# Best Practices for Assisting with Public Benefits Applications

August 12th, 2026

# Agenda

- Schedule of Upcoming BAC Webinars
- COMPASS Overview
- Contacting PA County Assistance Offices
- Appeals and Reconsideration Tips
- Questions

# Upcoming Benefits Access Coalition Webinars

- **September 16th at 2pm:** Stay Covered: How to Navigate Medicaid Work Requirements
- **October 14th at 2pm:** Pathways to Medicaid Without Work Requirements
- **October 28th at 2pm:** What You Need to Know About Federal Changes to Pennie
- **November 5th at 10am:** Medicare in 2027

Sign up for BAC email updates and webinar registration invitations here: bit.ly/PAbenefitsaccesscoalition

# Pennsylvania Public Benefits Programs

- Medicaid (Medical Assistance)
- Children's Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP/food stamps)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)

# How to Apply

- Online through COMPASS
- On the myCOMPASS mobile app
- In person at the County Assistance Office
- Paper application

# Become a COMPASS Community Partner

- The most effective way to help with applications for public benefits is to become a COMPASS community partner
- Organizations can register with COMPASS to receive access to a designated portal for submitting applications from your organization, rather than an individual's account

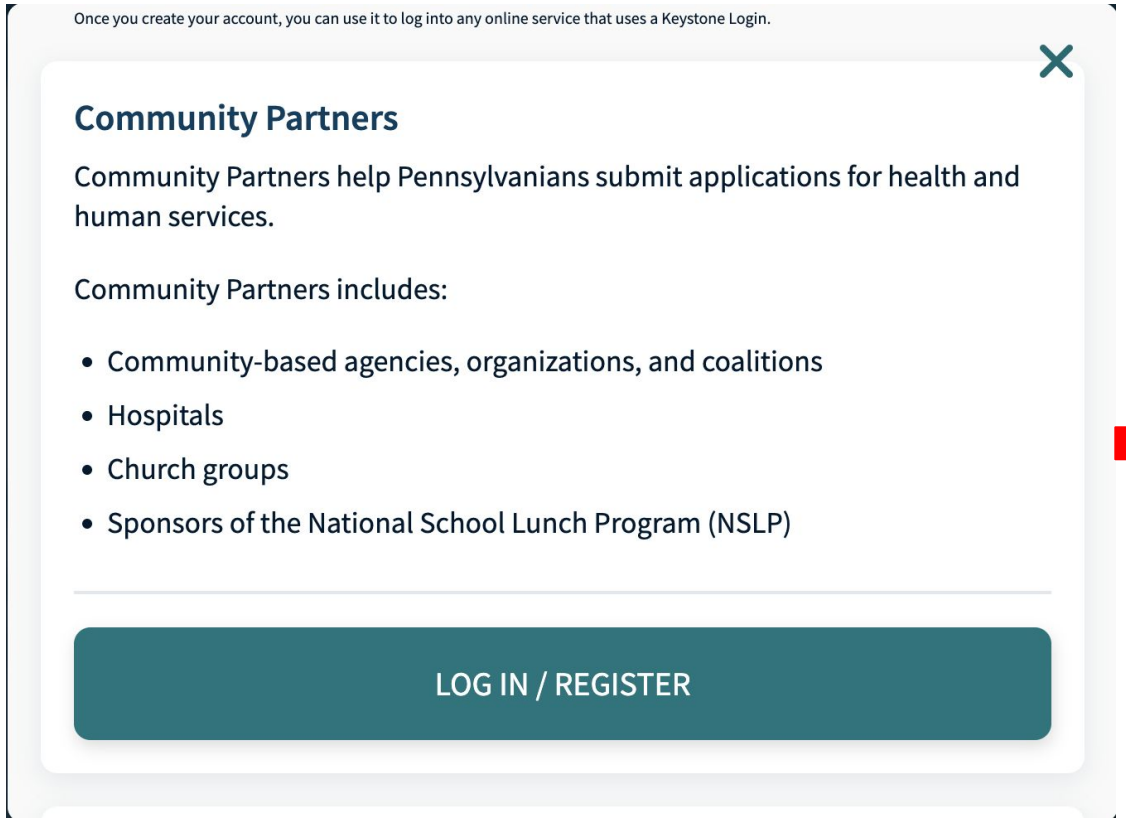
# COMPASS Community Partner Portal

- Through the partner portal, organizations can:
  - Submit new applications and renewals
  - Check renewal dates for recipients
  - View application and renewal statuses
  - Submit documents for new applicants and current recipients
  - View reports of your organization’s application submissions

# Creating a COMPASS Partner Account

1. View the Instruction Guide
2. Go to the COMPASS website to register your organization

For questions about registering, email RA-PWCOMPASSCP@pa.gov




If you're a Medical Assistance (MA) provider and used your MA provider number when filing the application, you'll receive notices of your patient's eligibility, including their MA ID number for billing purposes.

