

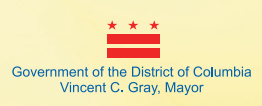
# PARENT & MEMBER HANDBOOK

*Caring. Serving. Empowering.*



THE HSC HEALTH CARE SYSTEM

Health Services for Children  
with Special Needs, Inc.  
(HSCSN)



*This program is funded in part by the Government of the District of Columbia Department of Health Care Finance*



*Caring. Serving. Empowering.*

**Customer Care Services Department  
(202) 467-2737**

**Language Line and Out of Area (Toll Free)  
1 (866) WE-R-4-KIZ (937-4549)**

**Transportation (Toll Free)  
1 (866) 991-5433**

**TTY/TDD Line  
(202) 467-2709**

**[www.hscsn-net.org](http://www.hscsn-net.org)**

# Leadership Letter

For more than 20 years, HSCSN has had the honor of providing care that is focused only on children and young adults with special health needs. That means our members and families have a strong partner in keeping their lives as healthy and full as possible.

This partnership includes a dedicated group of more than 2,000 community providers. Our providers are experts in caring for patients with complex medical and health needs. Members also benefit from a caring team of professionals. They help families through difficult health challenges. They also are on hand to celebrate victories, as well. In the end, we share the same goal - to improve the health and quality of life for children and young adults. And we do this by providing a level of care that is unique to HSCSN.

You may already know us from our specialty hospital, HSC Pediatric Center. I invite you to learn more about our health plan. We want you to understand how it can work best for you or your family. Be sure to call us with any questions you may have. We look forward to serving you soon.

Sincerely,

*Leadership Signature*



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# Welcome to HSCSN!

It is our pleasure to serve you! Health Services for Children with Special Needs (HSCSN) is proud to be the health plan chosen by the District of Columbia to manage the special health needs of children and young people. We offer a network of exceptional providers and services to keep our members healthy, safe and strong. Our

goal is to make sure your experience with HSCSN is a positive one, with each visit, every time!

This Guide explains how HSCSN works. It also tells you where to go for more help if you need it. Please read it over carefully. We want you to get the most out of your benefits. So let's get started.

*Your road to good health  
starts here!*

# Important Phone Numbers

CUT THIS PAGE OUT AND KEEP IT NEAR YOUR PHONE



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

### “Urgent Care”

Medical problems that are not emergencies, but also cannot wait for 24 hours to be treated. Examples: cough/cold, earache, sore throat, vomiting, pink eye or a rash.

#### Call your PCP’s Office:

NAME	PHONE #
------	---------

#### Call your Care Manager:

NAME	PHONE #
------	---------

<b>Transportation</b>	<b>1 (866) 991-5433</b> Toll Free	24 hours a day 7 days a week
<b>Customer Care</b>	<b>(202) 467-2737</b>   <b>1 (866) 937-4549</b> Toll Free	7am - 6pm
<b>TTY/TDD Customer Care</b>	If you need someone who speaks your language or if you are deaf or hard of hearing call <b>(202) 467-2709</b> or email your care manager	7am - 6pm
<b>Mental Health Care</b>	If you need mental health care or have a mental health question, call your <b>Care Manager</b>	
<b>After Hours Care</b>	If you need care after your doctor’s office closes or have a question, call your <b>Care Manager</b>	
<b>Dental Questions</b>	<b>Quality Plan Administrators (202) 722-2744</b> or call your <b>Care Manager</b>	
<b>Vision Questions</b>	Call your <b>Care Manager</b>	
<b>Family and Community Development Services</b>	<b>(202) 580-6485</b>	7am - 6pm
<b>Department of Health Care Finance Helpline</b>	<b>(202) 442-8998</b>	8:15am - 4:45pm
<b>Questions about HSCSN?</b>	<b>Customer Care (202) 467-2737</b>   <b>1 (866) 937-4549</b> Toll Free	7am - 6pm

<b>Your Primary Care Physician (PCP):</b>	NAME	PHONE #
<b>Your Child’s PCP:</b>	NAME	PHONE #
<b>Your Care Manager:</b>	NAME	PHONE #
<b>Your Child’s Care Manager:</b>	NAME	PHONE #
<b>Your Dentist:</b>	NAME	PHONE #
<b>Your Child’s Dentist:</b>	NAME	PHONE #



# Covered Services

## Health Services covered by HSCSN

The list that follows shows the health care services and benefits for all HSCSN Enrollees. For some benefits, you have to be a certain age or have a certain need for the service. HSCSN will not charge you for any of the health care services in this list if you go to an In-Network provider or hospital.

If you have a question about whether HSCSN covers certain health care, call **Customer Care Services at 202-467-2737**.

# Covered Services

## Primary Care Services

- Preventive, acute, and chronic health care services generally provided by your **PCP**

## Specialist Services

- Health care services provided by specially trained doctors or advanced practice nurses.
- Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body

## Laboratory & X-ray Services

- Lab tests and X-rays

## Hospital Services

- Outpatient Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services)
- Inpatient Services (hospital stay)

## Pharmacy Services (prescription drugs)

- Prescription drugs included on the HSCSN drug formulary. You can find the drug formulary at [www.hscsn-net.org](http://www.hscsn-net.org) or by calling Customer Care Services.
- Only includes medications from network pharmacies
- Includes the following non-prescription (over-the-counter) medicines (must be prescribed by a physician):
  - Acetaminophen & Combinations
  - Antacids
  - Broncho Saline 0.9% Aerosol Spray
  - Cotton Balls
  - Condoms
  - Contraceptive Creams/ Jellies, Foams
  - Diaphragms, Kits & Cervical Caps
  - Enteral Nutritional Supplements
  - Ferrous Sulfate
  - Mineral & Nutrient Supplements
  - Non-Narcotic Analgesics

- OTC Analgesics
- Prenatal Multivitamins
- Pediatric Multivitamins
- Salicylates
- Aspirin & Combinations
- Senna, Sennosides
- Sodium Chloride
- Excludes the following prescription medications:
  - Anabolic steroids
  - Anti-obesity agents
  - Blood or blood plasma products
  - Erectile dysfunction drugs (except Revatio for pulmonary hypertension)
  - Drugs intended primarily for cosmetic purposes including anti-wrinkle agents, hair removers, hair growth stimulants, pigmenting/depigmenting agents
  - Immunization agents
  - Infertility agents
  - Narcolepsy agents: Xyrem and Provigil are not covered for individuals age 15 and younger; Nuvigil is not covered for individuals age 16 and younger
  - Selected antidepressants: nefazodone (Serzone)
  - Therapeutic devices or appliances unless listed as a covered product.
  - Over-the-counter (OTC) products except where specifically listed as covered.
- Prior authorization required for:
  - Infertility agents
  - Oral erectile dysfunction drugs: Viagra, Cialis, Levitra
  - Revatio (used for pulmonary arterial hypertension).
  - Selected antidepressant products require prior approval for individuals through age 17, including duloxetine (Cymbalta), venlafaxine (Efexor, Effexor XR), mirtazapine (Remeron), and nefazodone (Serzone)
  - Injectables: Synagis, Growth Hormone, and hemophilia medications
  - Smoking cessation drugs

# Covered Services

## Emergency Services

- A Screening exam of your health condition and stabilization if you have an emergency medical condition, regardless if the Provider is in or out of the HSCSN network
- Treatment for emergency conditions

## Family Planning

- Routine examinations to determine overall reproductive health
- Pregnancy testing and counseling
- Routine and emergency contraception
- Voluntary sterilization for enrollees over 21 years of age (requires signature of an approved sterilization form by the enrollee 30 days prior to the procedure)
- Screening, counseling, and immunizations (including for HPV and Hepatitis B)
- Screening and preventive treatment for all sexually transmitted diseases
- Does not include sterilization procedures for enrollees under age 21

## Pregnancy-Related Services

- Routine and high risk obstetrical services
- Postpartum care

## Preventive Health Services

- Recommended immunizations (shots)
- Screening for obesity
- Diet and behavioral counseling
- Diabetes screening and referral
- Screening for renal kidney disease
- Tobacco cessation counseling
- Substance abuse screening and behavioral counseling
- Screening and referral for depression
- HIV/AIDS screening, testing, and counseling
- Women's wellness, consisting of an annual routine pelvic exam that includes pap smears, screening and immunization for the Human Papilloma Virus (HPV)
- Routine screening and counseling for gonorrhea and other sexually transmitted infections/diseases

## Podiatry (Foot Care)

- Special care for foot problems
- Regular foot care when medically needed only Rehabilitation Services
- Rehabilitation services, including physical, speech, vision and occupational therapy and applied behavioral analysis (ABA)

## Prosthetic Devices

- Replacement, corrective, or supportive devices prescribed by a licensed provider (includes orthotics and prosthetics)

## Vision Care

- Eye exams at least once every year and as needed; and eye glasses (corrective lenses) limited to one (1) complete pair in a twelve (12) month period except when enrollee has lost his or her eyeglasses, broken/ damaged, or when the enrollee's prescription has changed more than onehalf (0.5) diopter.
- Contact lenses (when medically necessary and unable to wear eye glasses)

## Care Coordination

- Assistance to enrollees who need or are receiving:
  - Community-based intervention
  - Multi-systemic therapy (MST)
  - Assertive Community Treatment (ACT)
  - Rehabilitation Option Services

## Home Health Services

- In-home health care services, including:
  - Nursing and home health aide care
  - Home health aide services provided by a home health agency
  - Physical therapy, occupational therapy, speech pathology, and audiology services

# Covered Services

## Personal Care Services

- Services provided to a Enrollee by an individual qualified to provide such Services who is not a member of the individual's family, usually in the home, and authorized by a physician as a part of the Enrollee's care coordination plan; this is not available to Enrollees in a hospital or nursing home.

