Pennsylvania
Department of Human Services

Maintaining and Verifying Medicaid Eligibility

ODP Announcement 25-097

AUDIENCE:

- Providers and Supports Coordination Organizations (SCOs) enrolled in the Consolidated, Community Living, Person/Family Directed Support (P/FDS), and Adult Autism waivers and Targeted Supports Management
- Administrative Entities (AEs)
- Adult Community Autism Program (ACAP) Managed Care Entity (MCE)

PURPOSE:

This communication is intended to inform all parties of the importance of supporting individuals in maintaining their eligibility for Medicaid[1] and in verifying an individual's eligibility for Medicaid prior to delivering services.

DISCUSSION:

In Pennsylvania, the Department of Human Services' **County Assistance Offices (CAO)** are responsible for determining if an individual is eligible for public benefits such as Medical Assistance (MA), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/cash assistance), and more. The CAOs communicate

[1] In Pennsylvania, Medicaid is also known as Medical Assistance

with individuals and their Representative Payee, if applicable, to provide notices about approvals, denials, interview dates, requests for missing documents, and deadlines.

To maintain eligibility for MA, individuals or their Representative Payees must respond and provide all requested documentation by the deadline provided by the CAO. Notices from the CAO requesting documentation to redetermine eligibility for MA may be sent annually[2]. The renewal date for their MA will not necessarily be the same date or month year after year.

In 2025, the One Big Beautiful Bill Act (OBBBA), also known as H.R. 1, was passed. OBBBA is a federal law that changed what the CAOs must do to determine MA, SNAP, and TANF eligibility. Some of these changes will go into effect in 2025 and others will not go into effect until 2026 or later. OBBBA may impact what the CAO is requesting from the individual and/or Representee Payee and how often the CAO is requesting documentation.

Roles and Responsibilities to Support ODP Individuals in the Completion of Medical Assistance (MA) Renewals

Individuals must be eligible for MA to receive services in the Consolidated, Community Living, P/FDS, and Adult Autism waivers, Targeted Supports Management, and ACAP. In addition, MA covers critical physical and behavioral healthcare services. Supporting individuals in maintaining their MA involves the below key elements.

- Understand MA Eligibility Criteria: AEs, SCOs, providers, and the ACAP MCE are not expected to know how MA eligibility is determined or what income and resource limits apply to each person, but having a general understanding can be helpful

[2] Individuals receiving Medical Assistance for Workers with Disabilities (MAWD), may be asked to renew their MA two times a year.

when assisting individuals with their MA renewals. General information can be found on the **Department of Human Services' website**.

- Reinforce the Importance of MA Eligibility: Educate individuals, their families, and/or Representative Payees on the importance of maintaining MA coverage. Maintaining MA coverage will ensure the individual can continue to have access to physical and behavioral healthcare, medications, and home and community-based services (HCBS) offered through their waiver.

- Assist with Documentation: Assist the individual in gathering and completing any necessary documentation for their MA renewal. This may include proof of identity, income, resources, residency, or more.

- Ensure Timely Renewal: It is critical for individuals to submit their MA renewal on time. **Late or incomplete submissions of the MA renewal may result in a lapse of coverage during which individuals may not receive the critical services they need**. Services that are delivered during a lapse in MA will likely result in providers of healthcare and HCBS not receiving payment for those services. Support individuals to navigate the renewal process, including filling out forms, providing necessary documentation, and meeting deadlines.

- Address Barriers to Maintaining Eligibility: Identify and address barriers that may prevent individuals from maintaining their MA coverage. This could include challenges with paperwork, transportation to appointments, or communication with the caseworker at the CAO.

- Monitor and Follow-Up: Regularly monitor the individual's MA status and follow up as needed to ensure that their coverage remains active. This includes tracking renewal deadlines, addressing any issues that arise, and providing ongoing support as necessary.

