

# IMPACT REPORT

April - June 2023



PHILADELPHIA | PITTSBURGH

30 YEARS OF HELPING PEOPLE IN NEED GET THE HEALTHCARE THEY DESERVE



PENNSYLVANIA  
**Health Law**  
PROJECT

2023:

CELEBRATING 30 YEARS OF  
HELPING PEOPLE IN NEED GET  
THE HEALTHCARE THEY DESERVE

PHLP is a 501(c)(3) non-profit law firm that represents Pennsylvanians who need help getting or keeping Medicaid and other publicly-funded health care coverage and services.

We serve thousands of individuals from across the state each year. We listen to our client's story and we translate their personal experience into a legal problem to be solved. Sometimes that means challenging a decision to deny or stop Medicaid benefits. We also challenge Medicaid plans when they reduce or deny services.

Taking what we learn from individual cases, we advocate for large-scale policy changes that help others across the state. We also build capacity among consumers, providers, and other advocates by getting out in the community to provide education and training. Using the law and advocacy, we ensure that Pennsylvanians meet their most basic needs and have a pathway to opportunity.



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# MEET OUR STAFF

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# 2023

## Second Quarter: At a Glance



Through our statewide Helpline, we served hundreds of individuals from across Pennsylvania during the months of April, May, and June. We listened to our client's stories and we translated their personal experiences into legal problems to be solved. Sometimes that meant challenging a decision to deny or stop Medicaid benefits. We also challenged Medicaid plans when they reduce or deny the services our clients need to live healthy, full lives, such as in-home nursing, personal assistance services, and van modifications.

### TAKE A LOOK AT WHAT OUR STAFF ACCOMPLISHED LAST QUARTER:

748

Clients received free legal services

54

Advocates & other professionals received technical assistance

38

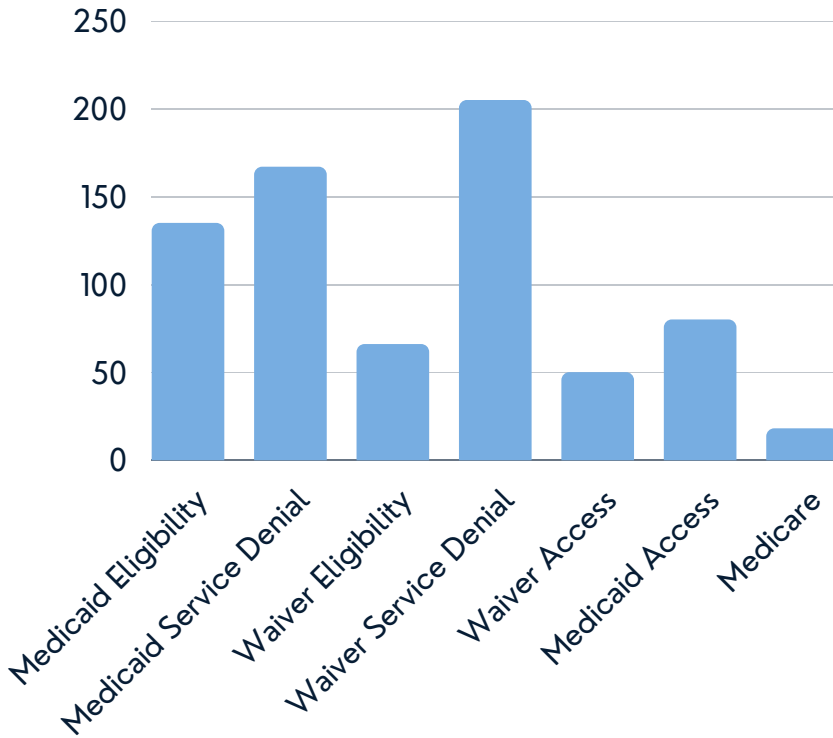
Community education materials created & trainings delivered

2,697

Hours of free legal assistance delivered to clients and professionals

# SPOTLIGHT: CLIENT SERVICE

## CASES CLOSED BY LEGAL ISSUE:



**1 IN 4**  
 Pennsylvanians  
 is enrolled in  
 Medicaid.

**3.7 MILLION**  
 Pennsylvanians are on  
 Medicaid. We offer  
 them a place to turn  
 when they have trouble  
 accessing life-saving  
 and life-sustaining  
 healthcare in the  
 Medicaid program.

"This is the second time I have used your services and both of the attorneys have been amazing to work with and have helped me to win the case each time. I'm truly thankful for their help and the fact that you have this option available for people that need the guidance to keep basic life assistance care and equipment."

