



THE HSC HEALTH CARE SYSTEM  
Health Services for Children  
with Special Needs, Inc.  
*Caring. Serving. Empowering.*

# ENROLLEE Handbook

For more information, visit: [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org)  
For reasonable accommodations, please call (202) 467-2737



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visit: [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org)  
For reasonable  
accommodations, please call  
(202) 467-2737  
TTY/TDD users call  
(202) 467-2709

1101 Vermont Avenue, NW  
12th Floor  
Washington, DC 20005  
1 (866) WE-R-4-KIZ (937-4549)



GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**MURIEL BOWSER, MAYOR**



THE HSC HEALTH CARE SYSTEM

## Health Services for Children with Special Needs, Inc.

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00 a.m. to 5:30 p.m. For directions on how to visit us, call (202) 467-2737. We have two locations listed below.

**Health Services for Children with Special Needs, Inc. (HSCSN)  
1101 Vermont Avenue NW, 12th Floor  
Washington, D.C. 20005**

The nearest Metro station is McPherson Square,  
3 blocks from our office.

Hours of operation: 8:00 a.m. to 5:30 p.m.

**HSCSN Wellness Center  
3400 Martin Luther King Jr. Avenue SE  
Washington, D.C. 20032**

The nearest Metro station is Congress Heights,  
1 mile from our office.

Hours of operation: 8:00 a.m. to 5:30 p.m.

To visit either location, please contact Enrollee Services at (202) 467-2737 or 1 (866) 937-4549 for directions or more information. Please call your Care Manager if you would like to setup a day and time to meet either in-person or virtually.



## ENGLISH

If you do not speak and/or read English, please call (202) 467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you.

## SPANISH

Si no habla o lee inglés, llame al (202) 467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante lo ayudará.

## VIETNAMESE

Nếu quý vị không nói và/hoặc đọc tiếng Anh, vui lòng gọi số (202) 467-2737 từ 7:00 sáng đến 5:30 chiều. Sẽ có người đại diện hỗ trợ quý vị.

## KOREAN

영어를 말하거나 읽을 수 없는 경우, 오전 7시부터 오후 5시 30분 사이에 (202) 467-2737로 전화해 주십시오. 직원이 도와드릴 것입니다.

## FRENCH

Si vous ne parlez pas et/ou ne lisez pas l'anglais, veuillez appeler le (202) 467-2737 entre 7h00 et 17h30. Un représentant pourra vous aider.

## ARABIC

إذا كنت لا تتحدث الإنجليزية و/أو تقرأها، فيرجى الاتصال بالرقم (202) 467-2737 بين الساعة 7:00 صباحًا و 5:30 مساءً. سوف يساعدك ممثل عنا.

## MANDARIN

如果您不会讲英语和/或读英文，请在上午 7:00 至下午 5:30 之间致电 (202) 467-2737。会有代表为您提供协助。

## RUSSIAN

Если вы не говорите и/или не читаете по-английски, позвоните по номеру (202) 467-2737 с 7:00 до 17:30. Представитель вам поможет.

## BURMESE

အကယ်၍ သင်သည် အင်္ဂလိပ်လို မပြောနိုင်/သို့မဟုတ် မဖတ်နိုင်ပါက (202) 467-2737 သို့ နံနက် 7:00 နာရီမှ ညနေ 5:30 နာရီအတွင်း ဆက်သွယ်ပါ။ ကိုယ်စားလှယ်တစ်ဦး သင့်ကို ကူညီပါလိမ့်မည်။

## CANTONESE

如果你唔會講和/或唔識睇英文，請喺朝早 7:00 至下晝 5:30 之間致電 (202) 467-2737。我哋嘅代表將為您提供幫助。

## FARSI

(202) 467-2737 توانيد به انگلیسی صحبت کنید و/یا بخوانید، لطفاً بین ساعت 7:00 صبح و ساعت 5:30 بعد از ظهر با اگر نمی تماس بگیرید. یک نماینده به شما کمک خواهد کرد.



## **POLISH**

Jeśli nie mówisz i/lub nie czytasz po angielsku, proszę zadzwoń pod numer (202) 467-2737 w godzinach od 7:00 do 17:30. Przedstawiciel udzieli Ci pomocy.

## **PORTUGUESE**

Se você não fala e/ou lê em inglês, ligue para (202) 467-2737 entre 7h e 17h30. Um representante vai ajudar você.

## **PUNJABI**

تے (202) 467-2737 وجے دے دوران 5:30 وجے توں لے کے شام 7:00 پڑھدے تان، مہربانی کر کے سویرے /جنے تسیں انگریزی نئیں بولدے کال کرو۔ اک نمائندہ تہاڈی مدد کرے گا۔

## **HATIAN CREOLE**

Si ou pa pale ak/oswa li angle, tanpri rele (202) 467-2737 ant 7:00 a.m. ak 5:30 p.m. You reprezantan ap ede ou.

## **HINDI**

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं हैं, तो कृपया (202) 467-2737 पर सुबह 7:00 बजे से शाम 5:30 बजे के बीच कॉल करें। हमारा प्रतिनिधि आपकी मदद करेगा।

## **SOMALI**

Haddii aadan ku hadlin iyo/ama aadan akhrin karin luqadda Ingiriisida, fadlan soo wac (202) 467-2737 inta u dhexaysa 7:00 subaxnimo iyo 5:30 galabnimo. Wakiil ayaa ku caawin doona.

## **HMONG**

Yog koj tsis paub hais thiab/los sis nyeem tsis tau ntawv Askiv, thov hu rau (202) 467-2737 ncuu sij hawm 7:00 teev sawv ntxov thiab 5:30 teev tsaus ntuj. Ib tug neeg sawv cev yuav los pab koj.

## **ITALIAN**

Se non sa parlare e/o leggere l'inglese, chiami (202) 467-2737 tra le 7:00 e le 17:30. Un rappresentante l'assisterà.

## **TAGALOG**

Kung hindi ka nagsasalita at/o nakakabasa ng Ingles, mangyaring tumawag sa (202) 467-2737 sa pagitan ng 7:00 a.m. at 5:30 p.m. Tutulongan ka ng isang kinatawan.

## **JAPANESE**

英語が話せない、または読めない場合は、(202) 467-2737までご連絡ください（午前7時～午後5時30分）。担当者がサポートいたします。



## Important Phone Numbers

<b>For questions about HSCSN:</b>	Enrollee Services	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	(202) 467-2709	24 hours a day, 7 days a week
<b>If you need care after your doctor's office is closed:</b>	HSCSN Nurse Helpline	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	(202) 467-2709	24 hours a day, 7 days a week
<b>If you need to see a doctor within 24 hours ("Urgent Care"):</b>	Your <b>PCP's</b> Office	(fill in your <b>PCP's</b> information here)	
	HSCSN Nurse Helpline	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
<b>If you need a ride to an Appointment:</b>	Verida	1-866-991-5433	
	Enrollee Services	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
<b>If you need Behavioral Health care or have a Mental Health question:</b>	Your <b>PCP's</b> Office	(fill in your <b>PCP's</b> information here)	
	HSCSN Nurse Helpline	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
	DC Department of Behavioral Health Access Hotline	1-(888) 793-4357	24 hours a day, 7 days a week
	Suicide & Crisis Lifeline	9-8-8	24 hours a day, 7 days a week
<b>If you need someone who speaks your language or if you are Hearing Impaired:</b>	Enrollee Services	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	(202) 467-2709	24 hours a day, 7 days a week
<b>Dental Questions:</b>	Delta Dental Customer Service	1-(888) 258-8023	8 a.m. to 8 p.m. Monday through Friday
<b>Vision Questions:</b>	Enrollee Services	(202) 467-2737 or 1-(866) 937-4549	24 hours a day, 7 days a week

**FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM**



# Personal Information

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My Medicaid ID Number:

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My Primary Care Provider (PCP):

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My Primary Care Provider (PCP) Address:

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My Primary Care Provider's Phone Number:

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Child's Medicaid ID number:

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Child/Children Primary Care Provider (PCP):

---

Child/Children Primary Care Provider (PCP) Address:

---

Child/Children Primary Care Provider (PCP) Phone:

---

My Primary Dental Provider (PDP):

---

My Primary Dental Provider (PDP) Address:

---

My Primary Dental Provider (PDP) Phone:

---

Child/Children Primary Dental Provider (PDP):

---

Child/Children Primary Dental Provider (PDP) Address:

---

Child/Children Primary Dental Provider (PDP) Phone



---

My Behavioral Health Provider (BHP):

---

My Behavioral Health Provider (BHP) Address:

---

My Behavioral Health Provider (BHP) Phone:

---

Child/Children Behavioral Health Provider (BHP):

---

Child/Children Behavioral Health Provider (BHP) Address:

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Child/Children Behavioral Health Provider (BHP) Phone:



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# Welcome to HSCSN

## About HSCSN

**Welcome to Health Services for Children with Special Needs, Inc. (HSCSN).** HSCSN is the contracted managed care plan provider for the District of Columbia's Child and Adolescent Supplemental Security Income Program (CASSIP) for children and young adults. CASSIP manages your:

- Medical care.
- Dental care.
- Behavioral health services.
- Drug and alcohol abuse services.
- Vision services.

The HSCSN managed care plan is for children and young people (ages 0 up to 26 years) with special needs and receive Supplemental Security Income (SSI) benefits or are SSI-eligible.

## HSCSN New Enrollee Orientation

HSCSN's new enrollee orientation session allows new enrollees to receive information about the health plans, benefits and services, wellness programs, grievances & appeals, EPSDT/Well-check, and population health. This is held monthly, and multi-languages are offered.

***It is important that you read this guide carefully. Please keep it in a safe, handy place so you can find it when you need it.***

## How this Handbook Works

HSCSN is a managed care plan that is paid for by the District of Columbia to help you get health care. In this Handbook, we tell you how HSCSN works, how to find doctors, (or other health care providers) how to call us, and what we pay for. Words used in Health Care and by your doctor can sometimes be hard to understand. In the Definitions section, we have explained these words in the back of this book.

If you have questions about things you read in this book or other questions about HSCSN you can call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 or visit [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org) and we will do our best to help you.

## How this Enrollee Handbook Can Help You

This Enrollee Handbook tells you:

- How to access healthcare.
- Your covered Services.
- Services NOT covered.
- How to choose your Primary Care Provider and Primary Dental Provider (your PCP or PDP).
- What to do if you get sick.
- How to file a grievance if you are dissatisfied with any of your services, providers, or experiences.
- How do you file an appeal if you are dissatisfied with an adverse benefit determination (denial) by HSCSN?

This Enrollee Handbook gives you basic information about how HSCSN works. Please call HSCSN Customer Care Services anytime, 24 hours a day and 7 days a week if you have any questions.



# Your Rights

- Know that when you talk with your doctors and other providers it is private.
- Have an illness or treatment explained to you in a language you can understand.
- Participate in decisions about your care, including the right to refuse treatment.
- Receive a full, clear and understandable explanation of treatment options and the risks of each option so you can make an informed decision.
- Refuse treatment or care.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Can see and receive a copy of your medical records and request an amendment or change, if incorrect.
- Receive access to health care services that are available and accessible to you in a timely manner.
- Choose an eligible PCP/PDP from within HSCSN's network and change your PCP/PDP.
- Make a Grievance about the care provided to you and receive an answer.
- Request an Appeal or a Fair Hearing if you believe HSCSN was wrong in denying, reducing or stopping a service or item.
- Receive Family Planning Services and supplies from the provider of your choice.
- Obtain medical care without unnecessary delay.
- Receive a second opinion from a qualified healthcare professional within the network or, if necessary, to obtain one outside the network at no cost.
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment.
- Receive a copy of the HSCSN Enrollee Handbook and/or Provider Directory.
- Continue the treatment you are currently receiving until you have a new treatment plan.
- Receive interpretation and translation services free of charge.
- Refuse oral interpretation services.
- Receive transportation services free of charge.
- Get an explanation of prior authorization procedures.
- Receive information about HSCSN's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive HSCSN's "Dispense as Written" policy for prescription drugs.
- Receive a list of all covered drugs.
- Be treated with respect and due consideration for your dignity and right to privacy.
- Receive notice within 30 days before the intended effective change, any significant changes defined by the District.



# Your Responsibilities

## You are responsible for:

- Treating those providing your care with respect and dignity.
- Following the rules of the DC Medicaid Managed Care Program and HSCSN.
- Following instructions you receive from your doctors and other providers.
- Going to scheduled medical appointments.
- Telling your doctor at least 24 hours before the appointment if you must cancel.
- Asking for more explanation if you do not understand your doctor's instructions.
- Going to the Emergency Room only if you have a medical emergency.
- Telling your PCP/PDP about medical and personal problems that may affect your health.
- Report to the Economic Security Administration (ESA) and HSCSN to see if you or a family Enrollee have other health insurance or a change in your address or phone number.
- Reporting to the Economic Security Administration (ESA) and HSCSN if there is a change in your family (i.e., deaths, births, etc.).
- Trying to understand your health problems and participating in developing treatment goals.
- Helping your doctor in getting medical records from providers who have treated you in the past.
- Telling HSCSN if you were injured as the result of an accident or at work.




# Your Enrollee ID Card

Once you are assigned to a primary care provider (PCP), we will send you an Enrollee ID Card in the mail. This card lets your doctors, hospitals, drug stores, and others know that you are an HSCSN Enrollee. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems or if you have lost your card, call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549. Each HSCSN enrollee has his/her card. Your Children will also have their cards. You must keep your children's cards, so they don't get lost. It is against the law to let anyone else use your Enrollee ID card.

## Your Enrollee ID Card looks like this:

### Front of Card


<b>Enrollee:</b> First Name, MI, Last Name <b>Enrollee ID Number:</b> XXXXXXXXXX <b>Medicaid Number:</b> 7XXXXXXX <b>DOB:</b> 01/01/01 <b>Sex:</b> M/F	 THE HSC HEALTH CARE SYSTEM Health Services for Children with Special Needs, Inc. <b>Enrollee ID Card</b>
<b>PCP First Name, Last Name</b> <b>PCP Group Name</b> <b>PCP Phone Number</b>	
<b>PDP First Name, Last Name</b> <b>PDP Group Name</b> <b>PDP Phone Number</b>	
<b>Copayments - OV: \$0    RX: \$0    ER: \$0</b>	

### Back of Card

Keep this card with you at all times | Call 911 if you think you have a medical emergency

<b>Enrollee Services: 24 hours/7days:</b>	(202) 467-2737
<b>LabCorp:</b>	1(800) 762-4344
<b>Prior Authorization: 24 hours/7days:</b>	(202) 467-2737
<b>CVS Customer Care:</b>	1(866) 885-4944
<b>Delta Dental Insurance Company:</b>	1(888) 258-8023
<b>Verida:</b>	1(866) 991-5433
<b>Department of Behavioral Health:</b>	1(888) 793-4357
<b>Economic Security Administration (ESA):</b>	(202) 645-4614

Claims can be submitted to:  
HSCSN, ATTN: Claims Department, P.O. Box 29055, Washington, DC 20017. If this card is found, please mail to: HSCSN, Attn. Customer Care Services, P.O. Box 29055, Washington, DC 20017  
For more information visit [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org)  
For reasonable accommodations please call (202) 467-2737.

 U.S. GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**ERIC L. BOWSER, MAYOR**  
This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Each HSCSN Enrollee has his or her card. It is against the law to let anyone else use your Enrollee ID Card.

**Please remember to carry your Enrollee ID Card and Picture ID with you all the time. Always show your card before receiving any medical care or getting medicine at a pharmacy.**



# Your Primary Care Provider (PCP)

Now that you are an Enrollee of HSCSN, your PCP (Primary Care Provider) will help you get the health care you need.

It is important to call your PCP first when you need care. If you had a PCP before you were assigned to HSCSN, please call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549. We can help you stay with that PCP if you want to.