## Home Modifications

- Home modifications for enrollees whose home will not accommodate equipment or personnel, or be capable of maintaining the needed temperature, atmosphere, or other environmental requirement without modification

## Respite Services

- Respite services for families with responsibility for maintaining a demanding treatment and monitoring regime for a child with a catastrophic medical or behavioral condition; 168 hours every six (6) months

## Long-term Care and Psychiatric Residential Treatment Facility Services

- Long-term care services for enrollees residing in a skilled nursing facility, rehabilitation hospital, ICF/MR or psychiatric residential treatment facility
- Enrollees residing in long term care facilities or ICF/MR may convert to fee-for-service Medicaid after 60 days

## Hospice Care

- Support Services for people needing end of life care
- Transportation Services
- Transportation to and from medical appointments
- Health care-related transportation services unless transportation is provided by the school system
- Any transportation to medically necessary services listed in the Enrollee's Individual Education Plan (IEP)

## Transportation Services

- Transportation to and from medical appointments
- Health care-related transportation services unless transportation is provided by the school system
- Any transportation to medically necessary services listed in the Enrollee's Individual Education Plan (IEP)

## Adult Wellness Services

- Routine screening for Sexually Transmitted Diseases
- HIV/AIDS screening, testing, and counseling
- Breast cancer screening (women only)
- Cervical cancer screening (women only)
- HPV screening (women only)
- Prostate cancer screening (men only)
- Abdominal aortic aneurysm screening (men only)
- Screening for obesity
- Diabetes screening
- Screening for high blood pressure and cholesterol (lipid disorders)
- Screening for depression
- Smoking cessation counseling
- Diet and exercise counseling
- Alcohol and drug screening

## EPSDT Services (Enrollees through age 21)

- Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:
  - Health and development history and screenings
  - Mental health and development history and screenings
  - Comprehensive health exam
  - Immunizations
  - Lab tests including of blood lead levels
  - Health education
  - Dental screening, diagnostic and treatment services
  - Vision screening, diagnostic and treatment services
- Hearing screening, diagnostic and treatment services
- Alcohol and drug screening, diagnostic and treatment services

# Covered Services

## Dental Benefits

- General dentistry (including regular and emergency treatment)
- Check-ups twice a year with a dentist are covered for children ages two (2) through 21
- Check-ups for adults over 21 provided by HSCSN or by Fee-For-Service Department of Health Care Finance
- A child's PCP can perform dental screenings for a child up to age three (3)
- Orthodontic care for enrollees through and over the age of 21 Hearing Benefits
- Diagnosis and treatment of conditions related to hearing, including exams, testing, hearing aids and hearing aid batteries

## Mental Health Services

- Services furnished by mental health care providers, including:
  - Diagnostic and assessment services
  - Individual, group and family psychotherapy
  - Crisis services
  - Partial hospitalization
  - Inpatient hospitalization and emergency department crisis services
  - Intensive outpatient hospital services
  - Case management services
  - Inpatient psychiatric facility services for enrollees through age 25

# Covered Services

## Substance Abuse Services

- Inpatient drug and alcohol detoxification
- Inpatient and residential day treatment
- Outpatient drug and alcohol rehabilitation day treatment

## Communicable Disease and Public Health Services

- Diagnosis and treatment services

## HIV and AIDS

- Diagnosis and treatment services

## Tuberculosis related services

- Diagnosis and treatment services

## Respiratory Therapy

- The assessment and treatment of lung diseases when part of a care coordination plan

## Respiratory Care for Ventilator-dependent Enrollees

- Services provided on a part-time basis in the enrollee's home by a respiratory therapist or other health care professional trained in respiratory therapy

## Durable Medical Equipment (DME), Disposable Medical Supplies (DMS) and Assistive Technologies


- Medically necessary equipment (DME), supplies (DMS) and augmentative communication devices

## Education

- On use and maintenance of DME and proper administration of medications

## Services We Do Not Cover

1. When services are not medically necessary.
2. The service is not described in the list of covered services.
3. Service for a prescription drug for an enrollee who has both Medicare and Medicaid (exceptions include benzpdiazepines, barbiturates, and covered over the counter medications).
4. Cosmetic surgery or procedures unless the surgery is required to:
  - a. correct a condition resulting from surgery or disease
  - b. correct a condition created by an accidental injury
  - c. correct a congenital deformity
  - d. correct a condition that impairs the normal function of a part of the body
5. Sterilization for an enrollee under the age of 21
6. We do not cover abortion unless the life of the mother would be endangered if the fetus were carried to term or where the pregnancy is the result of rape or incest.
7. We do not cover fertility treatment.
8. We do not cover chiropractic services.
9. Services furnished in a school setting by District of Columbia Public School employees or contractors, or if enrollee resides in a private school.



# In Network and Out of Network Providers

*Providing you with the  
best care possible.*

# Providers

## In Network and Out of Network Providers

HSCSN is a partner with a group of doctors and other health care . These will provide the very best care possible. HSCSN will pay the cost of your care when you go to a doctor or other health care provider in our group. We call these doctors and other health care . A list of HSCSN's can be found in your or on the HSCSN website. A doctor or who is not in our group is called a provider. It's important to remember that if you go to a doctor, hospital or lab.

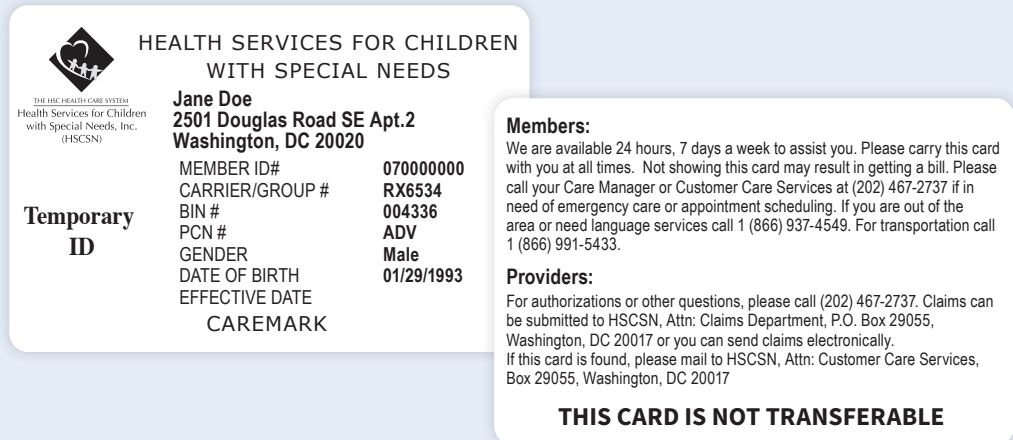
- You may have to pay for the care you get.
- You will not have to pay if you have gotten the okay from HSCSN – in writing – to see that doctor or use a service. We call this written or .
  - Call Customer Care at **(202) 467-2737** or **1 (866) 937-4549**.
- Your Care Manager also can also answer any questions about.

There are times when you do not have to use a provider in our group.

- In an when you are out of the area, you should go to the nearest room.
- If another company is paying for your care, providers for that should be used.
- Family Planning Services (see page XX).



# Let's Get Started!



## WHAT

### Member ID Card

An important tool you will need to use your benefits throughout the HSCSN network.

## WHEN

You will get a temporary ID card when you sign-up. A permanent card will be mailed once you pick a primary care doctor and dentist.

## WHY

It allows doctors, dentists, hospitals, pharmacies and others to know who you or your child are. It also lets them know you are a plan member.

## KEEP IN MIND

- ✓ Check the card to make sure all information is correct.
- ✓ Keep the card in a safe place, where you can easily get to it, if needed.
- ✓ Each member has his or her own card. You should know that it's against the law to let anyone else use your Member ID card.
- ✓ Call Customer Care if there are problems or to report a lost card.

# PCP and Dentist



## Primary Care Provider (PCP) and Dentist

These are your main doctors for medical and oral health care.



Your PCP and dentist will take care of your or your child's health. They will help you or your child stay well. They also treat you when you are sick or injured or send you to another provider. Your PCP may be:

- A Family or General Practice Doctor;
- An Internal Medicine Doctor;
- A Pediatrician, or
- An Obstetrician/Gynecologist (OB/GYN)



Call your PCP or dentist first when you need medical or dental care.



- ✓ **In special cases, and with approval from HSCSN, a may be your or your child's PCP or dentist. However, the must agree ahead of time.**
- ✓ **Call Customer Care to request this special arrangement.**

# Your Care Manager



## Your Care Manager

A partner and helper in getting the health care and services you need.



Your Care Manager will contact you by telephone within the first five (5) days of sign-up to agree on a time to meet. After that, you will meet with the Care Manager up to three (3) times per year.



Your Care Manager will work with you or your child's health care providers to:

- Prepare and follow a care coordination plan (see below) that meets you or your child's needs.
- Help with making appointments.
- Help with getting transportation to health care services.
- Make sure your child's school, District agencies, and out-of-network providers provide the services in the care coordination plan.
- Help you to understand your or your child's condition(s) and how to manage it.
- Put you in contact with agencies and community service organizations that also can help.



- ✓ The best time to reach your Care Manager is on Monday through Friday 8 – 5:30 p.m. If after hours, leave a detailed message for a return call the next business day.
- ✓ In an emergency and after business hours, a 24-hour Care Manager can be reached through Customer Care.
- ✓ Problems with, or questions about your Care Manager can be reported to Customer Care.

# Care Coordination Plan



## Care Coordination Plan

A detailed plan for your or your child's care that is developed with your health care team.



Your health care team, includes:

- You;
- Family Members;
- Your Care Manager;
- Your PCP and specialist(s), and
- Any agencies providing services to you or your child.



Your Coordination Plan will be updated at least two (2) times a year.



✓ You can always call your Care Manager with any questions about your plan.

# Advance Directives



## Advance Directives



✓ Your Care Manager is a great resource for answering questions about Advance Directives.



It will be used if you become too sick or ill to speak for yourself. It also:

- Allows someone else – that you have chosen – to make choices about your or your child’s care.
- Lets others know what kind of medical care you want for yourself or your child.



You must be 18 years of age or older, or be an emancipated minor, to sign an Advance Directive. Although members under age 18 are involved in creating their Care Coordination Plan, parents or legal guardians make all medical decisions.

# First Things First

## First things First: Choosing a PCP and Dentist

Everyone needs to see a doctor at some point. Sometimes it's to stay well. Other times it's because of sickness or injury. HSCSN's network of dedicated PCPs and dentists work hard to keep their patients well, treat them when they are not, and find additional care when it's needed.

