



THE HSC HEALTH CARE SYSTEM

Health Services for Children  
with Special Needs, Inc.

*Caring. Serving. Empowering.*

# Enrollee Handbook



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

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





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. Our office hours are Monday through Friday, 8:00 a.m. to 5:30 p.m. We have two locations, listed below. To visit either location, please contact Customer Care 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 set up a day and time to meet.

**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.

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

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



**ENGLISH**

If you do not speak and/or read English, please call (202) 467-2737.  
A representative will assist you.

**SPANISH**

Si no habla ni lee inglés, llame al (202) 467-2737. Un representante lo asistirá.

**VIETNAMESE**

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi (202) 467-2737.  
Một người đại diện sẽ hỗ trợ quý vị.'

**AMHARIC**

እንግሊዘኛ መናገር/ወይም ማንበብ ካልቻሉ፣ እባክዎ በዚህ ስልክ ቁጥር (202) 467-2737.  
ይደውሉ። ተወካይ ይረዳዎታል።

**KOREAN**

영어를 구사하지 못하시거나 읽지 못하는 경우, (202) 467-2737.  
중에 연락해 주십시오. 상담원이 도움을 드릴 것입니다.

**FRENCH**

Si vous ne parlez pas et / ou ne lisez pas l'anglais, appelez le (202) 467-2737.  
Un représentant vous aidera.

**ARABIC**

الممثلين أحد. (202) 467-2737 برقم الاتصال فيرجى، الإنجليزية تقرأ أو/و تتحدث لا كنت إذا

**MANDARIN**

如果您不会说和/或读英语，请致电(202) 467-2737。我们的服务代表将为您提供协助。

**RUSSIAN**

Если вы не говорите и / или не читаете по-английски, звоните по телефону  
(202) 467-2737. Представитель поможет вам.

**BURMESE**

သငျသညျအင်္ဂလိပ်စကားပြောနှင့် / သို့မဟုတ်စာမတ်ကြည့်ဆိုရလျှင်, (202) 467-2737.  
ကိုခေါ်ပါ။ တစ်ဦးကကိုယ်စားလှယ်သင်ကူညီကြလိမ့်မည်.

**CANTONESE**

如果您不會說和/或讀英語，請致電 (202) 467-2737。我們的服務代表將為您提供協助。



## FARSI

202) 467-2737 (202) 467-2737. اگر انگلیسی صحبت نمی کنید/نمی خوانید، لطفاً بین ساعات  
با شماره تماس بگیرید. یکی از نمایندگان ما به شما کمک خواهد کرد.

## POLISH

Osoby, które nie potrafią mówić lub czytać po angielsku, mogą zadzwonić na numer (202) 467-2737.  
aby skorzystać z pomocy konsultanta.

## PORTUGUESE

Caso você não fale/leia em inglês, ligue para (202) 467-2737. Um representante o ajudará.

## PUNJABI

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਰਪਾ ਕਰਕੇ ਦੇ ਕਿਚਰ (202) 467-2737  
ਉੱਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਪਰਤੀਕਨਧ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

## HAITIAN CREOLE

Si ou pa pale ak/oswa li Angle, tanpri rele (202) 467-2737. Yon reprezantan ap ede w.

## HINDI

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं, कृपया 8 a.m.-6 p.m. के बीच (202) 467-2737  
पर कॉल करें। एक प्रतिनिध आपकी सहायता करेगा।

## SOMALI

Haddii aadan ku hadlin iyo/ama qorin luuqada Ingiriiska, fadlan wac lambarkan (202) 467-2737.  
wakiil ayaa ku caawin doona.

## HMONG

Yog tias koj tsis hais thiab/lossis nyeem tau Lus As Kiv, thov hu rau (202) 467-2737.  
Ib tug neeg sawv cev yuav pab tau koj.

## ITALIAN

Se ha difficoltà a parlare e/o leggere la lingua inglese, chiami il numero (202) 467-2737.  
Un rappresentante le presterà assistenza.

## TAGALOG

Kung hindi ka nakakapagsalita at/o nakakapagbasa ng Ingles, pakitawagan ang (202) 467-2737.  
May kinatawan na tutulong sa iyo.

## JAPANESE

(202) 467-2737 までお電話ください。担当者があなたをサポートします。



# Important Phone Numbers

*(Tear out this page and put it near your phone)*

<b>For questions about HSCSN:</b>	Customer Care Services	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Customer Care Services	(202) 467-2709 1 (866) 937-4549	24 hours a day, 7 days a week
<b>To speak with a Care Manager:</b>	Customer Care Services	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
<b>If you need care after your doctor's office is closed:</b>	Customer Care Services TTY/TDD Customer Care Services	(202) 467-2737 (202) 467-2709 1 (866) 937-4549	24 hours a day, 7 days a week
<b>If you need to see a doctor within 24 hours (Urgent Care):</b>	Your PCP's Office	<i>(fill in your PCP's information here)</i>	
	Customer Care Services	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
<b>If you need transportation to an appointment:</b>	Customer Care Services	(202) 467-2737 1 (866) 937-4549	
	Southeastern (SET)	1-866-991-5433	
<b>If you need behavioral health care or have a behavioral health concern:</b>	Your PCP's Office	<i>(fill in your PCP's information here)</i>	
	Customer Care Services	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
	D.C. Department of Behavioral Health Access Helpline	1 (888) 793-4357	24 hours a day, 7 days a week
<b>If you need someone who speaks your language:</b>	Customer Care Services	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
<b>If you are hearing-impaired:</b>	TTY/TDD Customer Care Services	(202) 467-2709	24 hours a day, 7 days a week
<b>If you have dental questions:</b>	Delta Dental Customer Service	1 (888) 258-8023	8 a.m. to 8 p.m. Monday through Friday

**IN AN EMERGENCY, CALL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM**



# Personal Information

My Medicaid ID Number:

---

My Primary Care Provider:

---

My Primary Care Provider's Address:

---

My Primary Care Provider's Phone Number:

---

My Care Manager:

---

My Care Manager's Phone Number:

---

Child's Medicaid ID Number:

---

Child's Primary Care Provider:

---

Child's Primary Care Provider's Address:

---

Child's Primary Care Provider's Phone Number:

---

My Primary Dental Provider:

---

My Primary Dental Provider's Address:

---

My Primary Dental Provider's Phone Number:

---

Child's Primary Dental Provider:

---

Child's Primary Dental Provider's Address:

---

Child's Primary Dental Provider's Phone Number:

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# Welcome to HSCSN

**Welcome to Health Services for Children with Special Needs, Inc. (HSCSN).** HSCSN is the Child and Adolescent Supplemental Security Income Program (CASSIP) here in the District of Columbia (D.C.). CASSIP manages your:

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

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

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

## How This Handbook Works

HSCSN is a health plan that is funded by the District of Columbia Department of Health Care Finance. In this handbook, we tell you about:

- How to use HSCSN services.
- How to find health care providers.
- How to call us.
- What services we cover.

Health care providers can sometimes use words that can be hard to understand. We have **Definitions** of some of these words to help you on page 49.

HSCSN offers special benefits to enrollees. We aim to balance your needs, preferences and well-being.

- All enrollees have a Care Manager who helps them get the health care they need.
- Care managers work with you to make sure services are available to meet your needs.
- Our providers consider your choices when making an appointment to see a provider. Sometimes the time you prefer or the provider you want to see is not available. If this happens, you may choose to join a waitlist or see a different provider.



# New Enrollee Orientation

The orientation gives new enrollees information about the health plan. You will meet with a HSCSN Care Manager. Orientation meetings are held at our Family Community Development location, 3400 Martin Luther King Jr. Avenue SE. HSCSN will contact you to set up a date and time for you to attend.

## How This Enrollee Handbook Can Help You

This Enrollee Handbook tells you:

- How to access health care.
- Your covered services.
- Services NOT covered.
- How to choose your Primary Care Provider (PCP) and Primary Dental Provider (PDP).
- What to do if you get sick.
- What you should do if you have a grievance.
- What you should do if you want to appeal a decision by HSCSN.