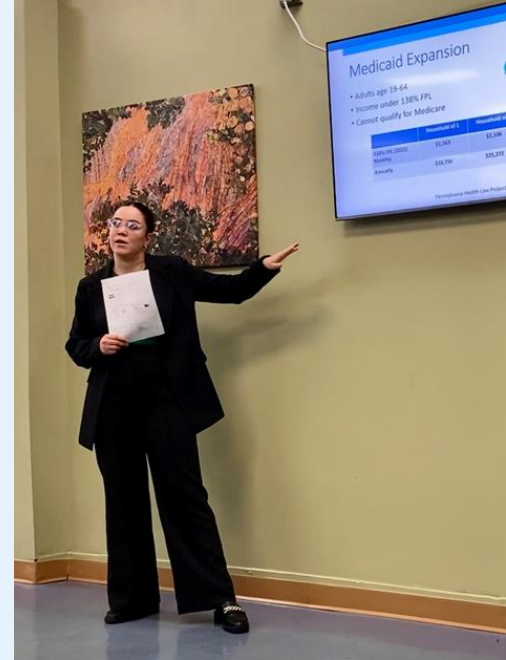
-TOM S.,  
 PHLP CLIENT

**2,450**  
 hours of clients' in-home care protected  
 by PHLP this quarter

**40%**  
 of Medicaid  
 enrollees are  
 children

# SPOTLIGHT: COMMUNITY EDUCATION

We use our knowledge of the law and our experience working with clients to train consumers, advocates, and healthcare providers on a wide range of healthcare topics. Here's a look at our community education during the last quarter:



23

Trainings  
presented

15

Consumer  
education  
guides created

## 2023 WEBINAR SERIES: PHE UNWINDING

This year, PHLP is hosting a series of webinars on the end of the Medicaid continuous coverage protections and the PHE unwinding. So far, the sessions have been well-attended and well-received: nearly 2,000 individuals have attended the sessions from across the state, and feedback received from attendees has been overwhelmingly favorable. Here's a look at each session in the series:



- MARCH 21: Getting Ready for SNAP & Medicaid Changes
- MARCH 28: Medicaid Eligibility 101
- APRIL 11: Medicaid Appeals & Reconsideration
- APRIL 20: MAWD & Workers with Job Success
- MAY 17: Dual Eligibles & Medicare Savings Programs





## ACCESSING SERVICES

### CLIENT SPOTLIGHT: T.D.

T.D. contacted the Pennsylvania Health Law Project this spring after her Medicaid health plan denied her request for needed dental care – specifically, periodontal scaling and root planing and a partial denture.

T.D. is a breast cancer survivor and is on a long-term medication to prevent its recurrence that can have a negative impact on periodontal health. The state of her teeth was causing her difficulty with eating. T.D. was able to take PHLP’s advice and get strong supporting letters of medical necessity from both her primary care provider and oncologist, explaining T.D.’s history of cancer and that the medication she was taking to inhibit its recurrence has a potential for negative impact on her periodontal health. The providers expressed their concern that untreated periodontal disease could in turn increase T.D.’s risk of her breast cancer reoccurring, among other potential negative health outcomes.

PHLP reached out to T.D.’s insurance provider with the letters of medical necessity and asked that a medical director re-review her requests for care. The insurance company did take another look at the requests and overturned their decision to deny the dental care T.D. so needed without making her go through with a grievance meeting. T.D. was very appreciative of PHLP’s help and guidance and told us that we had been both professional and compassionate and didn’t feel she could have done it without our help.

# MEET OUR 2023 SUMMER LAW INTERNS



Pictured left to right: PHLP summer interns Isabelle Breier (she/her), Celina Flores (they/them), and Joshua Dufour (he/him).

This summer, PHLP was pleased to welcome three summer law interns to our Philadelphia office. Our interns worked directly with clients and handled their own case loads. They got experience completing client intake interviews and assisting clients from across the state with Medicaid eligibility and access problems. Read on for a spotlight on each of our summer interns!



**Celina Flores**  
they/them

**Law school & graduation year:** Penn State Dickinson School of Law, 2024

**Hometown:** Pomona, CA

**What did you do prior to law school?:** I was a Litigation Assistant for three years at a personal injury law firm.

**What attracted you to PHLP's mission?:** I connected with PHLP's mission of "protecting and advancing health care rights." Access to health care can affect every aspect of a person's life. Without regular check-ups and treatment, people may get sick and lose their ability to work and provide for themselves and their families. They may even lose their ability to connect with their community. I love working for a nonprofit that works to ensure that this does not happen.

# MEET OUR 2023 SUMMER LAW INTERNS

**What are you most looking forward to this summer?:** I most look forward to handling a grievance and ensuring low-income Pennsylvanians have access to health care.

**What is your personal motto or mantra?:** "Ni modo." It roughly means, "Oh well. Nothing can be done." This feels slightly pessimistic, but I see it as moving on and letting go of things you cannot control. It's a way of picking yourself up and trying again.

