



2023-24 POLICY ROADMAP



CHILD WELFARE

Ensure each child in Pennsylvania has the opportunity to grow up in a home where they are safe and protected from abuse and neglect. For children who are victims of trauma, the system should ensure that services heal and preserve the family. If out-of-home care is necessary, ensure placement is in a family-based setting, preferably with kin. Community-based interventions can prevent unnecessary out-of-home removal, expedite reunification, and ensure permanency for every child and youth.

DATA POINTS

The top **5** reasons for placement are for non-abuse factors, including neglect, inability to cope, and substance use.

General protective services reports outpace reports of child abuse by more than **4X**.

Black children, Hispanic children, and children of multiple races have

DISPROPORTIONATELY HIGHER RATES of CPS referrals, including substantiations and valid GPS allegations.

3 IN 10 transition age youth are placed in congregate care, and only **29.9%** are placed with kin.

20,490 children were served in the foster care system in 2021, with over **5,000** children experiencing a first-time entry.

Black children and children of multiple races are disproportionately represented in foster care at

MORE THAN 2X their rate in the general population.

Black children are **4.5X** more likely to re-enter care and more than 4x more likely to remain in care than White children.

POLICY PRIORITIES:

- 1. Strengthen the response to child abuse and neglect by building a robust community prevention model.**
 - Analyze the outcomes of the 2013-14 child protective services law, including child protective services and general protective services to determine how to address allegations of poverty and neglect adequately.
 - Monitor the state's implementation of the Family First Prevention Services Act (FFPSA) as a strategy in improving the prevention continuum and decreasing use of out-of-home care.
 - Research diversionary and community-based models that support primary prevention and serve families within their communities to reduce the need for formal child welfare intervention.
- 2. Improve policies that increase the identification and utilization of kin resources.**
 - Enhance kinship family recruitment, licensing, training, and retention policies to eliminate discriminatory practices that arbitrarily disqualify kin from being approved as resources, including identifying supportive services for kin families; develop a formal waiver process for non-safety factors.
 - Review licensing and training requirements for foster parents to ensure they are adequately supported to raise children and youth with complex needs and significant trauma. Elevate the lived

experiences of biological parents, kin, and children and youth the child welfare system has impacted as a catalyst to identifying strategies that best support those being served.

- c. Update the Kinship Care Act, Family Finding Act, and Juvenile Act. Additional data collection and accountability measures for counties are statutorily needed for improved family finding efforts and placing children with kin.

3. Reduce the use of group care unless it is necessary to meet the time-limited treatment needs of youth.

- a. Expand data collection and analysis to better understand youth's characteristics in congregate care settings, including dependent and delinquent youth.
- b. Advocate for the increased use of evidence-based or research-informed discharge services to better support re-entry into the community and decrease the need for additional future out-of-home placements.
- c. Monitor outcomes of the complex case process and research how the mental health, behavioral health, and substance use systems can support youth before the need for formal congregate care placement.

4. Improve outcomes for transition age youth in foster care or exiting to adulthood.

- a. Identify strategies for building connections with supportive adults, promoting access to high-quality services, and elevating needs for effectively transitioning to adulthood.
- b. Enhance the delivery of permanency services to older youth to promote increased availability of family settings, connections to siblings, and identifying and contacting kin.
- c. Analyze educational data for foster youth to determine if impacts from educational stability policies have intended results; further identify ways to promote career exploration and goal-setting practices to consider technical and post-secondary education options.
- d. Utilize the recommendations received through youth community feedback sessions to set formal policy recommendations and identify how youth can be more integrated into advocacy efforts.

5. Ensure that biological parents, caregivers, and children and youth receive adequate mental and behavioral health services to avoid the need for formal child welfare intervention and foster care placement.

- a. Conduct a landscape analysis of how the mental health and behavioral health services are provided to individuals reported to the child welfare system at different points in the life of a case (i.e., investigation, dependency, etc.).
- b. Further analyze Pennsylvania's Adoption and Foster Care Analysis and Reporting System (AFCARS) and other placement data for children and youth being placed for mental or behavioral health instability to determine what services were provided to mitigate risk and further identify prevention approaches.

6. Monitor policy reform to ensure the child welfare system is adequately supported from both financial and staffing perspectives at the federal, state, and county levels.

- a. Review and, when appropriate, provide feedback on the annual Needs Based Plan and Budget.
- b. Identify strategies to maintain a qualified, competent child welfare workforce.