**If you have questions about this handbook or HSCSN, please call HSCSN Customer Care 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.**

***This Enrollee Handbook gives you basic information about how HSCSN works. If you have any questions, please call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549, anytime, 24 hours a day, 7 days a week.***



# Your Rights

## You have a right to:

- Be treated with respect and dignity.
- Know that what you tell your health care providers is private.
- Get information about an illness or treatment in a language you can understand.
- Help make decisions about your care.
- Have your doctors explain all of the treatment choices and the risks of each choice. This helps you make choices about your care.
- Refuse treatment or care.
- Be free from any form of restraint or seclusion except for emergency situations.
- See your medical records. Request a change if information is incorrect.
- Choose or change your doctor, PCP or PDP. You need to choose someone from the HSCSN network.
- Make a Grievance (Complaint) about the care provided to you and receive an answer.
- Ask for an Appeal or a Fair Hearing if you believe HSCSN was wrong in denying, reducing, or stopping a service or item.
- Get family planning services and supplies from the provider of your choice.
- Get medical care without unnecessary delay.
- Get information on advance directives. You can choose if you want to continue or stop care that is keeping you or your child alive.
- Get HSCSN'S Enrollee Handbook and Provider Directory.
- Keep getting your current care until you have a new treatment plan.
- Receive interpretation and translation services free of charge.
- Turn down any offer for interpretation services.
- Get transportation to medical appointments free of charge.
- Get information about certain services that we need to approve before you can use them. (Prior Authorization)
- Get information about HSCSN's finances and any special ways we pay our doctors.
- Get reports about customer satisfaction surveys.
- Get HSCSN's "Dispense as Written" policy for prescription drugs.
- Get a list of prescription drugs covered by HSCSN.



## You have a right to:

- Get fair treatment.
- Get health care services that are on time and coordinated. You will get
  - The right amount of services
  - Services for the right amount of time.
  - The right range of services.
- Ask for your medical records, free of charge.
- Get an explanation of prior authorization procedures.
- Get understandable information in your chosen language.
- Have a candid discussion of appropriate or medical treatment options for your conditions, regardless of cost or benefit coverage.
- Make suggestions to HSCSN about your rights and responsibilities.
- Get a second opinion from a qualified health care professional within HSCSN's network, or, if necessary, obtain one outside the network, at no cost to you.
- Get information about how and where to access any benefits available under HSCSN's plan, annually, and at least 30 days prior to any change.
- Follow Federal and State laws\*.
- Use these rights without worrying about any kind of punishment from HSCSN, its providers, subcontractors or the District of Columbia (D.C.)

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\*Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities; Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.



# Your Responsibilities

## You are responsible for:

- Meeting with you or your child's Care Manager as often as needed to plan services.
- Treating HSCSN staff and health care providers with respect and dignity.
- Following the rules of the D.C. Medicaid Managed Care Program and HSCSN.
- Following instructions from your doctors and other providers.
- Going to your scheduled appointments.
- Having a grown-up (adult) with enrollees under 18 years old when going to medical appointments.
- Telling your providers at least 24 hours before an appointment if you need to cancel.
- Asking your doctor to explain any advice or recommendations again if you do not understand.
- Going to the emergency room only if you have a medical emergency.
- Telling your PCP or PDP about medical, dental, and personal problems that may affect your health.
- Telling your doctors and other providers about your health conditions.
- Telling the Economic Security Administration and HSCSN if you or a family member has other health insurance, a change in your address or phone number.
- Telling the Economic Security Administration and HSCSN if there is a change in your family (for example, a death or birth).
- Trying to learn about your health problems and helping in making treatment goals.
- Helping your health care providers get medical records from providers who have treated you in the past.
- Telling HSCSN if you were injured in an accident or at work.



# Your Enrollee ID Card


Once you have a primary care provider (PCP), we will send you an Enrollee ID Card in the mail. This card shows health care providers, hospitals, and pharmacies that you are an enrollee of HSCSN.

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, please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549. Each HSCSN enrollee, including children, has his or her own card. Keep your card(s) with you, and keep them safe, 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:


Enrollee:		
Enrollee ID Number:		
DOB:	Sex:	
PCP:		
PCP Group Name:		
PCP Phone Number:		
PDP:		
PDP Group Name:		
PDP Phone Number:		
Pharmacy Benefit:		
Carrier/Group #:		
BIN #:		
PCN #:		
Copayments - OV: \$0		RX:\$0 ER: \$0

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

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

Enrollee Services: 24 hours/7days:	(202) 467-2737
LabCorp:	1(800) 762-4344
Prior Authorization: 24 hours/7days:	(202) 467-2737
CVS Customer Care:	1(866) 885-4944
Delta Dental Insurance Company:	1(888) 258-8023
Southeasterns Transportation:	1(866) 991-5433
Department of Behavioral Health:	1(888) 793-4357
Economic Security Administration (ESA):	(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.hschealth.org](http://www.hschealth.org).  
For reasonable accommodations please call (202) 467-2737.

 GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL 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.

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

# Your Primary Care Provider (PCP)

As an enrollee of HSCSN, your Primary Care Provider (PCP) will help you get the health care you need.

It is important to call your PCP first when you need care. If you want to keep your PCP, call us and we will try to help you stay with that PCP.

Our Customer Care Services phone number is (202) 467-2737 or 1 (866) 937-4549.

## Choosing Your PCP

**1. Choose a PCP when you enroll in HSCSN.** This person is your PCP while you are an enrollee.

- You can stay with your current PCP if they are in HSCSN's network.
- If you do not have a PCP, you can choose from a list of primary care providers in our Provider Directory or at <http://www.hscsnhealthplan.org>.
- Call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 if you need help choosing a PCP.
- If you do not choose a PCP within the first 10 days after enrolling, we will choose a PCP for you. If you do not like the PCP we chose for you, call Customer Care 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 our plan, including your children.** Your PCP may be one of the following (including nurse practitioners):

- Family and General Practice doctor—usually can see the whole family.
- Internal Medicine doctor—usually sees only adults and children age 14 and older.
- Pediatrician—sees children from newborn through young adult.
- Obstetrician/Gynecologist (OB/GYN)—specializes in women's health and maternity care.

**3. When you choose your PCP, please:**

- Try to choose a PCP who can send you to the hospital you want. Not all doctors can send patients to all hospitals.
- 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 PCP.
- Choose a PCP 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 Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 once you have chosen a new PCP or if you need help choosing one.



# Your Primary Dental Provider (PDP)

Now that you are an enrollee of HSCSN, your dental provider is Delta Dental. Your Primary Dental Provider (PDP), will help you get the dental care you need.

If you need to contact Delta Dental, call HSCSN Customer Care Services at (202) 467-2737. **Delta Dental Customer Service** can be reached toll-free at 1 (888) 258-8023, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

## What Is a PDP?

A PDP (dentist) performs many important oral health services, including routine care. Just like your Primary Care Provider (PCP) provides wellness checks, your dentist performs routine checkups to take care of your teeth and gums. It is recommended that you schedule a dental checkup every 6 months.

## How to Choose Your PDP

When you join HSCSN, a dentist is assigned to you. If you wish to choose a new dentist, please visit [deltadentalins.com/hscsn](http://deltadentalins.com/hscsn) or call Delta Dental Customer Service toll-free at 1 (888) 258-8023, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. HSCSN can help you find a dentist that is right for you.

## How to Change Your PDP

You can change your PDP or dentist anytime. If you need to change your dentist, call Delta Dental Customer Service toll-free at 1 (888) 258-8023, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. After changing your dentist, you will receive a letter with your new dentist's name and information about the change. If you have any additional questions about your dental services, call HSCSN Customer Care Services at (202) 467-2737.



# Care Management

## Your Care Manager

The relationship you have with your Care Manager is very important. Your Care Manager will be your partner in helping you or your child receive health care and other services to support your family.

Your Care Manager will:

- Work with you and your health care providers to prepare a Care Coordination Plan.
- Make appointments with your PCP, specialists, and other health care providers.
- Set up transportation to health care services.
- Make sure the doctors and other providers have the information about your or your child's condition.
- Make sure your providers or your child's providers are giving the care in the Care Coordination Plan.
- Make sure your child's school, district agencies, and out-of-network providers are giving you the services in a treatment plan.
- Help you to understand your condition or your child's condition and how to manage it.
- Connect you to people in the community who can help you or your child.
- Meet with you face-to-face during the year to:
  - Complete assessments.
  - Talk about the Care Coordination Plan for you or your child.