**Share a fun fact about yourself:** I appeared in several advertisements as a child.



**Isabelle Breier**  
she/her

**Law school & graduation year:** Duke University School of Law, 2025

**Hometown:** Woodbridge, CT

**What did you do prior to law school?:** I was a legal assistant at Kang Haggerty in Philadelphia. I also spent several years as an administrative intern for PHLP while I was an undergraduate at University of Pennsylvania.

**What attracted you to PHLP's mission?:** PHLP counsels clients through some of the most important problems they will ever face- ones concerning their health- and it is a privilege to support clients in these moments.

**What are you most looking forward to this summer?:** I'm excited to work with clients and learn the nuances of Medicaid. A judge once called the Medicaid Act "a virtually impenetrable thicket of legalese and gobbledygook" and I'm looking forward to diving in.

**What is your personal motto or mantra?:** "Energy rightly applied and directed will accomplish anything."- Nellie Bly

**Share a fun fact about yourself:** I am the incoming president of the Health Law Society at Duke Law!

# MEET OUR 2023 SUMMER LAW INTERNS



**Joshua Dufour**  
he/him

**Law school & graduation year:** Temple University Beasley School of Law, 2024

**Hometown:** Drexel Hill, PA

**What did you do prior to law school?:** Bartender at the Rittenhouse Hotel; Film student and research assistant

**What attracted you to PHLP's mission?:** I am deeply interested in accessible healthcare, particularly for LGBTQ+ youth of color. Interning with PHLP provides the opportunity to gain a solid foundation in the complex healthcare system in Pennsylvania.

**What are you most looking forward to this summer?:** Getting a chance to catch up on movies/T.V. shows, hopefully. At PHLP, I am most looking forward to getting comfortable with the healthcare system in PA, which I'm learning is very complex.

**Other Law School Activities/Internships:** Judicial Intern to the Honorable Timika Lane, Temple Law Review, OUTLaw, Mazzone Center Name Change Project, Black Law Students Association

**What is your personal motto or mantra?:** Inner bloom, outer shine.

**Share a fun fact about yourself:** I am a classically trained vocalist, as well as a songwriter and composer.

Learn more about our summer internship opportunities by visiting [phlp.org/en/jobs](https://phlp.org/en/jobs) or scanning the QR code:





ACCESSING SERVICES

## CLIENT SPOTLIGHT: JULIAN

Julian is a 6-year-old boy with autism. His Medicaid insurer approved home health aide services to help Julian remain in the community with his family, but due to the direct care workforce shortage and lack of available providers, Julian was unable to use the services he had been approved for and so desperately needed. In May of 2022, Julian’s mother was approved to be his home health aide and things were going great; Julian was thriving with his mother as his home health aide and the family was able to rely on a steady source of income. However, that changed quickly in January 2023, when his mother received a complete denial of home health aide services from Julian’s Medicaid insurer, and a letter from the state saying parents were no longer able to be their child’s paid caregiver. That is when Julian’s mom called PHLP.

**Due to the direct care workforce shortage and lack of available providers, Julian was unable to use the services he had been approved for and so desperately needed.**

We worked with Julian’s mother and his home health agency to provide legal advice and counseling through the appeal process. All the while, Julian’s mother

## CLIENT SPOTLIGHT: JULIAN

was also advocating, along with dozens of other families and advocates, to convince the state that paying parents is a critical service in Pennsylvania that should continue. During the course of the appeal, the state, following pressure from advocates and families, made the decision to continue allowing parents to be paid as their child's caregiver and issued new guidance on May 15, 2023 explaining that decision.

**"Thank you so much from the bottom of my heart for helping us fight the good fight and win. You have forever changed our lives with the help and guidance you have given us."**

- AMBER F., JULIAN'S MOM

We represented Julian at his fair hearing and were able to show using clinical documentation and the new guidance from the state that his home health aide services were medically necessary and that his mother should continue to be paid to provide this care. The evidence was overwhelming, and the Medicaid insurer agreed to continue the hours without the need for a hearing. Now, Julian continues to thrive in the community with the services he needs and deserves.

**After we closed Julian's case, his mother sent us a heartfelt note:**

*"I cannot thank you enough for your efforts!!! You're such an amazing person and asset to our state. Thank you so much from the bottom of my heart for helping us fight the good fight and win. You have forever changed our lives. With your help, I was able to jump leaps and bounds with my son's very particular needs. We were able to attend many therapies I never thought were even possible. You've also given me the gift of TIME with my special boy to help nurture and give him the best possible life he deserves in his own home and in his familiar surroundings. Your time, effort, concern and diligence will never go unnoticed and you will forever be an attribute to our family. Keep up the good work!!!!"*