Choosing your PCP and dentist is one of the most important things you will do as a member. So we've provided these steps to help get you started!

1

**Step One:** Think about the needs of the members in your family.

- Do you want to keep your current PCP or Dentist? Check to see if your current doctors are part of the HSCS network. If so, you may keep that doctor.
- Is it important for doctors to be close to home or work?
  - Do you prefer one hospital to another? Check the Provider Directory or call Customer Care for a list of hospitals where PCPs and dentists can send patients for treatment.
  - Some doctors may not be taking new patients. HSCNS will let you know if you need to pick different doctor.

2

**Step Two:** Based on your answers in Step One, choose a PCP and dentist for every HSCSN member in your family.

- If your current doctors or dentists are not part of the HSCSN network, choose a doctor from the Provider Directory ([www.hscsn-net.org](http://www.hscsn-net.org)).
- There may be HSCSN members in your family who don't have a PCP or dentist. You can choose one from the list of doctors in the Provider Directory ([www.hscsn-net.org](http://www.hscsn-net.org))

3

**Step Three:** If you need to change your PCP or Dentist:

- You can change your PCP anytime, for any reason.
- Choose your new PCP or dentist from the Provider Directory.
- Call your Care Manager or Customer Care to let them know.

# Appointments

## Next Up: Making and Keeping Appointments

Making an appointment with your doctor can be quick and simple when you are prepared. That means being ready with the right information and a way to keep track of instructions.



Your Care Manager or a Customer Care representative can make an appointment for you. However, you can call and make your own appointment, as well. If you want to make your own appointment:

- 1 Step One:** Let your Care Manager or Customer Care know that you will be making your or your child's appointment.
- 2 Step Two:** When you call the doctor's office, be ready to explain why you are calling. For example, you may need to see the doctor because:
  - You or a family member is feeling sick.
  - You or your child had an accident and is hurt.
  - You or your child needs a check-up or follow-up care.
- 3 Step Three:** Have in mind a few good dates and times.
- 4 Step Four:** Have your cell phone, calendar or pad of paper ready to record the time and date of your appointment.
- 5 Step Five:** Arrive at your appointment on time. Remember to bring your or your child's Member ID card to every doctor visit.



**Reminder!**  
*It's important to keep your appointment*

## Changing or Canceling an Appointment

Making an appointment with your doctor can be quick and simple when you are prepared. That means being ready with the right information and a way to keep track of instructions.

- 1 Step One:** Call the doctor or Customer Care 24 hours before your appointment to make a change or cancel. Sometimes your doctor's office may need more than one day's notice to change or cancel.

## Care When the Doctor's Office is Closed

If you need to speak with your or your child's doctor when the office is closed:

- 1 Step One:** Call the office and leave a message with the person responsible for taking after-hours messages.
- 2 Step Two:** Be prepared to leave the reason you are calling and a phone number.
- 3 Step Three:** You can also call Customer Care, 24 hours a day; 7 days a week for help.
- 4 Step Four:** If it's an emergency, always call 911 or go to the Emergency Room..

# Appointments

## How long it takes to see your doctor

Your doctor'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. Please call **Customer Care Department** at **(202) 467-2737** or **1 (866) 937-4549** if you cannot get an appointment during these time periods.

Type of Visit	Reason for Visit	How long it takes to see your doctor
New enrollee	<ul style="list-style-type: none"> <li>To meet your PCP/Dentist</li> </ul>	Within 30 days of your request
Urgent Care and Emergency Care Visits	<ul style="list-style-type: none"> <li>You are hurt or sick and need care with-in 24 hours to avoid getting worse</li> <li>You are having a behavioral health crisis and you need immediate help</li> </ul>	Within 24 hours
Routine Visits	<ul style="list-style-type: none"> <li>Help with a problem that is not urgent (minor illness or injury)</li> <li>Regular Well visits for ages 21 and above</li> <li>Screening visits for services like vision, dental, hearing, Pap test that are not urgent</li> <li>Appointments with specialists that are not urgent</li> </ul>	Within 30 days of your request
	<ul style="list-style-type: none"> <li>Health Check / EPSDT check-ups  <i>Health Check (also called Early and Periodic Screening, Diagnosis and Treatment or EPSDT) is a free, well-care service for all HSCSN members.</i> <ul style="list-style-type: none"> <li>From birth to age 21, for</li> <li>Physical exams</li> <li>Immunizations</li> <li>Dental care and other important tests and screenings.</li> <li>Members also may earn gifts cards when they get certain well care services!</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>First one – within 60 days of enrollment</li> <li>Under age 2 – within 20 days of due date</li> <li>Ages 2-21 – within 30 days of due date</li> </ul>
Behavioral Health Crisis	<ul style="list-style-type: none"> <li>Need behavioral health assistance</li> </ul>	<ul style="list-style-type: none"> <li>Need someone to talk to – within 15 minutes</li> <li>Need to see someone – within 90 minutes of completion of phone talk</li> </ul>
Family Planning Visit	<ul style="list-style-type: none"> <li>Initial pregnancy appointments</li> </ul>	Within 10 days of your request



# Ways to Stay Well

## Ways to Stay Well – At Any Age

Regular check-ups can help prevent many diseases and catch serious problems early on. With HSCSN's Well Care Program, adults and children get free preventive services. These services will help members stay healthy over their lifetime.

### Health Check - Age 0 to 21

Health Check (also called Early and Periodic Screening, Diagnosis and Treatment or EPSDT) is a free, well-care service for all HSCSN members.

- From birth to age 21, for
- Physical exams.
- Immunizations
- Dental care and other important tests and screenings.
- Members also may earn gifts cards when they get certain well care services!

### Healthy Adults

Busy lives often keep adults from seeing a doctor regularly. All adults should:

- See their PCP at least once a year for a check-up.
- Adult women should schedule an additional visit with their OB/GYN, as well.

### Visits with the Dentist

It's never too early to start caring for teeth and gums. In fact, good oral health habits and regular dental care can prevent tooth decay, and many gum and mouth diseases. Remember:

- Your child's dental check-ups should start with the first tooth, or first birthday.
- Regular exams should continue through adulthood.

### Preventive Counseling

At HSCSN, we believe that knowledge can change and save lives. Preventive Counseling services include screenings, education and counseling on a variety of health topics:

- Obesity
- Smoking Cessation
- Depression
- Substance abuse, and more.

These services help members and their families make smarter, healthier and safer choices about their health, and about their lives.



*Members also may earn gifts cards when they get certain well care services!*

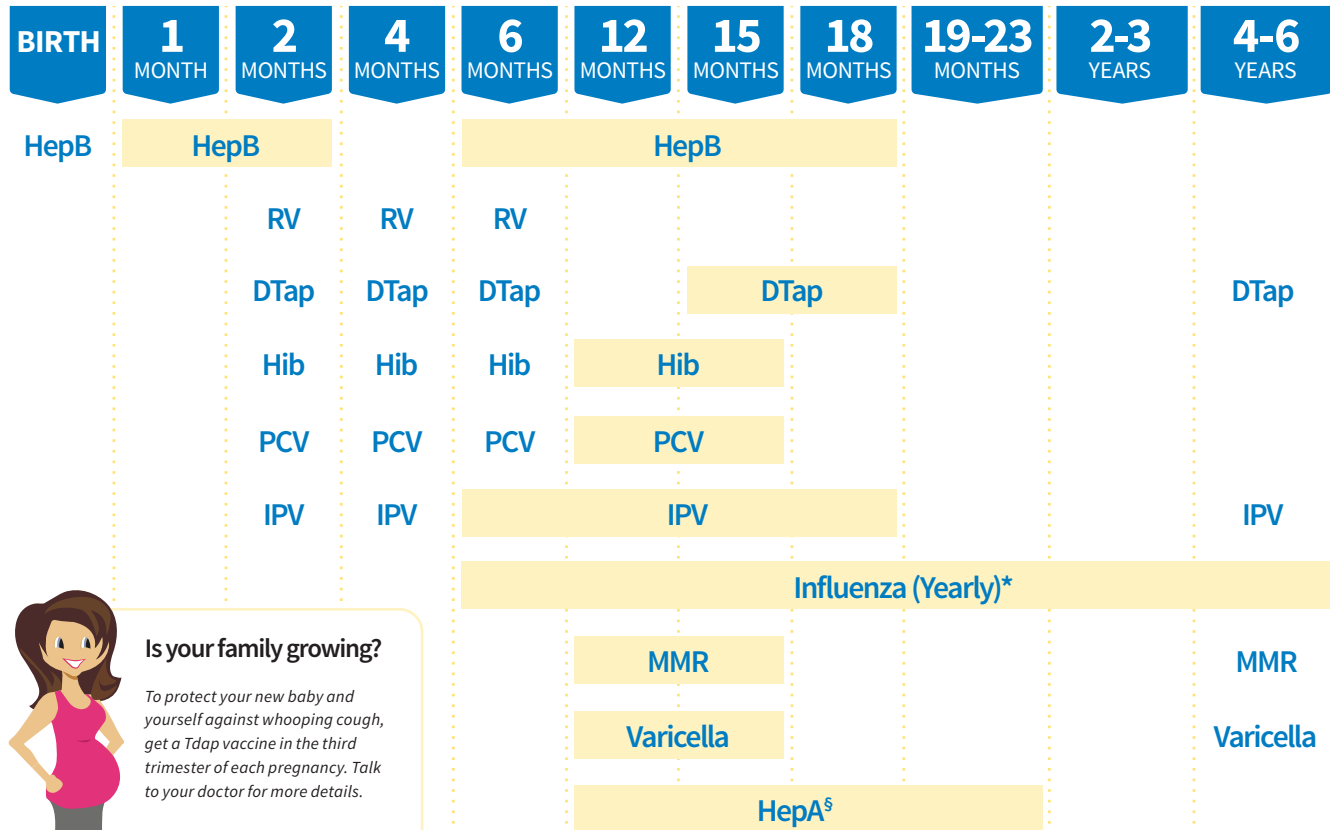
*See page XX for gift card offers and forms.*

# Immunizations

## Preventive Care: When to Get it and How Often?

Your doctor and dentist will decide your need for well care services based on age, gender and medical and family history. However, these charts can be used as a general guide.