The Care Manager will help you based on your needs. He or she is your partner in coordinating all the health care services you require.

Care Managers have education and experience working with children and young adults with special needs. Your Care Manager will contact you within the first 5 days of enrollment in the health plan. He or she will meet with you in person to get information to start your Care Coordination Plan. Your Care Manager will ask about your or your child's:

- Medical condition.
- Medications.
- School information.
- Health care providers.

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 Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.



The best time to reach your Care Manager is during regular business hours, Monday through Friday from 8:00 a.m. to 5:30 p.m. Our office is closed on most holidays. For non-urgent requests after business hours, weekends and holidays, please leave a detailed message for the Care Manager. He or she will return your call the next business day.

If your questions cannot wait, a Care Manager is available 24 hours a day, 7 days a week. Contact Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 and we will help you.



# Care Coordination Plan

Each HSCSN enrollee has a Care Coordination Plan. This plan is created by a team of people, including:

- You (the enrollee).
- Your family members.
- Your Care Manager.
- Your PCP and specialist(s).
- Public agencies serving you or your child.

Your Care Coordination Plan will be updated 2 times a year, or more often if needed. The Care Coordination Plan includes, but is not limited to:

- Self-directed goal(s).
- A list of diagnoses/problems.
- A medication list.
- A list of health care providers and frequency of visits.
- Home health care services.
- Self-care.
- Durable medical equipment.
- Transitions in care.

If you have questions about your Care Coordination Plan, call your Care Manager.

## Routine Care, Urgent Care and Emergency Care

There are 3 kinds of health care you may need:

- Routine care.
- Urgent care.
- Emergency care.

**Routine Care** is the regular care you get from your PCP and from other doctors your PCP sends you to. Routine care can be:

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

**Urgent Care** is medical care you need within 24 hours, but not right away. Examples of urgent care issues can be:

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



- Muscle sprains or strains.
- Minor burns or cuts.

*If you need urgent care, call your PCP.* If your PCP's office is closed, leave a message with the person who answers the phone. Then call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

**Emergency Care** is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness.

Prior authorization is not required for emergency care. Examples of emergency care are:

- Choking.
- Shaking (convulsions or seizures).
- Trouble breathing.
- Very bad burns.
- Broken bones.
- Dizzy spell, fainting or blackout.
- Pain that is getting worse.
- Very bad bleeding that does not stop.

## WHAT TO DO IF YOU HAVE AN EMERGENCY:

1. Call 911 or go to your nearest emergency room (ER).
2. Show the ER your HSCSN Enrollee ID Card.
3. As soon as you can, call your PCP and your Care Manager.



# Care When You Are Out of Town

## **For Routine Care**

Doctors who are not in D.C. are not a part of the HSCSN network. Call HSCSN to ask if we will pay for you to get routine care when you are out of town. If you did not get permission from HSCSN before you received care, you must pay for the care yourself.

Call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 before you receive routine care or medicine from a doctor while you are out of town.

## **For Urgent Care**

Call your PCP if you need urgent care while you are out of town. If your PCP's office is closed, call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

## **For Emergency Care**

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.

Call Customer Care 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 Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.**



# In-Network and Out-of-Network Providers

HSCSN will pay for the care you receive when you visit one of our doctors or other health care providers. All “In-network” health care providers can be found in your Provider Directory. A doctor or provider who is not in our network is called an “out-of-network” provider.

You may have to pay for the care you receive if you go to an out-of-network:

- Doctor.
- Hospital.
- Lab.

If you receive prior authorization from HSCSN you will not have to pay. This means that you need to ask us first, and then we will tell you usually in writing.

If you ever receive a bill from a provider, please contact Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

**Prior authorization means approval for a health service that is not routinely covered by HSCSN. You must get this approval before you receive the service. Call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 to ask about getting approval.**

**You may go to the family planning provider of your choice, even if he or she is an out-of-network provider. No prior authorization is required.**

## You MUST GET Approval Before Using These Services:

- Applied Behavior Analysis (ABA) Therapy
- Outpatient Rehab Therapies
  - Speech-Language Physical Therapy
  - Occupational Therapy
- Home Health Care Services
  - Skilled Nursing (visits and shifts of nursing)
  - Personal Care Aide Services/Home Health Aides
  - PT, OT and ST
- Durable Medical Equipment and Medical Supplies
- Home Modifications
- Respite Care
- Psychological/Neuropsychological Evaluation/Testing
- Elective Procedures and Surgeries





- Intensive Day Treatment/Partial Hospitalization/Day Rehab Programs
- Admission or Transfer to Subacute Facilities
  - Rehab Facilities
  - Skilled Nursing Facilities (SNF)
  - Psychiatric Residential Treatment Facilities (PRTF)
  - Intermediate Care Facilities for Intellectually and Developmentally Disabled (ICF-IDD)
- All Out-of-Network Services

**Remember: You need to go to a provider in the HSCSN network.**



# Making an Appointment

## Making an Appointment with Your PCP

1. Have your Enrollee ID Card and a pencil and paper to write down your appointment information.
2. Call your PCP's office. Your PCP's phone number is 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).
3. Tell the person who answers that you are an HSCSN enrollee. Say that you want to make an appointment with your PCP.
4. Tell the person why you need an appointment. For example:
  - a. You need a checkup or follow-up care.
  - b. You feel sick.
  - c. You hurt yourself or had an accident.
5. Write down the time and date of your appointment.
6. Go to your appointment on time, and bring your Enrollee ID Card (and picture ID) with you.
7. If you need help making an appointment or need transportation, please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

**As a new enrollee of HSCSN, make an appointment for your first health checkup as soon as possible.**

## Changing or Canceling an Appointment

It is very important to go to your appointment and to be on time.

- If you need to change or cancel your appointment, please **call the health care provider at least 24 hours before your appointment.**
- You may have to call more than 24 hours beforehand to cancel some appointments.
- If you do not go to your appointment, or if you are late, your doctor may refuse to be your PCP.

## 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 provider'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. You can also call Customer Care Services 24 hours a day at (202) 467-2737 or 1 (866) 937-4549. If you have an emergency, call 911 or go to the emergency room.



## How Long It Takes to Get an Appointment with Your PCP

Your PCP's office must give you an appointment within a certain number of days after you call. The table below shows how long it will take to get an appointment. If you cannot get an appointment within these times, please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

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 do not need to see a doctor right away.	Within 24 hours
<b>Routine Visit</b>	You have a minor illness or injury or you need a regular checkup, but you do not need an urgent appointment.	Within 30 days
<b>Follow-Up Visit</b>	You need to see your doctor soon after a recent treatment to make sure you are healing well.	Within 1 to 2 weeks depending on type of treatment
<b>Adult Wellness Visit</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 test or a breast exam.</li> </ul>	Within 30 days; sooner if necessary
<b>Non-urgent Appointment with Specialist (by referral)</b>	Your PCP referred you to a specialist for a non-urgent condition.	Within 30 days
<b>Well-Child (EPSDT) Checkup (not urgent)</b>	Your child is due for a well-child checkup.	Initial checkup: within 60 days Additional checkups: within 30 days for children under age 2; within 60 days for children age 2 and older
<b>Individuals with Disabilities Education Act (IDEA) Early Intervention and Assessment</b>	Tests (also called assessments) for children through age 3 who are at risk of developmental delay or disability.	Within 30 days



# Support Services

## Transportation (Ride) Services

If you need transportation to any medical appointment, HSCSN will provide a ride for you. This does not include emergency room visits

- Call Southeastrans (SET) at 1 (866) 991-5433. Tell them what day and time you need to be picked up.
- You must call at least 24 hours in advance (not including Saturday and Sunday) before your appointment.
- You must call at least 3 hours before any urgent appointments that are made on the same day.
- SET offers alternative transportation options for enrollees who call at least 3 hours before any urgent medical needs.
- You can call at anytime if you need a ride home from a medical service or appointment. The types of transportation available depends on your medical needs. They include, but are not limited to:
  - Wheelchair-accessible vans.
  - Regular vans.
  - Ambulances (non-emergency).
- Transportation can be requested as needed in times listed above.
- A standing order for a ride can be requested if you have appointments that repeat for a long time. The appointments must be at the same time of day, on the same days, and at the same location. Contact your care manager and give them your:
  - Date of birth.
  - Phone number.
  - Your pickup address.
  - The name, address, and phone number of the facility or office you are visiting.
- Give SET any special accommodations that you need:
  - The number of people traveling.
  - Car seats.
  - Mobility equipment.
  - Medical equipment.