## Choosing your PCP

1. Choose a PCP when you enroll in HSCSN. This person will be your PCP while you are an Enrollee of HSCSN.
  - If your current PCP is a Provider of HSCSN's network, you may stay with that doctor.
  - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at **[www.hscsnhealthplan.org](http://www.hscsnhealthplan.org)**.
  - Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 if you need help choosing a doctor.
  - If you do not choose a PCP within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the PCP we choose for you, you may change your PCP. Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 to change your PCP.
  - HSCSN will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.
2. Choose a PCP for each family Enrollee in HSCSN. Your PCP may be one of the following:
  - Family Medicine or General Practice Doctor - usually can see the whole family.
  - Internal Medicine Doctor - usually sees only adults and children 14 years and older.
  - Pediatrician - sees children from newborn up to adult.
  - Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care.
  - If you or your child has special health care needs, you may choose a specialist as your PCP.
3. When you choose your PCP, please:
  - Try to choose a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.
  - Sometimes the PCP you choose won't be able to take new patients. We will let you know if you need to choose a different doctor.
  - Choose a doctor who is close to your home or work.



## How to change your PCP

You can change your PCP anytime. Just choose a new PCP from the Provider Directory. Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 once you have chosen a new PCP. If you need help choosing a new PCP, Enrollee Services can help you.





# Your Primary Dental Provider (PDP)

Now that you are an Enrollee of HSCSN your PDP (Primary Dental Provider) will help you and your family to get the dental care you need.

Delta Dental administers the dental benefits for HSCSN. **Delta Dental Customer Service** can be reached toll-free at 1-(888) 258-8023, Monday through Friday, 8:00a.m. to 8:00 p.m. Eastern Time. You can visit their website at [www.deltadentalins.com/hscsn](http://www.deltadentalins.com/hscsn). If you need help contacting Delta Dental, call HSCSN Enrollee Services at (202) 467-2737.

It is important to call your PDP first when you need dental care. If you had a dentist before you signed up with HSCSN, please call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549. We can help you stay with that dentist if you want to.

## Choosing your PDP

1. Choose a PDP when you enroll in HSCSN. This person will be your PDP while you are an Enrollee of HSCSN.
  - If your current PDP is a Provider in HSCSN's network, you may stay with that dentist.
  - If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org).
  - Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 if you need help in choosing a dentist.
  - If you do not choose a PDP within the first 10 days of being in our plan, we will choose a dentist for you. If you do not like the PDP we choose for you, you may change your PDP. Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 to change your PDP.
  - HSCSN will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.
  - Choose a PDP for each family member who is an Enrollee in our plan, including your children. Your PDP may be one of the following:
    - Family and General Practice Dentist - usually can see the whole family.
2. When you choose your PDP, please note the following:
  - Try to choose a dentist who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PDP can send you to. You can also call Enrollee Services for help.
  - Sometimes the PDP you choose won't be able to take new patients. We will let you know if you need to choose a different dentist.

## How to change your PDP

You can change your PDP anytime. Just choose a new PDP from the Provider Directory. Call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549 once you have chosen a new PDP. If you need help choosing a new PDP, Enrollee Services can help you. Call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 once you have chosen a new PDP.



# Routine Care, Urgent Care and Emergency Care

There are three (3) kinds of health care you may need: Routine Care, Urgent Care, or Emergency Care.

## Routine Care

Routine Care is the regular care you get from your PCP. Routine Care is also care you get from other doctors that your PCP sends you to. Routine Care can be check-ups, physicals, health screenings, and care for health problems like diabetes, hypertension, and asthma. If you need Routine Care, call your PCP's office, and ask to make an appointment.

Routine care can be:

- Checkups.
- Well visits.
- Health screenings.
- Care for health problems such as diabetes, high blood pressure, and asthma.

## Urgent Care

Urgent Care is medical care you need within 24 hours, but not right away. Some Urgent Care issues are:

- Fever of 101°F.
- Sore throat.
- Throwing up.
- Earache.

**If you need Urgent Care, call your PCP's office.** If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the Nurse Help Line at (202) 467-2737 or 1 (866) 937-4549. A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

## Emergency Care

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. You have the right to use any hospital for emergency care. Prior authorization is not required for emergency care services.

If you have an emergency—including a behavioral health, alcohol, or other drug emergency—go to the nearest emergency room (ER) to get care right away. If you go to the ER while you are out of town, ask the ER staff to call your PCP.



## WHAT TO DO IF YOU HAVE AN EMERGENCY

1. Call 9-1-1 or go to your nearest Emergency Room (ER).
2. Show the ER your HSCSN Enrollee I.D. Card.
3. As soon as you can, call your PCP.
4. After your ER visit, please contact your HSCSN Care Manager.

**Call 9-8-8 for a Behavioral Health Crisis or to speak with the Suicide Hotline**



# Care When You Are Out-of-Town

## When You are Out of Town

When you need to see a doctor, or get medicine when you are out-of-town, you should:

### Routine Care

You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia are not a part of HSCSN. If HSCSN does not say it is okay before you get the care, you must pay for the care yourself. If you need a prescription filled while you are out of town, you can use any pharmacy that is in-network with CVS Health. You can call CVS Health at 1 (866) 885-4944 or HSCSN Customer Care at (202) 467-2737 or 1 (866) 937-4549 to find an in-network pharmacy.

### Urgent Care

Call your PCP. If your PCP's office is closed, call the Nurse Help Line (Insert Phone #). A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

### Emergency Care

If you have an emergency, including mental health, alcohol, or other drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the ER, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call Enrollee Services as soon as you can. **Prior authorization is not required for emergency care services.**

Call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549 as soon as you can. HSCSN will pay for emergency services received both in and out of our network.

### For Prescription Refills

Call CVS Health Customer Care at 1 (866) 885-4944 if you need a prescription filled while you are out of town.

If your child needs to see a doctor while out of town, please call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549.

If you ever receive a bill for medical or dental care from a time you were out of town, please contact your Care Manager and give your Care Manager a copy of your bill, including both the front and back of the bill. We will work with the provider to fix the billing issue.



## In-Network and Out-of-Network Providers

HSCSN will pay for the care you get when you go to one of our doctors or other health care providers. We call these doctors and other healthcare providers our “Network” providers. A doctor or provider who is not one of ours is called an “Out-of-Network” Provider. All these “In-Network” doctors can be found in your Provider Directory.

If you go to an “Out-of-Network” doctor, hospital, or lab, you may have to pay for your care. You will not have to pay if you have asked HSCSN first and we have told you, usually in writing, that it is okay. We call this “prior authorization.”

HSCSN will provide adequate and timely covered services from an approved out-of-network provider if HSCSN does not have an in-network provider who can perform a covered service.

If you go to an “Out-of-Network” doctor, hospital, or lab, you may get a bill for the care you received if you did not contact HSCSN before your visit. Prior authorization is provided to you to access coverage benefits. With a Prior Authorization from HSCSN you can see an “Out-of-Network” provider. Some “In-Network” providers also require authorization before you see them, depending on the service you may need. Once you have “prior authorization” you should not receive any bills.

If you ever receive a bill from any provider, please contact your Care Manager and give your Care Manager a copy of your bill, including both the front and back of the bill. We will work with the provider to address the billing issue. You can also email a copy of the bill, both front and back pages to the Provider Relations Department at [Prelations@hschealth.org](mailto:Prelations@hschealth.org) for help with the bill.

**Prior authorization means approval in advance to receive a covered service. HSCSN requires prior authorization for all Out-of-Network services except emergency services and family planning services. HSCSN requires prior authorization for some in-network services, including physical therapy, occupational therapy, speech therapy, home health services, and ABA services, among others.**

**You do not need prior authorization to receive emergency care. Call Enrollee Services at (202) 467-2737 to ask about getting prior authorization and to learn about what services require prior authorization.**

You may go to a Family Planning provider of your choice even if they are Out-of-Network. No prior authorization is required. See page 26 for more information on Family Planning Services.



# Making an Appointment

## Making an Appointment with your PCP or PDP

- Have your Enrollee ID Card and a pencil and paper close by.
- Call your PCP's office. Look for your PCP's phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org).
- Tell the person who answers that you are a HSCSN Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:
  - You or a family Enrollee is feeling sick.
  - You hurt yourself or had an accident.
  - You need a check-up or follow-up care.
- Write down the time and date of your appointment.
- Go to your appointment on time and bring your Enrollee ID Card and picture ID with you.
- If you need help making an appointment, call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549.

## Changing or Cancelling an Appointment

- It is very important to come to your appointment and to be on time.
- If you need to change or cancel your appointment, please call the doctor's office at least 24 hours before your appointment.
- For some appointments, you may have to call more than 24 hours before to cancel.
- If you do not show up for your appointment, or if you are late, your doctor may decide you cannot be his or her patient.

## Getting care when your PCP's or PDP's Office is Closed

If you need to speak to your PCP or PDP when the office is closed, call your PCP's or PDP's office, and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. If you have an emergency, call 911 or go to the Emergency Room. You can also call the Nurse Help Line 24 hours a day at: (202) 467-2737 or 1 (866) 937-4549.



## How long does it take to see your doctor?

Your doctor's office must give you an appointment within days after you call. Please call (202) 467-2737 if you cannot get an appointment during these time periods. The table below shows how long it will take to get an appointment.

Type of Visit	Your Condition	How Long it Takes to See Your Doctor
<b>Urgent Visit</b>	You are hurt or sick and need care within 24 hours to avoid getting worse, but you don't need to see a doctor right away. Examples of urgent care issues can be: <ul style="list-style-type: none"> <li>• Fever of 101°F.</li> <li>• Sore throat.</li> <li>• Throwing up.</li> <li>• Earache.</li> </ul>	Within 24 hours
<b>Routine Visit</b>	You have a minor illness or injury, or you need a regular checkup, but you don't need an urgent appointment.	Within 30 days
<b>Follow-up Visit</b>	You need to see your doctor after a treatment, you just have to make sure you are healing well.	Within 1-2 weeks depending on the kind of treatment
<b>Adult Wellness Visits</b>	<ul style="list-style-type: none"> <li>• You are having your first appointment with a new doctor.</li> <li>• You are due for a regular adult checkup.</li> <li>• You are due for a prostate exam, a pelvic exam, a PAP smear, or a breast exam.</li> </ul>	Within 30 days or sooner if necessary
<b>Non-urgent appointments with specialists (by Referral)</b>	Your PCP referred you to see a specialist for a non-urgent condition.	Within 30 days
<b>Child EPSDT checkups-not urgent</b>	Your child is due for an EPSDT checkup.	Initial checkup: Within 60 days  Additional checkups: within 30 days of due dates for children under aged two; within 60 days of due dates for children aged two and older
<b>IDEA (Early Intervention) assessments</b>	Tests ("assessments") for children up to age 3 at risk of developmental delay or disability.	Within 30 days



# Support Services

## Transportation Services

Non-covered services are services not covered by HSCSN but covered by DHCF or other District agencies. HSCSN will provide transportation to your doctor's appointments if you need it. HSCSN will also provide transportation to/from most non-covered services. Verida offers a network of transportation providers that are licensed, registered, trained, and insured to provide non-emergency medical transportation.

- Call Verida at 1 (866) 991-5433 to tell them what time and what day you need to be picked up.
- You must call at least 24 hours (not including Saturday and Sunday) before your appointment to get transportation.
- Verida does not offer alternative transportation options for enrollees who do not call at least 3 hours before any urgent medical needs.
- You must call at least 3 hours before any urgent appointments that are made on the same day.
- If you need transportation to EPSDT visits or urgent visits, you can call the day before the appointment to ask for transportation.
- The types of transportation available depend on your medical needs. They include, but are not limited to:
  - Wheelchair-accessible vans.
  - Passenger vehicles.
  - Ambulances (non-emergency).
  - Public rideshare options may be used based on provider availability.
- Give Verida any special accommodations that you need:
  - The number of people traveling.
  - Car seats.
  - Mobility equipment.
  - Medical equipment.
- Give Verida the Enrollee's name, Enrollee ID, phone number and address where you can be picked up. Also, tell them the name, address, and phone number of the medical/dental facility or doctor's office you are going to.
- If you need regularly scheduled or recurring appointments, you may be eligible for a standing transportation order. Please contact your Care Manager to request a standing order for your appointments.
- If you need to change, update, or cancel transportation, please contact Verida at 1-(866) 991-5433 as soon as possible. Transportation providers may not be able to accommodate updates or changes made less than 24 hours before an appointment.





- HSCSN offers long distance transportation services (greater than 50 miles from DC) to attend family therapy with your child placed in a Psychiatric Residential Treatment Facility (PRTF) or for medically necessary care. Contact your Care Manager as soon as possible to coordinate long distance services.
- HSCSN offers enrollees family therapy travel services. Family therapy is part of the treatment when you or your child is placed in a PRTF.

### **Family Therapy and Long-Distance Transportation Services**

HSCSN will pay for long distance travel (greater than 50 miles from DC) to attend family therapy with your child placed in a PRTF or for medically necessary care. Family therapy at the PRTF must be part of your child's Treatment Plan to be approved by HSCSN. Long distance travel for medically necessary care must be part of the Enrollee's care coordination plan to be approved by HSCSN. You must contact your HSCSN Care Manager at least two weeks before your appointment to coordinate travel.

### **The following family therapy and long-distance transportation services are covered by HSCSN:**

- Travel for a caregiver and one extra person to the PRTF or provider facility and hotel.
- Travel to and from airports, train stations, and bus stations.
- One hotel room for you and one extra person for up to two nights. The room may have two double beds or two queen beds.
- Travel for therapy leave outings/passes with your child as part of the treatment. Therapy leave/passes must be approved by the PRTF treating doctor and team. If the travel for therapy leave/passes is more than 25 miles from the facility, you must also get approval from HSCSN. Contact your Care Manager to make the request prior to your trip. Please note, HSCSN does not pay for travel or hotel for staff from other agencies or treatment providers.

### **HSCSN does not cover:**

- Rental cars.
- Food, games, clothes or day trips.
- Lyft or cab rides more than 25 miles from the treatment facility (one way) or more than 50 miles round trip. HSCSN will not cover Lyft rides for your personal use. Personal use is anything that does not have to do with the child's therapy.
- If you wish to travel more than 50 miles, you must get approval from HSCSN. Contact your care manager to make your request.



# Interpretation & Translation Services/Auxiliary Aid Services for the Hearing and Visually Impaired

## Interpretation Services

HSCSN will provide oral Interpretation Services if you need them for FREE, including at the hospital.

Please call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549 to get Interpretation Services. Please call us before your doctor's appointment if you need Interpretation Services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know within 5 days or a minimum of 48 hours' notice before the appointment.

## Translation Services

If you get information from HSCSN and need it translated into another language, please call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549.

## Auxiliary Aid Services for the Hearing and Visually Impaired

For assistance, please call Enrollee Services at TTY/TTD (202) 467-2709.

If you have trouble seeing, call Enrollee Services at 1 (866) 937-4549 or (202) 467-2737. We can give you information on an audio tape, in Braille, or large print.



# Specialty Care and Referrals

## How to get specialty care

Your PCP can take care of most of your health care needs. You may also need care from other providers.

HSCSN offers services from many different providers. These providers are called specialists because they have training in a specific area of medicine.

Your Care Manager will work with you and your PCP to make sure you need to see a specialist.

HSCSN does not require authorization to see a specialist (doctor) that is in the HSCSN network. You can be referred to specialists by your PCP or other treating doctor. If you are already seeing a specialist for care, you do not need to get authorization from HSCSN for follow-up visits. Your PCP follows HSCSN's referral and authorization process to get you specialty services who are not in-network.

If you want to see a specialist, who is not in the HSCSN network, but you did not get approval and HSCSN said it would not pay for the visit, you can:

- Make an appointment with another doctor in the HSCSN's network and get a second opinion.
- Appeal our decision (see page 65 on Appeals).
- Ask for a Fair Hearing after going through the appeal process (see page 65 on Fair Hearings).

## Self-Referral Services

There are certain services you can get without getting prior permission from your PCP. These are called self-referral services and are listed below.