START ONLINE SELF-REGISTRATION

Online Self-Registation Guide

**Community Partner Account Cancellation**

An organization can remove itself from the list of registered COMPASS Community Partner organizations at any time by completing the Community Partner Cancellation Form.

# Checking Renewal Dates



# County Assistance Office Benefit Renewal Search

To look up an individual's renewal date, enter their information.

Enter the Head of the Household's MCI # / Medicaid ID / EBT Card # or the Head of the Household's Social Security Number (SSN). Then, enter the County and Case Record Number.

**County** (required)

- Select One -

**Case Record #** (required)

00

Example: 3456789

The first 2 numbers of your Case Record are filled in based on your County. If your Case Record starts with different numbers, check that you selected the right County.

You can find these numbers on your notice envelope. If you've moved since receiving the notice, the County number may have changed.

**Social Security Number (SSN)** (required)

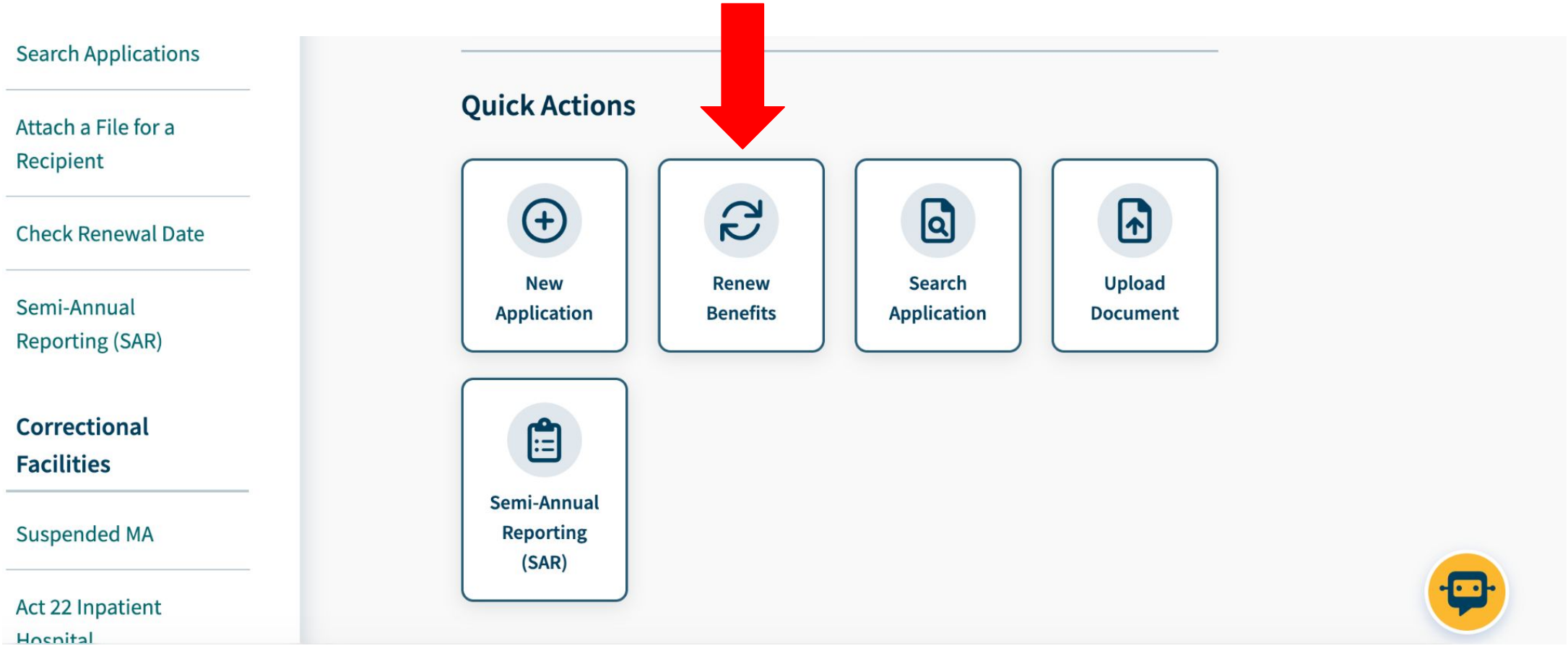
###-##-####

Enter MCI Number instead.

