under SSI, a child is defined as being under age 18 and unmarried.
- If your child is found eligible for SSI then he or she is almost always eligible for Medicaid.
- Your child, if eligible, would also receive a monthly check from the Social Security Administration. The amount of the check will depend on the income and resources of the child and/or the child's household.

How do I QUALIFY for it?

Eligibility is based on

- a determination that the child is disabled (*See page 20.*)
- the family's (including the child's) earned and unearned income, resources, and assets. (*See page 19.*)

How do I APPLY for it?

- Families can either call or visit their local Social Security Administration (SSA) office in Burlington **(802) 951-6753**, Rutland **(802) 775-0893**, or Montpelier **(802) 223-3476** to begin the application process. The local SSA office will send the claim to the Disability Determination Service (DDS) for a medical decision.
- You can also call toll free **1-800-772-1213** to the Federal Social Security Administration to begin the application process.
- A face to face interview is NOT required. The application can be completed by phone and mailed to the family for their signatures.



Financial Eligibility

The Social Security Administration (SSA) determines a family's financial eligibility based on the following:

- **Earned Income:** Earned income is money from wages, tips, or self-employment.
- **Unearned Income:** Unearned income is money from child support, alimony, bank interest, unemployment compensation, Reach Up, disability trust income etc.
- **Resources and Assets:** Resources are things that families own such as cash, bank accounts, stocks, bonds, houses, cars, and boats. Farm equipment, rental property, furniture and personal belongings may be resources. Parents may have \$3,000 in countable resources if two parents live in the home, or \$2,000 if one parent is in the household. SSA considers any amount above that as belonging to the child. This is called "deeming". If the amount deemed to the child, combined with any resources the child has, is under \$2,000, the child is eligible for SSI.

Some resources are NOT counted by the Social Security Administration, such as the house that you live in, and one car of any value which is used for employment and/or medical appointments. (If the car is not used for these purposes, its market value cannot exceed \$4500.)

Many factors are considered when determining financial eligibility. All families are encouraged to apply even if they feel they are slightly over the income/resource guidelines. SSA will determine whether you meet the income/resource guidelines.

OR

- **"Waiver of Parental Deeming":** This is another way for a child to be found eligible for SSI. Under Section 1614(f)(2)(B) of the Social Security Act, when a child lives with his/her parent(s), a parent's income and/or resources are NOT counted if ALL of the following conditions are met:
 - the child is under age 18 years and disabled; **and**
 - at any time in the child's life the child previously received SSI, at the personal needs allowance level, while in a medical institution, (e.g. a hospital, Vermont Achievement Center, Intermediate Care Facility for the Mentally Retarded, Northeast Family Institute, etc.) for one calendar month or more; **and**
 - the child is now eligible for Medicaid from the state of Vermont under a home care plan; **and**
 - the child would be found **ineligible** for SSI benefits because the parents' income and resources are over the limit set by the Social Security Administration.



The child who fits into these eligibility rules would be eligible to receive SSI benefits based solely on the eligible child's income and resources. Payments to the child would be based on the personal needs allowance, currently \$47.66/month.

Disability Eligibility

The Disability Determination Service (DDS) determines if a child's disability meets eligibility requirements based on information provided by medical providers, therapists, counselors, schools, and parents.

- A child is considered to be disabled by the Disability Determination Service (DDS) if: 1) the child has a physical or mental condition which results in severe functional limitations, and 2) the condition is expected to last at least 12 months or result in death.
(See the "List of Impairments" for eligible diagnosis, page 46-47.)
- The family will be asked to list professionals who can provide information about their child's disability. This list should include ANYONE who can help document facts about a child's disability, including letters from physicians, therapists, teachers, day care providers, as well as family, friends, relatives, and/or others. Letters that describe the child's limitations are most helpful.
(See pages 48-49 for information on assessing functional ability.)
- The Disability Determination Service (DDS) determines the functional abilities and disabilities of the child. The DDS is located in Waterbury, Vermont and can be reached at **1-800-734-2463**.