### You DO NOT need a Referral to:

- See your PCP.
- Get care when you have an emergency.
- Receive services from your OB/GYN doctor in your network for routine or preventive services (females only).
- Receive Family Planning Services.
- Receive services for sexually transmitted infections (STIs).
- Receive Immunizations (shots).
- Receive follow-up care for specialty services.
- Visit a vision provider in the network.
- Take your child to a dental provider in the network.
- Receive mental health services for problems with alcohol or other drugs.



## Behavioral Health (Mental Health or Substance Use Disorder Services)

You **do not** need to see your PCP before getting behavioral health services. But, you will need to get your care from someone in our network. If you're getting care now, ask your provider if they take HSCSN.

Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. This will not cost you anything. They will help your provider learn about your needs.
2. **Have your HSCSN card ready** when you call to schedule your appointment with your new provider.
3. Say you are an HSCSN member and give your **Medicaid ID number**.
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems that you have.

### On the day of the appointment:

1. **Take** all your medicines and a list of questions so your provider knows how to help you.
2. **Be on time** for your visit. If you cannot keep your appointment, please call your provider to get a new time.
3. **Take** your HSCSN **ID card** with you. Your provider may make a copy of it.

You can get behavioral health and substance use disorder help right away by calling (202) 467-2737. We will help you find the best provider for you/your child. You can call 24 hours a day, 7 days a week.

You should call **9-1-1** if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help.

If you speak another language, you may call (202) 467-2737 or 1-(866) 937-4549.

If you are deaf or hard of hearing call our TTY Line at (202) 467-2709.

You can also call **988**. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress and experiencing substance use concerns.

- Mobile Crisis Services (Children/Youth) CHAMPS at (202) 481-1440 – Provides mobile onsite emergency help for children facing a behavioral or mental health crisis during the week, whether in the home, school, or community. Services are geared towards children and youth between the ages of 6 – 21. On the weekends, please call the Community Response Team.
- Early Childhood Mental Health Services (Healthy Futures) at (202) 698-1871 – Provides crisis intervention for children up to 5 years old and support center staff on individual child behavior and classroom management.



If you speak another language, you may call (202) 467-2737 or 1-(866) 937-4549.

If you are deaf or hard of hearing call our TTY Line at (202) 467-2709.

## **Mental Health Services**

Mental health care is for both adults and children. This care helps when you feel depressed or anxious.

### **If you need help, or someone from your family needs help, call**

- Your Care Manager.
- HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

**Call 9-8-8 for a Behavioral Health Crisis and to speak with the Suicide Prevention Hotline.**

## **Services for Alcohol or Other Drugs Problems**

Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. HSCSN will help you arrange for detoxification services and provide care coordination to help you get other services. To get services for these problems, you can:

- Call Enrollee Services at (202) 467-2737, 1-(866) 937-4549, or TTY/TTD (202) 467-2709, 24 hours a day, and 7 days a week.
- Access Assessment and Referral Center (ARC) directly at (202) 727-8473 or visit 75 Florida Ave NE, Washington, DC 20002. Provides same-day assessment and referral for individuals seeking treatment for substance use disorder, including detoxification, medication-assisted treatment, and individual and group counseling.
- DC Stabilization Center – 35 K Street, NE Washington, DC (202) 839-3500 – Provides a safe place for people under the influence of substance use disorder crisis to get the help they need, and offers approved medication on the spot, counseling, and referrals and placement into long-term treatment options. Open 24 hours a day, 7 days a week.
- All Mental Health, Alcohol and Drug Abuse Services are confidential.

## **Birth Control and Other Family Planning Services**

You do NOT need a Referral to receive birth control or other Family Planning Services. All birth control and other Family Planning Services are confidential.

You can get birth control and other Family Planning Services from any provider you choose. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP or call HSCSN Enrollee Services at (202) 467-2737, 1-(866) 937-4549, or TTY/TTD (202) 467-2709 for more information on birth control or other Family Planning Services.



### **Family Planning Services include:**

- Pregnancy testing.
- Counseling for the woman and the couple.
- Routine and emergency contraception.
- Counseling and Immunizations.
- Cervical screening (Pap smear).
- Screening for all sexually transmitted infections.
- Treatment for all sexually transmitted infections.
- Sterilization procedures (must be 21 or older and requires you to sign a form 30 days before the procedure).
- HIV/AIDS testing and counseling.

### **Family Planning Services do not include:**

- Routine infertility studies or procedures.
- Hysterectomy for sterilization.
- Reversal of voluntary sterilization.
- HIV/AIDS treatment.
- Abortion.

## **HIV/AIDS testing, counseling, and treatment**

You can get HIV/AIDS testing and counseling:

- When you have Family Planning Services.
- From your PCP.
- From an HIV testing and counseling center.

For information on where you can go for HIV testing and counseling, call Enrollee Services (202 467-2737, 1-(866 937-4549, or TTY/TTD (202 467-2709. If you need HIV treatment, your PCP will help you get care. Or you can call your Care Manager. You can also get Pre-exposure prophylaxis (PrEP if your doctor believes you are at high risk for HIV/AIDS. Pharmacy Services and Prescription Medication

Pharmacies are where you pick up your medicine (drugs. If your doctor gives you a prescription, you must go to a pharmacy in HSCSN's network.

You can find a list of all the pharmacies in the HSCSN's network in your HSCSN Provider Directory or online at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org).

Please call Enrollee Services at (202 467-2737 or 1-(866 937-4549 for help or to request a printed version.



If you are out of town and have an emergency or need Urgent Care, see the **Care When You Are Out of Town** section on page 19.

### **To get a prescription filled:**

- Choose a pharmacy that is part of the HSCSN network and is close to your work or home.
- When you have a prescription, go to the pharmacy, and give the pharmacist your prescription and your HSCSN Enrollee ID Card.
- If you need help, please call Enrollee Services at (202) 467-2737, 1-(866) 937-4549, or TTY/TTD (202) 467-2709.

### **Things for the Enrollee to Know:**

- You should not be asked to pay for your medicines. Call HSCSN Enrollee Services if the pharmacy or drug store asks you to pay.
- Sometimes, your doctor may need to get prior authorization (PA) from HSCSN for a drug. While your doctor is waiting for the prior authorization, you have a right to get the medication:
  - For up to 7 days or
  - For one full round of the medicine if you take it less than once a day.

### **If you did not receive your medication:**

- You can ask your pharmacist for a **seven-day** supply of medicine until the issue that prevented you from getting your medication today is resolved.
- Your pharmacy will provide written notification if you cannot receive your prescription medication and the reasons why.
- You must complete all the denial processes your managed care plan provides before requesting an administrative fair hearing.
- You can request an administrative fair hearing if you think your request for medication has been wrongfully denied or reduced. To request a hearing:
  - Call the DHCf Ombudsman at 202-724-7491 or email [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)
  - Call the Office of Administrative Hearings at 202-442-9094
  - Or visit 441 4th Street, NW, Suite 450 North, Washington, DC 20001.

## **Disease Management**

If you have a chronic illness or special health care need such as, asthma, diabetes, obesity, autism spectrum disorder/intellectual disability, sickle cell disease, HIV, trauma, and ADHD we may put you in our Disease Management Program. This means you will have a Disease Manager. A Disease Manager works for HSCSN and will help you get the services and information you need to manage your illness and be healthier.

In an effort to support you/your child's overall health goals, HSCSN's Disease Management Program was created to help our enrollees receive quality health care based on specific health-related



condition(s). HSCSN works alongside our enrollees to help with managing chronic health conditions.

Our Disease Management Program is a part of HSCSN's existing Care Management Program. Coordination related to your chronic condition is done by your HSCSN Care Manager or a nurse who works with your Care Manager.

### **What does Disease Management include?**

- Health assessments related to you/your child's condition.
- Health education focused on chronic health conditions.
- Development of an action plan.
- Following established guidelines for care of the condition.
- In-person or virtual visits from an HSCSN Care Manager related to the condition.
- Referrals to community resources.
- Working with you/your child's doctors to manage the chronic health condition.

**If you have questions about HSCSN's Disease Management Program, contact your Care Manager or call Enrollee Services at (202) 467-2727 or (202) 467-2737.**

### **Care Coordination and Case Management Programs**

To be an enrollee in HSCSN, you will need to agree to Care Management. You or your child will have a Care Manager to help you get the services and information you need to manage your chronic condition and improve your health. Your Care Management team will contact you within the first 5 days of enrollment in the health plan. They will meet with you in person to get information to start your Care Plan. Your Care Manager will ask about you or your child's:

- Medical condition(s).
- Medications.
- School information.
- Health care providers.

The HSCSN Care Management team can help you or your child with:

- Getting and understanding your covered services.
- Setting up medical appointments and tests.
- Setting up transportation.
- Finding ways to make sure you get the right service.
- Finding resources to help with special health care needs and/or your caregivers manage day-to-day stress.





- Connecting with community and social services.
- Transitioning your healthcare services when you leave HSCSN.
- Making sure your providers or your child's providers have input in the development of your Care Plan.
- Making sure your child's school, district agencies, and out-of-network providers are giving you the services in a treatment plan.
- Helping you to understand your condition or your child's condition and how to manage it.
- Connecting you to people in the community who can help you or your child.
- Meeting with you face-to-face (in-person or virtually) during the year to:
  - Complete assessments.
  - Talk about your care needs.
  - Talk about your Coordination Plan for you or your child.

If you or your child has a chronic condition, disability, or special health care need such as diabetes, mental illness, or asthma, HSCSN may offer you special services and programs to give you extra help with your health care needs. HSCSN will help you to convene a treatment team meeting with you, your health care provider, and health systems. You or your child will have a Care Manager who will help you get the services and information you need to manage your chronic condition and improve your health.

Your Care Manager will meet with you in person once a year, or more often based on your health care needs or your child's health care needs. If you have any concerns about your Care Manager, please call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program.



## Care Management Program Rights and Responsibilities

HSCSN addresses enrollees' rights to be involved in every part of their care. Enrollees are encouraged to use their rights to make decisions based on knowing what their needs are and participating in treatment. This will allow them to assess the services received and those providing the services.

### I. It is the enrollee's and family's right to:

- A. Be treated in a caring and respectful manner by HSCSN staff.
- B. Privacy.
- C. Get information yearly about HSCSN services, providers and rights and responsibilities.
- D. Know the names of all healthcare staff and providers involved in their care.
- E. Share their thoughts about enrollee rights and responsibilities.
- F. Be informed in writing yearly or 30 days before any changes are made to membership or benefits.
- G. Choose or change providers in the network.
- H. Know their health needs and agree to treatment before it is given.
  - I. Know how to get authorization for services before they are given (authorization is not needed for emergency services).
- J. Know how and when to call 911.
- K. Know what are emergency medical conditions and follow-up treatment or services available.
- L. To have an open discussion of right or medically needed treatment options for their conditions, no matter the cost or benefit coverage.
- M. Be a part of the decision-making process regarding the enrollee's health care. You have the right to say yes or no to treatment before it is given to the enrollee. Enrollees have the right to get a second opinion and/or refuse offers for treatment.
- N. Have HSCSN arrange for a second opinion outside the network at no charge to the enrollee if there is not a provider in the network.
- O. Be transported to all medically necessary appointments.
- P. HSCSN's policies should be given in a language that you understand to help you make decisions.
- Q. Voice concerns and complaints to HSCSN staff and receive a timely response.
- R. Contact the Department of Health Care Finance (DHCF) Ombudsman to voice your concerns, or complaints at any time without fear of revenge. Receive a Fair Hearing and get help from HSCSN or DHCF staff if needed.
- S. Have Advance Directives about the child or young adult's care in case there is danger of death stating what you want done if you are unable to make your own medical choices, if you are 18 years of age or older; provide enrollees with information about changes in state law no later than 90-days after date of the change.



- T. Have the child or young adult's medical records kept confidential and released generally only with written permission from a parent, legal guardian, or emancipated minor.
- U. Be able to request and receive a copy of his or her medical records, and request that they be amended or corrected as specified in 45C.F.R. sec. 164.524 and 164.526.
- V. Be informed in writing within 10 days when information about your child's care has been released due to a legal request.
- W. Have the child or young adult receive considerate health care with privacy during treatment, interviews and any care planning meetings.
- X. Have access to HSCSN's health care services for the child or young adult 24 hours a day, every day of the year.
- Y. Enrollees/Caregivers have the right not to be coerced or judged for any reason.
- Z. Enrollees who are non-English speaking will receive translation services.
- AA. Enrollees will have documents translated into other languages and formats.
- BB. An enrollee with LEP has the right to file a complaint if oral translation services are not provided in a timely manner.
- CC. To be free from restraints as a means of discipline or revenge.
- DD. Know of HSCSN's financial status. Enrollees will not be at fault for HSCSN's debts or wealth; and will not be liable for payment for covered services.
- EE. Know of HSCSN's prescription drug program, the program's policy, and the enrollee's right to have a prescription filled while a prescription is under a Grievance or in Appeals process.
- FF. A description of HSCSN's Physician Incentive Plans (PIPs).
- GG. Summaries of any enrollee satisfaction survey based on the requirements found at 42 C.F.R. sec. 438.10(i)(3)(iv).
- HH. Get Family Planning Services and supplies from all Health Care Finance providers in the District of Columbia.
  - II. Get a copy of this Enrollee Handbook and a Provider Directory.

**II. It is the enrollee's and family's responsibility to:**

- A. Treat HSCSN staff and providers with kindness and respect when receiving healthcare or care coordination services.
- B. Work with the enrollee's providers and care managers to create and follow plans and instructions for care as agreed on.
- C. Know your or your child's health problems and be part of planning on how to treat them.
- D. Let your worker and doctor know if you would like to make a change in the care plan.
- E. Show your HSCSN card and shot record when getting health care.
- F. Go to all health visits and let your doctor and HSCSN know if you need to cancel.



- G. Be on time for when HSCSN takes you to your child's health visits.
- H. Have a grown-up with your child under 18 years old when going to office visits. The grown-up has to stay with the child during the ride and while seeing the doctor.
- I. Be ready for your child when HSCSN brings them back from a health visit or program.
- J. If you are not able to be there, make sure a grown-up you know is there to get your child.
- K. Give HSCSN releases of consent forms (ROI) when asked.
- L. Let HSCSN know right away of any changes in name, address, telephone number, or emergency numbers.
- M. Let HSCSN know if you or your child is pregnant or has had a child while with HSCSN.
- N. Let HSCSN know if a parent or caretaker or your child has passed away, if they lost SSI, if they are not living at home, if in jail, or anything else that will help us when we call you.
- O. Give doctors and HSCSN the information they need. This helps doctors give you quality care. It helps us give you the right service.
- P. Share your thoughts about you and your child's care.
- Q. All new medications and treatment must be approved.
- R. Go to the Emergency Room if you are having an emergency.
- S. Help your doctor get records from your prior doctors.
- T. Tell Income Maintenance Administration (IMA) and HSCSN if you or a family member has other health insurance.
- U. Ask questions about you and your child's care and HSCSN services. This helps doctors learn about you and your child's health problems.
- V. Not engage in fraud or abuse in dealing with your doctors and /or HSCSN.



# Services to Keep Young Adults from Getting Sick

HSCSN wants you to take care of your health. We also want you to sign up for the health and wellness services we offer to you. Health and wellness services include screenings, counseling, and immunizations.

## Recommendations for Check-Ups (“Screenings”)

Please make an appointment and go see your PCP at least once a year for a check-up. See the list of “Adult Wellness Services” in the “Your Health Benefits” section for things to talk with your PCP about during your check-up.

**Make an appointment to see your PCP at least once a year for a check-up.**

## Preventive Counseling

Preventive counseling is available to help you stay healthy. You can get preventive counseling resources on:

- Diet and exercise.
- Alcohol and Drug Use.
- Smoking Cessation.
- HIV/AIDS Prevention.
- Behavioral health.

## Immunizations

If you are an adult, you may need some immunizations (shots). Please talk to your PCP about which ones you may need.



# Pregnancy

If you are pregnant or think you are pregnant, it is very important that you go to your OB/GYN doctor right away. You do not need to see your PCP before making this appointment.