## Interpretation services, translation services, and services for the hearing-impaired and visually impaired are FREE.

### Interpretation Services

If you need oral interpretations services, HSCSN will provide them. This includes if you or your child is at the hospital.

Please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 before your appointment if you need interpretation services.

Interpretation services are provided over the telephone. If you need an interpreter to be with you at your appointment, you must let us know 3 days (72 hours) before the appointment.

### Translation Services

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

### Services for the Hearing-Impaired and the Visually Impaired

If you have trouble hearing, call Customer Care Services at TTY/TTD (202) 467-2709.

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

Your PCP follows HSCSN's referral and authorization process to get you specialty services not included in your Care Coordination Plan.

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 network to get a second opinion.
- Appeal our decision (see Appeals on page 62).
- Ask for a fair hearing after going through the appeal process (see Fair Hearings on page 63).

## Self-Referral Services

You can get certain services without getting permission from your PCP. These self-referral services are listed below.

### You DO NOT Need a Referral to:

- See your PCP.
- Get care when you have an emergency.
- Get services from your OB/GYN doctor in the HSCSN network for routine care or to prevent illness (females only).
- Get family planning services.
- Get services for sexually transmitted infections.
- Get vaccines or shots.
- Visit a vision provider in the HSCSN network.
- Take your child to a dental provider in the HSCSN network.
- Get services for behavioral health care or problems with alcohol or other drugs.



## Behavioral Health Services

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

### If you need help, or someone in your family needs help, call:

- Your HSCSN Care Manager.
- HSCSN Customer Care Services at (202) 467-2737, 1 (866) 937-4549, or TTY/TTD (202) 467-2709.
- Your PCP.
- The D.C. Department of Behavioral Health Hotline at 1 (888) 793-4357, 24 hours a day, 7 days a week.

## Services for Alcohol or Other Drug 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 screening, evaluations or detoxification services.

We can help you get other services for alcohol and drug use. For more information, you can call:

- Your HSCSN Care Manager.
- HSCSN Customer Care Services at (202) 467-2737, 1 (866) 937-4549, or TTY/TTD (202) 467-2709.
- Your PCP.
- The D.C. Department of Behavioral Health Hotline at 1 (888) 793-4357, 24 hours a day, 7 days a week.
- **For adults:** DBH Assessment and Referral Center (ARC) directly at (202) 727-8473.
- **For adolescents:**
  - Adolescent Substance Abuse Treatment (ASTEP).
  - Federal City Recovery Services (Ward 6) at (202) 710-1850.
  - Hillcrest Children's Center (Ward 4) at (202) 232-6100.
  - Latin American Youth Center (Ward 1) at (202) 319-2229.

**All services for behavioral health and alcohol and drug abuse are confidential.**

## Birth Control and Other Family Planning Services

**You do NOT need a referral to get birth control and other family planning services.**

You can get birth control and other family planning services from any provider you choose. You do not need a referral to receive these services.



Tell your PCP if you choose a family planning service doctor other than your PCP. It will help your PCP take better care of you. Talk to your PCP or call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 for more information on birth control or other family planning services.

**All birth control and other family planning services are private.**

**Family planning services include:**

- Pregnancy testing.
- Counseling.
- Routine and emergency birth control.
- Vaccines.
- Screening and treatment for all sexually transmitted infections.
- Sterilization procedures. Enrollee must be age 21 or older. You must sign a consent 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.
- Abortions.

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

You can get HIV/AIDS testing and counseling:

- When you receive 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 Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

Your PCP can help you get care if you need HIV treatment. You can also visit one of the places below.





<b>Northeast D.C.</b>		
Testing Site	Address	Phone Number
Unity Health Care	1201 Brentwood Road, NE	(202) 832-8818
Deaf Reach (appt. only)	3521 12th Street, NE	(202) 832-6681
D.C. Department of Health, HIV/AIDS Administration	64 New York Avenue, 5th Floor, NE	(202) 671-4900
Planned Parenthood	3987-A Minnesota Avenue, NE	(202) 388-4770
Sasha Bruce	701 Maryland Avenue, NE	(202) 675-9350
<b>Northwest D.C.</b>		
Andromeda	1400 Decatur Street, NW	(202) 291-4707
Carl Vogel Center	1012 14 Street, Suite 700, NW	(202) 638-0750
La Clinica del Pueblo	2831 15th Street, NW	(202) 462-4788
Planned Parenthood	1108 16th Street, NW	(202) 347-8512
Us Helping Us	3636 Georgia Avenue, NW	(202) 446-1100
Whitman-Walker Clinic	1701 14th Street, NW	(202) 939-7690
Women's Collective	1436 U Street, Suite 200, NW	(202) 483-7003
<b>Southeast D.C.</b>		
Anacostia Neighborhood Health	1328 W Street, SE	(202) 610-7160
Family and Medical Counseling Center	2041 Martin Luther King Jr. Avenue, Suite 8, SE	(202) 889-7900
Max Robinson Center	2301 Martin Luther King Jr. Avenue, SE	(202) 678-8877 TTY: (202) 562-1178
Whitman-Walker Health-Youth Services	651 Pennsylvania Avenue, SE	(202) 543-9355
<b>Southwest D.C.</b>		
Unity Health Care Southwest Clinic	850 Delaware Avenue, SW	(202) 548-4520



# Services to Keep Young Adults from Getting Sick

HSCSN wants you to take care of your health. You should sign up for health and wellness services we offer to you to keep you well. Health and wellness services include:

- Screenings.
- Counseling.
- Vaccines.

## Recommendations for Checkups (“Screenings”)

Please make an appointment and go see your PCP at least once a year for a checkup. This is a preventive services visit.

See the list of “Adult Wellness Services” in the **Your Health Benefits** section on page 40 for things to talk about with your PCP during your checkup.

**Please make an appointment to see your PCP at least once a year for a checkup.**

## Preventive Counseling

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

- Diet and exercise.
- Alcohol and drug use.
- Smoking cessation.
- HIV/AIDS prevention.
- Adult vaccines.

## Adult Vaccines

If you are an adult, you may need some vaccines or shots. Please talk to your PCP about which ones you may need.



# Pregnancy

## Prenatal Care

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:

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

If you are pregnant, you need prenatal care before your baby is born. Prenatal care will help make sure that you have a healthy:

- Pregnancy.
- Delivery.
- Baby.

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

## 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 answer any questions about recovery.

**If your baby is home with you, the OB Care Manager will:**

- Answer any questions you may have.
- Teach you about taking care of your new baby.
- Discuss feeding by bottle or breast.

**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 had your baby, call:**

- Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.
- Your Economic Security Administration Caseworker at (202) 727-5355.



# Your Child's Health

## Health Check 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 Health Check Program. This program 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 Health Check Program gives your child several important checkups.

There is a Health Check (EPSDT) information sheet in this handbook. If you need a copy of the Health Check (EPSDT Periodicity Schedule), you can:

- Ask your doctor.
- Call HSCSN Customer Care at (202) 467-2737 or 1 (866) 937-4549.
- Visit our website at [www.hschealth.org](http://www.hschealth.org).

The schedule tells you when your child should be seen for a checkup (well-child care visit) by the PCP. In addition to Health Check/EPSDT services, your child can also get the benefits described in the **Your Health Benefits** section on page 40.

## Immigrant Children

If your child is in the Immigrant Children's Program, he or she will get well-child care services. This program lasts until your child turns 21.

In addition to well-child care, your child can also get the benefits described in the **Your Health Benefits** section on page 40. Immigrant children are only eligible for health care services while enrolled in HSCSN.