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



#### Is your family growing?

To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

#### NOTE:

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

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

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

**If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.**

For more information, call toll free  
**1-800-CDC-INFO (1-800-232-4636)** or  
 visit <http://www.cdc.gov/vaccines>



# Vaccines

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (lifethreatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Flu</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV vaccine protects against pneumococcus.	Air, direct contact, through the mouth	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

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

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

# Vaccines

## Recommended Immunizations for Children from 7 Through 18 Years Old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap <sup>1</sup>	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
	Human Papillomavirus (HPV) Vaccine (3 Doses) <sup>2</sup>	HPV
MCV4	Meningococcal Conjugate Vaccine (MCV4) Dose 1 <sup>3</sup>	MCV4 Dose 1 <sup>3</sup> <b>Booster at age 16 years</b>
	Influenza (Yearly) <sup>4</sup>	
	Pneumococcal Vaccine <sup>5</sup>	
	Hepatitis A (HepA) Vaccine Series <sup>6</sup>	
	Hepatitis B (HepB) Vaccine Series	
	Inactivated Polio Vaccine (IPV) Series	
	Measles, Mumps, Rubella (MMR) Vaccine Series	
	Varicella Vaccine Series	

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children **can** get the HepA series<sup>6</sup>. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

- Tdap vaccine is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.
- All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. The full HPV vaccine series should be given as recommended for best protection.
- Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.
- Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.
- Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.
- Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your healthcare provider about HepA vaccine and what factors may place your child at high risk for HepA.

For more information, call toll free  
**1-800-CDC-INFO (1-800-232-4636)** or  
 visit <http://www.cdc.gov/vaccines/teens>



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



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Vaccines

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

**Diphtheria** *(Can be prevented by MCV vaccine)* Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

**Hepatitis A** *(Can be prevented by HepA vaccine)* Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

**Hepatitis B** *(Can be prevented by HepB vaccine)* Hepatitis B is an infection of the liver caused by hepatitis B virus. The virus spreads through exchange of blood or other body fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

**Human Papillomavirus** *(Can be prevented by HPV vaccine)* Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

**Influenza** *(Can be prevented by annual flu vaccine)* Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

**Measles** *(Can be prevented by MMR vaccine)* Measles is one of the most contagious viral diseases. Measles virus is spread by direct

contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

**Meningococcal Disease** *(Can be prevented by MCV vaccine)* Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal disease also causes blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

**Mumps** *(Can be prevented by MMR vaccine)* Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely can lead to sterility in men.

**Pertussis (Whooping Cough)** *(Can be prevented by Tdap vaccine)* Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

**Pneumococcal Disease** *(Can be prevented by Pneumococcal vaccine)* Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the

covering around the brain and spinal cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

**Polio** *(Can be prevented by IPV vaccine)* Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

**Rubella (German Measles)** *(Can be prevented by MMR vaccine)* Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious hearing defects, mental retardation and loss of hearing and eye sight.

**Tetanus (Lockjaw)** *(Can be prevented by Tdap vaccine)* Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

**Varicella (Chickenpox)** *(Can be prevented by varicella vaccine)* Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

# Ways to Stay Well

## Specialty Care

Specialty care is provided by doctors who are called specialists. Different than PCPs, specialists focus on one area of medicine such as an oncology (cancer), cardiology (heart) or pulmonology (lungs). If you believe you or your child is in need of care:

1

**Step One:** Find out from HSCSN if you need approval or prior authorization for specialty services. Some services need approval before seeing a provider, and others do not. The chart below describes the difference. Also, see the Glossary in the back for a full description of each service.

2

**Step Two:** If prior approval or authorization is not needed, you can call the specialist directly to make an appointment.

### Services that do not need prior authorization

Specialty office visits  
Primary Care visits  
Dentist  
Immunizations  
Well woman care  
Family planning  
Services for sexually transmitted infections (STIs)  
Vision services  
Labs and radiology  
Emergency room

### Services that do need prior authorization

All services by a non-network provider  
Behavioral health services  
Medical/Surgical services

3

**Step Three:** If prior authorization is needed, let your PCP know and he or she will contact HSCSN.



# Pharmacy and Prescriptions

## Pharmacy Services and Prescription Medications

Medicines that have been approved for you or your child by a doctor or other health care provider can be picked up at any pharmacy in the HSCSN network. Human Immunodeficiency Virus (HIV) medications are only available at AIDS Drug Assistance Program (ADAP) pharmacies.

You can find a list of network pharmacies in the Provider Directory and online at [www.hscsn-net.org](http://www.hscsn-net.org). See the chart below for ADAP pharmacies or go to [www.doh.dc.gov/HAHSTA](http://www.doh.dc.gov/HAHSTA).

### NORTHWEST

Testing Site	Address	Contact Information
<b>AIDS Healthcare Foundation (AHF) (Blair Underwood Healthcare Center)</b> Foggy Bottom	2141 K Street, NW Washington, DC	(202) 293-8680 <a href="http://www.HIVCare.org">www.HIVCare.org</a>
<b>Andromeda Transcultural</b> Columbia Heights	1400 Decatur Street, NW Washington, DC	(202) 291-4704 <a href="http://www.andromedatransculturalhealth.org">www.andromedatransculturalhealth.org</a>
<b>La Clinica del Pueblo</b> Columbia Heights	2831 15th Street, NW Washington, DC	(202) 462-4788 <a href="http://www.lcdp.org">www.lcdp.org</a>
<b>Planned Parenthood (Schumacher Clinic)</b> Farragut North	1108 16th Street, NW Washington, DC	(202) 347-8512 <a href="http://www.ppmw.org">www.ppmw.org</a>
<b>Metro Health DC (formerly Carl Vogel Center)</b> McPherson Square	1012 14th Street, NW Suite 700, Washington, DC	(202) 638-0750 <a href="http://www.metrohealthdc.org">www.metrohealthdc.org</a>
<b>Us Helping Us, People Into Living, Inc.</b> Georgia Avenue/Petworth	3636 Georgia Avenue, NW Washington, DC	(202)446-1000 <a href="http://www.ushelpingus.com">www.ushelpingus.com</a>
<b>Whitman-Walker Clinic (Elizabeth Taylor Medical Center)</b> Languages Spoken: English, Spanish <i>Hearing Impaired</i> U Street/Cardozo	1701 14th Street, NW Washington, DC 20009	(202) 745-6129 Fax: (202) 797-3504 <a href="http://www.wwc.org">www.wwc.org</a> <a href="mailto:hivtesting@wwc.org">hivtesting@wwc.org</a>



# Pharmacy and Prescriptions

## NORTHEAST

Testing Site	Address	Contact Information
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**Planned Parenthood  
(Ophelia Egypt Health Center)**

Languages Spoken: English  
**Hearing Impaired by Appointment Only**  
Minnesota Avenue

3937-A Minnesota Avenue,  
NE Washington, DC 20019

(202) 347-8512  
www.ppmw.org

**Sasha Bruce Youthwork**

Languages Spoken: English

701 Maryland, Ave, NE  
Washington, DC 20002

(202) 675-9370  
www.sashabruce.org

**Unity Health Care (Brentwood Square)**

Languages Spoken: English  
Rhode Island

1201 Brentwood Road, NE  
Washington, DC 20002

(202) 832-8818  
www.lcdp.org

**The Women's Collective**

Languages Spoken: English, Spanish

1331 Rhode Island Avenue,  
NE Washington, DC 20018

Phone: (202) 483-7003  
www.womenscollective.org

## SOUTHEAST

**Southeast STD Clinic**

Languages Spoken: English

19th and E Streets, SE  
Washington, DC 20003

(202) 698-4050  
www.doh.dc.gov

**Family and Medical Counseling Center**

Languages Spoken: English

2041 MLK Jr Avenue, SE  
Washington, DC 20020

(202) 889-7900  
www.fmsinc.org

**The HOYA Clinic**

Stadium Armory

1900 Massachusetts Ave., SE  
Washington, DC

(202) 468-4816  
www.HOYAclinic.org

**Metro Teen AIDS**

Eastern Market

651 Pennsylvania Avenue,  
SE Washington, DC

(202) 543-9355

**The Sexual Minority Youth Assistance  
League (SMYAL)**

Eastern Market

401 7th Street, SE  
Washington, DC

(202) 464-4548  
www.smyal.org

**Unity Health Care  
(Anacostia Neighborhood Clinic)**

1328 W Street, SE  
Washington, DC

(202) 610-7160  
www.unityhealthcare.org

**Whitman-Walker Health  
(Max Robinson Center)**

Anacostia

2301 Martin Luther King Jr.  
Ave., SE  
Washington, DC

(202) 678-8877  
hivtest@wwc.org  
www.wwc.org

## SOUTHWEST

**START at Westminster**

Waterfront

400 I Street, SW  
Washington, DC

(202) 863-8450  
www.startatwestminster.org

**Unity Health Care  
(Southwest Clinic)**

Waterfront

850 Delaware Avenue, SW  
Washington, DC

(202) 459-4520

# Pharmacy and Prescriptions

It's easy to get the medicines you need.

1

**Step One:** Using your listing of pharmacies, choose the one that's best for you.

- Think about picking a pharmacy that's close to home or work.

2

**Step Two:** When it's time to drop off your prescription...

- Remember to take your health insurance card and HSCNS member card with you. Your pharmacy team will take care of the rest.

3

**Step Three:** Pick-up your medicine when it's ready! Keep in mind:

- Call Customer Care or your Care Manager **before** leaving the drug store if you are asked to pay for a medicine.
- You will probably receive the generic brand of your medication. However, your doctor can instruct the pharmacy to only provide the brand-name product.
- If you prefer the brand name, your pharmacy will provide it. However, you will be responsible for paying the difference in cost.