BACK

GET RENEWAL DATE(S)

# Submitting a Renewal



Getting Started

# You can renew the following programs:

### Health Care Coverage

Includes Children's Health Insurance Program (CHIP), Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Pennsylvania's Health Insurance Marketplace (Pennie).

### Food Assistance

Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps helps families pay for food.

### Cash Assistance

Temporary Assistance for Needy Families (TANF), State Blind Pension, and Refugee Cash Assistance give cash help to people or families in need.

### Home and Community-Based Series Waiver

### Long-Term Living Services - Nursing Home and Related Facilities

Long-term care, sometimes called long-term living, is a wide range of assistive services based on an individual's needs. Care may range from assistance around the home to medical care provided in a nursing facility.

☑ Community Partners are able to renew benefits on behalf of an individual, given they have received approval from the individual to renew on their behalf. Please indicate that you have received permission to submit this renewal on behalf of the individuals on the case. (required)



# We need to confirm your identity to start your renewal.

You should have received a renewal notice in the mail to renew your benefits. **Your County/Case and Renewal Due Date are on the notice.**

Questions about renewing online? Contact your **County Assistance Office (CAO).**

**Enter your information below.**

**County** (required)

- Select One -

**Case Record #** (required)

00

Example: 3456789

The first 2 numbers of your Case Record are filled in based on your County. If your Case Record starts with different numbers, check that you selected the right County.

You can find these numbers on your notice envelope. If you've moved since receiving the notice, the County number may have changed.

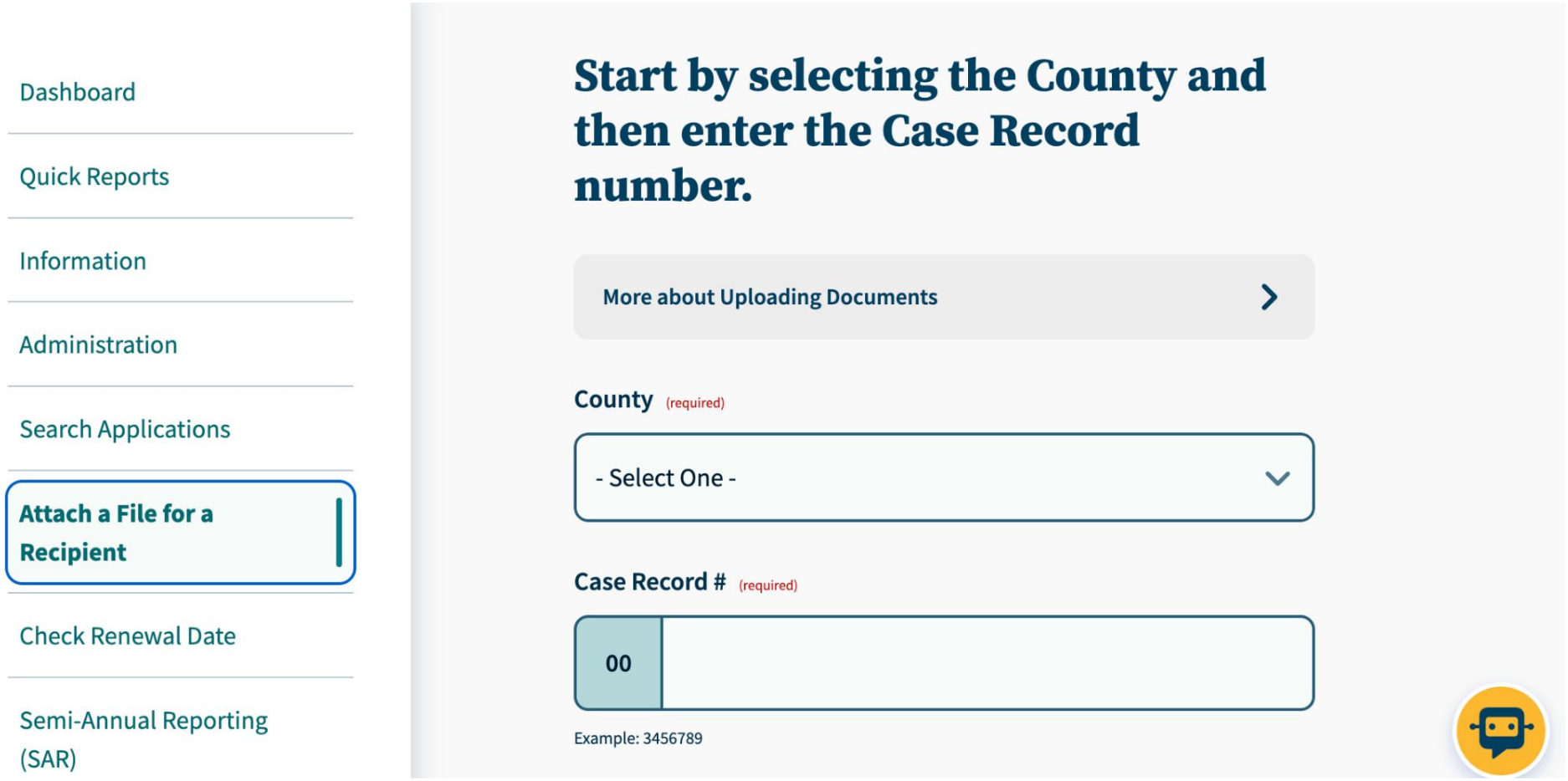
**Renewal Due Date** (required)