# WE LISTEN: CLIENT SATISFACTION SURVEY RESPONSES

In late 2021, we launched a pilot program to survey our clients about their experience working with PHLP. Launching this pilot program was a thoughtful, important process that allowed us to hear directly from our clients about what we're doing well, areas we can improve, and what getting help from PHLP meant to our clients. We have continued gathering client feedback into 2023 through the use of this survey. A copy of the survey questions can be found [here](#). Here are excerpts from the survey findings received this quarter:



**"I would recommend PHLP's services to other people."**

22%



Agree

6%



Neutral

67%



Strongly Agree



**"As a result of PHLP's help, my situation or life has improved."**

Strongly Agree  52%

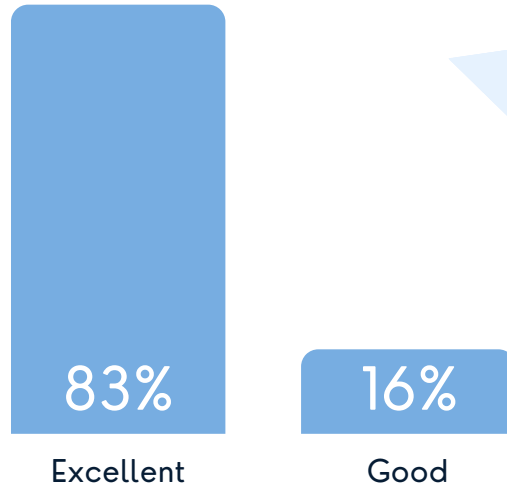
Agree  30%

Neutral  2%

# WE LISTEN: CLIENT SATISFACTION SURVEY RESPONSES



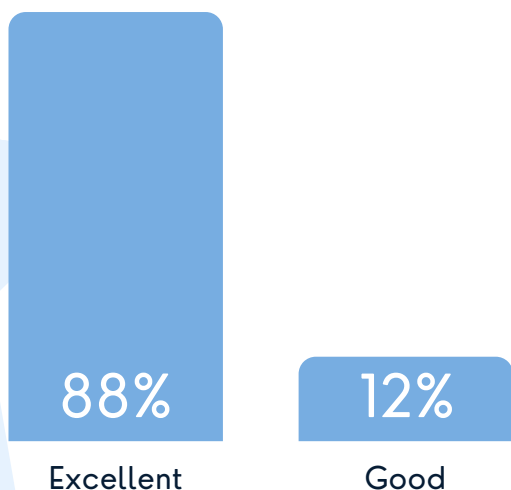
**"My PHLP lawyer or  
paralegal listened to me."**



**On average, clients rated our initial  
intake response time as 4.7 out of 5.**



**"My PHLP lawyer or  
paralegal showed me  
respect and concern."**





# WE LISTEN: CLIENT SATISFACTION SURVEY RESULTS

## ★ What did getting legal help from PHLP mean to you?

That our Mom, who has dementia, now has the 24/7 care that she needs.

Everything! Hope when we felt defeated.

The difference between getting the surgery I desperately needed and getting another denial letter from my insurance.

My 93-year-old mother can now live with me safely in our own home, and with a better quality of life — primarily because she was successfully approved to receive CHC waiver services. PHLP's assistance was key in guiding us through the application process.

PHLP was able to correct a problem with my son's Medicaid that saved him thousands of dollars over the course of his lifetime.

It meant the world to me. The help from PHLP made a huge difference in my life and on me being able to continue the fight to obtain the services I truly needed.

Peace and confidence.



PHOTO COURTESY OF ANDREW HOWARD | PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION (PATF)

# SPOTLIGHT: POLICY ADVOCACY

## Protecting Parents' Ability to be Paid Caregivers

Throughout the public health emergency (PHE), and in some cases even prior to the PHE, parents in Pennsylvania have received payment for providing their own children with medically necessary home health aide services under our Medicaid program. Paying parents as home health aides is an invaluable practice that has benefited hundreds of children with complex health conditions, allowing parents to financially support their families while giving children the care they need during a nationwide direct care worker shortage. Parents who were licensed skilled nurses have always been able to provide paid skilled nursing care to their medically fragile children,