7. Continue to partner with the Office of Children, Youth, and Families (OCYF) on the federal and local needs for system improvement.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Revision of the Title 55, Chapter 3130 regulations which govern the administration of children and youth services. Modifications are needed to better support child welfare agencies in staff retention efforts like staffing ratios and caseloads.
- Revision of the Title 55, Chapter 3700 regulations that govern the approval of licensure for kinship and foster parents. Regulatory updates should aim to decrease decision-making bias and eliminate discriminatory practices that deny kin from being licensed caregivers.
- Modifications to the Family Finding and Kinship Care bulletins—county guidance documents developed by OCYF. These bulletins guide counties on implementing family finding, family stabilization efforts, and increasing child placement with kin.

EARLY CARE AND EDUCATION



Ensure each child in Pennsylvania has the opportunity to participate in affordable and accessible high-quality early care and education, including infant and toddler child care, as well as pre-kindergarten education. The rapid brain growth during the first few years of life underscores the need to build an early, solid foundation for future success in school, relationships, and life. A coordinated early care and education system is a vital component of the economy, allowing parents to work while knowing their children are receiving high-quality child care and education.

POLICY PRIORITIES:

1. Increase the number of children enrolled in publicly funded, high-quality pre-k.

- a. Increase investments for publicly funded, high-quality pre-k so at least 60 percent of eligible 3- and 4-year-olds can voluntarily participate.
- b. Monitor provider eligibility in Pre-K Counts (PKC) and the Head Start Supplemental Assistance Program (HSSAP) so high-quality pre-k providers can participate in publicly funded programs and preserve the mixed pre-k service delivery system.
- c. Ensure the availability of a high-quality workforce by reinforcing the need for a pre-k through 4th-grade teaching certification and addressing compensation parity for pre-k and kindergarten teachers.
- d. Monitor the impacts of the state PKC and HSSAP programs to ensure intended positive results.

2. Increase the number of Child Care Works eligible children in high-quality child care programs, specifically infants and toddlers.

- a. Support policies and funding for current Keystone STAR 3 and 4 providers to maintain high-quality programming and for Keystone STAR 1 and 2 providers to reach high-quality Keystone STARS standards, creating a more financially stable and larger pool of high-quality providers for eligible children in the subsidized child care program.
- b. Develop a concept to simplify subsidy payment rates and establish a base rate that includes the

quality level of child care programs, coupled with increasing contracted slots, to provide more stable payment structures for high-quality infant and toddler care.

- c. Collect workforce data to analyze compensation disparities within the sector and advocate for professionals to be paid comparable wages to K-12 teachers with the same degrees or credentials.
- d. Support policies and funding to increase professional development for the child care workforce.

3. Research opportunities to strengthen Infant Early Childhood Mental Health (IECMH) through collaboration with early childhood education and health systems, including Early Intervention (EI).

- a. Identify opportunities to promote the importance of the social and emotional development and mental health of infants and toddlers.
- b. Promote the inclusion of IECMH topics as professional development training for early care and education providers, including child care, EI, and related professionals.
- c. Investigate opportunities to strengthen the coordination of support and services between mental health providers and early childhood education providers to reduce the number of suspensions and expulsions from infant and toddler programs, including an analysis of available data and services through the IECMH consultation program.

4. Support economic policies that benefit children and their families.

- a. Promote opportunities to implement a state Earned Income Tax Credit (EITC) to provide working families a path to financial stability.
- b. Monitor advocacy opportunities to advance a state Paid Family Leave policy so every worker can take time to care for their health or child.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Annual federal appropriations for early care and education include the Child Care Development Block Grant (CCDBG), Temporary Assistance for Needy Families (TANF), Head Start, and Preschool Development Grants. State appropriations include Child Care Services, Child Care Assistance, Pre-K Counts, and Head Start Supplemental Assistance lines.
- Child Care certification regulations re-write.
- Continued efforts at the federal and state levels to support the child care infrastructure.
- Implementation of Child Care Works exit eligibility increase to 300% FPL.
- Impact of new Child Tax Credit for families.
- Pennsylvania's application for a Preschool Development Grant Birth through Five and proposed impact to the current pre-k system.



DATA POINTS

65,970 children are enrolled in publicly funded, high-quality pre-k; yet **101,500** eligible children remain unserved.

5,075 more classrooms are needed to serve all eligible pre-k children.

65,970 high-quality pre-k providers receive public funds in the state, including **464** high-quality child care providers and **205** school district locations.

39,752 children under age 5 are served in Child Care Works, including **17,490** children being served in high-quality child care programs.

84% of infants and toddlers eligible for the Child Care Works program remain unserved.