Appeals Process

The Social Security Administration denies applications for children's SSI benefits where the medical evidence in the claim does not meet the requirements for eligibility. A large number of initial applications are turned down.

These denials can be appealed and benefits are often approved after an appeal is decided. Benefits are retroactive to the date of the original application. Contact Hilde Hyde at Vermont Family Network at **(802) 728-2263** if you need assistance in your appeal.

(For more information on the SSI appeals process see the Appendix, page 53.)





Medically Needy Program-Spend Down

WHAT is it?

- A program designed to assist people who have large out-of-pocket medical bills by subtracting them from their monthly net income, so they can meet the financial eligibility for Medicaid.

How do I QUALIFY for it?

If you temporarily have unusually large medical expenses and are

- a child under 21 years of age or
- a pregnant woman or
- disabled or blind or
- age 65 or older or
- the parent of a dependent child (under certain conditions)

An eligibility specialist will review your monthly income (if any), medical and other household expenses, household size, and resources and determine if you have enough expenses being paid out to allow you to qualify for Medicaid. This process is very individualized.

How Do I APPLY for it?

- We recommend that anyone who has unusually high medical expenses contact Health Access Member Services at **1-800-250-8427** for an application.
- An eligibility specialist will determine eligibility and whether you will be covered under managed care or a fee for service plan.



MEDICAID SERVICES

for CHILDREN under EPSDT

What is EPSDT?

Children birth-21 years who are eligible for Medicaid are entitled to services known as **Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)**. EPSDT was enacted by Congress, "to reduce infant mortality and improve access to child health services". It's the most comprehensive child health program in either the public or private sector. States are mandated to inform all people with Medicaid about EPSDT services and how to access them.

EPSDT services are paid for with Medicaid dollars which are approximately 40% general funds (Vermont tax dollars) and 60% federal dollars. EPSDT services must not have arbitrary caps or limits on their amount, duration, and scope.

There are about 50 services listed below that children are entitled to under EPSDT. Any child eligible for Medicaid is entitled to the services listed if a licensed practitioner states the service is medically necessary, in the amount prescribed by the practitioner.

What Services are included with EPSDT?

- Ambulance
- Audiology
- Augmentative Communication Devices
- Certified Nurse Midwife
- Children with Special Health Needs (CSHN) Clinics (if enrolled in CSHN)
- Chiropractic Services
- Dental care, including preventative, restorative and emergency care, and orthodontics
- Diabetic Supplies
- Doctor Visits, Primary Care, Comprehensive health exam
- Doctor Visits, specialists and second opinion
- Durable Medical Equipment (e.g. assistive technology, wheelchairs, AFO's, monitors etc.)
- Emergency Room
- Enteral/Parenteral Nutritional Formula
- Eye Exams
- Eyeglasses
- Family Planning (birth control)
- Formula for PKU
- Gynecologist (Women's Health Care)

- Healthy Babies Program
- Hearing Aids
- Home Health Nursing
- Home Health Aid
- Hospice Care
- Immunizations
- Inpatient Hospital
- Inpatient Rehabilitation
- Lab Tests and Screenings (e.g. hearing and vision tests, lead testing, MRI and CTscans, X-ray, EKG and EEG to detect physical, mental, vision, hearing, and dental conditions or delays.)
- Maternity Care
- Medical Supplies (e.g. diapers for children over age 3)
- Mental Health Services *(See page 25.)*
- Nutrition and Dietician Services
- Occupational Therapy
- Organ Transplants
- Orthotics
- Outpatient Hospital care
- Over-the-Counter Drugs
- Pediatric specialists including neurologists, cardiologists, urologists, etc.
- Personal Care Services *(See page 24.)*
- Physical Therapy
- Podiatry
- Prescription Drugs
- Prosthetics
- Respiratory Therapy
- Service Coordination
- Skilled Nursing Facility
- Speech Therapy
- Substance Abuse Treatment
- Surgery
- Transportation to and from medical appointments
- Well Child Visits

Note: Some services may require prior authorization.