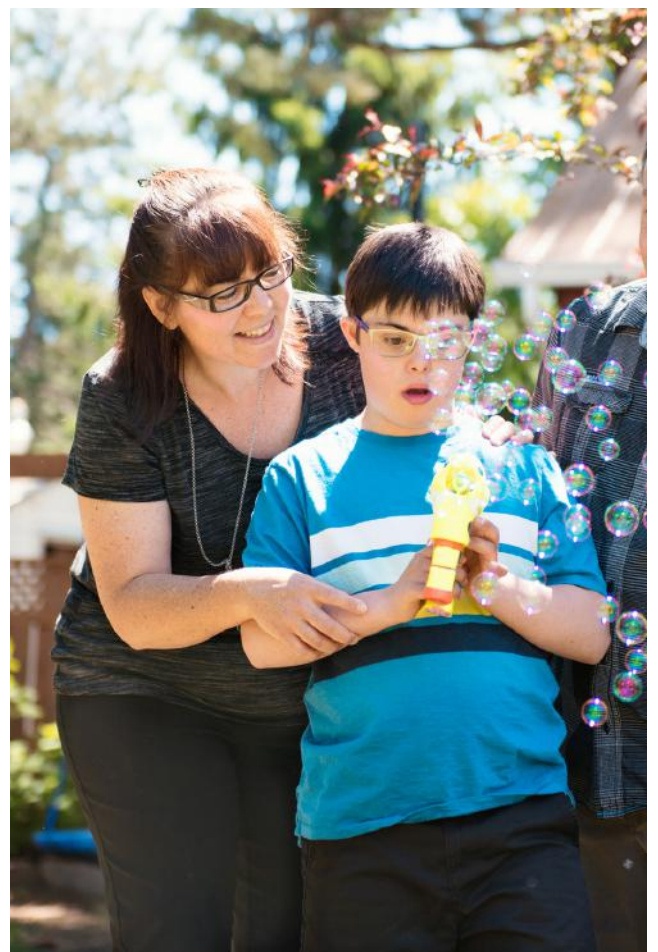


In January, the state had announced they needed to end the program once the pandemic ended due to lack of approval from the federal government for it to continue. After tireless advocacy from PHLP, advocates, families, and other stakeholders who urged the state to continue the program. In February, we learned that Pennsylvania planned to extend its years-long practice of paying parents who provide home health aide care to their own children and more guidance would be forthcoming.

Following this advocacy, as well as many discussions between the state Department of Human Services (DHS) and the federal government, Pennsylvania received approval from the feds to continue paying parents as home health aides. In March, DHS sent notices to families letting them know the program will continue. This was a relief for families who had no back no alternatives to finding available home health aides, or obtaining consistent outside employment.

On May 15th, DHS released an Ops Memo, which provides guidelines for paid parent caregivers as well as the home health agency. The Ops Memo explicitly states PH-MCOs may not deny coverage or limit the number of authorized hours that may be provided by the legally responsible relative. This memo has allowed more families to access the critical care their children need, while creating financial stability.

The Ops Memo also expanded parental availability. Prior to the memo, the state allowed for home health services to be covered for parents' work, sleep, or "other responsibilities". The new guidance defines "other responsibilities" to include completing essential household duties, such as shopping, housekeeping, yard work, and medical appointments; coordination of health care and services for the member; attending religious services; and care for other children in the home. This is an important addition that allows children to have the medically necessary care they require, and allow parents to complete critical responsibilities in their home.



We're hopeful that this victory for Pennsylvania families will be part of a larger, integrated approach to addressing the direct care worker shortage, assist with caregiver burnout, and ensuring that children with significant disabilities live healthy, full lives at home surrounded by their loved ones.

## Holding Medicaid Managed Care Plans Accountable in Providing Pediatric Therapies

Translating individual cases into systemic advocacy is a core element of PHLP's advocacy model. After noticing a pattern of cases in which one managed care plan had denied children therapy services – both physical therapy and occupational therapy – on the basis that the child had had no functional decline, PHLP in May escalated the cases and asked state Medicaid officials to investigate.

PHLP argued that the managed care plan was denying services for reasons that were invalid under the Medicaid medical necessity standard. The cases revealed that the MCO was requiring either functional decline or continuous improvement in functioning in order to continue previously authorized therapy services. Neither basis is permissible. Pennsylvania's medical necessity standard encompasses services that will help a person achieve or maintain maximum functional capacity. See 55 Pa. Code §1101.21(a).



State Medicaid officials agreed. In June, the Office of Medical Assistance Programs (OMAP) determined that the subcontracted vendor used by this MCO to review therapy requests had been applying the medical necessity criteria incorrectly. OMAP developed a corrective action plan through

which this MCO would reconsider the cases raised by PHLP and any similar denials and ensure appropriate training for its subcontracted vendor.

Originating in only a handful of client cases, PHLP's advocacy should result in dozens or hundreds of children receiving the physical or occupational therapy services they're entitled to under Medicaid coverage.

## Pushing for Stronger Protections in the Community HealthChoices (CHC) Program

In April, in response to a [Request for Information \(RFI\)](#) issued by the Pennsylvania Department of Human Services (DHS), PHLP joined with Community Legal Services to provide extensive feedback on the planned re-procurement of Community HealthChoices (CHC) managed care plans.