The majority of children under age 5 in Child Care Works are Non-Hispanic Black children, yet only **38% RECEIVED HIGH-QUALITY CARE** compared to 53% of White children.

1,883 high-quality child care providers are operating in Pennsylvania.

With nearly **7,000** open child care positions, **91%** of child care providers reported a staffing shortage.

From 2019-2021, **875** children were served through Pennsylvania's Infant and Early Childhood Mental Health Consultation Program.



HOME VISITING

Ensure each child in Pennsylvania has the opportunity to grow up in a stable and healthy home environment. Evidence-based home visiting programs help parents and others raising children with the supports necessary to improve maternal and child health, including mental health, improve child development and school readiness, promote family economic self-sufficiency, promote positive parenting practices, reduce abuse and neglect, and address substance use disorders. These voluntary sessions play an important role, especially for those new to parenthood or with limited resources. With far too few Pennsylvania families receiving evidence-based home visiting services, we are working to expand its reach through increased funding for the programs and through multiple avenues of referrals, including the Department of Human Services' Medicaid Maternal Home Visiting Program.

POLICY PRIORITIES:

1. Increase the number of children and families receiving evidence-based home visiting services.

- a. Expand evidence-based home visiting financing and strategies using data analysis and research findings for the highest-risk families with young children, including low-income families and those with limited resources.
- b. Support federal reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and increased federal funding, including leveraging state matching opportunities.
- c. Monitor state appropriations requested by the Office of Child Development and Early Learning (OCDEL) to backfill the loss of federal MIECHV funds (due to sequestration) and funding requested by the Office of Medical Assistance Programs (OMAP) to support the expansion of the Maternal Home Visiting Program. Further, advocate for backfilling one-time federal stimulus funds, provided through Community-Based Child Abuse Prevention funds, to maintain the level of services provided to families.

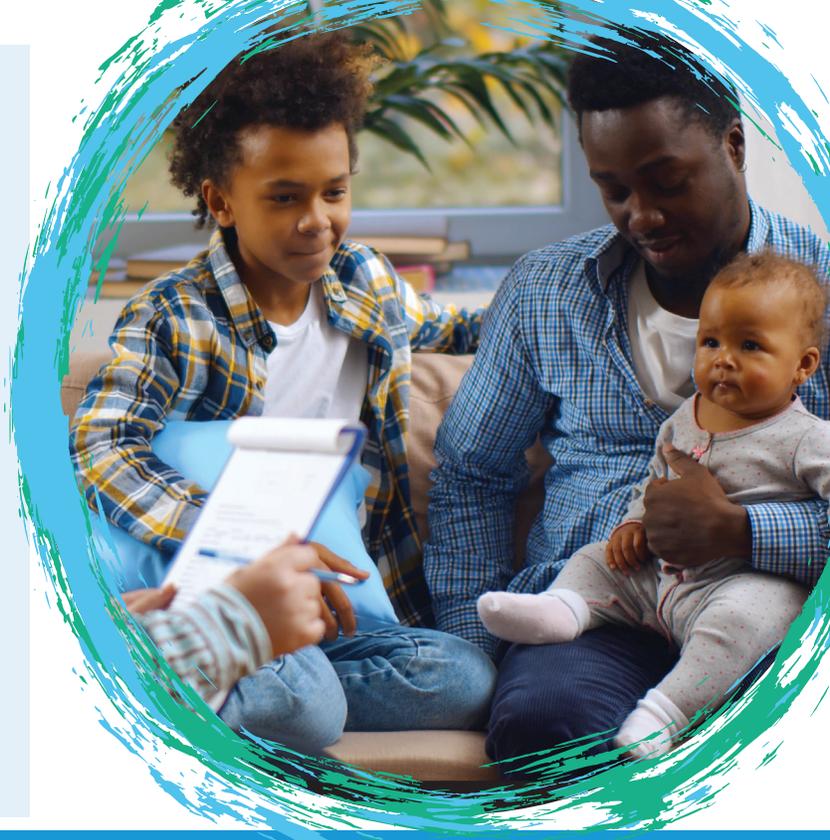
- d. Monitor the Medicaid Maternal Home Visiting Program in DHS and track referrals to evidence-based home visiting to maximize the program's intent of expanding new services to families enrolled in Medicaid.
- e. Publish a follow-up report to the Childhood Begins at Home funding diversification report to further explore specific mechanisms within Medicaid to finance evidence-based home visiting.
- f. Monitor DHS' implementation of the statewide resource and referral tool and explore tracking of referrals to evidence-based home visiting.