MM/DD/YYYY

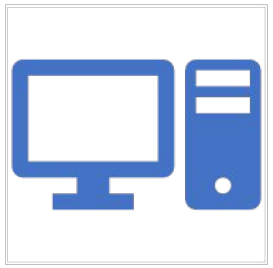
**Social Security Number (SSN)** (required)

###-##-####

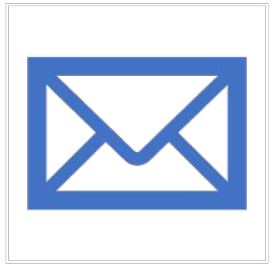
# Submitting Verification Documents



# Ways to Submit Documents to CAO



Upload to **COMPASS** on computer or **myCOMPASS mobile app**



**Mail** to local CAO



**Fax** to local CAO



Drop off **in-person** at local CAO



- Some State Representative's offices will help constituents fax documents for free
- No Scanner? Use a free app like Genius Scan or Adobe Scan
- Some libraries offer free or low-cost printing/scanning

# Best Practices for Submitting Documents

- Send using **certified mail** or get a **fax confirmation page**
  - Get receipt if delivering in person
- **Keep a copy** of everything sent! NEVER send the only copy!
  - CAO may have copier you can use
- Remember to **scan/copy both sides** of the page!
- **Include a cover sheet** with:
  1. Date
  2. Participant Name
  3. Record ID Number
  4. List of documents being submitted

# Contacting CAO for Assistance

- Follow up with case worker or manager (if already in contact)
- General CAO Addresses and Phone/Fax Numbers:

  https://www.pa.gov/agencies/dhs/contact/cao-information
- Customer Service Center: 1-877-395-8930
  - Philadelphia: 1-215-560-7226

# Contacting CAO for Assistance (cont.)

- Pre-hearing Conference?
  - May get letter offering phone meeting ahead of hearing
- Contact MA Ombudsman or District Liaison
  - Dedicated “point person” at CAO to troubleshoot MA issues
  - If you don’t already receive these contact lists, but would like to “subscribe,” contact PHLP (Philly + statewide) or CLS (Philadelphia only) to facilitate an introduction

# Appeals (Fair Hearing requests)

- Appeal cut offs and denials!
  - The CAO makes mistakes. Appealing gives you time to fix them.
  - Fill out the appeal form (also known as the fair hearing request form) on the back of the notice you want to dispute and mail it or drop it off at the CAO. Make sure you get a receipt!