## If you are pregnant, please call:

- Your PCP.
- Your Care Manager.
- Economic Security Administration (ESA) at 202-727-5355 to report your pregnancy.
- Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

There are certain things that you need to get checked if you are pregnant. These will help make sure that you have a healthy pregnancy, delivery, and baby. This is called Prenatal Care. You get prenatal care before your baby is born.

**Enrollee, if you are pregnant or think you are pregnant, do not drink alcohol, use drugs, or smoke.**

## Prenatal and Postpartum Care

### Prenatal Care

There are certain things that you need to get checked if you are pregnant. These will help make sure that you have a healthy pregnancy, delivery, and baby. This is called prenatal care. You get prenatal care before your baby is born.

You will be connected with an Obstetric (OB) Care Manager who will work with you throughout your pregnancy until 12 weeks after your child is born. Your OB Care Manager will help you with the following:

- Selecting an OB provider if one is not already selected.
- Help you with scheduling all prenatal appointments.
- Talk with you about proper nutrition.
- Help you to connect with community resources (i.e., WIC, birthing classes, etc.).
- Talk with you about the different stages of pregnancy and what to expect.
- Help you prepare for delivery and parenthood.

### Postpartum Care

Call your Care Manager as soon as you have your baby. Your Care Manager will help you enroll your baby with HSCSN. Your OB Care Manager will visit you within 2 days after you leave the hospital, even if your baby does not come home with you. During this visit your OB Care Manager will:



### **The OB Care Manager will:**

- Answer any questions you may have about recovery.
- Teach you about taking care of your new baby.
- Discuss feeding by bottle or breast.
- Assess for postpartum depression and need for support services.
- Assess home safety and travel safety.
- Assess any concern you may have regarding your newborn's health and development.

### **During your postpartum time, make sure you:**

- Call your OB/GYN doctor to schedule your postpartum checkup. This is usually 4 to 6 weeks after you have had your baby, unless your doctor wants to see you sooner.
- Choose a pediatrician for your baby. If you need help in finding a pediatrician, please call your OB Care Manager.
- Call the doctor's office to schedule an appointment for your baby. Try to get an appointment when your baby is about 2 weeks old, unless the pediatrician wants to see your baby sooner.

**Once you have your baby, call Enrollee Service at  
(202) 467-2737 or 1-(866) 937-4549 and ESA at 202-727-5355.**

## **Your Child's Health**

### **HealthCheck Benefit Program for Children (EPSDT)**

HSCSN wants to help your children grow up healthy. If your child is in the D.C. Healthy Families (Medicaid) program, your child will be in the HealthCheck Program, also called Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services benefit. This program starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups.

There is a Health Check (EPSDT) information sheet in this handbook. You can also ask your doctor, call Enrollee Services, or visit our website [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org) for a copy of the Health Check (EPSDT) Periodicity Schedule. The schedule tells you when your child needs to go to the doctor.

As part of the HealthCheck/EPSDT services benefits, your child can get the other Medicaid benefits described in the "Enrollee Health Benefits" section below.



## Immigrant Children

If your child is in the Immigrant Children’s Program, your child will get well-child services. This program lasts until your child turns 21.

In addition to well-child visits, your child can also get the benefits described in the “Enrollee Health Benefits” section below. Immigrant children are only eligible for medical services while enrolled in HSCSN.

**You do not have to pay anything for these Services for your child – they are free. If you have any questions or need help with transportation or scheduling an appointment, please call Enrollee Services at (202) 467-2737 or 1 (866) 937-4549.**

## Care for your Child’s Teeth

All Dental HealthCheckups and treatments are free for HSCSN enrollees under the age of 21 and every child should have a primary dental provider. HSCSN works with Delta Dental to find dentists you can visit. Dentists can prevent cavities and teach you and your child how to care for your teeth.

- From birth up to age 3, your child’s PCP may provide oral health care during regular checkups.
- The PCP should send the child to a dentist for dental services.

Beginning at age 3, all children should see a dentist in the HSCSN network for a checkup at least two times per year or once every 6 months. Look in the HSCSN Provider Directory or online at [www.deltadentalins.com/hscsn](http://www.deltadentalins.com/hscsn) to choose a dentist near you. Please call the dentist’s office for an appointment.





## The IDEA Program

IDEA is a federal law. IDEA stands for the Individuals with Disabilities Education Act. IDEA is a federal law. The IDEA program provides special services for your child with developmental delays, disabilities, or special needs. Children up to age 3 get early intervention services from HSCSN. Children age 4 and older get special educational services from the D.C. Public School and Public Charter School systems.

The D.C.'s Growth Chart ([see insert](#)) can help you figure out if your child is having delays in growth and development.

If you think your child is not growing the way he or she should, have your child tested (“IDEA evaluation”). To get an IDEA evaluation, call your PCP. If your child needs IDEA Services, your PCP will refer your child to the D.C. Strong Start Early Intervention Program.

HSCSN has Care Managers who can tell you more about IDEA and the other services your child can get.

HSCSN covers the services listed below if your child is eligible for Early Intervention services:

- For children, up to age 3, HSCSN covers all health care services if the service is in your child’s treatment plan (IFSP).
- For children age 3 and older, HSCSN:
  - Pays for all health care services and services in your child’s treatment plan that your child needs when not in school—even on evenings, weekends, and holidays.
  - Coordinates services that are not provided through the school’s treatment plan.

For more information on the services your child can get through the IDEA program, contact Enrollee Services (202) 467-2737 or 1 (866) 937-4549 or your child’s school.

## Immunizations “Shots” for Children and Teens

Immunizations (shots) are important to keep your child healthy. When your child is very young, your child will need shots every few months. The shots start at birth. These shots protect them from diseases.

Your PCP and HSCSN will schedule appointments for your child’s shots.

View the Recommended Immunizations and Periodicity Chart (see inserts) for the schedule of your child’s shots. HSCSN Wellness Gift Card Program

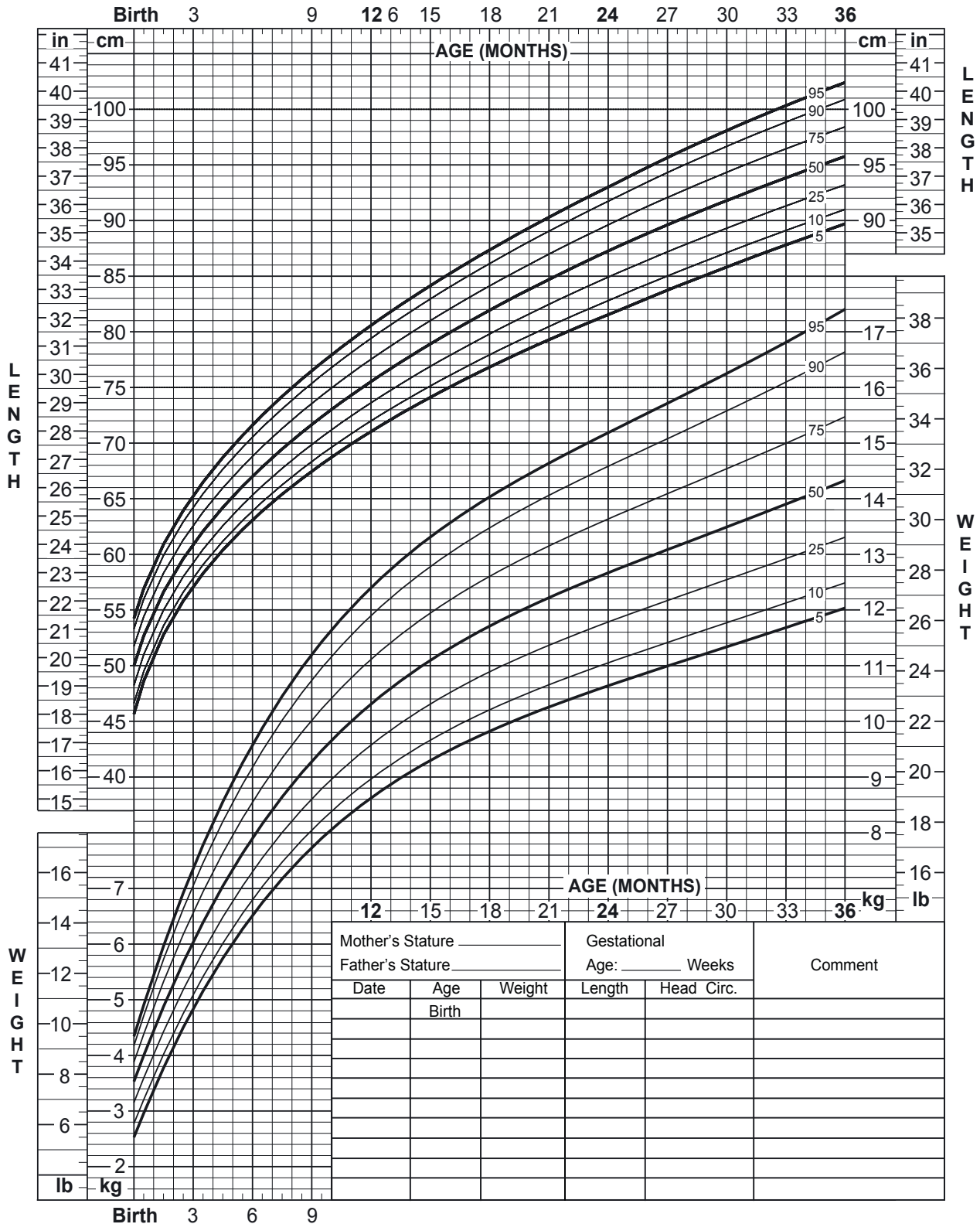


# Birth to 36 months: Boys

## Length-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



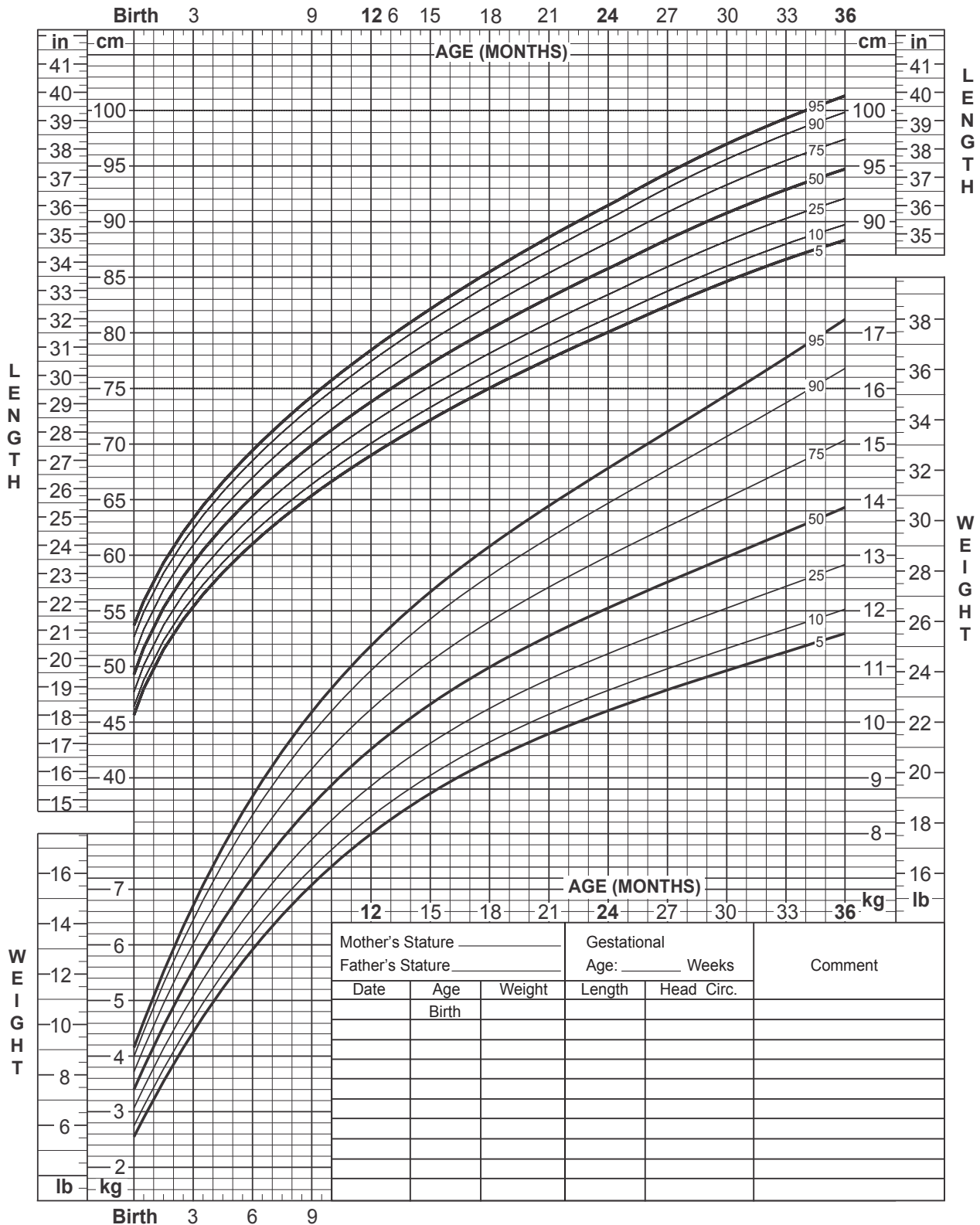
Published May 30, 2000 (modified 4/20/01).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



**Birth to 36 months: Girls**  
**Length-for-age and Weight-for-age percentiles**

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 4/20/01).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



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# 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19–23 MONTHS	2–3 YEARS	4–6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP			DTaP			DTaP
<b>Hib*</b> <i>Haemophilus influenzae</i> type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019						COVID-19**					
<b>Flu†</b> Influenza						Flu (One or Two Doses Yearly)†					
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA†</b> Hepatitis A						HepA†		HepA†			

## FOOTNOTES

**RV\*** **Hib\***  
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

**COVID-19\*\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu†** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

**HepA†** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

## ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

**Talk with your child's doctor if you have questions about any shot recommended for your child.**



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

### FOR MORE INFORMATION

Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**  
Or visit: **cdc.gov/vaccines/parents**



American Academy of Pediatrics



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# Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