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

## Care for Your Teeth

Dental health checkups and treatments are free for HSCSN enrollees. 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 get dental care during regular checkups. The PCP may decide to send the child to a dentist.
- Beginning at age 3, all children should see a dentist in the HSCSN network for a checkup at least once a year. Look in the HSCSN Provider Directory or online at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org) to choose a dentist near you. Please call the dentist's office for an appointment.



## The IDEA Program

The Individuals with Disabilities Education Act (IDEA) is a federal law. The IDEA program gives special services for children with:

- Developmental delays.
- Disabilities.
- Special needs.

Children up through age 3 receive early intervention services from HSCSN. Children age 4 and older receive special educational services from D.C. Public Schools and D.C. Public Charter Schools.

The **Developmental Milestones** chart on page 48 can help you figure out if your child is having delays in development.

The Early Intervention Program gives service and support to families with children who:

- Have developmental delays.
- Are at risk for developmental delays.

The Early Intervention Program helps parents, service providers, and others work together to help your child. Have your child tested if you are worried about how your child is growing. This test is called an IDEA evaluation.

Call your PCP to get an IDEA evaluation. Your PCP will refer your child to the D.C. Strong Start Early Intervention program if your child needs IDEA Services.

HSCSN has Care Managers who can tell you more about IDEA and other services for your child. HSCSN covers these services if your child is in the IDEA program:

- HSCSN covers all health care services for children up to age 3. You are still covered if the service is in your child's school treatment plan.
- HSCSN covers children age 3 and older:
  - Pays for all health care services. This includes services in your child's school treatment plan that your child needs when they are not in school. This covers evenings, weekends and holidays.
  - Helps organize services your child does not receive through the school's treatment plan.

Contact your child's school for more information about the IDEA program.

## Vaccines or Shots for Children and Teens

**Vaccines or shots are important to keep your child healthy!** Your doctor may call vaccines or shots immunizations. Vaccines:

- Start at birth and continue every 2 months during the first 6 months of life.
- Are given as booster shots at 1 year of age and again at 4 years of age.
- May be given to teens.



Your PCP and HSCSN will schedule appointments for your child's vaccines. Please see **Recommended Vaccine or Shot Schedule for Children and Adolescents** on page 47.



# Pharmacy Services and Prescription Drugs

You can pick up your medicine at a pharmacy. If your doctor gives you a prescription, you must go to a pharmacy in the HSCSN network.

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

You can find a complete list of medications covered by HSCSN online at [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org). Please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 for help or to request a printed version.

## 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 Customer Care Services at (202) 467-2737, 1 (866) 937-4549, or TTY/TTD (202) 467-2709.

## Things to remember:

- **You should not be asked to pay for your medicine. Call HSCSN Customer Care Services if the pharmacy or drugstore asks you to pay.**
- Sometimes, your doctor may need to get prior authorization from HSCSN for certain medications. 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.
- Delivery is not a covered benefit. Some pharmacies give you free delivery, and others will charge you. Call CVS Health Customer Care at 1 (866) 885-4944 for more information.
- You may also get your medicines through our mail-order program or delivered to you by a participating pharmacy. Call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 for help.

Enrollees taking medicine to treat HIV/AIDS must fill prescriptions through the D.C. Department of Health's AIDS Drug Assistance Program (ADAP). The full list of pharmacies is available at [www.dchealth.dc.gov/DC-ADAP](http://www.dchealth.dc.gov/DC-ADAP); click **D.C. ADAP Pharmacy Directory**.

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 23.



# 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 need for the service. Providers should not charge you for any of the health care services in this list if you go to a provider or hospital in the HSCSN network.

If you have a question about whether HSCSN covers certain health care, call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

BENEFIT	SERVICES
<p><b>Adult Wellness Services</b></p>	<p>Screening for:</p> <ul style="list-style-type: none"> <li>• Sexually transmitted infections and diseases.</li> <li>• HIV/AIDS. This will include testing and counseling.</li> <li>• Breast cancer (women only).</li> <li>• Cervical cancer (women only).</li> <li>• HPV (women only).</li> <li>• Prostate cancer (men only).</li> <li>• Abdominal aortic aneurysm (men only).</li> <li>• Obesity.</li> <li>• Diabetes.</li> <li>• High blood pressure.</li> <li>• Cholesterol (lipid disorders).</li> <li>• Depression.</li> <li>• Alcohol and drugs.</li> </ul> <p>Other services:</p> <ul style="list-style-type: none"> <li>• Counseling to help you stop smoking.</li> <li>• Diet and exercise counseling.</li> </ul>
<p><b>Behavioral Health Services</b></p>	<p>Services by behavioral health care providers:</p> <ul style="list-style-type: none"> <li>• Diagnosis and assessment services.</li> <li>• Individual, group and family psychotherapy.</li> <li>• Crisis services.</li> <li>• A partial hospital stay.</li> <li>• Inpatient hospital stays and emergency department crisis services.</li> <li>• Intense outpatient hospital services.</li> <li>• Case management services.</li> <li>• Inpatient psychiatric services through the age of 21.</li> </ul>
<p><b>Care Coordination</b></p>	<p>Assistance if you need or are receiving:</p> <ul style="list-style-type: none"> <li>• Community-based intervention.</li> <li>• Multi-systemic therapy (MST).</li> <li>• Assertive Community Treatment (ACT).</li> </ul>
<p><b>Communicable Disease and Public Health Services</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment services.</li> </ul>





BENEFIT	SERVICES
<b>Dental Benefits</b>	<p>General dentist care. This includes:</p> <ul style="list-style-type: none"> <li>• Regular and emergency treatment to relieve pain and infection and to restore teeth.</li> <li>• Checkups twice a year with a dentist for children ages 2 through 20 and for adults ages 21 through 25.</li> <li>• Dental screenings by a child's PCP for a child up to age 3.</li> <li>• Orthodontic care for enrollees through the age of 20.</li> <li>• Sealants (covered for enrollees through the age of 15).</li> </ul>
<b>Durable Medical Equipment, Disposable Medical Supplies, and Assistive Technologies</b>	<p>Medically necessary:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment.</li> <li>• Disposable medical supplies.</li> <li>• Other devices for people with disabilities.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• About using and maintaining durable medical equipment.</li> <li>• How to take medications.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• A screening exam of your emergency health condition and treatment to make you stable. This is covered if the provider is in or out of the HSCSN network.</li> <li>• Treatment for emergency conditions.</li> </ul>
<b>EPSDT Services (Enrollees through age 21)</b>	<p>This includes:</p> <ul style="list-style-type: none"> <li>• Health and development history.</li> <li>• Behavioral health and development history.</li> <li>• Complete health exam.</li> <li>• Vaccines.</li> <li>• Lab tests including of blood lead levels.</li> <li>• Health education.</li> </ul> <p>Other services include screening, diagnosis, and treatment:</p> <ul style="list-style-type: none"> <li>• Dental.</li> <li>• Vision.</li> <li>• Hearing.</li> <li>• Alcohol and drugs.</li> </ul>
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Routine exam to check reproductive health.</li> <li>• Pregnancy testing and counseling.</li> <li>• Routine and emergency birth control.</li> <li>• Voluntary sterilization for enrollees over 21 years of age. This requires a signature on the approved sterilization form by the enrollee 30 days prior to the procedure.</li> <li>• Does not include sterilization procedures for enrollees under age 21.</li> <li>• Screening, counseling, and vaccines or shots. This includes vaccines for HPV and Hepatitis B.</li> <li>• Preventive treatment, screening, and treatment for all sexually transmitted infections and diseases.</li> </ul>