- Provide Ongoing Support: Offer support to individuals, their families, and/or Representative Payee to navigate the MA system independently in the future. This includes teaching them how to contact and communicate with the CAO caseworker and access available resources.

- Report Changes: Assisting the individual in reporting changes quickly and accurately will help to ensure the individual is receiving the correct benefits and that MA remains active. This includes changes to income, household size, address, employment status, and private healthcare insurance coverage. Changes can be reported quickly online at **COMPASS**, via mobile app (myCOMPASS PA), or by phone at 1-877-395-8930 (or 1-215-560-7226 for individuals that live in Philadelphia).

Social Security Representative Payee

The Social Security Administration's (SSA) Representative Payee Program provides benefit payment management to individuals who are incapable of managing their own Social Security payments. When selecting a payee, the SSA prefers the individual's parent, legal guardian, spouse, or other close relative or friend who has a strong interest in the individual's welfare. When such people are unavailable, unsuitable, or unwilling to serve, the SSA may select an organization to serve as Representative Payee. The SSA carefully evaluates the suitability of people or organizations applying to be payee.

The Social Security Act requires all Representative Payees to use Social Security payments for the "use and benefit" of the individual. The Representative Payee must use the Social Security payments for the individual's "current maintenance", which may include food, clothing, shelter, medical care (not covered by Medicaid), and personal comfort items. Additionally, payments shall be used towards any reasonably foreseeable needs. If the individual's current and foreseeable needs are met without using the full

Social Security benefit amount, the remaining benefit may be conserved for the individual's future needs.

Representative Payees may need to assist individuals to renew their MA in a timely manner. AEs, SCOs, Providers, and the ACAP MCE are encouraged to provide Representative Payees with the handout attached to this communication, *Medicaid Guide for Rep Payees of Participants served by ODP Programs.*

MA Reapplications Due Soon Report

Each month, the Office of Developmental Programs (ODP) generates an MA Reapplications Due Soon report for each AE and SCO. The report is uploaded to the internet version of DocuShare and can be found using the following path:

AEs: ODP \ **Division of Program Analysis** \ Select Region Folder \ Select County/Joinder Folder \ County Dashboards

Intellectual Disability/Autism (ID/A) SCOs: ODP \ **Division of Program Analysis** \ ID/A Supports Coordination Organization \ Select Region Folder \ Select the ID/A SCO

Adult Autism Waiver (AAW) SCOs: ODP's Bureau of Supports for Autism and Special Populations (BSASP) sends each SCO a monthly report of impacted individuals they serve for follow-up. Please note that AAW SCOs who are serving individuals whose MA is not coming due within the next four months will not receive a monthly report.

ACAP MCE: On the third Monday of every month, the MA Reapplications Due Soon Report (also called the "70reapp" file) is downloaded on SeGov and an email alert notifying the ACAP MCE of the download is auto generated.

The MA Reapplication Report includes the names and Master Client Index (MCI) numbers for all individuals whose MA renewal date is within the next four months. For

example, the report with a snapshot date of 5/31/25 was posted on 6/27/25 and includes the names and MCI numbers for all people whose MA renewals are due in June, July, August, and September. The report also includes the name of the SCO, the Supports Coordinator (SC), and the SC Supervisor for each individual.[3]

Please note that the AE and ID/A SCO MA Reapplication Report and the Demographic Reports have been combined into one excel file with separate tabs. The report provides both the date the MA renewal is due as determined by the CAO as well as an ODP-generated MA renewal date. The ODP-generated date is intended as a reference point to help identify participants whose renewal timelines may have shifted. It remains essential that AEs confirm actual renewal dates directly in eCIS, especially for individuals nearing their renewal period.

AEs and ID/A SCOs should download the monthly reports and send the information to providers for the individuals they serve and support individuals in completing their MA Renewal.

COMPASS Community Partners

COMPASS is Pennsylvania's fast and easy way to apply online for public benefits. Organizations such as hospitals, church groups, and other community-based groups that help people apply and maintain benefits can apply to become a COMPASS Community Partner. By registering as a COMPASS Community Partner, the organization can initiate and track applications through the COMPASS Community Partner Dashboard.