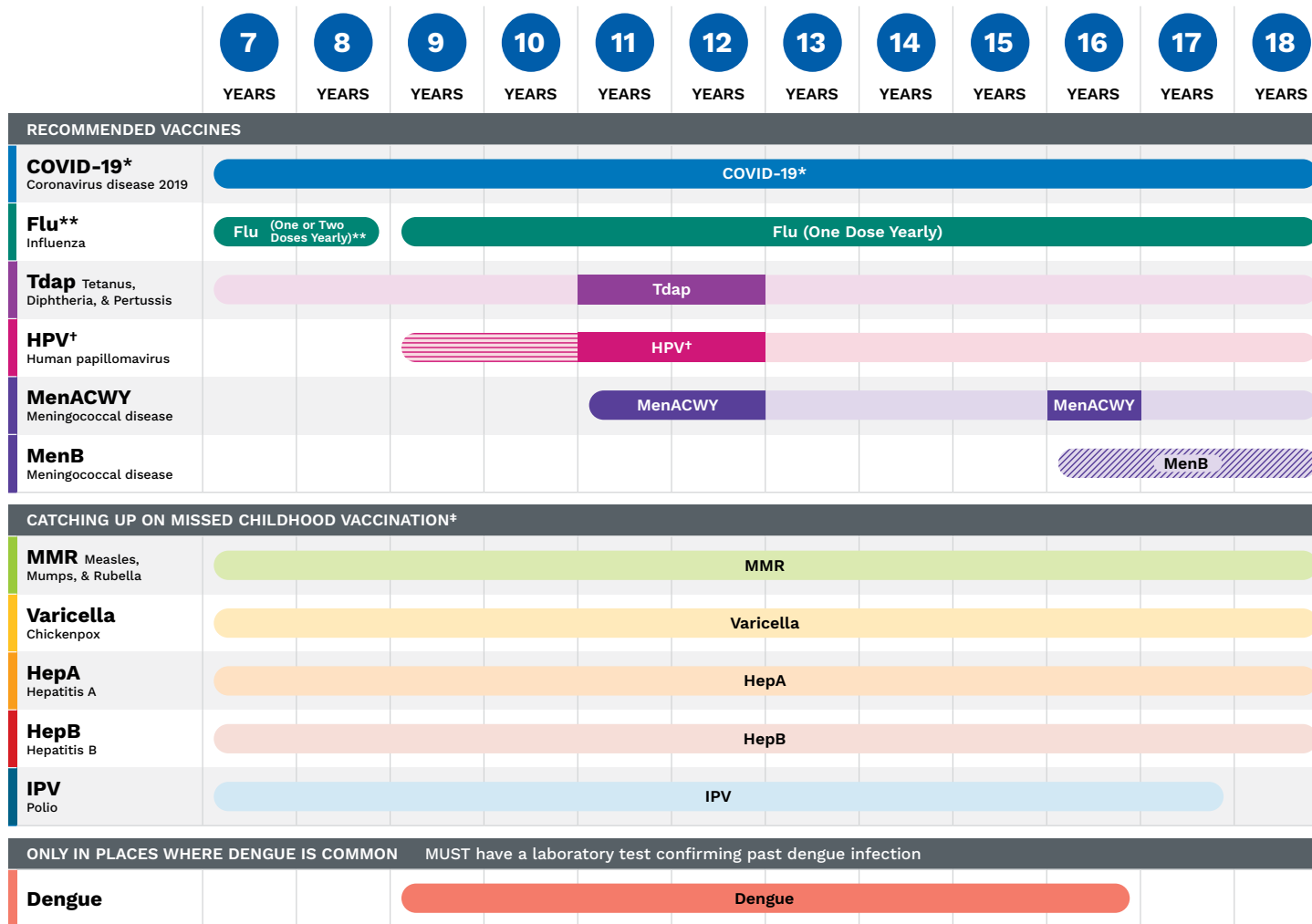
DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
<b>Hepatitis B</b>	<b>HepB</b> vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Rotavirus</b>	<b>RV</b> vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Diphtheria</b>	<b>DTaP*</b> vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis (whooping cough)</b>	<b>DTaP*</b> vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Tetanus</b>	<b>DTaP*</b> vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
<b>Haemophilus influenzae type b (Hib)</b>	<b>Hib</b> vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Pneumococcal disease (PCV13, PCV15)</b>	<b>PCV</b> vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	<b>IPV</b> vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Coronavirus disease 2019 (COVID-19)</b>	<b>COVID-19</b> vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
<b>Influenza (Flu)</b>	<b>Flu</b> vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	<b>MMR**</b> vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	<b>MMR**</b> vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Rubella</b>	<b>MMR**</b> vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Chickenpox</b>	<b>Varicella</b> vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	<b>HepA</b> vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

**DTaP\*** DTaP combines protection against diphtheria, tetanus, and pertussis.

**MMR\*\*** MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A

# 2023 Recommended Immunizations for Children 7–18 Years Old



## KEY



Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



Indicates the vaccine series can begin at this age.



Indicates the vaccine **should** be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.



Indicates children not at increased risk **may** get the vaccine if they wish after speaking to a provider.

## ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.
2. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

**Talk with your child's doctor if you have questions about any shot recommended for your child.**

## FOOTNOTES

**COVID-19\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu\*\*** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

**HPV†** Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

\*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval: 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## FOR MORE INFORMATION

Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**  
Or visit: [cdc.gov/vaccines/parents](https://cdc.gov/vaccines/parents)



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# Diseases and the Vaccines that Prevent Them

7–18 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
<b>Coronavirus disease 2019 (COVID 19)</b>	<b>COVID-19</b> vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
<b>Influenza (Flu)</b>	<b>Flu</b> vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Tetanus</b>	<b>Tdap*</b> and Td** vaccines protect against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
<b>Diphtheria</b>	<b>Tdap*</b> and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis (whooping cough)</b>	<b>Tdap*</b> vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Human papillomavirus</b>	<b>HPV</b> vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Meningococcal disease</b>	<b>MenACWY</b> <b>MenB</b> vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
<b>Measles</b>	<b>MMR†</b> vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	<b>MMR†</b> vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Rubella</b>	<b>MMR†</b> vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Chickenpox</b>	<b>Varicella</b> vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	<b>HepA</b> vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	<b>HepB</b> vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Polio</b>	<b>IPV</b> vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Dengue</b>	<b>Dengue*</b> vaccine protects against dengue.	Bite from infected mosquito	May be no symptoms, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death

**Tdap\*** Tdap combines protection against diphtheria, tetanus, and pertussis.

**Td\*\*** Td combines protection against diphtheria and tetanus.

**MMR†** MMR combines protection against measles, mumps, and rubella.

**Dengue\*** Recommended where dengue is common.

Last updated December 2022  
CS322257-B





(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<https://doi.org/10.1542/peds.2014-3716>). "Mental Health Competencies for Pediatric Practice" (<https://doi.org/10.1542/peds.2019-2757>). "Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders" (<https://pubmed.ncbi.nlm.nih.gov/32439401/>). "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (<https://pubmed.ncbi.nlm.nih.gov/32510990/>) and "Anxiety in Children and Adolescents: Screening" (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (<https://doi.org/10.1542/peds.2016-0339>). "The Impact of Racism on Child and Adolescent Health" (<https://doi.org/10.1542/peds.2019-1765>) and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (<https://doi.org/10.1542/peds.2021-052582>).
15. A recommended tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at <http://craftff.org>. If there is a concern for substance or opioid use, providers should consider recommending or prescribing Naloxone (see <https://www.cdc.gov/oresearch/pages/2018-evidence-based-strategies.html> and <https://nida.nih.gov/publications/drugfacts/naloxone>).
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management" (<https://doi.org/10.1542/peds.2017-4081>). "Mental Health Competencies for Pediatric Practice" (<https://doi.org/10.1542/peds.2019-2757>). "Suicide and Suicide Attempts in Adolescents" (<https://doi.org/10.1542/peds.2016-1420>), and "The 21st Century Cures Act & Adolescent Confidentiality" ([https://adolescenthealth.org/press\\_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/](https://adolescenthealth.org/press_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/)).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<https://doi.org/10.1542/peds.2011-0322>).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.hrsa.gov/advisory-committees/heritable-disorders/resp/index.html>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results, as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation" (<https://doi.org/10.1542/peds.2022-058859>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<https://doi.org/10.1542/peds.2011-3211>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at <https://publications.aap.org/redbook/pages/immunization-schedules>. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<https://doi.org/10.1542/peds.2016-1493>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (<https://stacks.cdc.gov/view/kdc/11859>).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per "Human Immunodeficiency Virus (HIV) Infection: Screening" (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per "Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis" (<https://doi.org/10.1542/peds.2021-055207>).
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening>) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>) and Centers for Disease Control and Prevention (CDC) recommendations (<https://www.cdc.gov/mmwr/volumes/69/rrr/rrr6902a1.htm>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per "Sudden Death in the Young: Information for the Primary Care Provider" (<https://doi.org/10.1542/peds.2021-052044>).
34. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>) and Centers for Disease Control and Prevention prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<https://doi.org/10.1542/peds.2010-1564>).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<https://doi.org/10.1542/peds.2022-060417>).
36. Perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools>). See "Maintaining and Improving the Oral Health of Young Children" (<https://doi.org/10.1542/peds.2022-060417>).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<https://doi.org/10.1542/peds.2020-034637>).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<https://doi.org/10.1542/peds.2020-034637>).

### Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in December 2023 and published in June 2024. For updates and a list of previous changes made, visit [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule).

#### FOOTNOTE CHANGES MADE IN DECEMBER 2023

- **3-5 DAY VISIT (Footnote 4)**  
This footnote reflects the AAP "Policy Statement: Breastfeeding and the Use of Human Milk", published June 2022.
- **BODY MASS INDEX (Footnote 5)**  
This footnote reflects the AAP "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity", published January 2023.
- **BEHAVIORAL/SOCIAL/EMOTIONAL SCREENING (Footnote 14)**  
This footnote reflects the USPSTF "Anxiety in Children and Adolescents: Screening" recommendations, published October 2022.
- **TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT (Footnote 15)**  
This footnote reflects the Centers for Disease Control (CDC) and National Institute of Drug Abuse (NIDA) guidance related to recommending and prescribing Naloxone.
- **NEWBORN BILIRUBIN SCREENING (Footnote 21)**  
This footnote reflects the AAP "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation", published August 2022.
- **ORAL HEALTH (Footnotes 35 and 36)**  
These footnotes reflect the AAP clinical report, "Maintaining and Improving the Oral Health of Young Children", published December 2022.

#### CHANGES MADE IN DECEMBER 2022

##### HIV

The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) to align with recommendations of the US Preventive Services Task Force and AAP policy ("Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis").

- Footnote 30 has been updated to read as follows: "Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per 'Human Immunodeficiency Virus (HIV) Infection: Screening' (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per 'Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis' (<https://doi.org/10.1542/peds.2021-055207>)"



**HRSA**  
HEALTH AND HUMAN SERVICES

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## HSCSN Wellness Gift Card Program

All HSCSN enrollees will be able to earn up to 75 dollars a year for completing wellness goals. These goals are related to preventive wellness visits. A HSCSN Care Manager can help with completing these goals through your care coordination plan.

Each HSCSN enrollee will receive a reloadable gift card where funds will be added each year. When HSCSN confirms a wellness goal has been completed, money will be loaded onto the enrollee's gift card to use at participating stores.

- Activate your gift card at [www.otcnetwork.com](http://www.otcnetwork.com) or call 1-888-682-2400 (TTY: 711).
- If your card is lost or stolen, call HSCSN Enrollee Services at 202-467-2737 to request a new card.
- Use your card by visiting a participating store and swiping your gift card at checkout to use available funds.
- How are wellness goals completed?
- Attend an adult or child well visit (preventive service appointment).
- Attend one dental preventive appointment.
- Attend one annual visit with your HSCSN Care Manager (virtual included).
- Complete a clinical goal you identify with your Care Manager related to your health.

If you have problems using the wellness gift card or if you have questions, please contact your Care Manager. You can also call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.





THE HSC HEALTH CARE SYSTEM  
**Health Services for Children  
 with Special Needs, Inc.**

## HealthCheck Program for Children (EPSDT)

HSCSN wants to help your children grow up healthy. If your child is in the DC Healthy Families (Medicaid) program, your child will be in the HealthCheck Program. This is also called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). This program starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups.

HealthCheck checkups include:

- A complete physical exam.
- Growth and development check.
- Vaccines or shots (immunizations).
- Dental screening.
- Hearing screening.
- Vision screening.
- Lead screening (for all enrollees under 6 years old).
- Health education.
- Behavioral health screening.

HealthCheck checkups are recommended by these ages:

Infant	Toddler	Child/Teen/Young Adult
1 month	12 months	Once a year (age 3 through 20)
2 months	15 months	
4 months	18 months	
6 months	24 months	
9 months	30 months	



## Recommended Vaccine or Shot Schedule for Children and Teens Infant and Toddler

Age	Immunization or Test
Birth	<ul style="list-style-type: none"> <li>• HepB #1</li> <li>• Newborn metabolic/hemoglobin screening</li> </ul>
2 months	<ul style="list-style-type: none"> <li>• HepB #2</li> <li>• DTaP #1</li> <li>• RV #1</li> <li>• Hib #1</li> <li>• PCV #1</li> <li>• IPV #1</li> </ul>
4 months	<ul style="list-style-type: none"> <li>• DTaP #2</li> <li>• RV #2</li> <li>• Hib #2</li> <li>• PCV#2</li> <li>• IPV #2</li> </ul>
6 months	<ul style="list-style-type: none"> <li>• HepB #3</li> <li>• Hib #3</li> <li>• DTaP #3</li> <li>• RV #3</li> <li>• PCV #3</li> </ul>
12 months	<ul style="list-style-type: none"> <li>• HiB #4</li> <li>• MMR #1</li> <li>• Varicella #1</li> <li>• PCV #4</li> <li>• HepA #1</li> <li>• Lead screen</li> <li>• Hemoglobin/ hematocrit</li> <li>• Tuberculosis test, if at risk</li> <li>• Dental screen</li> </ul>
15 months	<ul style="list-style-type: none"> <li>• Varicella #2 (second dose may be given at age 4)</li> </ul>
18 months	<ul style="list-style-type: none"> <li>• Hep A #2</li> </ul>
24 months	<ul style="list-style-type: none"> <li>• Lead screen</li> </ul>
Every year	<ul style="list-style-type: none"> <li>• Beginning at 6 months, seasonal influenza (flu) vaccine as recommended each year</li> </ul>



## School-Aged Children and Teens

Age	Immunization or test
3 years–6 years	<ul style="list-style-type: none"> <li>• Blood lead test</li> </ul>
4 years–6 years	<ul style="list-style-type: none"> <li>• DTap</li> <li>• MMR</li> <li>• IPV</li> </ul>
11 years–12 years	<ul style="list-style-type: none"> <li>• HPV (girls only)</li> <li>• MCV4</li> </ul>
13 years or older	<ul style="list-style-type: none"> <li>• Varicella</li> </ul>
13 years–16 years	<ul style="list-style-type: none"> <li>• Tdap</li> <li>• HPV (girls only)</li> </ul>
18 years or younger	<ul style="list-style-type: none"> <li>• MCV4</li> </ul>
Every 6 months	<ul style="list-style-type: none"> <li>• Dental visits</li> </ul>
Every year	<ul style="list-style-type: none"> <li>• Flu</li> </ul>

## Developmental Milestones

This chart can help you figure out if your child is having delays in development. Use it as a guide. Your child may reach these milestones slightly before or after other children of the same age. Talk to your child’s doctor if you have any questions or concerns.

<p><b>By the end of 7 months, many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Turn their head when their name is called.</li> <li>• Smile back at another person.</li> <li>• Respond to sounds with sounds.</li> <li>• Enjoy social play such as peek-a-boo.</li> </ul>	<p><b>By the end of 2 years (24 months), many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Use 2- to 4-word phrases.</li> <li>• Follow simple instructions.</li> <li>• Become more interested in other children.</li> <li>• Point to an object or picture when named.</li> </ul>
<p><b>By the end of 1 year (12 months), many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Use simple gestures, waving “bye-bye.”</li> <li>• Make sounds such as “ma” and “da.”</li> <li>• Imitate actions in their play (clap when you clap).</li> <li>• Respond when told “no.”</li> </ul>	<p><b>By the end of 3 years (36 months), many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Show affection for playmates.</li> <li>• Use 4- to 5-word sentences.</li> <li>• Imitate adults and playmates (run when other children run).</li> <li>• Play make-believe with dolls, animals, and people (“feed” a teddy bear).</li> </ul>
<p><b>By the end of 1½ years (18 months), many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Do simple pretend play (“talk” on a toy phone).</li> <li>• Point to interesting objects.</li> <li>• Look at an object when you point at it and tell them to look.</li> <li>• Use several single words unprompted.</li> </ul>	<p><b>By the end of 4 years (48 months), many children are able to:</b></p> <ul style="list-style-type: none"> <li>• Use 4- to 6-word sentences.</li> <li>• Follow 3-step commands (“Get dressed, comb your hair and wash your face”).</li> <li>• Cooperate with other children.</li> </ul>



# Your Health Benefits

## Health Services covered by HSCSN

The list below shows the health care services and benefits for all HSCSN Enrollees. For some benefits, you must be a certain age or have a certain need for the service. HSCSN will not charge you for any of the healthcare services in this list if you go to a network provider or hospital.

If you have a question about whether HSCSN covers certain health care and how to access services, call HSCSN Enrollee Services at (202) 467-2737 or 1 (866) 937-4549.

