

# PA Consortium for CYSHCN

## Background Brief

### Insurance

This background brief presents an overview of the status of **insurance and publicly funded health coverage** for children and youth with special health care needs (CYSHCN) in Pennsylvania.

The federal Maternal and Child Health Bureau identified six core outcomes as critical indicators of success in implementing community-based systems of services for all CYSHCN in accordance with Healthy People 2010 and the President's New Freedom Initiative. This background brief relates to Core Outcome #3:

**Families of CYSHCN have adequate private and/or public insurance to pay for the services they need.**

#### **Background**

In discussing the array and depth of services that address the needs of CYSHCN, the issue of how services will be paid for is an overarching one. Within the context of the Consortium conference, insurance and publicly-funded health coverage programs (Medical Assistance, CHIP) will be incorporated into the breakout discussions.

Access to health care services is almost always directly related to insurance status. Children with special health care needs can be covered through:

- Private insurance through their parents' employer
- Publicly funded coverage through Medicaid and CHIP
- Or, an amalgamation of the two with private insurance providing primary coverage and Medicaid as secondary coverage when private coverage benefits limits are exceeded or where there is no private coverage benefit.
- Children with End-Stage Renal Disease qualify for Medicare.

#### **Publicly funded coverage**

##### **Medical Assistance**

Medical Assistance (sometimes called Medicaid) has the broadest coverage of medical and mental health services for persons under 18 of any insurance plan. Children are entitled to all health care services that meet the definition of "medically necessary". Medical Assistance covers services rarely covered by employer provided insurance such as Behavioral Health Rehabilitation Services ("wraparound"), in-home shift nursing (2 hours or more per day), in-home personal care services, diapers, nutritional supplements, prescriptions, and transportation to and from medical appointments. It also covers services such as physical, speech or occupational therapy without annual or lifetime caps often imposed by other insurance plans, behavioral health services including substance abuse treatment, family-based mental health services, residential treatment and therapeutic summer camps. Medical Assistance can be a child's only insurance or it can be a secondary to other coverage, covering those services or equipment not covered by the child's primary insurance.

##### **Qualifying for Medical Assistance**

**Family Income.** Eligibility is based on family size, family income and age of the children. Family assets are not counted for children and pregnant women. This category may allow additional family members (siblings, parents) to qualify for coverage.

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**Supplemental Security Income (SSI).** For children birth through age 17 based on developmental norms. Eligibility is based on the level of the child's disability and the family income and family assets. SSI provides medical coverage through Medical Assistance and a monthly cash benefit.

**Disabled Child Category (PH95) sometimes called "loophole".** For children birth through age 17 based on SSI criteria. Eligibility is based on the level of the child's disability and the *child's* income. Parental income is not counted. Assets are not counted. PH95 provides Medical Assistance coverage but no cash benefit.

For youth ages 18 to 21, the SSI disability criteria for adults based on employability applies. Eligibility for SSI is based on income and resources. Youth 18-21 who qualify for SSI are eligible for the full range of EPSDT services.

**Other.** Undocumented children can qualify for Emergency Medical Assistance for an illness or injury.

### **Medical Assistance Delivery Mechanisms**

Medical Assistance is provided through two delivery mechanisms. Twenty-five counties have Health Choices managed-care plans and forty-two counties have fee-for service care.

### **Health Choices**

Health Choices currently serves more than 900,000 Medical Assistance enrollees in 25 counties across the state. Coverage is divided between Physical Health managed-care plans and Behavioral Health managed-care plans. If the enrollees live in a Health Choices county, they can choose among the physical health plans in their zone.

Health Choices managed care plans are required to have a Special Needs Unit to better coordinate care for people with special health care needs.

### **Fee-for-service through Access Plus**

Access Plus provides physical health services to eligible Medical Assistance recipients who are not enrolled in a voluntary managed care organization in the 42 Pennsylvania counties not serviced by HealthChoices. ACCESS Plus includes enhanced Primary Care Case Management and Disease Management. In Access Plus counties, behavioral health services are administered on a fee-for-service basis as well.

### **Children's Health Insurance Program (CHIP)**

The Children's Health Insurance program is publicly funded health insurance that resembles a good private health insurance plan. CHIP covers well and sick visits, specialists, immunizations, hospital and emergency room care, hearing and vision care including eyeglasses and hearing aids, prescription drugs, behavioral health care services, and dental care (although not orthodontia).

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Eligibility is based on the family size, family income and the age of the children. For families under 200% of the poverty guidelines (about \$44,000 a year for a family of 4), CHIP coverage is free and there are no co-payments for services. For families between 200 and 300% (more than \$44,000 but less than \$66,000) of the poverty guidelines, the premiums for CHIP are on a sliding scale and there are some co-payments for services. Above 300% (about \$66,000 a year) CHIP coverage can be purchased at the full cost of about \$200 a month and co-payments are slightly higher than in the sliding scale program.

For families with income below 200% of the federal poverty guidelines, there is no waiting period for coverage to begin. For families above 200%, there can be a waiting period before coverage can start. Children under age 2 and children who have lost coverage due to a parent's unemployment do not have a waiting period.

**Autism and Insurance (Act 62)**

This is a new Pennsylvania law mandating insurance coverage for autism services takes effect July 1, 2009 at the insurance policy's renewal date. The law does not apply to:

- employers who "self-insure"
- employers with fewer than 51 employees
- association health plans (such as a plan available through the Chamber of Commerce)
- out of state insurance plans

The law mandates coverage for the cost of diagnostic assessment and treatment of autism spectrum disorder and services for children under the age of 21, up to \$36,000 per year.

Diagnostic assessment and treatment and includes:

- Prescription drugs and blood level tests;
- Services of a psychiatrist and/or psychologist (direct or consultation)
- Applied behavioral analysis; and
- Other rehabilitative care and therapies, such as speech and language pathologists, occupational and physical therapists.

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