As readers may know, the CHC Program began in 2018 in Southwestern Pennsylvania and expanded statewide in 2020. The state contracted with three MCOs

to provide CHC coverage during this start-up phase through the first five to seven years of the CHC program. As we near the end of this first phase of CHC, the state plans to do a re-procurement where they will select plans to provide coverage during the next phase of CHC as well as outline the requirements of CHC program moving forward. Our comments to the RFI reflected themes which emerged from our clients' experiences with CHC during the past five years. We called upon DHS to adhere to the following principles in developing



the application for managed care plans to become, or continue to be, CHC plans; evaluating such applicants; and operating the CHC Program in future years:

1. Stakeholder engagement – putting people with disabilities and older adults in the center of both the re-procurement process and the CHC program
2. Increased accountability, compliance and oversight
3. Ensuring High Quality Care and Performance
4. Advancing Health Equity
5. Increased transparency

With these principles in mind, we made a number of recommendations aimed at improving the CHC program for the Medicaid populations it serves: older adults and people with disabilities who get home and community-based waiver services, nursing facility residents, and people with Medicare and Medicaid who do not get Medicaid long-term care services. Among our many recommendations, we emphasized that due process rights must be honored. This includes guarding against arbitrary and capricious decision-making, ensuring that service denial notices provide complete and clear explanations for the denial decision and also ensuring that participants can fully exercise their appeal rights to challenge service denials.



We also focused on the need to ensure person-centered service planning principles are valued. This includes requiring service authorization decisions to be based on validated and appropriate processes. It also involves giving service coordinators both the time and tools necessary to succeed in developing, implementing and coordinating robust service plans to meet the needs and goals of participants in the community.

In developing the application to be a CHC managed care plan, evaluating applicants and molding the CHC program for years to come, we hope DHS will carefully review and consider our recommendations as well as the recommendations of other organizations and individuals that represent the interests of CHC participants.

## Enforcing the Carr Decision to Protect Dual Eligibles' Medicaid Benefits



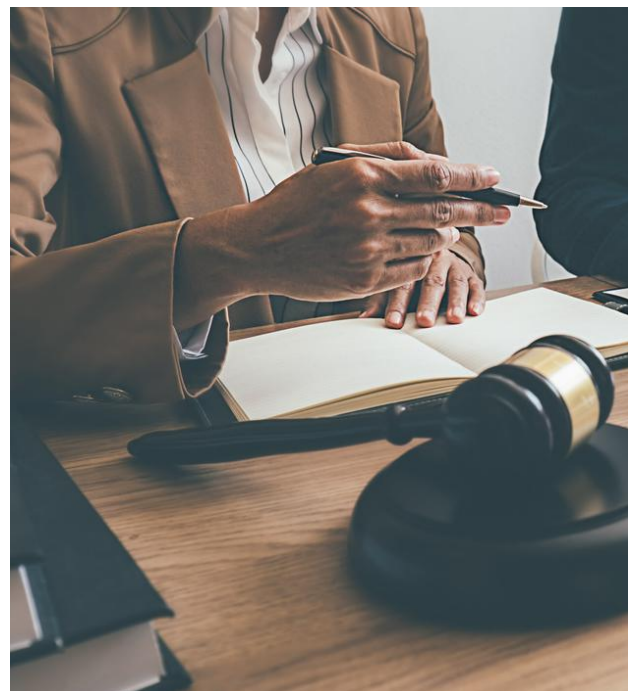
On January 31, 2023, a federal judge in the case Carr v. Becerra ordered the U.S. Department of Health and Human Services to stop enforcing a Trump-era regulation that had resulted in tens of thousands of people across the United States losing Medicaid coverage in violation of the Families First Coronavirus Response Act (FFCRA) requirement that states keep people on Medicaid during the COVID crisis.

The Carr court also certified a nationwide class of people who were or would be harmed by the now enjoined regulation. That class consists of all individuals enrolled in Medicaid at any point from March 18, 2020 through March 31, 2023 whose Medicaid was reduced from full coverage to a Medicare Savings Program only. Medicare Savings Programs (called "Buy-In" in Pennsylvania) pay the Medicare Part B premium and may cover Medicare Part A and B out-of-pocket costs.

Using the experiences of our clients, PHLP supported the attorneys who brought the lawsuit with anecdotal information about the impact of the Trump rule on Pennsylvanians. Once the Carr order was issued, PHLP immediately reached out to the Pennsylvania Department of Human Services (DHS) to advocate for compliance with the order, which, though not directed at DHS, was intended to require action on its part.

Despite the judge's order applying to a class of all individuals on Medicare whose Medicaid was or would be reduced or terminated during the COVID crisis, DHS initially understood its obligation to be limited to ceasing reducing class members' Medicaid and reinstating those who had lost coverage since the January 31 order. It did not believe the order extended to reinstating people whose coverage was reduced prior to January 31 under the now illegal Trump rule or that it required Medicaid to be put up retroactively.