Sometimes your doctor may need to get approval or authorization from HSCSN to give you a certain medication. While you wait for an approval, your pharmacy will provide enough of the medicine to last for:

- Up to 72 hours, or.
- One full round of the medication, if it is taken less than once a day.

# After Hour and Emergency Care

## Emergency Care

When you have a medical emergency, your first thought should not be about your health insurance. It should be about getting care, just as quickly as possible. For a serious, sudden or life-threatening injury or illness, get care first – and then call HSCSN.

Examples of serious, sudden or life-threatening injuries or illnesses include: choking; shortness of breath; seizures; burns; broken bones; severe pain; dizziness (fainting or blackout); severe pain or bleeding.

*In an emergency:*

- Step One:** Call 911 or go to your nearest emergency room (ER).
- Step Two:** Show the ER your HSCSN Member I.D. Card
- Step Three:** As soon as you are able, call your PCP, dentist or Care Manager

## Urgent Care

Urgent care is for those medical problems that are not emergencies, but also cannot wait for 24 hours to be treated. Examples for problems that require urgent care include: cough/cold; earache; sore throat, vomiting; pink eye or a rash.

Since it is not an emergency, you should not need to go to the ER or call an ambulance for urgent care.

*For urgent care:*

- Step One:** Call your PCP or Dentist's office for instructions and advice for handle symptoms. If the office is closed, leave a message with the after-hours answering service and someone will return your call. Or,
- Step Two:** Call your Care Manager for help with how and where to get care.

## Care When You're Out-of-Area

*In an emergency:*

- Step One:** Get care right away at the nearest ER.
- Step Two:** Ask the ER staff to call your PCP.
- Step Three:** As soon as you are able, contact HSCSN Customer Care.

*For Urgent Care:*

- Step One:** You should not need the ER or an ambulance. Call your PCP.
- Step Two:** If the office is closed, call HSCSN Customer Care.

*For Routine (primary care) Care:*

- Step One:** Call Customer Care for approval before seeing an out-of-town and out-of-network doctor or other provider. You or the member may be billed for unapproved care.
- Step Two:** If your child does not live at home and needs to see a doctor, please call Customer Care for approval.

# Support Services

## Special Member Services

Birth Control, Sexual Health and Family Planning  
Any provider in our network can help you with birth control and other Family Planning Services. However, if you choose a provider other than your primary care doctor for family planning, please let your PCP know.

Family Planning services include:

- Pregnancy testing
- Counseling for the woman and/or couple
- Routine and emergency contraception
- Counseling and immunizations
- Screening and treatment for all sexually transmitted infections
- Sterilization for adults over age 21 (requires a signed consent 30 days before procedure)
- HIV/AIDS testing and counseling
- Cervical cancer screenings

Family planning services do not include:

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

## Prenatal and Postpartum Care

Babies of moms who get regular prenatal care are more likely to deliver healthy, full term babies. So if you are pregnant or think you are pregnant, see your OB/GYN right away. There is no need to see your PCP first. Prenatal visits with your OB/GYN are a great time to ask questions. You also can talk about things you or your child can do to get the baby off to a healthy start. HSCSN offers wonderful programs and services for new moms and babies. For more information, please call:

- Economic Security Administration
- Customer Care
- Your PCP and Care Manager

Once home – even if your baby is still in the hospital – a home health nurse will visit within two (2) days to give

the support and care both mom and baby need. During the visit the nurse will:

- Check your and/or baby's heart rate, temperature, blood pressure and breathing.
- Check for signs of infection.
- Answer any questions about recovery or taking care of your new baby.
- Give the baby a nursing check-up.

Moms should make sure to:

- 1 Step One:** Call the OB/GYN to schedule a postpartum check-up.
- 2 Step Two:** Choose a pediatrician for your baby (see section in this guide on Choosing a PCP).
- 3 Step Three:** Call Customer Care to let us know the baby's name and pediatrician's name.
- 4 Step Four:** Call your baby's pediatrician and schedule his or her first appointment. Try to get an appointment when the baby is 2 to 4 months old.

## Early Childhood Intervention

For children with special health care needs, early intervention can improve health and quality of life. IDEA, which stands for the Individuals with Disabilities Education Act, is a law that makes states provide free education to meet the different needs of every child.

- For children up to three (3) years of age, these services are part of your child's HSCSN benefits.
- Older children can get these services through the DC Public School system.
- When school is out, older children can still get these services as part of their HSCSN.
- Your Care Manager or school can tell you more about IDEA and early intervention services.

# Support Services

## HIV/AIDS Testing and Counseling

HSCSN and the District of Columbia work together to offer members different resources and choices for HIV/AIDS testing and counseling. Members can get these services through:

- HSCSN Services.
- Your PCP
- Community sites. See the chart below for a list. You also can get information from the DC Department of Health website, [www.doh.dc.gov](http://www.doh.dc.gov).

## District of Columbia Department of Health HIV Testing Sites

NORTHWEST		
Testing Site	Address	Contact Information
<b>AIDS Healthcare Foundation (AHF) (Blair Underwood Healthcare Center)</b> Languages Spoken: English Foggy Bottom	2141 K Street, NW Washington, DC	(202) 293-8680 <a href="http://www.HIVCare.org">www.HIVCare.org</a>
<b>Andromeda Transcultural</b> Languages Spoken: English, Spanish, French, Portuguese Columbia Heights	1400 Decatur Street, NW Washington, DC	(202) 291-4704 <a href="http://www.andromedatransculturalhealth.org">www.andromedatransculturalhealth.org</a>
<b>Carl Vogel Center</b> Languages Spoken: English McPherson Square or Farragut West	1012 14th Street, NW Suite 700 Washington, D.C. 20005	(202) 638-0750 (202) 638-0749 <a href="http://www.carlvogelcenter.org">www.carlvogelcenter.org</a>
<b>La Clinica del Pueblo</b> Languages Spoken: All Columbia Heights	2831 15th Street, NW Washington, DC	(202) 462-4788 Fax: (202) 667-3706 <a href="http://www.lcdp.org">www.lcdp.org</a>
<b>Planned Parenthood (Schumacher Clinic)</b> Languages Spoken: English, Spanish <b>Hearing Impaired by Appointment Only</b> Farragut North	1108 16th Street, NW Washington, DC	(202) 347-8512 <a href="http://www.ppmw.org">www.ppmw.org</a>
<b>Us Helping Us, People Into Living, Inc.</b> Georgia Avenue/Petworth	3636 Georgia Avenue, NW Washington, DC	(202)446-1000 <a href="http://www.ushelpingus.com">www.ushelpingus.com</a>
<b>Whitman-Walker Clinic (Elizabeth Taylor Medical Center)</b> Languages Spoken: English, Spanish <b>Hearing Impaired by Appointment Only</b> U Street/Cardozo	1701 14th Street, NW Washington, DC 20009	(202) 745-6129 Fax: (202) 797-3504 <a href="http://www.wwc.org">www.wwc.org</a> <a href="mailto:hivtesting@wwc.org">hivtesting@wwc.org</a>

# Support Services

## District of Columbia Department of Health HIV Testing Sites (continued)

### NORTHEAST

Testing Site	Address	Contact Information
<b>New Samaritan Baptist Church HIV/AIDS Ministry</b> Languages Spoken: English	1100 Florida Avenue, NE Washington, DC 20002	(202) 397-1870
<b>Planned Parenthood (Ophelia Egypt Health Center)</b> Languages Spoken: English, <i>Hearing Impaired by Appointment Only</i> Minnesota Avenue	3937-A Minnesota Avenue, NE Washington, DC 20019	(202) 347-8512 www.ppmw.org
<b>Sasha Bruce Youthwork</b> Languages Spoken: English	701 Maryland, Ave, NE Washington, DC 20002	(202) 675-9370 www.sashabruce.org
<b>Unity Health Care (Brentwood Square)</b> Languages Spoken: English Rhode Island	1201 Brentwood Road, NE Washington, DC 20002	(202) 832-8818 www.lcdp.org
<b>The Women's Collective</b> Languages Spoken: English, Spanish	1331 Rhode Island Avenue, NE, Washington, DC 20018	Phone: (202) 483-7003 www.womenscollective.org

### SOUTHEAST

<b>Anacostia Neighborhood Health Clinic</b> Languages Spoken: English	1328 W Street, SE Washington, DC	(202) 610-7160
<b>Department of Health Southeast STD Clinic</b> Languages Spoken: English	19th and E Streets, SE Washington, DC 20003	(202) 698-4050 www.fmsinc.org
<b>Family and Medical Counseling Center</b> Languages Spoken: English	2041 MLK Jr Avenue, SE Washington, DC 20020	(202) 889-7900 www.fmsinc.org
<b>They Hoya Clinic</b> Languages Spoken: English Stadium Armory	1900 Massachusetts Ave, SE Fourth floor of the former DC General Hospital	(202) 468-4816 www.HOYAclinic.org
<b>The Sexual Minority Youth Assistance League (SMYAL)</b> Languages Spoken: English Eastern Market	401 7th Street, SE Washington, DC	(202) 464-4548 www.smyal.org
<b>Whitman-Walker Health (Max Robinson Center)</b> Languages Spoken: English Anacostia	2301 Martin Luther King Jr. Ave., SE Washington, DC	(202) 678-8877 hivtest@wwc.org www.wwc.org
<b>Metro Teen AIDS</b> Languages Spoken: English Eastern Market	651 Pennsylvania Avenue, SE Washington, DC	(202) 543-9355

# Support Services

## District of Columbia Department of Health HIV Testing Sites (continued)

### SOUTHWEST

**START at Westminster**

Languages Spoken: English  
Waterfront

400 I Street, SW  
Washington, DC

(202) 863-8450  
[www.startatwestminster.org](http://www.startatwestminster.org)

**Unity Health Care  
(Southwest Clinic)**

Languages Spoken: English  
Waterfront

850 Delaware Avenue, SW  
Washington, DC

(202) 459-4520

**Anacostia Neighborhood Health Clinic**

Languages Spoken: English

1328 W Street, SE  
Washington, DC

(202) 610-7160

# Support Services

## Support When You Need It

It is important that members understand their benefits. HSCSN offers language services to help make sure that happens.