# Appeals (Fair Hearing requests)

- Appeal cut offs and denials!
  - Once submitted, a fair hearing with an Administrative Law Judge from the Bureau of Hearings and Appeals (BHA) will be scheduled 1-3 months out.

  - If you no longer have your notice, you can send a written statement wishing to appeal, or you can appeal in person at the CAO.
  - If you change your mind, or your issue is resolved before the hearing, you can withdraw your appeal at any time.

# Appeals (Fair Hearing requests) cont.

- An individual may appeal decisions including but not limited to the following:
  - Denial, suspension, or discontinuance of benefits
  - change in the type or amount of benefits
  - DHS's failure to act
  - Delay in making a change to a benefit, decision on an application, or acting on a request for a service
  - Overpayment and reimbursement claims, including the amount
  - Denial of a payment for a medical service or item
  - see. Ch. 870.11 of Supplemental handbook

# Appeals (Fair Hearing requests) cont.

- Different benefits have different appeal timelines.
  - **SNAP**
    - Applicants - 90 days from date of Notice to Applicant
    - Recipients - 90 days from effective date of change in benefits
  - **TANF/LIHEAP/Medical Assistance/HCBS**
    - within 30 days from the date of the written notice of a CAO decision or action.

  - See Ch. 870.12 of DHS Supplemental handbook

# Appeals (Fair Hearing requests) cont.

- If current benefits are terminating
  - **Appeal right away to keep benefits pending appeal**.
    - Appeal a cut off within 15 days of the mailing date on the notice to keep benefits on while the appeal is pending**.**
    - Appeals of cut -offs filed after day 15  do not come with benefits pending appeal.

  - See Ch. 870.11 of DHS's Supplemental Handbook for Appeal and Fair hearing Regulations

LTIS
PHILADELPHIA CAO
5070 PARKSIDE AVE
PHILADELPHIA, PA 19131-4747

pennsylvania
DEPARTMENT OF HUMAN SERVICES

**OFFICE OF INCOME MAINTENANCE**

**Notice ID:** 9138820366 | C:24925

[redacted]

**Mail Date:** 09/17/2024
**Record ID:** [redacted]
**MCI#:** 100161829

**COMPASS:** The fast and easy way to apply for benefits
www.compass.state.pa.us

The Department of Human Services (DHS) is writing to you about your Medical Assistance (MA) and Home and Community Based Services (HCBS) benefits.

**Medical Assistance (MA)**

[redacted]

You ***no longer qualify*** for Medical Assistance effective 10/02/2024 because:
- we did not receive the information you were asked to provide

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker by October 17, 2024. If the form is postmarked or received on or before October 02, 2024, you will continue to receive your benefits while you wait for the Fair Hearing decision.

[redacted]

You no longer qualify for Community HealthChoices due to your case.

You no longer qualify for this benefit because we did not receive the information needed to decide if you qualify. The following information was not received:

Name(s): Item(s):
[redacted] - VERIFICATION OF ADJUSTABLE PENSION
- COPY OF MOST RECENT BANK STATEMENT

This information was due by 08/31/2024.

This is the law we used to make this decision: 55 Pa. Code §§ 125.1(b), 125.1(d), 155.2, 181.1(d), 201.1, 201.3, 201.4, 255.4, 257.24

Eligibility for Medical Assistance transportation ends on the day your MA eligibility ends.

This is the law we used to make this decision: 55 Pa. Code §§ 175.84(a)(7),2070.32(1)(l), 2070.33(c)(4)

# Fair Hearing Form

1. **Name:** [redacted] Record ID: [redacted]
   Phone number: [redacted] Address: [redacted]
2. **Tell us which program you want to appeal:**
   - ☐ **Medical Assistance (MA) -** You must mail or give the form to the CAO **before 10/17/2024**.
     - ☐ **MA (Expedited Appeal):** Check one of the following reasons for requesting an expedited Fair Hearing and provide details in the line next to the box you check below. An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your:
       - ☐ Life: _____ ,
       - ☐ Health: _____ , or
       - ☐ Ability to attain, maintain, or regain maximum function: _____ .