Additional information and instructions on how to register can be found in the **COMPASS Community Partner Quick Reference Guide**.

[3] The name of the SC and SC supervisor are not included on the ACAP MCE report.

Medical Assistance for Workers with Disabilities (MAWD)

Individuals who are employed may be determined ineligible for MA because of their earnings. In these circumstances, individuals should be supported to apply for MAWD. Eligibility for MAWD is determined by the CAO. Individuals or their Representative Payee should be encouraged to ask their CAO caseworker for a MAWD application if they are determined ineligible for MA because they have earned income from their job. MAWD has a higher income and resource limit than other MA programs and different allowable earned income deductions which may allow individuals to keep their MA and their job.

- **Medical Assistance for Workers with Disabilities (MAWD)**
- Changes to the MAWD legislation were made in 2021 with the MAWD Workers with Job Success Act: **Workers with Job Success Frequently Asked Questions (FAQs)**.

Provider and SCO Responsibilities to Verify Each Individual's MA Eligibility

Providers and the ACAP MCE are responsible for verifying that an individual is eligible for MA prior to delivering services. ODP cannot pay providers for services the provider rendered to a participant who was ineligible for MA on the date of service.

Eligibility Verification System

The Eligibility Verification System (EVS) is an online system that allows providers to verify an individual's eligibility for MA prior to rendering a good or service. Inquires can be made for individuals, and in addition, batch EVS reports are available upon provider request. Additional information can be found here:

- **Eligibility Verification Information (EVI) | Department of Human Services | Commonwealth of Pennsylvania**

- **MA Eligibility Handbook Appendix H**
- **EVS Provider Quick Tips**
- **Eligibility Verification System Provider Tip Sheet.pdf**

Helpful contact numbers:

- Eligibility Verification: 1-800-766-5387. Provides verification of MA eligibility and plan information. Available 24 hours a day, 7 days a week.
- Provider Assistance Center (PAC): 1-800-248-2152. Open Monday through Friday from 8:00 AM – 5:00 PM.
- Department of Human Services (DHS) Enrollment Department: 800-537-8862 options 2, then 4. Handles all enrollment questions and setups.

Eligibility Communications and Image System (eCIS)

eCIS is the computer system used by the CAOs to manage applications and eligibility determinations for public benefits. AEs who require access to eCIS must register, including those with an existing Commonwealth business partner account (b- account). To register for eCIS, follow the instructions in this guide: **eCIS Registration User's Guide.pdf**.

Other Resources

- The Pennsylvania Health Law Project (PHLP) can help when Medicaid coverage is denied or terminated: **Pennsylvania Health Law Project**.
- Applying for Medicaid for a Child with a Disability: **Applying for Medicaid for a Child with a Disability: PH 95 Category**.

- **A Self-Advocate's Guide to Medicaid**; an ASERT Resource.
- The Pennsylvania Health Access Network (PHAN) provides free assistance to individuals in understanding, applying for, and enrolling in Medicaid: **Pennsylvania Health Access Network**.
- PA ABLE is a savings program that offers people with disabilities a way to save their money that does not affect their public benefits: **PA ABLE Savings Program**.
- Provider Quick Tips #41 – **Medical Assistance Desk Reference**.
- **Social Security's Guide for Representative Payees**.
- Department of Human Services Medicaid Renewals website: **Medicaid & CHIP Renewals Home**.
- The Department of Human Services has **Hearing and Appeals Processes** if benefits are denied, reduced, suspended, or terminated.
- **Disability Rights Pennsylvania**.

Attachments

- *Medicaid Guide for Rep Payees of Participants served by ODP Programs*
- *Keep Your Medicaid: A Helpful Guide for ODP Participants*

CONTACT:

Questions about this communication should be directed to the appropriate ODP Regional Program Office.