BENEFIT	SERVICES
<b>Home Health Services</b>	<p>Services from a licensed home health agency. This must be medically necessary.</p> <ul style="list-style-type: none"> <li>• Skilled nursing visits.</li> <li>• Shifts of nursing care (private-duty nursing).</li> <li>• Personal care aide.</li> <li>• Nursing and home health aide care.</li> <li>• Physical therapy.</li> <li>• Occupational therapy.</li> <li>• Speech therapy.</li> <li>• Audiology services.</li> </ul>
<b>Home Modifications</b>	<p>When medically necessary, home modifications are included when your home can't:</p> <ul style="list-style-type: none"> <li>• Fit equipment or personnel.</li> <li>• Maintain the correct environment, such as temperature and atmosphere.</li> </ul> <p>The maximum benefit is \$40,000 for the entire time you are enrolled with HSCSN. It is done with the:</p> <ul style="list-style-type: none"> <li>• Permission of the owner.</li> <li>• Intent to live in the home for 3 or more years.</li> </ul>
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Support services for people needing end of life care.</li> </ul>
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Outpatient services including: <ul style="list-style-type: none"> <li>○ Preventive.</li> <li>○ Diagnosis.</li> <li>○ Therapies.</li> <li>○ Rehab.</li> <li>○ Palliative.</li> </ul> </li> <li>• Inpatient services or hospital stays.</li> </ul>
<b>Laboratory and X-ray Services</b>	<ul style="list-style-type: none"> <li>• Lab tests and X-rays.</li> </ul>
<b>Long-Term Care and Psychiatric Residential Treatment Facility Services</b>	<p>Long-term care services for enrollees residing in:</p> <ul style="list-style-type: none"> <li>• Skilled nursing facility.</li> <li>• Rehab hospital.</li> <li>• Intermediate Care Facility for the Intellectually Disabled (ICF/ID).</li> <li>• Psychiatric Residential Treatment Facility (PRTF).</li> <li>• After 60 days, residing in long-term-care facilities or ICF/ID may change to fee-for-service Medicaid. This must be medically necessary.</li> </ul>
<b>Personal Care Services</b>	<p>Services to give one-on-one assistance with activities of daily living. This adds to the help the family and others are giving.</p> <ul style="list-style-type: none"> <li>• Cannot be given by a member of the individual's family.</li> <li>• Prescribed by a doctor as a part of the treatment plan and not available in a hospital or nursing home.</li> <li>• The service must be medically necessary.</li> </ul>



BENEFIT	SERVICES
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>• Prescription and over-the-counter drugs included on the HSCSN preferred drug list.</li> <li>• Find the drug list at <a href="http://www.hshealth.org">www.hshealth.org</a> or by calling Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.</li> <li>• Only includes medicines from network pharmacies.</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems.</li> <li>• Regular foot care when medically needed only.</li> </ul>
<b>Pregnancy-Related Services</b>	<ul style="list-style-type: none"> <li>• Routine and high-risk pregnancy services.</li> <li>• Postpartum care.</li> </ul>
<b>Preventive Health Services</b>	<ul style="list-style-type: none"> <li>• Recommended vaccines.</li> <li>• Screening for obesity.</li> <li>• Diet and behavioral counseling.</li> <li>• Diabetes screening and referral.</li> <li>• Screening for renal kidney disease.</li> <li>• Counseling to stop using tobacco.</li> <li>• Substance abuse screening.</li> <li>• Behavioral counseling.</li> <li>• Screening and referral for depression.</li> <li>• HIV/AIDS screening, testing, and counseling.</li> <li>• Women’s wellness that includes an annual routine pelvic exam and: <ul style="list-style-type: none"> <li>○ Pap tests.</li> <li>○ Screening and vaccines for human papillomavirus (HPV)</li> </ul> </li> <li>• Screening and counseling for sexually transmitted infections and diseases.</li> </ul>
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>• Health care services by your PCP that include <ul style="list-style-type: none"> <li>○ Preventive care.</li> <li>○ Acute care.</li> <li>○ Chronic health care.</li> </ul> </li> </ul>
<b>Prosthetic Devices</b>	<ul style="list-style-type: none"> <li>• Orthotics and prosthetics prescribed by a provider. The devices can be: <ul style="list-style-type: none"> <li>○ Replacement.</li> <li>○ Corrective.</li> <li>○ Supportive devices.</li> </ul> </li> </ul>
<b>Rehab Services</b>	<ul style="list-style-type: none"> <li>• Rehab services including: <ul style="list-style-type: none"> <li>○ Physical therapy.</li> <li>○ Occupational therapy.</li> <li>○ Speech-language therapy.</li> <li>○ Vision therapy.</li> <li>○ Applied behavioral analysis (ABA).</li> </ul> </li> </ul>
<b>Respiratory Care for Ventilator-Dependent Enrollees</b>	<ul style="list-style-type: none"> <li>• Part-time services given in the home by a respiratory therapist or other provider trained in respiratory therapy.</li> </ul>
<b>Respiratory Therapy</b>	<ul style="list-style-type: none"> <li>• The evaluation and treatment of lung diseases when part of a treatment plan.</li> </ul>



BENEFIT	SERVICES
<b>Respite-Care Services</b>	<ul style="list-style-type: none"> <li>• Respite care services for families. This is for families that have demanding treatment and monitoring care plan for a child with a catastrophic medical or behavioral condition.</li> <li>• Enrollees are eligible for up to 168 hours every six (6) months: January 1 to June 30 and July 1 to December 31.</li> </ul>
<b>Specialist Services</b>	<ul style="list-style-type: none"> <li>• Health care services from specially trained providers.</li> <li>• Does not include cosmetic services and surgeries except for surgery: <ul style="list-style-type: none"> <li>○ Required to correct a condition resulting from surgery or disease.</li> <li>○ To correct a deformity caused by an accidental injury.</li> <li>○ To correct a congenital deformity.</li> <li>○ For a condition that stops the normal work of your body.</li> </ul> </li> </ul>
<b>Substance Abuse Services (Adolescent)</b>	<ul style="list-style-type: none"> <li>• Inpatient drug and alcohol detox.</li> <li>• Inpatient and residential day treatment.</li> <li>• Outpatient drug and alcohol rehab and day treatment.</li> <li>• Other alcohol/drug abuse services from the Addiction, Prevention, and Recovery Administration (DBH): <ul style="list-style-type: none"> <li>○ ASTEP – Adolescent Substance Abuse Treatment.</li> </ul> </li> </ul>
<b>Substance Abuse Services (Adult)</b>	<ul style="list-style-type: none"> <li>• Inpatient drug and alcohol detox.</li> <li>• Inpatient and residential day treatment.</li> <li>• Outpatient drug and alcohol rehab and day treatment.</li> <li>• Other alcohol/drug abuse services are provided by the Addiction, Prevention, and Recovery Administration (DBH).</li> <li>• ARC – Assessment and Referral Center.</li> </ul>
<b>Transportation (Ride) Services</b>	<ul style="list-style-type: none"> <li>• Rides to and from medical appointments and other health care services.</li> <li>• Any rides to services listed in the enrollee’s Individual Education Plan (IEP).</li> </ul>
<b>Tuberculosis-Related Services</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment services.</li> </ul>
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• Eye exams at least once every year and as needed.</li> <li>• Eyeglasses that correct vision. This is limited to one complete pair in a 12 month period except when enrollee has: <ul style="list-style-type: none"> <li>○ Lost his or her eyeglasses.</li> <li>○ Broken or damaged his or her eyeglasses</li> <li>○ A prescription change of more than one-half (0.5) diopter.</li> </ul> </li> <li>• Contact lenses if they are medically necessary and you are unable to wear eyeglasses.</li> </ul>



## Services We Do Not Pay For

- The service is not medically necessary.
- 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 sterilization for an enrollee under the age of 21.
- 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.
- The service is fertility treatment.
- 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.





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

## Health Check 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 Health Check 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 Health Check Program gives your child several important checkups.

Health Check 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.

Health Check 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>





## Definitions

Advance Directive	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.
Advocate	A person who helps you get the health care and other services you need.
Appeal	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.
Appointment	A certain time and day you and your doctor set aside to meet about your health care needs.
Behavioral Health	How a person thinks, feels, and acts in different situations.
Care Coordination Plan	A plan listing health care services you will get, and also lists community resources available to you.
Care Manager	Someone who works for HSCSN, who will help you get the care and information you need to stay healthy.
Checkup	See Screening.
Complaint	See Grievance.
Contraception	Birth control.
Covered Services	Health care services that HSCSN will pay for when completed by a provider.
Detox	Getting rid of harmful substances from the body, such as drugs and alcohol.
Development	The way in which your child grows.
Durable Medical Equipment	Special medical equipment that your doctor may ask you or tell you to use in your home.
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition.
Enrollee	The person who gets health care and services from HSCSN.
EPSDT	Early, Periodic Screening, Diagnosis and Treatment Program (also called Health Check Program) that gives health care to enrollees under 21 years old.
Fair Hearing	If you file an appeal and are dissatisfied with the appeal findings, you can ask for a hearing with the D.C. Office of Administrative Hearings.