     If you have medical documentation of your urgent health needs, please submit them with this fair hearing request.
   - ☐ **HCBS -** You must mail or give the form to the CAO **before 10/17/2024**.
3. **Tell us why you disagree with this decision (use back of page if necessary):**

   _____
4. **Do you want your SNAP benefits to continue at the same amount pending the hearing decision?**
   ☐ Yes ☐ No
5. **Choose the way you want your hearing:**
   - ☐ **By telephone, at the phone number you write on this form.** Make sure we can reach you at this phone number. The judge will call you, your witnesses, anyone helping you, and the CAO.
   - ☐ **By telephone, at the CAO.** You will go to the CAO for your hearing. The judge will call you there in the office, and call anyone helping you.
   - ☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
   - ☐ **Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room.** You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You can ask for an interpreter to be at the fair hearing, or other assistance because of an impairment or other disability. This is a free service.

6a. **Do you need a free interpreter?** You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.
☐ **Yes** ☐ **No** **If yes, what language:** _____

6b. **If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you:** _____

7. **Signature:** _____ 8. **Date:** _____

9. **Phone number** (where you wish to be contacted): _____



If someone will be helping you with your appeal, please fill out the information for the representative below.

9a. **Representative Name:** _____

9b. **Representative Telephone Number:** _____

9c. **Representative Address:** _____

10. **Mail or give the form to:** LTIS, PHILADELPHIA CAO, 5070 PARKSIDE AVE PHILADELPHIA, PA 19131-4747

The Bureau of Hearings and Appeals will send you a letter to tell you when and where your hearing will be.

**Additional Information:** _____

# Reconsideration

- If you miss the 30 day (normally)  appeal deadline, you can still have your cut off or denial reconsidered by the CAO without having to submit a new application.

- The deadline to request reconsideration or “have benefits be reopened” depends on the public benefit at issue.

# Reconsideration Timeline

- Reconsideration timeline for Medical Assistance
    - Denied applicants:
        - 60 days from the denial date
    - Recipients cut off due to change in circumstances
        - within 60 days of the date Medical assistance benefits were closed.
    - Recipients CUT-OFF Medicaid benefits due to renewal
        - within 90 days of the date of benefits closure.

    - See Ch. 370. of DHS Medicaid Handbook.

# Reconsideration Timeline Cont.

- RECONSIDERATION procedures for medicaid paid LTC/HCBS.
    - Denied LTC/HCBS applicants - 60 days from denial notice
    - Cut off LTC/HCBS due to change in circumstances - 60 days from benefit closure
    - Cut off LTC/HCBS due to missing renewal - 90 days from date of benefit closure.
        - exception: If an individual did not submit the PA 600L renewal before LTC/HCBS closed, give the individual or the individual's representative a PA 600L and have them complete and submit it within 30 days.

    - See section 479 of DHS's LTC handbook.

# Reconsideration Timeline Cont.

- SNAP benefits:
  - Within 30 days from the denial date, or within 30 days of benefits closure. See Ch. 579 of DHS's SNAP handbook. (APPEAL timeline is 90 days)
- LIHEAP benefits:
  - Within 60 days of the application date. See 679.2 of DHS's LIHEAP handbook
- TANF benefits:
  - Within 60 days of applicant denial or benefits closure date. See Ch. 179 of DHS's TANF handbook.

# Reconsideration TIPS

- To request reconsideration, contact the CAO (in person, or over the phone/email with CAO liaison), have the missing paperwork ready, and request that a reconsideration be done with the new information.

# Appeals and Reconsideration TIPS for Caseworkers

- Caseworkers assisting clients with appeals or reconsideration can submit fair hearing requests, reconsideration requests, as well as missing documentation on behalf of a client to a CAO appointed liaison staff member. In Philadelphia, each CAO district has a dedicated liaison. Outside of Philadelphia, use Ombudsmen.

- To receive the Philadelphia CAO liaison list, your organization can sign up to be a PCAO partner. To sign up, reach out to CLS or PHLP so we can facilitate. Tho@Clsphila.org or psilver@phlp.org

# Appeals and Reconsideration last TIPS

- Haven’t heard back from the CAO? Need help with an appeal? Come to Community Legal Services.

  Leave a voicemail for us at (215) 227-2400 Mon & Weds, 9am - 12pm.

  Walk into our office (1410 W. Erie Ave) Tues & Thurs, 9am - 12pm.

  Check our website at clsphila.org/help

Pam Silver: psilver@phlp.org

Tue Ho: THo@clsphila.org

Joanna Rosenhein: joanna@pahealthaccess.org