PERSONAL CARE SERVICES

What are personal care services (PCS)?

Personal care services are one of the services provided through EPSDT for children under age 21 who are eligible for Medicaid. Families often are not aware of these services. If a child is approved for personal care services, a personal care attendant will assist the child and family with personal care activities for a certain number of hours each week determined by Children's Personal Care Services Program. The attendant will also assist in carrying out the child's care plan (e.g. behavior or feeding plan).

A child with physical, behavioral or cognitive problems could be found eligible to receive personal care services if he or she has difficulty with carrying out some (or all) of the following activities of daily living: bathing, dressing, feeding, toileting, grooming, positioning, transferring, or walking.

Examples of children receiving personal care service might include:

- a 7-year-old child with cerebral palsy who cannot bathe or feed him or herself independently
- an 11-year-old with autism spectrum disorder who needs constant supervision to carry out "activities of daily living" (ADL) such as dressing and grooming because of a challenging behavior.

Personal care may be provided by agency employees or by an individual provider trained and selected by the family:

Personal care services can be provided through a local agency that provides personal care services appropriate for the child's diagnosis or condition, or by someone the child's family chooses to employ under the self-management option.

Examples of agencies that provide personal care services for children include Professional Nurses Service (PNS), Visiting Nurse Association (VNA), and other local home health agencies, specialty services agencies, and certified providers. Some local developmental service and community mental health agencies provide personal care services, especially for children with emotional, behavioral or cognitive limitations.

Parents may serve as direct employers of care givers under a self-management option.

To request personal care services:

Contact Professional Nurses Service (PNS), Visiting Nurses Association (VNA), or other local home health, community mental health, or local developmental service agency to initiate the application process. Your physician, caseworker, or school nurse may also fill out the application. Be sure to work with a provider who understands your child's needs.

You will receive a decision letter from Children's Personal Care Services Program. If your request is approved, the letter will notify you of the hours approved. If you plan on working with a local agency, contact them directly once you have received your decision letter. If you plan on self-managing your child's Personal Care Services, contact Aris Solutions at 1-877-867-1918.

For more information, contact Children's Personal Care Services Program at **1-888-268-4860** or Vermont Family Network or any of the agencies and providers mentioned above.

MENTAL HEALTH SERVICES

Who is eligible for mental health services?

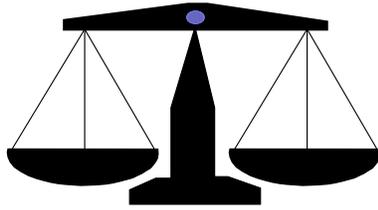
If your child is under 21 years of age and covered by Medicaid, he/she is eligible for behavioral/mental health services, if medically necessary. Vermont Medicaid covers preventive and rehabilitation services listed below. These services must be provided in the amount, scope and duration prescribed, without limits or caps.

What are the services for mental health and substance abuse through EPSDT?

- Diagnostic evaluation and intervention
- Individual and group therapy
- Living skills training (support and training to individuals carrying out behavior modification, feeding, communication programs, etc.)
- Family counseling
- Crisis intervention
- In-home crisis support
- Therapeutic behavioral interventions
- Supportive family intervention
- Professional and psychosocial consultation
- Substance abuse treatment
- Early intervention services
- Case management (coordination of services)
- Transportation to medically necessary appointments

All preventive and rehabilitative services are determined to be medically necessary through a screening process, performed by a licensed practitioner such as a physician, psychologist, etc. These services can be provided in the child's home, outpatient or inpatient facilities, schools, daycares, foster homes, shelters, etc. It is important that the services be provided within the child's natural environment, whenever possible.

If you have difficulty or need assistance please call Health Access Member's Services at **1-800-250-8427**, the Disability Law Project at **1-800-789-4195**, Vermont Family Network at **1-800-800-4005**, Office of Health Care Ombudsman at **1-800-917-7787**, The Vermont Federation of Families for Children's Mental Health at **1-800-639-6071** .