Family Planning	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.
Family and General Practice Doctor	A doctor that can treat the whole family.
Formulary	A list of medicines that can be prescribed.
Grievance	If you are unhappy with the care you get or the health care services HSCSN gives you, you can call the Grievances and Appeals Hotline to file a grievance.
Handbook	This book, which gives you information about HSCSN and our services.
Health Check Program	See EPSDT.
Hearing Impaired	If you cannot hear well, or if you are deaf.
IDEA	Individuals with Disabilities Education Act: a federal law that gives services to children with developmental delays and special health care needs.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor for adults and children over 14 years old.
Interpretation/ Translation Services	Help from HSCSN when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
Managed Care Organization (MCO)	A company that is paid by the District of Columbia to give you health care and health services.
Maternity	The time when a woman is pregnant, and shortly after childbirth.
Enrollee	The person who gets health care through a HSCSN's provider network.
Enrollee ID Card	The card identifies you as an enrollee of HSCSN to your doctors, hospitals, pharmacies, and others.
Mental Health	How a person thinks, feels, and acts in different situations.
Network Providers	Doctors, nurses, dentists, and other people who take care of your health and are a part of HSCSN.
Non-Covered Services	Health care that HSCSN does not pay for when completed by a provider.
OB/GYN	Obstetrician/Gynecologist: a doctor who is trained to take care of a woman's health, including when she is pregnant.
Out-of-Network Providers	Doctors, nurses, dentists, and other people who take care of your health, but are not a part of HSCSN.
Pediatrician	A children's doctor.



Pharmacy	Where you pick up your medicine.
Physician Incentive Plan	Tells you if your doctor has any special arrangements with HSCSN.
Postpartum Care	Health care for a woman after she has her baby.
Prenatal Care	Care that is given to a pregnant woman the entire time she is pregnant.
Prescription	Medicine that your doctor orders for you; you must take the prescription to the pharmacy to pick up the medicine.
Preventive Counseling	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
Primary Care Provider (PCP)	The doctor who takes care of you most of the time.
Prior Authorization	Written permission from HSCSN to get health care or treatment.
Provider Directory	A list of all providers who are part of the HSCSN.
Providers	Doctors, nurses, dentists, and other people who take care of your health.
Referral	When your main doctor gives you a written note that sends you to see a different doctor.
Routine Care	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 screening; or regular care for health problems like diabetes, asthma, and hypertension.
Screening	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.
Self-Referral Services	Certain services you can get without getting a written note or referral from your main doctor.
Services	The care you get from your doctor or other health care provider.
Special Health Care Needs	Children and adults who need health care and other services that are more than or different from what other children and adults need.
Specialist	A doctor who is trained to give a special kind of care, like an ear, nose, and throat doctor or a foot doctor.
Specialty Care	Health care provided by doctors or nurses trained to give a specific kind of health care.
Sterilization Procedures	Surgery you can have if you do not want children in the future.
Transportation Services	Help from HSCSN to get to your appointment. The type of transportation you get depends on your medical needs.
Treatment	The care you get from your doctor.



Urgent Care	Care you need within 24 hours, but not right away.
Visually Impaired	If you cannot see well or you are blind.
Well-Child Visit	A routine visit scheduled by your child's primary-care provider for a routine checkup.



# Other Important Information

## What to do if I move

- Call the District of Columbia (D.C.) Economic Security Administration (ESA) Change Center at (202) 727-5355.
- Call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

## What to do if I have a baby

- Call D.C. Economic Security Administration Change Center at (202) 727-5355.
- Call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

## What to do if I adopt a child

- Call D.C. Economic Security Administration Change Center at (202) 727-5355.

## What to do if someone in my family dies

- Call D.C. Economic Security Administration Change Center at (202) 727-5355.
- Call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

## What to do 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 Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.



## Ending Your Enrollment in HSCSN

You can disenroll at any time and for any reason if you do not want to be enrolled in HSCSN. All you have to do is call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

Customer Care will transfer the caller to their Care Manager who will fill out the disenrollment form for you. You can also mail your written request to:

Health Services for Children with Special Needs, Inc.  
Attention: Customer Care Services  
1101 Vermont Avenue NW, 12th Floor  
Washington, D.C. 20005

Your Care Manager will help you with your transition into the D.C. Medicaid Fee-For-Service (FFS) insurance program.



# Transition of Care

Starting on your 24th birthday, 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 care.
  - Medical equipment.
- Make sure that you switch to FFS Medicaid Providers.
- Work with you to request a FFS Medicaid ID Card.
- Confirm that your FFS Medicaid eligibility is current with the D.C. Economic Security Administration.
- Help you recertify your FFS Medicaid eligibility.
- Talk with you about D.C. Department of 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.

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

- Lose your Medicaid eligibility with the Department of Health Care Finance.
- 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.

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

- You let someone else use your Enrollee ID Card.
- D.C. finds you committed Medicaid fraud.
- You do not follow your responsibilities.

HSCSN insurance is for children, adolescents, and adults under 26 years old. You will be disenrolled from HSCSN when you turn 26.



# 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.

Remember to always:

- Show your Enrollee ID Card.
- Tell health care providers that you or your child are an enrollee of HSCSN before you get services.





# 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 lets you:

- Choose a person to make choices about your medical care for you if you are not able.
- Say what kind of medical treatment you want to receive if you become too ill to tell others.

It is important to talk about an Advance Directive with:

- Your family.
- Your PCP.

If you want to fill out and sign an Advance Directive:

- Ask your PCP for help during your next appointment.
- Call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 for help.



## What to do if I have other insurance

Tell us right away if you have any other health insurance and are enrolled in HSCSN and are eligible for Medicaid.

Please call Customer Care Services at (202) 467-2737 or 1 (866) 937-4549.

- If you have another kind of health insurance. That insurance should pay for your services first, and HSCSN will pay the rest (if needed).
- Your provider needs to bill your other health insurance before billing HSCSN. Your provider also needs to submit a document called Explanation of Benefits (EOB) with the bill.
- Your provider and HSCSN work together in a process called Coordination of Benefits (COB) to take care of your bill.
- If your health care service requires prior authorization and the other insurance covers your service, you do not need prior authorization from HSCSN.
- If your health care service requires prior authorization, but your other insurance will not cover it, then prior authorization is needed from HSCSN.
- If your provider is Out-of-Network with the other insurance, the payments and Explanation of Benefits (EOB) could be sent to you instead of your provider. If this happens, you must give a copy of these documents to your provider so that HSCSN can help with your bill.
- If you pay for services yourself (out-of-pocket) and submit a request for HSCSN to pay you back for those services, you must give HSCSN an Explanation of Benefits (EOB) from your other health insurance with the request for reimbursement.



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

Please tell HSCSN if you have Medicare and Medicaid. If you have Medicare you:

- Need to pick Medicare providers.
- Must sign up for Medicare Part D for your prescription drugs.

Medicaid will pay your co-pays.



# Fraud

Fraud is a serious matter.

What is fraud? 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:

- Claiming that you live in D.C., but you live outside the boundaries of D.C.

An example of fraud for providers is:

- Billing for services that were not given and/or supplies not provided.

Please let us know if you suspect fraud. It is not required that you identify yourself or give your name. Visit HSCSN's Compliance Hotline at [hshealthcare.ethicspoint.com](https://hshealthcare.ethicspoint.com) for more information about fraud.

To report fraud, call:

- HSCSN's Compliance Hotline at 1 (844) 556-9152.
- The D.C. Department of Health Care Finance's Fraud Hotline at 1 (877) 632-2873.

## **Physician (doctor) incentive plan notice**

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

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



# Grievances, Appeals and Fair Hearings

HSCSN and the District government have ways that you can complain about the care you get or the services HSCSN provides for you. You may choose from the options shown below.