### Interpreter Services

Your HSCSN benefits include oral interpreter services. You can get these services whenever you need them, even in the hospital.

1

**Step One:** Call Customer Care to ask for interpreter services over the telephone.

2

**Step Two:** If you need a doctor's appointment, call Customer Care at least 72 hours before.

- Sometimes using a friend or family member to interpret medical information can cause problems. If you choose to use someone other than our interpreters let Customer Care know.

### Translation Services

Should you need information from HSCSN translated into another language, please call Customer Care at 1 (866) 937-4549.

## Deaf, Hard of Hearing and Visually Impaired

If you or your child has trouble hearing or is visually impaired, call Customer Care for:

- TTY/TDD services;
- Information on audiotape, in Braille and in large print.



# Support Services

## Transportation Services

HSCSN is proud to provide our members and caregivers with transportation, to and from provider appointments that they can trust. Remember:

**1 Step One:** Find out if the transportation you need is approved by HSCSN. If you are unsure, call your Care Manager.

**2 Step Two:** Call Southeastrans, or call your Care Manager to set-up a pick-up.

- Schedule your pick-up at least one (1) hour before your appointment time.

**3 Step Three:** Be on time. Your driver will wait only 10 minutes past the pick-up time.

**4 Step Four:** When you finish your appointment, call Southeastrans and they will let the driver know you are ready for pick-up.

- Once you call for pick-up, drivers should be there within one hour.
- If your driver is later than one hour, call Southeastrans, your Care Manager or Customer Care for assistance.

See section XXXX of this Guide for additional information, or call Customer Care.

## Transition Care

Helping children grow and learn to take care of themselves can be tough on the whole family. “Transition” describes the time when kids reach adulthood, from age 18 to 21. At that time, you will need to choose a PCP that treats adults. Your Care Manager can help you choose a new doctor. Your Care Manager also will make sure PCP has all the medical information needed to care for your child.

## Advisory and Support Groups

HSCSN has a variety of support programs and groups for people who want to get involved with the work we do at HSCSN. To learn more these programs, call the Department of Family and Community Development at (202) 580-6485 or visit [www.hscsn-net.org](http://www.hscsn-net.org).

- **The Male Caregivers Advocacy Support Group (MCAS)** is made up of fathers, grandfathers, stepfathers, uncles, male cousins, and other men who care about children with special health care needs. Group members share information, provide support and take part in trainings.
- **Parent Advocate Leaders Group (PALS)** is a community program for families. This program gives emotional support and provides the parenting skills needed to care for children with special health care needs.
- **Our Community Services Advisory Committee (CSAC)** is made up of members, parent/caregivers, network providers, advocacy groups and district agencies. This group is dedicated to improving health care services to children and young people special health care needs, their families and community groups.

# FAQs

## What if I move?

- It is important that you let us know about any changes in:
  - Where you live,
  - People in your household that had or may need HSCSN
- Call the District of Columbia (DC) Economic Security Administration (ESA) Change Center at (202) 727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737 or 1 (866) 937-4549.

## What if I have or my child has a baby?

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737 or 1 (866) 937-4549.

## What if I adopt a child?

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

## What if someone in my family dies?

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737 or 1 (866) 937-4549.

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

- If you get a bill for a covered service, call the Customer Care Department at (202) 467-2737 or 1 (866) 937-4549.

## What if I have other insurance?

- If you are a member of HSCSN you must tell us right away if you have any other health insurance. Please call Customer Care Department at (202) 467-2737 or 1 (866) 937-4549.

## I want to end my membership in HSCSN. Who do I contact?

- If you no longer want to be a member of HSCSN, you can leave HSCSN at any time and for any reason. Just call the Customer Care Services Department at (202) 467-2737 or 1 (866) 937-4549 or your Care Manager and let them know. You can also mail in your request to:

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

# Transportation Q & As

## Who do I call to set up transportation?

- Call Southeastrans at 1-866-991-5433 to schedule your transportation. You can also contact your Care Manager for help.

## Sometimes I need to speak to my Care Manager before making an appointment for Transportation. Why?

- There are some services that require prior authorization before transportation can be scheduled. If you know that HSCSN already authorized the service, you do not need to speak with your Care Manager before scheduling transportation.

## How long will drivers wait for me to get to the vehicle?

- Transportation will wait no longer than 10 minutes past the scheduled pick-up time for you to get into the vehicle.

## Can my child ride alone?

- A child under the age of 18 years cannot ride alone when going to medical appointments. A responsible adult must ride with him or her.

## Do you transport to the Emergency Room?

- No, we do not transport to the Emergency Room. (You will need to call 911 for transportation to the ER).

## Do you provide transportation to pharmacies?

- No, we do not take members to the pharmacy. We only members to medical appointments.

## Can you pick me up from home, pick up my child from school and then take us to appointment?

- Yes, we can pick-up a member's caregiver from home, then pick-up the member from school to go to medical appointment. However, the caregiver should request this service when scheduling the appointment.

## What time will transportation pick us up to take to appointment?

- Most drivers are scheduled to pick up members at least one (1) hour before the scheduled appointment time.

## Will the driver be a male or female?

- The driver can be either one. If you prefer one instead of the other, let Southeastrans know when you schedule your appointment. They will try their best to meet your request.

## How will SET know what kind of transportation I will need (Wheelchair, ambulance).

- When you call to schedule transportation, always let the Southeastrans representative know how you travel (by van, wheelchair van and/or by ambulance, etc.). They will make a note in their file for future trips.

## Can I have the same transportation provider or vendor all the time?

- A requested vendor cannot be guaranteed. However, we will try our best to meet your request.

# Transportation Q & As

## Can I have a non-smoking driver?

- Drivers are not allowed to smoke when transporting members. However, you can request a non-smoking provider when scheduling transportation with Southeastrans.

## Do I call Southeastrans or the driver when I finish my appointment?

- You should call Southeastrans when you have finished your appointment. They will call your driver to let them know you are ready.

## Do the vans have car seats?

- Yes, all vans can have a car seat if needed. Please let the Southeastrans know that your child will need a car seat when you call to schedule transportation.

## Can I drop my child off at school after the appointment?

- Yes, but you must let the Southeastrans representative know when you schedule transportation.

## Can my other child go with us to the medical appointment?

- Transportation is set up for the member and one adult to go to a medical appointment. But if necessary, we will transport no more than 2 sibling(s) with the member and caregiver.

## Can transportation wait for me at my appointment?

- Transportation cannot wait for you at the appointment unless:
  - You are out of the beltway area
  - You get approval from HSCSN beforehand.

## Can transportation take me to get something to eat?

- Transportation is not allowed to make stops when transporting to and from medical appointments.

## Why can't I make changes to Standing Orders?

- Because this type of transportation has been already scheduled and authorized for you to go to a medical appointment:
  - To the same location
  - At the same time
  - On an on-going basis.
- Your care manager or customer care representative can help to make a change to a Standing Order when needed.

## Who do I call to make a complaint?

- You may call Southeastrans or HSCSN to make a complaint.

# Your Rights and Responsibilities

HSCSN and our team of health care professionals are proud partners in your health care. As a member, you have a right to certain services. It is our job to make sure we respect those rights. As partners, it is important that you help us, help you. By working together, we can deliver the best care possible and ensure that you get the most out of your benefits, at all times.

Here is a summary of your rights and responsibilities as a member.

- I. It is the enrollee's and family's right to:
  - A. Be treated in a caring, respectful, culturally-sensitive, and professional manner by HSCSN staff and recognition of their dignity and right to privacy.
  - B. Receive information about HSCSN, its services, cost sharing, if any; its care providers, and enrollee rights and responsibilities annually and at least 30 days prior to any change; and know the names and titles of all health care professionals involved in the enrollee's care.
  - C. Make recommendations regarding the organization's enrollee rights and responsibilities.
  - D. Be notified in writing annually and at least 30 days prior whenever circumstances occur that affect the following: membership or benefits; authorization requirements; referrals process for specialty care and other benefits not furnished by enrollee's primary care provider; any provider changes; after hours and emergency care services; locations of any emergency settings at which providers and hospitals furnish emergency and post-stabilization services and the right of enrollees to choose which location for these services; and methods for notifying enrollees will be mailings, enrollee newsletter, website and loop tape messages.
  - E. Choose and change the child's or young adult's PCP among network providers without restrictions and/or care manager to meet their needs.
  - F. Understand the child or young adult's health problems and consent to treatment before it is provided.
  - G. Understand prior authorization procedures (i.e. authorization is not required for emergency services); know the use of 911 telephone system; and know what constitutes emergency medical conditions and post-stabilization services and rules.
  - H. To have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
  - I. Be a part of the decision making process regarding the child or young adult's health care, and the right to say yes or no to treatment before it is given to the enrollee. Enrollees have the right to seek a second opinion and/or to refuse proposed treatment.
  - J. If an appropriately qualified provider is not available within the network, HSCSN shall arrange for a second opinion outside the network at no charge to the enrollee.
  - K. Help develop and receive a current copy of your child or young adult's plan of treatment.
  - L. Be transported to all medically necessary appointments.
  - M. Receive information about the child or young adult's treatment and HSCSN's policies in a language that allows you to understand and make decisions.
  - N. Voice concerns, complaints, and grievances to HSCSN staff and receive a timely response.
  - O. Contact the DC Department of Health Care Finance (DCHCF) ombudsman and/or receive a fair hearing about concerns, complaints, or grievances at any time without fear of retribution, even receiving assistance from HSCSN or DCHCF staff if needed.