PHLP shared with Carr class counsel these challenges enforcing the court order. Carr class counsel in turn obtained from the court a second order clarifying the first. When PHLP returned to DHS with that clarifying order, it agreed it was required to retroactively restore full Medicaid coverage for all people on Medicare whose Medicaid had been reduced or terminated from November 2020 (when the now-illegal rule took effect) through March 31, 2023.



In April, DHS prospectively restored Medicaid to approximately 8,800 Pennsylvanians whose coverage had been reduced and began identifying people who would need Medicaid reinstated retroactively, including people who had their Medicaid reduced in the past, were able to find another path to Medicaid, but had a gap in coverage.



Surprised at what we saw as a low number of individuals being reinstated, PHLP audited the cases of our past clients whose Medicaid was reduced under the Trump rule. We concluded that DHS had likely missed a substantial number of people who were entitled to have their Medicaid reinstated. We documented and shared our findings with DHS, who investigated and subsequently identified approximately 23,000 more Pennsylvanians whose coverage needed to be restored. Due to obligations related to the Medicaid unwinding and other factors, DHS will begin giving coverage and providing retroactive coverage to the tens of thousands of people with gaps in their Medicaid coverage in October 2023.

The Carr case and DHS' compliance with it is a huge victory for Pennsylvanians who lost coverage during the pandemic and who now or will soon enjoy the benefits of the Medicaid program, at least until their next renewal date, and be able to get past medical bills covered.

## Empowering & Safeguarding Seniors and People with Disabilities During Medicaid Unwinding

April 1st marked the start of the “unwinding” of the Medicaid continuous coverage protections that had been in place since March 2020 due to the COVID-19 pandemic. For the past three years, people were not allowed to be terminated from Medicaid coverage regardless of whether they completed Medicaid renewal paperwork or continued to meet the eligibility criteria. Starting April 1, 2023, the normal rules related to Medicaid eligibility went back into effect.



PHLP continued to advocate with the Pennsylvania Department of Human Services (DHS) to push for policies and practices that minimize the number of people who lose Medicaid due to paperwork problems and to ensure smooth transitions to other health care coverage for those no longer eligible for Medicaid. PHLP also advocated with other state agencies, including the Pennsylvania Department of Aging (PDA) and Pennsylvania Insurance Department (PID) to improve outreach and education materials and to expand healthcare choices for Medicare beneficiaries who no longer qualify for Medicaid.

## NEW OPPORTUNITY TO JOIN A MEDIGAP PLAN

A big win during this quarter was the Pennsylvania Insurance Department's issuance of a bulletin instructing insurers to allow guaranteed issue enrollment into Medigap policies for Medicare beneficiaries who lose Medicaid during the unwinding period. PHLP had advocated with PID for such a policy.



Medigap plans supplement, or fill in the gaps, of Original Medicare coverage thereby limiting people's out of pocket health care costs. Depending on the Medigap plan, it can cover the Medicare Part A and B deductibles and coinsurance. Pennsylvania has very strict enrollment rules for Medigap plans. People have a

short guaranteed issue window to enroll in a Medigap regardless of their health conditions when they first turn age 65 or when they first enroll in Medicare Part B. People who miss this window can be denied Medigap coverage or charged more for coverage based on their health conditions ("medical underwriting"). There are limited other guaranteed issue enrollment opportunities that apply; however, there had been no guaranteed enrollment opportunity available to Pennsylvanians losing Medicaid. The PA bulletin issued in April changes that, at least through the unwinding period.

The bulletin notifies insurers that they are expected to allow a guaranteed issue enrollment opportunity for people who lose Medicaid during the unwinding and who act to enroll in a Medigap plan within required timeframes (generally 63 days after losing Medicaid coverage). This opportunity to enroll in a Medigap plan without medical underwriting is important to helping people who normally would have had access to such plans if it were not for the COVID-era Medicaid continuous coverage provisions. Thousands of Pennsylvanians who stayed on Medicaid and turned 65 over the last three years missed their Medigap guaranteed issue window because it is illegal to sell a Medigap plan to a Medicaid recipient since Medigap is considered duplicative coverage for people on Medicaid.

Since the bulletin was published, PHLP has worked with its partner, the PA MEDI Program (which counsels people on Medicare options), to raise awareness of the bulletin and its new requirements. PHLP continues to work with PA MEDI to ensure that people impacted by the Medicaid unwinding who want to enroll in a Medigap plan are able to do so per the bulletin's requirements.

## ENSURING ACCESS TO MEDICARE INFORMATION

In another victory for older adults and people with disabilities, PHLP partnered with other advocates to increase awareness of Medicare options and opportunities among people losing Medicaid because they no longer qualify. With our partners, we urged the PA Department of Human Services to send a notice to people eligible for, but not yet enrolled in, Medicare about new Medicare enrollment opportunities for people losing Medicaid and to connect them with PA MEDI for help.