## Grievances

### What is a Grievance?

If you are unhappy about something that happened to you, you can file a Grievance. 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.

### How do you file a Grievance?

- To file a Grievance, you should call the Grievance and Appeal Hotline at (202) 495-7582 or send your letter to:

Health Services for Children with Special Needs, Inc.  
ATTN: Risk Management  
1101 Vermont Avenue NW, Suite 1200  
Washington, D.C. 20005

### Who can file a Grievance?

- You may file a Grievance orally or in writing at any time. HSCSN has 90 calendar days to provide a grievance resolution (response to your Grievance).
- Your doctor or authorized representative (an authorized representative may include an attorney, or non-legal advocate) can also file a Grievance for you, with you or your caregiver's written permission.

## Appeals and Fair Hearings

If you believe that services were unfairly denied, reduced, delayed or stopped, you have a right to:

- File an Appeal with HSCSN.
- Request a Fair Hearing with the District of Columbia Office of Administrative Hearings, however only after going through HSCSN's internal Appeals process.

Important facts to remember:

- An Appeal is a formal request for HSCSN to review a decision whether or not to cover (pay for) a service that was requested for an enrollee.



- The HSCSN Appeal process must be used before a Fair Hearing can be requested.
- Please call the HSCSN Grievances and Appeals Hotline at (202) 495-7582 for questions about Appeals.
- An Appeal must be requested within 60 calendar days of the date the notice or letter was sent.
- A Fair Hearing request must be filed within 120 days of the Notification of Resolution of Appeal.
- Your provider or an authorized representative may request an appeal or file for a Fair Hearing on your behalf with your written permission.

## Appeals

- An Appeal of a denial, reduction, or end of services must be sent within 60 days of the date the notification (letter) was sent.
- To file an appeal with HSCSN:
  - Call the Grievances and Appeals Hotline at (202) 495-7582.
  - Fax the request for an appeal to (202) 635-5591.
  - Mail the Appeal request to:

Health Services for Children with Special Needs, Inc.  
 ATTN: UM-Appeals  
 1101 Vermont Avenue NW, Suite 1200  
 Washington, D.C. 20005

- You can call and give your Appeal over the phone. HSCSN will write up what you said in the call about your Appeal in a letter. They will send you the letter to sign. Be sure to read the letter carefully. You must sign the letter and return it to HSCSN to have an Appeal.
- You may want to continue receiving the services or benefits during your Appeal for services that are being stopped or decreased. To do this, you must request the Appeal and Continuation of Benefits within 10 days of the:
  - Date of the letter notifying you of the end of or decrease of services (Notice of Action).
  - The effective date of the end of or decrease of the service. The effective date is on the letter and is the date on which the services will be stopped or reduced.
- HSCSN will make a decision about your Appeal within 30 calendar days after the Appeal was received.
- If HSCSN needs more time to get information and the District decides this would be best for you, or if you or your authorized representative request more time, HSCSN may increase the time for the Appeal decision by 14 calendar days. HSCSN must give you written notice of the extension.
- You will receive written notice of HSCSN's decision about your Appeal in the mail. This is called a Notification of Resolution of Appeal.
- You may request a Fair Hearing if you are not happy with HSCSN's decision about your Appeal.



## Expedited (Urgent) Appeals Process

HSCSN will give you a decision within 72 hours if your Appeal is determined to be an emergency. An Appeal will be urgent if it's harmful or painful to you to wait for the standard timeframe of the Appeal procedure.

All Appeals filed by enrollees will be resolved and communicated back within 24 hours of filing the Appeal for:

- HIV/AIDS.
- A behavioral illness.
- Any other condition that needs attention right away.

## Fair Hearings

- A Fair Hearing is heard by a judge in the Office of Administrative Hearings.
- A Fair Hearing request must be filed within 120 days of the Notification of Resolution of an Appeal.
- A Fair Hearing can be requested if HSCSN does not follow its procedures for handling Appeals.
- Your provider or an authorized representative may file for a Fair Hearing for you with your written permission (consent).
- To request a Fair Hearing with the District of Columbia Office of Administrative Hearings please call or write (within 120 days from the date of HSCSN's Notice of Resolution of Appeal) to:

District of Columbia Office of Administrative Hearings Clerk of the Court  
441 4th St., NW, N450  
Washington, D.C. 20001  
(202) 442-9094

- You may get help from HSCSN in filing your request for a Fair Hearing by calling (202) 495-7582.
- You may contact the District's Ombudsman Program at (202) 724-7491 for help if you are not satisfied with the help given by HSCSN.
- You may represent yourself at the Fair Hearing. You may also have a lawyer, a relative, a friend or other person represent you. Your representative cannot be a District of Columbia government or HSCSN employee.
- You may also qualify for free legal services from the following free legal service providers:
  - **Columbus Community Legal Services**, 3602 John McCormack Road, N.E., Washington, D.C. 20064, phone (202) 319-6788.
  - **Neighborhood Legal Services**, 64 New York Ave. NE, Suite 180, Washington D.C. 20002, phone (202) 832-6577.
  - **Legal Aid Society**, 1331 H St. NW, Room 350, Washington, D.C. 20005, phone (202) 628-1161.



- **Terris, Pravlik & Millian, LLP**, 1816 12th Street, NW, Suite 303, Washington, D.C. 20009, phone (202) 682-2100 (applicable only for children from birth to 20 years of age).

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

### You have the right to:

- A Fair Hearing – You may ask for a Fair Hearing from the Office of Administrative Hearings. You can only ask for this after getting an answer from HSCSN about your Appeal. You must ask for the Fair Hearing no later than 120 days from the date of the HSCSN letter. This is called a Notice of Resolution.
- Receiving a benefit or service that HSCSN stopped or reduced (decreased) while your Appeal or Fair Hearing is in review. To keep receiving services (continuation of benefits) during such a period, you must request a Continuation of Benefits within 10 days of the notice (letter) or before the effective date of the termination or reduction.
- Have someone from HSCSN help you through the Grievances and Appeals process.
- Represent yourself. You may be represented by
  - Your family caregiver.
  - A lawyer.
  - Other representative.
- Have accommodations made for any special health care need you have.
- Have adequate TTY/TTD capabilities, and services for the visually impaired.
- Have adequate translation services and an interpreter.
- See all documents related to the Grievance, Appeal or Fair Hearing.

Please call the Grievances and Appeals Hotline at (202) 495-7582 if you have any questions about the Grievances and Appeals and Fair Hearings process.





# Notice of Privacy Practices

**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 you products or services.
- Keeping all personal information safe and secure.
- Asking 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 health care.
- To meet our promises with our sister companies as your health care insurer.
- 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

At any time, you have the right to ask at any time 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, SE, 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 to Enrollees

## MEDICARE PART D NOTICE FOR ENROLLEES WITH BOTH MEDICARE AND MEDICAID

You will get your medicines from the Medicare Part D Program if you get Medicare and Medicaid at the same time. This began on January 1, 2006.

HSCSN will only cover your medicines for:

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

Call HSCSN Customer Care Services at (202) 467-2737 or 1 (866) 937-4549 for questions about your medications.

Call Medicare at 1 (800) MEDICARE (1-800-633-4227) or visit the website at [www.Medicare.gov](http://www.Medicare.gov) for questions about Medicare Part D.



# 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 managed care organization (MCO). 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 MCO;
- Provide assistance in obtaining the medical 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 MCO;
- Assist with appeal processes; and
- Provide assistance in filing a Fair Hearing request for you.

Call the Health Care Ombudsman at (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 can be found:

One Judiciary Square  
441 4th Street, NW  
Suite 900 South  
Washington, D.C. 20001

Phone: (202) 724-7491  
Fax: (202) 442-6724  
Toll-Free Number: 1 (877) 685-6391  
Email: [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)



**For more information visit [www.hschealth.org](http://www.hschealth.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 ከጧቱ 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。 **Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 0시 00분에서 오후 0시 00분 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 kíf sọ pẹlú/àbí ka èdè Gèèsi, jòwọ pe 202-467-2737 láárín aago méje òwúrò sí márún àbò iròlẹ (7am-5:30pm). Aşojú kan yóò ràn ọ lówó. **Yoruba**







GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**MURIEL 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.



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)**