Benefit	What You Get	Who Can Get This Benefit
<b>Adult Wellness Services</b>	<ul style="list-style-type: none"> <li>• Immunizations.</li> <li>• Routine screening for sexually transmitted infections.</li> <li>• HIV/AIDS screening, testing, and counseling.</li> <li>• Breast cancer screening.</li> <li>• Cervical cancer screening. (women only).</li> <li>• Osteoporosis screening (post-menopausal women).</li> <li>• HPV screening.</li> <li>• Prostate cancer screening (men only).</li> <li>• Abdominal aortic aneurysm screening.</li> <li>• Obesity screening.</li> <li>• Diabetes screening.</li> <li>• High blood pressure and cholesterol (lipid disorders) screening.</li> <li>• Depression screening.</li> <li>• Colorectal cancer screening (Enrollees 50 years and older).</li> <li>• Smoking cessation counseling.</li> <li>• Diet and exercise counseling.</li> <li>• Mental Health counseling.</li> <li>• Alcohol and drug screening.</li> </ul>	Enrollees over age 21 as appropriate



Benefit	What You Get	Who Can Get This Benefit
<b>Behavioral Health Services – Mental Health</b>	<ul style="list-style-type: none"> <li>• Diagnostic Assessment</li> <li>• Physician Visits</li> <li>• Individual Counseling</li> <li>• Group Counseling</li> <li>• Family Counseling</li> <li>• FQHC Services</li> <li>• Medication</li> <li>• Crisis Services</li> <li>• Inpatient hospitalization and emergency department services</li> <li>• Case Management Services</li> <li>• Treatment for any mental condition that could complicate pregnancy</li> <li>• Psychiatric Residential Treatment Facility Services (PRTF) for enrollees under 22 years of age for thirty (30) consecutive days</li> <li>• School-based Mental Health Services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days when the child is not in school</li> <li>• Mental Health and Substance Abuse services in an Institution for Mental Disease up to 15 days in any calendar month</li> </ul>	All Enrollees
<b>Behavioral Health Services – Substance Use Disorder (SUD)</b>	<ul style="list-style-type: none"> <li>• Diagnostic Assessment</li> <li>• Crisis Services</li> <li>• Counseling</li> <li>• Psychotherapy</li> <li>• Therapeutic Groups</li> <li>• Medication Assisted Treatment</li> <li>• Inpatient Withdrawal Management/Detox</li> <li>• Residential Treatment</li> </ul>	All Enrollees, As Appropriate



Benefit	What You Get	Who Can Get This Benefit
<b>Child Wellness Services</b>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> <li>• Health and development history and screenings.</li> <li>• Physical and mental health development and screenings.</li> <li>• Comprehensive health exam.</li> <li>• Immunizations.</li> <li>• Lab tests including blood lead levels.</li> <li>• Health Education/Anticipatory Guidance.</li> <li>• Dental screening services.</li> <li>• Vision screening services.</li> <li>• Hearing screening services.</li> <li>• Alcohol and drug screening and counseling.</li> <li>• Mental health services</li> </ul> <p>*Does not include any health services furnished to a child in a school setting.</p>	<p>Enrollees under the age of 21</p>





Benefit	What You Get	Who Can Get This Benefit
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems.</li> <li>• Check-ups twice a year with a dentist are covered for children ages 3 through 20.</li> <li>• A child's PCP can perform dental screenings for a child up to age 3 years.</li> <li>• Routine orthodontic care is covered for enrollees under 21.</li> <li>• Fluoride varnish treatment up to four (4) times a year.</li> <li>• Sealant application.</li> </ul>	Enrollees under the age of 21
	<ul style="list-style-type: none"> <li>• General dental exams and routine cleanings every six (6) months.</li> <li>• Surgical services and extractions.</li> <li>• Emergency dental care.</li> <li>• Fillings.</li> <li>• X-rays (complete series limited to one (1) time every three (3) years).</li> <li>• Full mouth debridement.</li> <li>• Oral prophylaxis limited to two (2) times per year.</li> <li>• Bitewing series.</li> <li>• Palliative treatment.</li> <li>• Root Canal treatment.</li> <li>• Periodontal Scaling and root planning.</li> <li>• Dental crowns.</li> <li>• Removal of impacted teeth.</li> <li>• Initial placement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years. Some limitations may apply.</li> <li>• Any dental service that requires inpatient hospitalization must have prior authorization (preapproval).</li> <li>• Elective surgical procedures requiring general anesthesia.</li> </ul>	All Enrollees (Enrollees 21 years and older can get dental services from Medicaid. Call HSCSN Delta Dental Line at 1 (888) 899-3734)
<b>Dialysis Services</b>	<ul style="list-style-type: none"> <li>• Treatment up to 3 times a week (limited to once per day).</li> </ul>	All Enrollees



Benefit	What You Get	Who Can Get This Benefit
<b>Durable Medical Equipment (DME) &amp; Disposable Medical Supplies (DMS)</b>	<ul style="list-style-type: none"> <li>• Durable medical equipment (DME).</li> <li>• Disposable medical supplies (DMS).</li> </ul>	All Enrollees
<b>Emergency Aide Services</b>	<ul style="list-style-type: none"> <li>• A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless if the provider is in or out of the HSCSN network.</li> <li>• Treatment for emergency condition.</li> </ul>	All Enrollees
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Pregnancy testing; counseling for the woman.</li> <li>• Routine and emergency contraception.</li> <li>• Voluntary sterilizations for Enrollees over 21 years of age (requires a signature of an approved sterilization form by the Enrollee 30 days before the procedure).</li> <li>• Screening, counseling and Immunizations (including for Human Papillomavirus – HPV).</li> <li>• Screening and preventive treatment for all sexually transmitted infections.</li> <li>• Nurse Midwife and Doula services.</li> </ul> <p>*Does not include sterilization procedures for Enrollees under the age of 21.</p>	All Enrollees as appropriate
<b>Hearing Benefits</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees
<b>Home Health Services</b>	<p>In-home health care services, including:</p> <ul style="list-style-type: none"> <li>• Nursing and home health aide care.</li> <li>• Home health aide or personal aide services when provided by a home care agency.</li> <li>• Physical therapy, occupational therapy, speech pathology and audiology services.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees as appropriate
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Support services for people who are nearing the end of life.</li> <li>• You must get prior authorization for these services.</li> </ul>	All Enrollees as appropriate



Benefit	What You Get	Who Can Get This Benefit
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services).</li> <li>• Inpatient services (hospital stay).</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees
<b>Laboratory &amp; X-ray Services</b>	<ul style="list-style-type: none"> <li>• Lab tests and X-rays.</li> </ul>	All Enrollees
<b>Nursing Home Care</b>	<ul style="list-style-type: none"> <li>• Full-time skilled nursing care in a nursing home for up to 90 consecutive days.</li> </ul>	All Enrollees
<b>Personal Care Aide Services</b>	<ul style="list-style-type: none"> <li>• Services provided to an Enrollee by an individual qualified to provide such Services who is not an Enrollee of the Enrollee's family, usually in the home, and authorized by a physician as a part of the Enrollee's treatment plan.</li> <li>• Private Duty Nursing.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees. Not available to Enrollees in a hospital or Nursing Home
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>• Prescription drugs included on the HSCSN drug formulary. You can find the drug formulary at <a href="http://www.hscsnhealthplan.org">www.hscsnhealthplan.org</a> or by calling Enrollee Services.</li> <li>• Only includes medications from network pharmacies.</li> <li>• Includes listed non-prescription (over-the-counter) medicines. You must get a prescription from your doctor to get the over-the-counter medication. A complete list is available on <a href="http://www.hscsnhealthplan.org">www.hscsnhealthplan.org</a> or by calling Enrollee Services.</li> </ul>	All Enrollees other than dually eligible (Medicaid/Medicare) Enrollees whose prescriptions are covered under Medicare Part D
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems.</li> <li>• Regular foot care when medically needed.</li> </ul>	All Enrollees
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>• Preventive, acute, and chronic health care services generally provided by your PCP.</li> </ul>	All Enrollees
<b>Prosthetic devices</b>	<ul style="list-style-type: none"> <li>• Replacement, corrective, or supportive devices prescribed by a licensed provider.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• Including physical, speech and occupational therapy.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees



Benefit	What You Get	Who Can Get This Benefit
<b>Respite Services</b>	<ul style="list-style-type: none"> <li>• Up to 480 hours per calendar year of prescheduled nonskilled respite service to temporarily relieve caregiver or guardian of caregiving responsibility.</li> <li>• Does not include skilled services or facility-based services.</li> </ul>	All Enrollees
<b>Specialist Services</b>	<ul style="list-style-type: none"> <li>• Health care services provided by specially trained doctors or advanced practice nurses.</li> <li>• Referrals are usually required.</li> <li>• Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body.</li> </ul>	All Enrollees
<b>Transportation Services</b>	<ul style="list-style-type: none"> <li>• Transportation to and from medical appointments to include services covered by DHCF.</li> </ul>	All Enrollees
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed.</li> </ul>	Enrollees under the age of 21
	<ul style="list-style-type: none"> <li>• One (1) pair of eyeglasses every two (2 years) except when the Enrollee has lost his or her eyeglasses or when the prescription has changed by more than 0.5 diopter.</li> </ul>	Enrollees age 21 and older



## Services We Do Not Pay For

- Cosmetic surgery.
- Experimental or investigational services, surgeries, treatments, and medications.
- Services that are part of a clinical trial protocol.
- Abortion, or the voluntary termination of a pregnancy, is not required under Federal law.
- The service is an abortion, except:
  - If the life of the mother would be endangered if the fetus were carried to term.
  - If the pregnancy is the result of an act of rape or incest.
- Infertility treatment.
- Sterilizations for persons under the age of 21.
- Services that are not medically necessary.
- Some counseling or referral services may not be covered by HSCSN due to religious or moral beliefs. Contact DHCF at (202) 442-5988 for more information.
- The service is not described in the list of covered benefits and did not have prior authorization.
- The surgery and/or products are for cosmetic reasons (see above).
- The service is of an amount, duration, and scope in excess of a limit expressly set by the D.C. Department of Health Care Finance.
- The service is a prescription drug being provided to an enrollee who is dually eligible for Medicare and D.C. Medicaid. These medications are exceptions:
  - Benzodiazepines.
  - Barbiturates.
  - Covered over-the-counter medications.

### The service is:

- Investigational.
- Experimental.
- Part of a clinical trial.
- The services are in a school setting by District of Columbia Public Schools (DCPS) employees, or by school contractors, or if the enrollee resides in a private school.



# Transition of Care

If HSCSN is new for you, you can keep your scheduled doctor's appointments and prescriptions for the first **60 days**. If your provider is not currently in HSCSN network, then you may be asked to select a new provider that is within HSCSN's provider network.

If your doctor leaves HSCSN's network, we will notify you within 15 calendar days, so that you have time to select another provider. If HSCSN terminates your provider, we will notify you within 30 calendar days prior to the effective termination date.

It is important to know that once you are between ages 16–21 years old, you will need to transition to adult providers. Your Care Manager will help you with this.

If you are unable to make health care decisions on your own, once you turn 18, please work with your Care Manager to discuss options for guardianship or supportive decision making.

Starting on your 16th birthday, the CM will help you take an active role in your health care.

During this transition, your Care Manager (CM) will:

- Help you learn about your healthcare.
- Talk with you about making your own healthcare choices.
- Schedule your last appointment with your current pediatric doctor.
- Verify that your medical information is up-to-date.
- Find an adult doctor and help you schedule your first appointment.
- Learn about your rights under the law about your health.

Starting on your 20th birthday, we will ensure you understand the changes at 21. We will help you change to a new doctor for adults.

During this transition, your Care Manager (CM) will:

- Find a new adult care doctor.
- Learn more about your healthcare needs.
- Set new health goals.

HSCSN Insurance is for children, adolescents, and adults under 26 years old. You will be disenrolled from HSCSN when you turn 26. Most enrollees can stay with HSCSN until they reach 26 years of age. Well children leave HSCSN when their mother leaves or at age 6 years, whichever is sooner. Enrollees in the Katie Beckett program are no longer eligible for Katie Beckett when they reach 19 years of age.

Your Care Manager will work closely with you to make an age-out transition plan. The Care Manager will:

- Make sure you have a list of all your services and providers. This includes:
  - Doctors.
  - Medication and supplies.



- Home health services.
- Medical equipment.
- Make sure that you switch to fee-for-service Medicaid Providers.
- Work with you to request a fee-for-service Medicaid ID card.
- Confirm that your fee-for-service Medicaid eligibility is current with the D.C. Economic Security Administration.
- Help you recertify your fee-for-service Medicaid eligibility.
- Talk with you about D.C. Department on Disability Services programs that you may qualify for and help you with program applications.
- Make sure you have a list of community resources.
- Discuss how to correct problems that may happen during your transition.

You may be able to enroll with a Case Management Agency that provides care coordination support to adults when you leave HSCSN. Your HSCSN Care Manager will discuss how to enroll with you. If you qualify, this change usually happens 30-60 days after you leave HSCSN.

If you have questions about aging out of HSCSN, please call (202) 467-2737 and ask for your Care Manager.

It is very important to see your healthcare provider as soon as possible after you are discharged. Your HSCSN Care Manager can help you get your follow-up appointment.

## **Pediatric Psychiatric Residential Treatment Facility**

### **What is a psychiatric residential treatment facility (PRTF)?**

- A facility that provides 24-hour access to a psychiatrist and nursing staff.
- A PRTF may help with education, mental health, or medication issues that a community provider cannot meet.
- Programs at a PRTF are for youth who need intensive behavior and therapy treatments. PRTFs may also complete evaluations.
- Family therapy and parent skill training are two main parts of treatment. This helps ensure that youth and families are prepared for their return home.
- A youth's dental and medical health needs must be met during the placement. Educational and mental health needs must also be met.
- This is a medical placement. This requires ongoing review and approval by a child psychiatrist at HSCSN.



- Other authorized government agencies may place a child at a PRTF. Your HSCSN PRTF Care Manager (CM) will join in meetings with the PRTF even if HSCSN did not begin the process. Other HSCSN team members may also join these meetings.

### **What does my child receive at a PRTF?**

- Meet with therapist and psychiatrist.
- Attend school and receive services in their IEP and 504 Plan.
- Eat, sleep, and have downtime at the program.
- Family therapy and visits to support their goals in therapy.
- Passes for on-site and off-site visits based on their treatment plan and progress toward goals.
- Staff who work together as a treatment team to support you and your child during their stay at the PRTF.
- A Discharge Plan with the treatment team, which begins at the time of admission. This means the team is working together to make sure you and your child are planning for their return from the PRTF.
- The team will meet each month, and you will be invited. You may join by telephone or virtually.
- Your child will go to the doctor and see a dentist while they are at the PRTF.
- Your child will see specialists needed while at the PRTF. This will be done with a provider near the PRTF (if it is outside the nearby DC area).
- Programs have levels that youth work through. Each level shows their progress towards meeting treatment plan goals. Youths work to move up to the highest level and earn rewards. These are different at each PRTF.

### **What does HSCSN offer while my child is in a PRTF?**

- HSCSN will assign a PRTF CM as your HSCSN point of contact.
- The HSCSN PRTF CM will attend treatment team meetings. Other HSCSN staff may join as needed.
- The HSCSN PRTF CM will see your child at least once every four months. This may be at the PRTF or online.
- HSCSN will pay for you to visit your child:
  - HSCSN may pay you and one extra person to travel to and from the PRTF.
  - HSCSN may pay for a hotel for up to two nights.
  - HSCSN may pay for transportation for you to and from the hotel and to and from the airport.
  - Your child may also stay with you at the hotel on a pass to support their therapy goals. The treatment team will help prepare a safety plan for visits and passes when away from the PRTF.
  - Please see the Travel Fact Sheet for more details on what HSCSN pays for.





- HSCSN will pay for your child to visit you in DC when recommended by the treatment team.
  - You will pay for all meals and any other travel needed.
- The HSCSN PRTF CM will help you plan for your child’s return to DC when they have met their goals. This includes finding services in DC to help your child maintain their progress.
- The HSCSN PRTF CM will work with your child’s DC providers to help prepare for your child’s return home. This may include:
  - Primary care provider
  - Behavioral health providers
  - Other DC agencies (such as DCPS, OSSE, and DBH)
- The HSCSN PRTF CM will work with you to create and update the care plan for your child.