The Vermont Mental Health & Substance Abuse Parity Law of 1997 and Federal Mental Health Parity Law

What is the Mental Health & Substance Abuse Parity Law?

This law requires all insurance companies in Vermont offering health insurance plans to cover mental health and substance abuse services at no greater cost to you than other health care services.

Why is it important to Vermonters?

Before the law was passed:

- Insurance companies often limited coverage for mental health and substance abuse services and out-of-pocket consumer costs were higher than other health care services.
- Provider visits were limited
- Co-pays and deductibles were higher than other health care services.

Are all health insurance plans covered under this law?

The law applies to all plans offered by Vermont health insurance companies, including managed care companies. However, there are two **exceptions**:

- Health insurance companies that cover Vermonters but are **outside of Vermont** (For example, if you are covered by Empire Blue Cross/Blue Shield (of New York) they aren't required to follow the Vermont Parity Law.)
- **Self-insured companies** (employers who pay for their workers' health care costs themselves) are exempt from this law.

Do self-insured companies have to follow the Federal Parity Law?

Yes. They must follow Federal Mental Health Parity Law regulations. Self-insured companies with 50 or more workers must offer partial parity.

- **Partial parity under federal law:**
Prohibits lifetime and annual dollar limits for mental health coverage, but doesn't cover treatment for substance abuse.

What is the difference between the Vermont Mental Health & Substance Abuse Parity Law and the Federal Mental Health Parity Law?

Vermont's Laws and regulations are strict and provide more protection than Federal Law. For instance, the Vermont Law:

- Doesn't allow higher, separate, co-pays and deductibles for mental health & substance abuse treatment.
- Requires behavioral and substance abuse health coverage.
- Requires employers to offer health care plans to include mental health and substance abuse coverage.

In addition, Rule 10, Vermont's consumer protection regulation affects how Mental Health and Substance Abuse services are offered by Managed Care Plans Rule 10:

- Prevents **unnecessary** delays for services you need, when you need them.
- Requires managed care to have enough in-network providers so you can get an appointment in a reasonable amount of time.
- Has a broader definition of "medical necessity."
- Allows increased access to care based on the broader definition of "medical necessity."
- Requires oversight of managed care plans.

How does the Mental Health Parity Law work if I have managed care?

- The law permits the use of managed care for mental health and substance abuse services, even though other health services are covered by a different health plan.
- Managed care companies can offer different benefit packages, but at least one has to meet the financial equality test.

For more information on the Vermont Mental Health Parity Law call:

Office of Healthcare Ombudsman – **1-800-917-7787**

or

Dept. of Banking, Insurance, Securities and
Health Care Administration (BISHCA) – **1-800-631-7788**

or

Vermont Family Network – **(802) 876-5315, 1-800-800-4005**

Grievance and Appeals Process

What is the grievance and appeals process?

Problems arise with health care insurance coverage. The grievance and appeals process is a way to resolve issues with a health insurance provider.

You would use this process to solve issues such as:

- Denial of care
- Billing problems
- Delays in services

There is a grievance and appeals process to help you solve problems for all health care insurance:

- Medicaid fee-for service
- *Primary Care Plus*
- Medicaid Dr. Dynasaur
- Vermont Health Access Plan (VHAP)
- Commercial health care insurance including managed care (HMO, PPO)
- Employer sponsored self-insurance plans

How do I start this process?

- The first step in the appeals process is to read your notice of denial carefully. This should outline the process and timelines for appeal.
- Call your health care insurance provider to ask how their appeal process works if you have further questions.
- Request an internal appeal through your health care insurance provider or request a Medicaid Fair Hearing.
- If your appeal involves questions of eligibility, be sure to keep aware of timelines and procedures for appeal so you do not lose coverage in the interim.

If this doesn't solve your problem:

Contact the organizations listed on the following page to guide you through the next steps in the grievance and appeals process. The organizations can help you understand the issue, refer you to appropriate agencies that can help you, and/or be an advocate for you in solving your problems.