DHS also largely adopted our recommendations to improve the content of this notice. In addition, the PA Department of Aging accepted recommendations from PHLP and other advocates to improve its unwinding fact sheet aimed at older adults. We urged PDA to provide tips to help people keep Medicaid coverage during the unwinding and to share information about Medicare options and help available through PA MEDI and other resources for those who no longer qualify for Medicaid.

## MINIMIZING SERVICE GAPS FOR PEOPLE WHO LOSE MEDICAID

With Pennsylvanians once again required to renew their Medicaid in order to maintain it, the risk of people being terminated from Medicaid because of problems with renewal paperwork and then returning to Medicaid soon after is high. This losing and regaining of coverage is called Medicaid churn and PHLP has been engaged in substantial advocacy with DHS to minimize it and, where it occurs, ameliorate the impact.



To help reduce gaps in care for participants in the Community HealthChoices (CHC) Waiver who churn off and on Medicaid, PHLP and other advocates successfully persuaded the Office of Long-Term Living to extend the timeframe for reinstatement of Person-Centered Service Plans (PCSPs) from 30 to 90 days. A person must have an active PCSP in order to receive waiver services.

Allowing the PCSP to automatically be reinstated means someone who loses Medicaid and gets it back within 90 days will be able to quickly have their services restart without having to be reassessed for services and go through a person-centered service planning process which would increase the length of gaps in care.



## ACCESSING SERVICES

# CLIENT SPOTLIGHT: DEACON

Deacon, a 7-year old boy with autism, global developmental delay, and PICA, is one of over 14 million children in the U.S. with special health care needs. He needs constant care from a one-on-one caregiver who can help him with his daily tasks like eating, bathing, dressing, and remaining safe. Thankfully, Medicaid can provide children like Deacon with a wide range of services to meet these daily needs, many of which are not covered at all or only available in limited amounts through private insurance. But Deacon’s Medicaid managed care insurer denied his family’s request for in-home health care three separate times. After an unsuccessful appeal, Deacon’s family called PHLP for help appealing the most recent denial.

Deacon’s Medicaid insurer claimed that his behavioral needs and lack of “medical” needs made him ineligible for the in-home care his doctor sought. As soon as PHLP spoke with Deacon’s mother and reviewed the documentation supporting the request for services, we noticed that the documentation did indeed focus

**Deacon is one of over 14 million children in the U.S. living with special health care needs.**

too much on Deacon's behavioral needs, and most importantly, it left out his relevant healthcare needs giving rise to his need for in-home supports. We consulted with Deacon's medical team and home health agency, helping to address the documentation issues by gathering more support for the request, including an updated letter of medical necessity from his doctor, letters of support from family members, and employment verification for his mother. With the new set of documents, we facilitated the process of resubmitting the information to the insurer for consideration. Once again, his insurer denied the request. This time, however, we knew that we had the law on our side, and we encouraged Deacon's family to not take no for an answer.

We represented Deacon in a grievance hearing with his insurer, and brought in evidence and testimony to show that Deacon needed in-home care due to his extensive daily care needs, his sibling's schedules and activities, his mother's employment, and the fact that no other caregiver was available or qualified to meet his needs. This time, the insurer partially approved the request by granting Deacon 15 of the 40 hours requested each week.

**Because of  
PHLP's work,  
Deacon now has  
the supports he  
needs to remain  
healthy and  
thriving at  
home, and his  
mother is able  
to work to  
support the  
family.**

Again, we were not deterred. We helped his mother with the next level of appeal, which would bring his case before an external reviewer, who would determine whether the insurer's partial denial was appropriate. We submitted a letter brief summarizing our arguments, and this time, our appeal was fully successful. After a long process with many levels of appeal, the external reviewer found that 40 hours per week of home health care for Deacon was medically necessary and overturned the insurer's denial. Deacon now has the supports he needs to remain healthy and thriving at home, and his mother is able to work to support the family.

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"As a civilization, a country, and as individuals, we seem to have made a choice to ignore the most vulnerable and unfortunate. The social safety net that is supposed to protect the elderly is broken. Words and prayers are not effective at solving these problems.

This is why I am honored to have the opportunity to support the exceptionally important work of the Pennsylvania Health Law Project with my donation, and I urge you to do the same. If you believe in the promise of a fair and just society, please consider becoming a part of the solution so others can be helped, as PHLP helped my mom Irina when she needed this help in the last year of her life."



Vlad is pictured here with his mother Irina in 2019 following her debilitating stroke which left her partially paralyzed. She later developed dementia and shortly after, lost the ability to speak. PHLP's involvement in Irina's legal appeal was the defining factor in restoring her in-home services and support

**SUPPORT OUR WORK!**

Your donation helps support thousands of families who rely on PHLP's legal support to fight for the healthcare they need.

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April - June 2023

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