## Other Important Things to Know

### What to do if I move

- Update your contact information online at [www.districtdirect.dc.gov](http://www.districtdirect.dc.gov)
- Call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

### What to do if I have a baby

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call HSCSN Care Manager or HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

### What to do if I adopt a child

- Call the Economic Security Administration (ESA) Change Center at 202-727-5355.

### What to do if someone in my family dies

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.



## How to change my MCP

- You can change your MCP:
  - During the 90 calendar days following the date of your initial enrollment or 90 calendar days after the date you received your enrollment notice from the District, whichever is later.
  - Once a year during open enrollment.
  - If temporary loss of eligibility causes you to miss the open enrollment.
  - If the District imposes sanctions on the MCP or suspends enrollment.
  - At any time, if you have a good reason/cause, such as:
    - You move out of the service area.
    - HSCSN does not, because of moral or religious objections, cover the service(s) you need.
    - You need related services to be performed at the same time, and not all the related services are available, and if your provider determines that receiving the services separately is risky.
    - You believe the MCP has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientation, gender identification, personal appearance, familial responsibilities, political affiliation, and source of income or place of residence or;
    - You feel you have received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your health care needs.
- D.C. Healthy Families will send you a letter two months before open enrollment. The letter tells you how to change MCPs.
- When you change your MCP, your health care information will transition to the new MCP you choose so that you can continue to get the care you need.

## You will not be allowed to get health care from HSCSN anymore if you:

- Lose your Medicaid eligibility.
- Lose your Social Security Income (SSI) eligibility.
- Show a pattern of disruptive or abusive behavior or have obtained services in a fraudulent or deceptive manner.

## A child will be removed from HSCSN if the child:

- Becomes a ward of the District.



## **The D.C. government may remove you from HSCSN if you:**

- Let someone else use your Enrollee ID Card;
- The District finds you committed Medicaid fraud; or
- You do not follow your Enrollee responsibilities.

## **What if I get a bill for a covered service?**

If you get a bill for a covered service that is in the list above, call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

## **Paying for Non-Covered Services**

- If you decide you want a service that we do not pay for and you do not have written permission from HSCSN, you must pay for the service yourself.
- If you decide to get a service that we do not pay for, you must sign a statement that you agree to pay for the service yourself.
- Remember to always show your Enrollee ID Card and tell doctors that you are an Enrollee of HSCSN before you get services.
- If you paid for services and you believe you are entitled to reimbursement, you must request reimbursement within six (6) months of the date you went to the pharmacy, clinic, doctor, or hospital. Contact your HSCSN Care Manager or Enrollee Services at (202) 467-2737 to submit a request for reimbursement or to receive more information.



## Advance Directive

An Advance Directive is a legal document you sign that lets others know your health care choices. It is used when you are not able to speak for yourself. Sometimes this is called a “living will” or a “durable power of attorney.”

An Advance Directive can let you choose a person to make choices about your medical care for you. An advance directive also lets you say what kind of medical treatment you want to receive if you become too ill to tell others what your wishes are.

It is important to talk about an Advance Directive with your family, your PCP, or others who might help you.

If you want to complete and sign an Advance Directive, ask your PCP for help during your next appointment, call your Care Manager, or Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 and we will help you.

## What to do if I have other insurance

If you are an Enrollee of HSCSN, you must tell us right away if you have any other health insurance. Please call Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.

## What to do if I am eligible for Medicaid and Medicare

If you have Medicare and Medicaid, please tell HSCSN so you can choose Medicare providers. If you have Medicare, you must sign up for Medicare Part D for your prescription drugs. Medicaid will pay your co-pays. See page 74 of this handbook for more information.



## What is Fraud?

Fraud is a serious matter. Fraud is making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. An example of fraud for Enrollees is falsely claiming that you live in the District, when you live outside the boundaries of the District of Columbia. An example of fraud for providers is billing for services that were not furnished and/or supplies not provided.

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. If you would like more information about what fraud is, visit HSCSN website at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org). To report fraud, call HSCSN Grievance, Appeals and Compliance Hotline at (202) 495-7582, email [compliance@hschealth.org](mailto:compliance@hschealth.org), or call the DC Department of Health Care Finance's Fraud Hotline at 1-877-632-2873.

## Physician (doctor) incentive plan disclosure

You have the right to find out if HSCSN has special financial arrangements with HSCSN's doctors.

Please call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549 for this information.

# Grievances, Appeals, and Fair Hearings

HSCSN and the District government both have ways that you can complain about the care you get or the Services HSCSN provides to you. HSCSN uses your feedback to identify opportunities to improve the enrollee/caregiver experience. You may choose how you would like to complain as described below.

## Grievances

- If you are not satisfied with something that happened to you, you can file a Grievance. You can file a grievance at any time. To file a Grievance, you should call HSCSN's Office of Appeals and Grievances (OAG) at (202) 495-7582 or email your grievance to [riskmanagement@hschealth.org](mailto:riskmanagement@hschealth.org).
- Examples of why you might file a Grievance include:
  - You feel you were not treated with respect.
  - You are not satisfied with the health care you got.
  - It took too long to get an appointment.
- For assistance with filing a Grievance, contact Enrollee Services at (202) 467-2737 or 1-(866) 937-4549.
- Your provider can also file a Grievance for you with your written consent.



HSCSN must provide you with a written response to your grievance within 90 calendar days from the date we received your grievance. HSCSN will mail you a letter no later than two (2) business days after we received your grievance to let you know we received your Grievance request. HSCSN may ask for extra time (but not more than 14 additional calendar days) to provide you with a written response. This is called an extension. If we decide an extension is needed, we will make best effort to notify you verbally of the extension, and we will also send you a written letter to inform you that an extension has been applied.

To File a grievance in writing with HSCSN, mail to:

ATTN: Risk Management  
1101 Vermont Avenue NW  
Suite 1200  
Washington, DC 20005  
**[riskmanagement@hschealth.org](mailto:riskmanagement@hschealth.org)**

## Appeals

If you do not agree with HSCSN's decision to deny, reduce, delay, or stop any of your benefits or services you have a right to file an Appeal with HSCSN. In order to file an appeal, you first must be given an adverse benefit determination notice (denial letter). You can file an appeal anytime during, but no later than, sixty (60) calendar days from the date on the notice.

There are two (2) types of appeals a standard appeal and an expedited appeal. Please refer to the Expedited (Emergency) Grievances and Appeals Process for more information. The below will reference standard appeals only.

You can file an appeal with HSCSN's Office of Appeals and Grievances (OAG) in the following ways:

- Via phone by calling (202) 495-7582 or call Enrollee Services at (202) 467-2737 or 1- (866) 937- 4549.
- Fax to the attention of: Appeals or Grievances Coordinator at (202)-635-5591
- Email to: **[RiskManagement@hschealth.org](mailto:RiskManagement@hschealth.org)**, include in the subject line appeal or grievance
- Mail to: Health Services for Children with Special Needs (HSCSN) 1101 Vermont Avenue, NW, 12th Floor, Washington, DC 20005

If you call and give your Appeal over the phone, HSCSN will summarize your Appeal in the letter we will send you to confirm we received your appeal. Be sure to read the letter carefully and keep it for your records.

HSCSN will give you a written decision (resolution) of your appeals within thirty (30) calendar days from the date your appeal was received. This timeframe includes HSCSN providing a written letter to you to inform you of the resolution.

If HSCSN needs more time to get information and the District decides this would be best for you, or if you or your representative request more time, HSCSN may add extra time (extend) to make the decision by no more than fourteen (14) calendar days. HSCSN will make our best effort to notify you verbally but must give you written notice to inform you of the extension.



You will receive written notice of HSCSN's decision about your Appeal in the mail. HSCSN can also share this notice with you via email, with your permission.

If you are not happy with HSCSN's decision about your Appeal, you may have the right to request a Fair Hearing. Your provider may file an Appeal or request for a Fair Hearing on your behalf.

### **Deadlines:**

- You must file an Appeal within 60 calendar days from the date on the Adverse Benefit Determination notice date.
- If you want to continue receiving your benefits during your Appeal, you must request the Appeal within the later of the following:
  - Within 10 calendar days from HSCSN's postmark of the Adverse Benefit Determination Notice or
  - The intended effective date of HSCSN's proposed action (or, in other words, when the benefit is to stop).

### **Expedited (Emergency) Grievances and Appeals Process**

If your Appeal is determined to be an emergency, HSCSN will give you a decision within seventy-two (72) hours. An Appeal is considered an emergency if it would be harmful or painful to you or others if you had to wait for a decision under the standard time frame of 30 calendar days.

If HSCSN needs more time to get information and the District decides this would be best for you, or if you or your representative request more time, HSCSN may add extra time (extend) to make the decision by no more than fourteen (14) calendar days. HSCSN will make our best effort to notify you verbally but must give you written notice to inform you of the extension.

### **Fair Hearings**

You may request a District Fair Hearing after a decision has been made on your appeal request with HSCSN or if HSCSN does not give you notice regarding your appeal or does not give you the notice in a timely manner. A fair hearing can be requested anytime but no more than 120 calendar days from the date on HSCSN's Resolution of Appeal Notice.

Your provider may file an Appeal or request for a Fair Hearing on your behalf.

You can request a "Fair Hearing" with the DC's Office of Administrative Hearings. To file a request for a Fair Hearing, call or write to the District government at:

District of Columbia Office of Administrative Hearings (OAH)  
Clerk of the Court  
441 4th Street, NW  
Suite N#450  
Washington, DC 20001  
Telephone Number: 202-442-9094



## Deadline

- You must file an Appeal within 60 calendar days from the date on the Adverse Benefit Determination notice date.
- You may request a Fair Hearing no more than 120 calendar days from the date of HSCSN's Resolution of Appeal Notice.
- If you want to continue receiving your benefits during your Fair Hearing, you must request the Fair Hearing within the later of the following:
  - Within 10 calendar days from HSCSN's postmark of the Adverse Benefit Determination Notice or the Resolution of Appeal Notice, or
  - The intended effective date of HSCSN's proposed action (or, in other words, when the benefit is to stop).

## Your Rights during the Grievances, Appeals, and Fair Hearings Process

- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearing after going through the one-level Appeal process with HSCSN. You must request a fair hearing no more than 120 calendar days from the date of the Resolution of Appeal Notice.
- If HSCSN does not give you notice regarding your appeal or does not give you notice on time, then the appeal process will be considered complete, and you request a fair hearing.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days – this could be as short as 10 calendar days.
- You have the right to have someone from HSCSN help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or another representative.
- You have a right to have accommodations made for any special health care need.
- You have a right to adequate TTY/TTD capabilities and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal, or Fair Hearing.
- If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Enrollee Services at (202) 467-2737.
- You have the right to file a grievance at any time.
- You have the right to file a grievance if you are not satisfied with HSCSN's decision to deny a request for an emergency (expedited) appeal.
- You have the right to get a copy of any document (medical records, medical necessity criteria, etc.) from your case file with HSCSN that will help you show why our decision was made. You or





your representative have the right to request documents at no cost. please call HSCSN Customer Care Department at (202) 467-2737 or 1-(866)-937-4549; TTY users should call (202) 467-2709 or by fax to the attention of the Appeals Coordinator at (202) 635-5591 and we will help you through this process.

- You have the right to submit evidence or documents for us to consider before we make our decision. For standard appeals, you have ten (10) calendar days from the date you submit your appeal to provide this information. For expedited appeal, you have twenty-four (24) hours from the time you submit your expedited appeal to provide this information. You can submit this information over the phone, by email, or fax.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed.
- You have the right to have someone from HSCSN help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or other representative.
- You have a right to have an accommodation made for any special health care need.
- You have a right to adequate TTY/TTD capabilities, and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearings after you have gone through the one-level Appeal process with HSCSN.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call HSCSN Office of Appeals and Grievances at (202) 495-7582 or HSCSN Customer Care at (202) 467-2737 or 1-(866) 937-4549.

## Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, and how you can get this information. Please read it carefully.

**This Notice tells you how personal or medical information about you may be used and shared. It also tells how you can get access to this information. Please review it carefully.**

Health Services for Children with Special Needs, Inc. (HSCSN) knows how important it is to keep your health information private.

We will keep your personal information safe and only use it exactly how we said it will be used.

We only use your personal information according to the law and as we say in this notice. We have the right to change this notice at any time. The notice can be found at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org). You may ask for a copy at any time.

Different laws say different things about health information.

- Health information means information about you or your child's health care.
- Personal information means health information and any other information that we have gotten



while giving benefits to you or your child. This may be your address and Social Security number.

The law says we must give you this notice. It will tell you about:

- The ways we may use health information about you and your child.
- Your rights.
- Our responsibilities in how we use and tell other people about this information.

## Health Information

We may get health information from you or others to give health services. We also get information from:

- Health care claims and encounters.
- Medical history.
- Service requests.
- Complaints and appeals.

## How We Protect the Privacy of Personal Information

We protect your health information by:

- Giving personal information about you or your child only to people at HSCSN who need to know. This helps us get your products or services.
- Keeping all personal information safe and secure.
- Ask permission each time before we send information about you or your child.

Others are not allowed to tell anyone else about the information we give them about you or your child. This is the law.

## How We May Use and Release Health Information

The law says that we can use health information without your permission for:

- Treatment—We may give information to people who provide treatment.
  - Doctors.
  - Nurses.
  - Technicians.
  - Office staff.
  - Other personnel.
- Payment—We may use and give others health information about the enrollee when we need to decide:
  - If the service or item is covered.
  - To set up care.
  - To review if the service is medically necessary.
  - To pay or review claims.
  - To answer complaints.
- Health care operations—We may use and give others your personal information or your child's personal information to help with health care operations. This may include:
  - Quality improvement activities.
  - Accreditation.
  - Answering inquiries.
  - Appeals and review programs.



- Health promotion.
- Case management and care.
- General office activities.
- Sometimes it may be used for:
  - Auditing.
- Reviewing pharmacy programs and payments.
- Helping the sale, transfer, or merger of all or a part of The HSC System with another organization.

This list doesn't include every reason that information can be given. You are asked to sign an authorization form, and it includes information about these activities.

## Other Allowed or Required Uses

The law allows us to use or give health information about you or your child without permission for the following reasons:

- To obey the federal or state agencies who oversee healthcare.
- To let health plan sponsors, perform plan administration.
- To researchers who are following all laws required to protect your privacy.
- To comply with a court order or other lawful process.
- To anyone providing services to us. They have to make sure that they will keep all information safe and secure.
- To let you know about treatment alternatives or health-related benefits or services.
- Sometimes, we are allowed by federal and state law to give agencies health information about you or your child without authorization. For example, to:
  - Protect victims of abuse or neglect.
  - Avoid a serious threat to health or safety.
  - Track diseases or medical devices.
- We may also inform military or veteran authorities if you are an armed forces enrollee.
- We may give information:
  - To coroners.
  - For worker's compensation.
  - For national security.
  - To anyone the law says we must give it to
- We will give health information to organizations that handle organ, eye, or tissue transplantation or to an organ donation bank. This helps make organ transplants and organ donations easier.
- We are allowed to use health information that does not identify you or your child.
- We may give health information about you to your family members or friends if you agree to it in writing.

If you ask, we will tell you what information was released. We will also tell you who got it and why.

## Other Uses of Health Information

- We will not use or tell anyone about your health information or your child's health information for any reason. The only time we share information is for the reasons listed above or if we have your



written approval.

- We must get a separate approval from any consent we have received from you in the past.
- If we are given approval to use or release health information, the approval may be stopped at any time. You need to notify us in writing.
- If the approval is stopped, we will no longer use or give anyone else information about you or your child.
- We cannot take back any uses or releases already made if you already gave permission.

There are special rules for HIV or substance abuse information about you or your child.

- We cannot give that information without a special written and signed approval.
- This is different from the approval and consent we talked about above.
- The law states that we have both a signed consent and a special written approval.