Organizations that can help in case of grievance or appeal:

Office of Healthcare Ombudsman – **1-800-917-7787**

Department of Banking, Insurance, Securities and
Health Care Administration (BISHCA) – **1-800-631-7788**

Disability Law Project (*local offices are listed on following page*)

Vermont Family Network – **(802) 876-5315, 1-800-800-4005**
Health Care Financing Coordinator, Hilde Hyde: **(802) 728-2263**

Office of Health Care Ombudsman

The Office of Health Care Ombudsman was created in 1999 to assist Vermonters with health insurance concerns and problems. The office is staffed by the state Health Care Ombudsman and health care counselors. Their services are available to all Vermonters regardless of income or resources. They can assist health care consumers with any type of health insurance coverage, including managed care, employer sponsored plans, small group plans, individual coverage, Medicaid and VHAP, and Medicare.

The counselors staff a state-wide toll free number. They answer questions, make available consumer education materials, refer to appropriate agencies, and advocate for and assist health care consumers in resolving health care issues and problems. Examples of issues they can help with are access to health care, billing problems, denials of care, delays in receiving care, and continuation of health insurance when changing employers or following loss of employment.

The Office also serves as a public voice for health care consumers in Vermont by commenting on federal and state health care regulations, providing the legislature and the public with information about health care issues in Vermont, monitoring and analyzing developments in health care, and recommending needed changes to the health care system.

The Office of Health Care Ombudsman can be reached at **1-800-917-7787** or (toll free TTY) **1-888-884-1955**. It is a special project of Vermont Legal Aid, Inc. located in the Burlington Legal Aid office.

BISHCA Consumer Information and Services

The Health Care Division of the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) consumer services specialists can assist consumers with questions and concerns about private health insurance plans licensed by the state and can also refer consumers to other agencies and programs as needed. Complaints are monitored closely so that appropriate action can be taken by the Division to address major and persistent problems.

The consumer services specialists can be reached at **1-800-631-7788** (toll free in Vermont) or **(802) 828-2900**.

Vermont Legal Aid Disability Law Project

The Disability Law Project provides free legal assistance to people whose legal problems arise from their disability, in matters such as abuse and neglect, special education, guardianship, Supplemental Security Income (SSI), Medicaid, accessibility and discrimination. A priority for the Disability Law Project is providing assistance to children and adults with disabilities who need assistive technology devices or services to receive an appropriate education, gain or maintain employment, independent living or community participation.

Vermont Legal Aid Offices - Disability Law Project

Contact the closest local office:	Address:	Phone:
Chittenden, Franklin, Grand Isle	264 No. Winooski Ave. PO Box 1367 Burlington, VT 05402	863-2881 1-800-747-5022
Washington, Orange, Lamoille	PO Box 606 Montpelier, VT 05601	223-6377 1-800-789-4195
Rutland, Bennington, Addison	57 North Main St. Rutland, VT 05701	775-0021 1-800-769-7459
Windsor, Windham	56 Main St, Suite 301 Springfield, VT 05156	885-5181 1-800-769-9164
Caledonia, Essex, Orleans	1111 Main St., Suite B St. Johnsbury, VT 05819	748-8721 1-800-769-6728

View other file for: **APPENDIX**

SSI

The following appendix is compiled from information from:

[A Parent's and Advocate's Handbook on How Children Can Qualify for Monthly SSI Benefits and Medicaid](#), 1997, Washington D.C., Judge David L. Bazelon Center for Mental Health Law.

[The Advocates Guide to SSI for Children](#), 1998, Washington D.C., Judge David L. Bazelon Center for Mental Health Law, Mental Health Law Project.

[SSI for Children](#) website, Judge David L. Bazelon Center for Mental Health Law, Washington, DC.

[Understanding SSI](#), Social Security Agency
[Help for Children with Disabilities](#), Social Security Agency

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To view/print out info on the above:

<http://www.vtfn.org/pdfdocs/SSIAppendix.pdf>