

## IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE (MA)

We are reviewing your eligibility for MA and we need more information from you. The following household members may need to verify community engagement and work activities in **[the month prior to application]** or meet an exemption to be eligible for MA:

**[Name Person 1]**

**[Name Person 2]**

It is important that you review the information below which explains what we need.

### What you need to do:

You must show that you have completed community engagement and work activities or provide information that completing community engagement and work activities does not apply to you by **[35 days from mail date]**. If we do not receive the required information by the due date, your MA application may be denied.

### What counts as community engagement and work activities:

- Working,
- Attending an educational program at least half time,
- Participating in a work or job training program,
- Volunteering or completing community service,
- Any combination of the above that adds up to 80 hours a month, **or**
- Having income of \$580 a month or more.
- If you are a seasonal worker, you can verify community engagement and work activities if your average monthly income for the last six months was at least \$580.

### Who does NOT need to complete community engagement and work activities:

You do not need to provide verification of completing community engagement and work activities if you provide information that you meet one of the exemptions:

- People under age 26 who aged out of foster care
- Members of recognized American **Indian or Alaska Native** tribes
- Parents, caretakers or caregivers of children under 14
- Parents, caretakers or caregivers of an individual with disabilities
- Veterans with a total disability rating (100% rating) from the Veterans Administration
- People who are medically frail or have special medical needs, including: Blindness or disability, disabling mental disorder, or other significant physical, intellectual or developmental disabilities
- People compliant with TANF work requirements
- People receiving SNAP benefits who are not exempt from SNAP work requirements
- People who are participating in a substance use or alcohol treatment program
- People who are incarcerated or have been incarcerated within the last 90 days
- People who are pregnant or receiving postpartum coverage through Medical Assistance

- People who received inpatient hospital care in the last month
- People who traveled outside of their community to receive medical care **for themselves or a dependent** in the last month

You must cooperate in providing the required verification or information by the due date or your application may be denied.

### **Why am I getting this letter?**

We do not have enough information to confirm that you completed required activities in the month prior to application or that an exemption applies to you.

### **What documents can I provide as proof of community engagement?**

Examples include:

- Pay stubs, employer letter, or proof of gig work earnings
- School enrollment or attendance record
- Training program participation letter
- Volunteer or community service timesheet
- Proof of self-employment income

### **What if I have irregular or seasonal income?**

If your income changes month to month, send what you have.

Seasonal workers may use their **average income over the last 6 months**.

### **What proof do I send for exemptions?**

We can accept your statement for most exemptions. You can complete and return the Assessment Form included in this packet to report who in your household meets an exemption.

### **What if I cannot provide verification in time?**

Call us right away. We may be able to help or explain other options for verification.

### **Will I receive another notice about my application?**

Yes. You will receive another notice about your eligibility determination once your application is processed.

### **How to provide your information:**

- Upload documents through COMPASS at [www.dhs.pa.gov/COMPASS](http://www.dhs.pa.gov/COMPASS) or the myCOMPASS PA mobile app
- Mail or bring documents to your local County Assistance Office
- Call us if you need help

### **How can I get help with my questions or learn more?**

- Call XXXXXX

- Call the Customer Service Center at 877-395-8930 (or 215-560-7226 in Philadelphia)
- Visit [www.dhs.pa.gov/federalcuts](http://www.dhs.pa.gov/federalcuts)
- Visit or contact your local County Assistance Office

If your application is denied, you can reapply at any time:

- Online – Visit [www.dhs.pa.gov/COMPASS](http://www.dhs.pa.gov/COMPASS) or the myCOMPASS PA mobile app.
- By Phone – Contact the Consumer Service Center at 1-866-550-4355
- By Mail – Submit a paper application to your local County Assistance Office
- In-Person – Visit your local County Assistance Office

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