There are special laws for HIV or substance abuse records. You or your child's legal caregiver must give all consents and approvals.

## **Rights Regarding Health Information**

You, your child, and your child's caregiver have the following rights regarding their health information.

### **Right to Look at and Copy Health Information**

The only exception is for psychotherapy notes or other limited reasons. You need to send a written request to us before you may look at and/or copy the health information. A fee may be charged for the costs of copying, mailing or other supplies.

### **Right to Change the Record**

You may ask us to change information if the health information is not right. If we do not let you change the information, we will tell you why in writing.

### **Right to an Accounting of Disclosures**

This is a list of who we gave medical information to about you or your child. This is information about you or your child that is not part of treatment, payment, and health care operations. To get this list:

- You must ask for it in writing.
- You need to tell us what time period you want.
- It may not be longer than 6 years ago.
- It cannot include dates before April 14, 2003.

We will give you the list free of charge. We will not give you the list free of charge if we have already given you a list within the same 12-month period.

We may temporarily suspend your right to receive an accounting of disclosures in certain circumstances, as defined by law.

### **Right to Request Restrictions (Limits)**

You have the right to ask for a limit on the health information we use or give someone else.

This includes information about:



- Treatment.
- Payment.
- Health care operations.

You also have the right to ask for a limit on the health information we give about you or your child to someone who is involved in the care or payment of it.

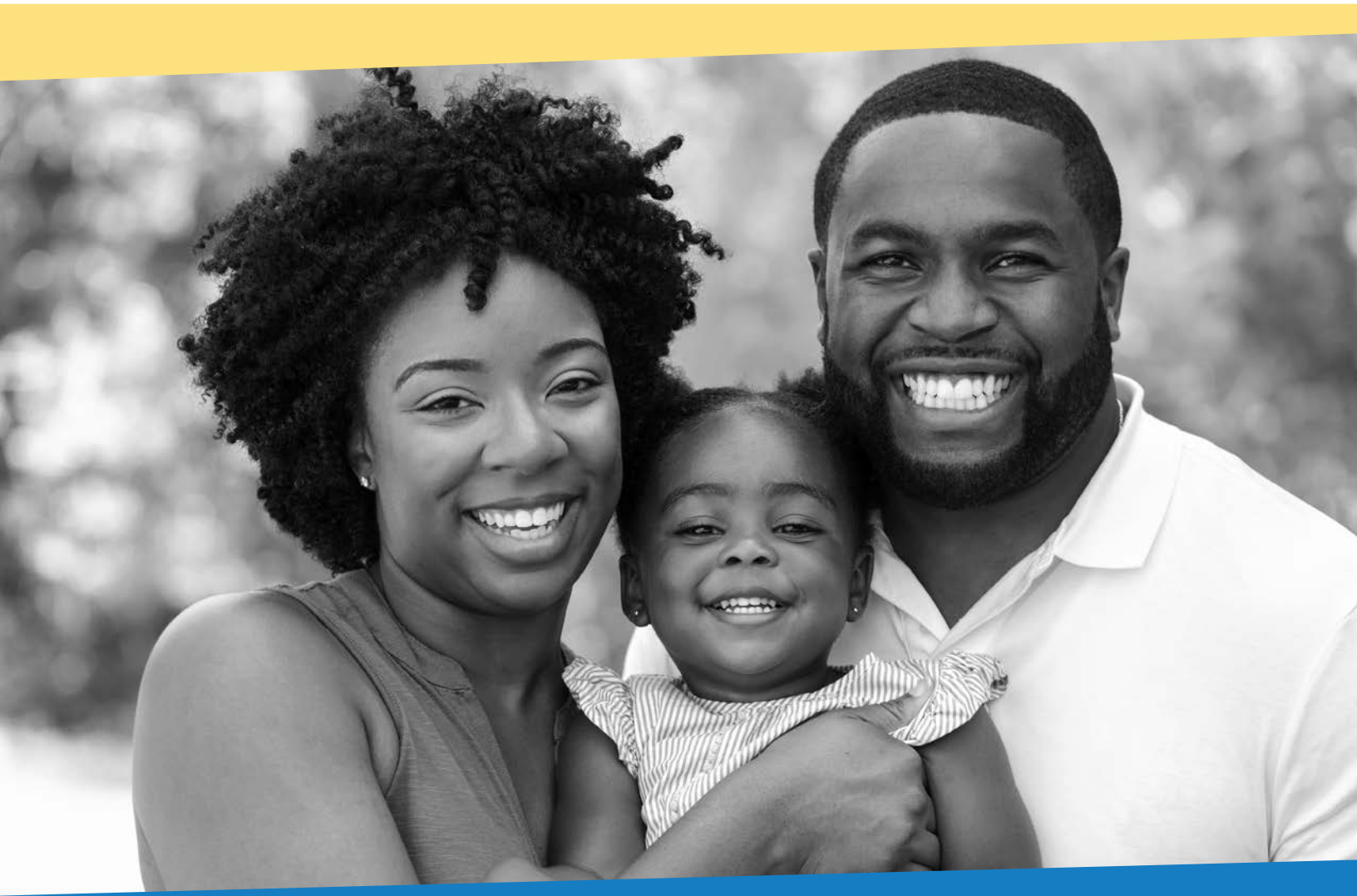
We do not have to agree to a requested restriction.

## **Right to Confidential Communications**

You have the right to ask for health information to be talked about in a particular place or in a certain way. We will agree to all reasonable requests.

## **Right to a Paper Copy of This Notice**

You have the right at any time to ask for a paper copy of this notice.



## Changes to This Notice

We can:

- Change this notice.
- Make the changed notice effective for medical information we already have about the enrollee.
- Change it for any information we receive in the future.

We will keep a summary of the current notice with the effective date in the top right-hand corner. You can always get a copy of the notice currently in effect.

## For More Information or to Report a Complaint

You may file a complaint if you believe that your privacy has been violated. You can contact our office or the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary:

- Send a letter to 200 Independence Avenue, SW, Room 509F HHH Bldg., Washington, D.C. 20201.
- Call 1-(877) 696-6775.

To file a complaint with our office, contact the:

- HSCSN Compliance & Privacy Officer Jason Pounds at (202) 495-7718.
- HSCSN 1101 Vermont Avenue NW, Suite 1200, Washington, D.C. 20005.

You will not be penalized for filing a complaint.



# HSCSN's Medicare Part D Notice for Enrollees with Both Medicare and Medicaid

If you get Medicare and Medicaid at the same time, beginning on Month, Day, and Year, you will get your medicines from the Medicare Part D Program.

HSCSN will only cover your medicines for:

- Barbiturates.
- Benzodiazepines.
- Some over-the-counter drugs.

If you have any questions about your medicines, please call HSCSN Enrollee Services at (202) 467-2737 or 1-(866) 937-4549. If you have questions about Medicare Part D, you can also call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit [www.Medicare.gov](http://www.Medicare.gov) website.

## The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that provides assistance and advice to you in receiving health care from your MCP. The Health Care Ombudsman can provide the following services:

- Explain the health care you have a right to receive;
- Respond to your questions and concerns about your health care;
- Help you understand your rights and responsibilities as an Enrollee in an MCP;
- Provide assistance in obtaining the medically necessary services that you need;
- Answer questions and concerns you may have about the quality of your health care;
- Help you resolve problems with your doctor or other health care provider;
- Provide assistance in resolving complaints and problems with your MCP;
- Assist with appeal processes; and
- Provide assistance in filing a Fair Hearing request for you.

To reach the Health Care Ombudsman, please call 202-724-7491 or 1-877-685-6391 (Toll-Free). The Health Care Ombudsman does not make decisions on grievances, appeals or Fair Hearings. The Office of Health Care Ombudsman & Bill of Rights is located at:

One Judiciary Square  
441 4th Street, NW  
Suite 250 North  
Washington, DC 20001  
Phone: (202) 724-7491  
Fax: (202) 442-6724  
Toll Free Number: 1(877) 685-6391  
Email: [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)



## Definitions

<b>Advance Directive</b>	A written, legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself.
<b>Advocate</b>	A person who helps you get the health care and other Services you need.
<b>Appeal</b>	An Appeal is a special kind of complaint you make if you disagree with a decision HSCSN makes to deny a request for health care services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop services that you are receiving.
<b>Appointment</b>	A certain time and day you and your doctor set aside to meet about your health care needs.
<b>Behavioral Health</b>	The umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and substance use disorders (SUDS).
<b>Care Manager</b>	Someone who works for HSCSN who will help you get the care, support and information you need to stay healthy.
<b>Check-Up</b>	<i>See Screening</i>
<b>Contraception</b>	Supplies related to birth control
<b>Covered Services</b>	Health care services that HSCSN will pay for when completed by a provider.
<b>Detoxification</b>	Getting rid of harmful substances from the body such as drugs and alcohol.
<b>Development</b>	How your child grows.
<b>Disease Management Program</b>	A program to help people with chronic illnesses or Special Health Care Needs such as asthma, high blood pressure or mental illness, get the care and services.
<b>Durable Medical Equipment (DME)</b>	Special medical equipment that your doctor may ask or tell you to use in your home.
<b>Emergency Care</b>	Care you need right away for a serious, sudden, sometimes life-threatening condition.





<b>Enrollee</b>	The person who gets health care through a HSCSN's provider network.
<b>Enrollee Identification (ID) Card</b>	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of HSCSN.
<b>EPSDT Early, Periodic Screening, Diagnosis and Treatment Program</b>	Services that provide a way for children ages birth up to 21 to get medical exams, check-ups, follow-up treatment, and special care they need. Also known as the <i>HealthCheck Program</i> .
<b>Fair Hearing</b>	You can request a fair hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.
<b>Family Planning</b>	Services include pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDS testing and counseling.
<b>Family and General Practice Doctor</b>	A doctor who can treat the whole family.
<b>Grievance</b>	If you are unhappy with the care you get or the health care services HSCSN gives you, you can call Enrollee Services to file a grievance.
<b>Handbook</b>	This book gives you information about HSCSN and our services.
<b>HealthCheck Program</b>	See EPSDT
<b>Hearing Impaired</b>	If you cannot hear well, or if you are deaf.
<b>IDEA</b>	Individuals with Disabilities Education Act is a federal law that gives services to children with developmental delays and special health care needs.
<b>Immunization</b>	Shot or vaccination.
<b>Internal Medicine Doctor</b>	Doctor for adults and children over 14 years old.
<b>Interpretation/ Translation Services</b>	Help from HSCSN when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
<b>Managed Care Plan (MCP)</b>	A company that is paid by the District of Columbia to give your health care and health services.
<b>Maternity</b>	The time when a woman is pregnant and shortly after childbirth.



<b>Mental Health</b>	How a person thinks, feels, and acts in different situations.
<b>Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health and are a part of HSCSN.
<b>Non-Covered Services</b>	Health care that HSCSN does not pay for when completed by a provider.
<b>OB/GYN</b>	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant.
<b>Out-of-Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health, but are <b>not</b> a part of HSCSN.
<b>Pediatrician</b>	A children's doctor.
<b>Pharmacy</b>	Where you choose your medicine.
<b>Physician Incentive Plan</b>	Tells you if your doctor has any special arrangements with HSCSN.
<b>Postpartum Care</b>	Health care for a woman after she has her baby.
<b>Prenatal Care</b>	Care is given to a pregnant woman the entire time she is pregnant.
<b>Prescription</b>	Medicine that your doctor orders for you; you must take it to the pharmacy to pick-up the medication.
<b>Preventive Counseling</b>	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
<b>Primary Care Provider (PCP)</b>	The doctor that takes care of you most of the time.
<b>Prior Authorization</b>	Written permission from HSCSN to get health care or treatment.
<b>Provider Directory</b>	A list of all providers who are part of the HSCSN.
<b>Providers</b>	Doctors, nurses, dentists, and other people who take care of your health.
<b>Referral</b>	When your main doctor gives you a written note that sends you to see a different doctor.
<b>Respite Services</b>	Pre-scheduled services are intended to relieve the enrollee's primary caregiver to provide a range of activities associated with activities of daily living.



<b>Routine Care</b>	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen and regular care for health problems like diabetes, asthma, and hypertension.
<b>Screening</b>	A test that your doctor or other health care provider may do to see if you are healthy. This could be a hearing test, vision test, or a test to see if your child is developing normally.
<b>Self-Referral Services</b>	Certain services you can get without getting a written note or referral from your main doctor.
<b>Services</b>	The care you get from your doctor or other health care provider.
<b>Special Health Care Needs</b>	Children and adults who need health care and other special services that are more than or different from what other children and adults need.
<b>Specialist</b>	A doctor who is trained to give a special kind of care like an ear, nose, and throat doctor or a foot doctor.
<b>Specialty Care</b>	Health care provided by doctors or nurses trained to give a specific kind of health care.
<b>Sterilization Procedures</b>	A surgery you can have if you do not want children in the future.
<b>Substance Abuse Disorder (SUD)</b>	The management and care of a patient suffering from alcohol or drug use, a condition which is identified as having been caused by that use.
<b>Transportation Services</b>	Help from HSCSN to get to your appointment. The type of transportation you get depends on your medical needs.
<b>Treatment</b>	The care you get from your doctor.



**For more information visit [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org).  
For reasonable accommodations please call (202) 467-2737.**

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጊዜ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመጻወል እርዳታ ማግኘት ይቻላል። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。 **Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeler 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**

Kung hindi ka nagsasalita ng Ingles o hindi marunong magbasa ng Ingles, tumawag sa 202-467-2737 mula 7:00 hanggang 17:30. Tutulungan ka ng isang kinatawan. **Tagalog.**

Если вы не говорите по-английски или не читаете по-английски, звоните по номеру 202-467-2737 с 7:00 до 17:30. Представитель поможет вам. **Russian.**

Se você não fala inglês ou lê inglês, ligue para 202-467-2737 entre as 7:00 e 17:30. Um representante irá ajudá-lo. **Portuguese.**

Se non parli inglese o non leggi inglese, chiama 202-467-2737 dalle 7:00 alle 17:30. Un rappresentante ti aiuterà. **Italian.**

আপন যিদ ইংরেজী না বলেন বা ইংরেজ না পেড়ন, 202-467-2737 কল কর 7:00 থেকে 17:30 পযর | একজন প্রতিনিধ আপনাকে সাহায্য কেরব। **Bengali.**

Wenn Sie kein Englisch sprechen oder kein Englisch lesen, rufen Sie die Nummer 202-467-2737 von 7:00 bis 17:30 an. Ein Vertreter wird Ihnen helfen. **German.**

หากคุณไม่พูดภาษาอังกฤษหรือไม่อ่านภาษาอังกฤษโทร 202-467-2737 ตั้งแต่ 7:00 ถึง 17:30 น. ตัวแทนจะช่วยเหลือคุณ **Thai.**

英語を話さないか、英語を読まない場合は、7:00～17:30に202-467-2737に電話してください。担当者がお手伝いします。 **Japanese.**

Ọ bụrụ na ị naghị asụ ma ọ bụ agụ oyibo, biko kpọọ 202-467-2737 ihe dịka oge elekere asaa nke ụtụtụ (7:00 a.m) ruo na elekere ise na ọkara nke mgbede (5:30 p.m). Onye nnọchiteanya ga enyere gi aka. **Igbo**

Tí ó bá jẹ pé o kí sọ pẹlú/àbí ka èdè Gẹẹ̀sì, jọwọ pe 202-467-2737 láárín aago méje òwúró sí márún àbọ ìrọlẹ (7am-5:30pm). Aşojú kan yóò ràn ọ lọwọ. **Yoruba**





THE HSC HEALTH CARE SYSTEM  
Health Services for Children  
with Special Needs, Inc.

**1101 Vermont Avenue, NW, 12th Floor  
Washington, D.C. 20005**

**3400 Martin Luther King Jr. Avenue SE  
Washington, D.C. 20032**

**(202) 467-2737  
1 (866) 937-4549 (toll-free)**



GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**MURIEL BOWSER, MAYOR**

This program is brought to you by the Government of the District of Columbia Department of Health Care Finance. HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.