# Your Rights and Responsibilities

- P. Designate advance directives about the child or young adult's care in situations where there is danger of death, and create advance directives stating what you want done if you are unable to make your own medical decisions, if you are 18 years of age or older, chronologically and functionally; provide enrollees with information reflecting changes in state law no later than 90 days after the effective date of the change.
- Q. Have the child or young adult's medical records kept confidential and released generally only with written permission from a parent, legal guardian, or emancipated minor.
- R. Be able to request and receive a copy of his or her medical records, and request that they be amended or corrected as specified in 45 Code of Federal Regulations (C.F.R.) sec. 164.524 and 164.526.
- S. If required by law, be notified in writing within 10 days, when information concerning your child's care has been released in response to an attorney request, subpoena, and/or court order.
- T. Have the child or young adult receive considerate health care with privacy during treatment, interviews, and any care planning meetings.
- U. Have access to HSCSN's health care services for the child or young adult 24 hours a day, every day of the year.
- V. Enrollees and/or their authorized caregivers have the right not to be subjected to intimidation, coercion, discrimination, or retaliation for any reason.
- W. Every newly eligible or current enrollee with limited English proficiency or no English (LEP) will receive an oral interpreter, translation, and/or sign service free of charge when requested.
- X. Have all vital documents translated in other languages and formats for those visually limited or who have limited reading proficiency available to newly eligible and current enrollees approved by DCHCF.
- Y. An enrollee with Limited English Proficiency (LEP) has the right to file a complaint or grievance if oral and translation services are not provided in a timely manner.
- Z. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, and/or retaliation.
- AA. Have knowledge of HSCSN's financial condition, structure and operation; enrollees will not be held liable for any debts of HSCSN or payments for covered services in the event of HSCSN's insolvency.
- BB. Description of HSCSN's prescription drug formulary, the Dispense as Written (DAW) policy, and the enrollee's right to have a prescription filled, while a prescription is being disputed under a grievance or appeals process.
- CC. A description of HSCSN's Physician Incentive Plans (PIPs) in accordance with 42 Code of Federal Regulations (C.F.R.), Section 417.479(h)(3).
- DD. Summaries of any enrollee satisfaction survey in accordance with the requirements found at 42 C.F.R. sec. 438.10(i)(3)(iv).
- EE. Receive family planning services and supplies from any DCHCF provider in the District of Columbia.
- FF. Receive a copy of this enrollee handbook and a provider directory.
- II. It is the enrollee's and family's responsibility to:
  - A. Treat HSCSN staff and providers with the same courtesy and respect that you expect when receiving health care or care coordination services.
  - B. Actively participate with the child or young adult's providers and care managers in developing and following plans and instructions for care that they have agreed on with their providers.
  - C. Understand the child's or young adult's health problems and participate in developing agreed upon treatment goals to the degree possible.
  - D. Notify the child or young adult's care manager and PCP if you would like to make a change in the plan of treatment.

# Your Rights and Responsibilities

- E. Have the child or young adult's membership card and shot record available when receiving health care services.
- F. Keep all health care visits and notify the provider and HSCSN 24 hours in advance (or as soon as possible) when appointments are cancelled.
- G. Be ready when scheduled transportation arrives to pick up the child or young adult for a health care visit.
- H. Have a grown-up (adult) with enrollees under 18 years old when going to medical office visits. The grown-up has to stay with the enrollee during the ride to the medical appointment and while the enrollee is seeing the provider (doctor, dentist, etc.)
- I. Be ready to receive your child or youth when the transportation company returns from a scheduled health care visit or school activity.
- J. Ensure there is a responsible adult available to receive the child if you are not able to be there or are detained.
- K. Provide HSCSN with appropriate written releases of information (ROI) when requested.
- L. Notify HSCSN and Economic Security Administration (ESA) immediately about changes in name, address, telephone number, emergency contact person, when a enrollee is pregnant or has had a child while enrolled with HSCSN, death of a parent or legal guardian or enrollee, loss of SSI, placed in an institution, incarcerated, death or other information that affects our ability to contact you about the child or young adult's health.
- M. Inform your child or young adult's providers and care manager about your child's medical history, answering questions to the best of your knowledge.
- N. Be an active advocate for your child or young adult's best health by informing the HSCSN care manager, the network provider and/or DC Health Care Finance about your complaints and grievances.
- O. All clinical trials and experimental medications must be pre-authorized.
- P. Go to the Emergency Room only if you have a medical emergency.
- Q. Help your doctor in getting medical records from providers who have treated you in the past.
- R. Report to Economic Security Administration (ESA) and HSCSN if you or a family member has other health insurance.
- S. Know the benefits and services available to the child or young adult with special health care needs under the HSCSN program.
- T. Do not engage in fraud or abuse in dealing with HSCSN, your primary care provider, or other providers.

HSCSN will provide written information to enrollees within five (5) business days of an enrollee's request. All such information shall be prepared in advance, require DCHCF's prior approval, and comply with the requirements found in section C.4.

# Gift Cards

HSCSN offers the following incentives for related member actions completed pertaining to their health:

Member Action	Tracking/Mechanism	Incentive
EPSDT/HEDIS: Health Check Exam (V20.2)	Claims Data/Care Advance	<b>\$20 Gift Card</b>
EPSDT/HEDIS: Dental Exam	Claims Data/Care Advance	<b>\$20 Gift Card</b>
EPSDT/HEDIS: Lead Screening - 1 by 12 months - 2 by 24 months	Claims Data/Lead Trax Registry	<b>\$10 Gift Card for each screening</b>
HEDIS/Perinatal Collaborative: Second Trimester Sonogram and 5 Prenatal Visits	Claims Data/Care Advance	<b>\$20 Gift Card</b>
Perinatal Collaborative: 32 week exam and 8 prenatal visits	Claims Data/Care Advance	<b>Baby Towel</b>
HEDIS/Perinatal Collaborative: Post-Partum Visit 3-8 weeks after birth	Claims Data	<b>\$20 Gift Card</b>
HEDIS: Members completing vaccination series accordance to the HEDIS software for Combo 2 and 3	Claims Data/Immunization Registry	<b>\$10 Gift Card for Combo 2 \$20 Gift Card for Combo 3</b>
HEDIS: Annual diabetic care - Hemoglobin A1c - Urine nephropathy screening - Retinal eye exam	Lab Data/Claims Data	<b>\$10 Gift Card for each service</b>





# Diabetes Check Program

Health Services for Children with Special Needs, Inc (HSCSN) members who get one of the following services will get a gift card. To get your gift card:

- Receive Hemoglobin A1c (HbA1C) blood test, or
- Receive Eye Exam (retinal), or
- Receive Urine nephropathy screening test, and
- Must be a HSCSN member at time of service
- Have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

## TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Member Phone: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER:

Check One:

- HbA1C Test Date: \_\_\_\_\_  
 Eye Exam Date: \_\_\_\_\_  
 Urine Test Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record  
 Sticker/Stamp: \_\_\_\_\_

❖ Attach a copy of exam results. Incomplete requests will be returned.

Please allow 4-6 weeks for your gift card to arrive in the mail. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# Health Check Program

## ~Immunizations~

Health Services for Children with Special Needs, Inc (HSCSN) Health Check Program is called Early and Periodic Screening, Diagnosis and Treatment or EPSDT. Health Check services help your child grow up healthy.

HSCSN members, who complete the following immunizations (shots) by age 2, will get a gift card. To get your gift card:

- Have 4 – Diphtheria Tetanus Pertussis (DTAP) shots
- Have 3 – Hepatitis B (Hep B) shots
- Have 3 – Polio (IPV) shots
- Have 1 – Measles, Mumps, Rubella (MMR) shot
- Have 3 – H influenza type B (HiB) shots
- Have 1 – Chicken Pox (VZV) shot
- Have 4 – Pneumococcal Conjugate (PCV) shot
- Have 2 – Hepatitis A (Hep A) shots
- Have Rotavirus series
- Have 2 – Flu shots
- Be a HSCSN member at time of service
- Be a HSCSN member for 12 months in a row
- Have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

### TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's Phone#: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

### TO BE COMPLETED BY HEALTH CARE PROVIDER:

Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record  
 Sticker/Stamp: \_\_\_\_\_

- ❖ Attach a copy of shot record. Incomplete requests will be returned.

Please allow 4-6 weeks for your gift card to arrive. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# Health Check Program

Health Services for Children with Special Needs, Inc (HSCSN) Health Check Program is also called Early and Periodic Screening, Diagnosis and Treatment or EPSDT. Health Check services help your child grow up healthy.

HSCSN members who get one of the following Health Check services will get a gift card. To get your gift card:

- Health Check EPSDT Exam, or
- Lead Screening, or
- Dental Exam, and
- Must be a HSCSN member at time of service
- Must be a HSCSN member for 12 months in a row
- Have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

## TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's Phone#: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER:

Check One:

- EPSDT (V20.2) Exam Date: \_\_\_\_\_  
 Dental Exam Date: \_\_\_\_\_  
 Lead Screening Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record  
 Sticker/Stamp: \_\_\_\_\_

❖ Attach a copy of exam or lead lab screening from the doctor, if applicable. Incomplete requests will be returned. Please allow 4-6 weeks for your gift card to arrive. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# Healthy Baby & Me Program

**Pregnancy:** Gift card for completing 5 prenatal visits with ultrasound (picture of baby)

Health Services for Children with Special Needs, Inc (HSCSN) members, who are pregnant and complete 5 prenatal visits with picture of baby can get a gift card.

To get your gift card, you must be a HSCSN member at the time of all 5 visits. Your first visit must be during your 1<sup>st</sup> trimester or within 42 days of joining HSCSN. To get your gift card, have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

## TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_ Members Phone# \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER:

Date of 1<sup>st</sup> Visit: \_\_\_\_\_ Date of 4<sup>th</sup> Visit: \_\_\_\_\_  
 Date of 2<sup>nd</sup> Visit: \_\_\_\_\_ Date of 5<sup>th</sup> Visit: \_\_\_\_\_  
 Date of 3<sup>rd</sup> Visit: \_\_\_\_\_ Date of US/Sonogram: \_\_\_\_\_  
  
 Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record  
 Sticker/Stamp: \_\_\_\_\_

❖ Attach a copy of prenatal flow sheet. Incomplete requests will be returned.

Please allow 4-6 weeks for your gift card to arrive in the mail. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# Healthy Baby & Me Program

**Pregnancy:** Baby Towel for completing 8 prenatal visits by 32 week exam

Health Services for Children with Special Needs, Inc (HSCSN) members who are pregnant and complete eight (8) prenatal visits by 32 weeks will get a baby towel.

To get your baby towel, you must be a HSCSN member at the time of all 8 visits. Your first visit must be during your 1<sup>st</sup> trimester or within 42 days of joining HSCSN.

To get your baby towel, have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

## TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Member Phone: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER:

Date of 1 <sup>st</sup> Visit: _____	Date of 5 <sup>th</sup> Visit: _____
Date of 2 <sup>nd</sup> Visit: _____	Date of 6 <sup>th</sup> Visit: _____
Date of 3 <sup>rd</sup> Visit: _____	Date of 7 <sup>th</sup> Visit: _____
Date of 4 <sup>th</sup> Visit: _____	Date of 32-week Exam: _____

Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record  
 Sticker/Stamp: \_\_\_\_\_

❖ Attach a copy of prenatal flow sheet. Incomplete requests will be returned.

Please allow 4-6 weeks for your gift to arrive in the mail. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# Healthy Baby & Me Program

## After Delivery: Free diapers or a gift card

Health Services for Children with Special Needs, Inc (HSCSN) members who get a post-partum (after delivery) visit will get a 4-week supply of diapers or a gift card. To get your diapers or gift card:

- Visit must be 21 to 56 days after delivery
- Must be a HSCSN member at time of visit
- Have your doctor fill in the form below and mail it to us at:

HSCSN  
 Attn: Family and Community Development  
 2124 Martin Luther King, Jr. Ave., SE  
 Washington, DC 20020  
 FAX: 202-580-6489

### TO BE COMPLETED BY MEMBER:

Member Name: \_\_\_\_\_ Member Phone: \_\_\_\_\_  
 HSCSN Member ID: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Check One:  Gift Card  
 Diapers Diaper Size: \_\_\_\_\_

### TO BE COMPLETED BY HEALTH CARE PROVIDER:

Delivery Date: \_\_\_\_\_ Post-Partum Visit Date: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Medical Record Sticker/Stamp: \_\_\_\_\_

❖ Attach a copy of post-partum exam and/or flowsheet. Incomplete requests will be returned.

Please allow 4-6 weeks for your gift to arrive in the mail. HSCSN members cannot receive more than \$50 in a 12 month period. No exceptions.



# What Some Words Mean

<b>Advance Directive</b>	A written, legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself
<b>Advocate</b>	A person who helps you get the health care and other services you need
<b>Appeal</b>	If you believe your benefits were unfairly denied, reduced, delayed or stopped, you can file an appeal with HSCSN and ask HSCSN to have other people look at their decision
<b>Appointment</b>	A certain time and day you and your doctor set aside to meet about your health care needs
<b>Braille</b>	A system of raised dots that can be read with the fingers by people who are blind or who have poor eyesight.
<b>Cardiology</b>	A medical specialty dealing with the study and treatment of the heart.
<b>Care Coordination Plan</b>	A plan that lists health care services you will get and also lists community resources for you
<b>Caregiver</b>	A person who helps care for someone who is cannot care for him or herself. Some caregivers are relatives or friends who volunteer their help. Some people provide caregiving services for a cost
<b>Care Manager</b>	Someone who works for HSCSN who will help you or your child get the care and information you need to stay healthy, including making medical appointments for you
<b>Checkup</b>	See Screening
<b>Complaint</b>	See Grievance
<b>Contraception</b>	Birth control
<b>Covered Services</b>	Health care services that HSCSN will pay for at no cost to you
<b>Detoxification</b>	Getting rid of harmful substances from the body such as drugs and alcohol
<b>Development</b>	The way your child grows
<b>Durable Medical Equipment</b>	Special medical equipment that your doctor may ask or tell you to use in your home
<b>Economic Security Administration</b>	The agency that decides who is eligible to receive benefits, such as medical assistance, in the District of Columbia.
<b>Emergency Care</b>	Care you need right away for a serious, sudden, sometimes life-threatening condition
<b>Emancipated Minor</b>	A child (usually under the age of 18) that is legally considered an adult.



<b>Member</b>	The person who gets health care from HSCSN
<b>Enrollee Identification Card</b>	The card that lets your doctors, hospitals, drug stores, and others know that you are an enrollee of HSCSN
<b>EPSDT</b>	Early, Periodic Screening, Diagnosis and Treatment Program (also called Health Check Program) that gives health care to Enrollees under 21 years old
<b>Fair Hearing</b>	If you file a Complaint/Grievance you can ask for a hearing with D.C.'s Office of Administrative Hearings
<b>Family Planning</b>	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted diseases, and HIV/AIDs testing and counseling
<b>Family and General Practice Doctor</b>	A doctor that can treat the whole family
<b>Grievance</b>	If you are unhappy with the care you get or the health care services HSCSN gives you, you can call HSCSN's Customer Care Department to file a Complaint/Grievance
<b>Member Guide</b>	This book that gives you information about HSCSN and our services
<b>Health Check Program</b>	See EPSDT
<b>Hearing Impaired</b>	If you cannot hear well, or if you are hard of hearing
<b>Human Immunodeficiency Virus (HIV)</b>	The virus and infection that can lead to AIDS
<b>IDEA</b>	Individuals with Disabilities Education Act; a federal law that gives services to children with developmental delays and special health care needs
<b>Immunization</b>	Shot, vaccine
<b>Infertility</b>	Not being able to get pregnant even though a person is having frequent, unprotected sex for at least a year for most people
<b>Intervention</b>	Action taken to improve a medical or health condition.
<b>Internal Medicine Doctor</b>	Doctor for adults and children over 14 years old
<b>Interpretation/Translation Services</b>	Help from HSCSN when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital
<b>Managed Care Plan</b>	A plan that gives you a list of health care providers that you can see
<b>Maternity</b>	The time when a woman is pregnant

<b>Mental Health</b>	How a person thinks, feels and acts in different situations
<b>Network</b>	A group of doctors, hospitals, pharmacies, and other health care experts hired by a health plan to take care of its members.
<b>Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health who are a part of HSCSN
<b>Non-Covered Services</b>	Health care that HSCSN does not pay for
<b>OB/GYN</b>	Obstetrician/Gynecologist: a doctor who is trained to take care of a woman's health, including when she is pregnant
<b>Oncology</b>	A medical specialty dealing with the study of tumors and cancer.
<b>Out-of-Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health who are not a part of HSCSN
<b>Pediatrician</b>	A children's doctor
<b>Pharmacy (Pharmacies)</b>	The store where you pick up your medicine
<b>Physician Incentive Plan</b>	Tells you if your doctor has any special arrangements with HSCSN
<b>Post-stabilization services</b>	Follow up care you receive to keep you healthy after an emergency room visit
<b>Postpartum Care</b>	Health care for a woman after she has her baby
<b>Prenatal Care</b>	Care that is given to a pregnant woman while she is pregnant
<b>Prescription</b>	Medicine that your doctor orders for you; you must take this written prescription to a pharmacy/drugstore to pick up the medicine
<b>Preventive Counseling</b>	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt
<b>Preventive Services</b>	Health care to keep you healthy or to keep illness away (for example, Pap tests, pelvic exams, flu shots, and screenings).
<b>Primary Care Provider (PCP)</b>	The doctor that takes care of you most of the time
<b>Prior Authorization</b>	Written permission from HSCSN to get health care or treatment before it is provided
<b>Provider Directory</b>	A list of all providers who are part of HSCSN
<b>Providers</b>	Doctors, nurses, dentists, and other people who take care of your health

<b>Pulmonology</b>	A medical specialty dealing with diseases of the lung.
<b>Referral</b>	When your regular doctor gives you a written note that sends you to see a different doctor
<b>Routine Care</b>	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine care can be a checkup, physical, health screen, and regular care for health problems like diabetes, asthma and hypertension
<b>Screening</b>	A test that your doctor or other health care provider may do to see if you are healthy. This could be a hearing test, vision test, or a test to see if your child is developing normally
<b>Self-Referral Services</b>	Certain services you can get without getting a written note or referral from your main doctor
<b>Services</b>	The care you get from your doctor or other health care provider
<b>Southeastrans</b>	The company hired by HSCSN to provide transportation for members to and from doctor's and health care appointments.
<b>Special Health Care Needs</b>	Children and adults who need health care and other services that are more than or different from what other children and adults need
<b>Specialist</b>	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor, or a foot doctor
<b>Specialty Care</b>	Health care provided by doctors or nurses trained to give a specific kind of health care
<b>Standing Order</b>	A service that has been already scheduled and approved for use.
<b>Sterilization Procedures</b>	A surgery you can have if you do not want children in the future
<b>Transition</b>	Time period in health care when a young person moves from a doctor that treats children, to one that treats adults. This usually happens between the ages of 18 and 21
<b>Treatment</b>	The care you get from your doctor
<b>TTY/TDD Services</b>	Communication machines for the deaf or hard of hearing
<b>Urgent Care</b>	Care you need within 24 hours, but not right away
<b>Visually Impaired</b>	If you cannot see well or if you are blind











## PARENT & MEMBER HANDBOOK

*Caring. Serving. Empowering.*

1101 VERMONT AVENUE, NW | 12TH FLOOR | WASHINGTON, DC 20005

**MAIN** | (202)467-2737 **OUT OF AREA** | 1 (866) WE-R-4-KIZ (937-4549) **LANGUAGE LINE** | 1 (866) WE-R-4-KIZ (937-4549)

[WWW.HSCSN-NET.ORG](http://WWW.HSCSN-NET.ORG)

If you cannot read this, please call Customer Care Services at 1-866-937-4549. (English)  
Si usted no puede leer esto, por favor llame al servicio al cliente al 1-866-937-4549. (Spanish)  
Si vous ne pouvez lire ceci, veuillez appeler le service à la clientèle au 1-866-937-4549. (French)  
如果您不能认辨此文，请打电话给顾客服务：1-866-937-4549. (Chinese)  
이 인쇄물을 읽을 수 없으면 1-866-937-4549 로 고객 관리 서비스에 전화하십시오. (Korean)  
Nếu quý vị không đọc được tài liệu này, xin vui lòng gọi Dịch Vụ Dành Cho Khách Hàng ở số  
1-866-937-4549. (Vietnamese)  
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