2. Support the home visiting workforce and program sustainability by ensuring that adequate staffing levels correspond with service expansion and by building a qualified and culturally informed workforce to meet families' needs.

3. Expand the Childhood Begins at Home campaign to include new evidence-based home visiting models receiving state funding and explore inviting other supportive partners to elevate community voices.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Continued funding of state appropriations for the two home visiting line items: Community Based Family Centers line and Nurse-Family Partnership line, along with other sources of funding within the state budget that support evidence-based home visiting, including Community-Based Child Abuse Prevention funds.
- Contracts between DHS and Medicaid managed care organizations for its Maternal Home Visiting Program.
- Implementation of DHS' statewide closed loop Resource and Referral Tool and impact on increased referrals to evidence-based home visiting.
- Reauthorizing the MIECHV program in FFY 2022, along with potential increased federal MIECHV funding, including state matching funds.



DATA POINTS

UNMET NEED:

- Only 5% of Pennsylvania low-income families who could benefit the most receive evidence-based home visiting services.
- Approximately 17,000 Pennsylvania families receive evidence-based home visiting services.

CHILDREN AND FAMILIES IN EACH OF PENNSYLVANIA'S 67 COUNTIES RECEIVE VOLUNTARY, EVIDENCE-BASED HOME VISITING SERVICES.

PERCENTAGE OF CHILDREN SERVED WITHIN EACH RACE/ETHNICITY:

- 2% of Asian (Non-Hispanic) children receive home visiting services
- 3% of Black (Non-Hispanic) children receive home visiting services
- 4% of Hispanic or Latino children receive home visiting services
- 3% of White (Non-Hispanic) children receive home visiting services
- 5% of children who identify as two or more races/ethnicities receive home visiting services

EIGHT EVIDENCE-BASED HOME VISITING MODELS OPERATE IN PENNSYLVANIA AND RECEIVE STATE FUNDS:

- Child First
- Early Head Start
- Family Check-Up
- Family Connects
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented®

EVIDENCE-BASED HOME VISITING MODELS HAVE PROVEN TO MEET FAMILIES' NEEDS IN 1 OR MORE OF THE FOLLOWING AREAS:

- Child development and school readiness
- Child health
- Family economic self-sufficiency
- Linkages and referrals
- Maternal health
- Positive parenting practices
- Reductions in child maltreatment
- Reductions in juvenile delinquency, family violence, and crime



K-12 EDUCATION

Ensure each child in Pennsylvania has the opportunity for an adequate and equitable high-quality public education. All children in Pennsylvania deserve to be provided an adequate and equitable high-quality public education, regardless of their zip code. This includes equipping students with supports to meet their special education needs and focusing on building skills to graduate successfully, transition to higher education, or enter the workforce career ready.

DATA POINTS

61.9% of 3rd grade students → score proficient or advanced in English Language Arts as measured by the Pennsylvania System of School Assessment (PSSA).
 and
57.9% of 8th grade students →

56.0% of 3rd grade students → score proficient or advanced in math as measured by the PSSA.
 and
32.2% of 8th grade students →

MORE THAN 1 IN 8 STUDENTS

who entered 9th grade four years ago did not graduate by the end of the four years.

Pennsylvania ranks **43RD** in the nation in the state's share of education funding.

The share of CTE funding is

90% LOCAL **8%** STATE **2%** FEDERAL

65,536 students are enrolled in career and technical education programs.

POLICY PRIORITIES:

- 1. Support increased investments in basic education and special education funding as well as evaluate and recommend strategies to address and advance adequacy and equity.**
 - a. Support increased investments through the enacted basic education funding formula to ensure adequate and equitable support is provided to school districts.
 - b. Ease the burden on local school districts covering special education costs by increasing the state share of special education funding back to approximately one-third of costs.
 - c. Monitor the outcome of the public education lawsuit, including legislative considerations depending on the decision.
 - d. Develop and provide a formal advocacy position to the Basic Education and Special Education Funding Commission, if convened, on adequacy and equity in K-12 education.
- 2. Produce publicly available and easily digestible education data disaggregated by race, ethnicity, and gender.**
- 3. Ensure adequate state funding for career and technical education (CTE) so that every interested child can participate.**
 - a. Continue to drive increased investments into the state CTE subsidy and equipment grant lines.

- b. Advocate for increased disaggregated publicly available CTE data that is consumable and identifies future policy solutions.
- c. Modernize the career exploration process and CTE curriculum to ensure that programming is meeting economic needs.
- d. Develop a formal CTE coalition that includes a diverse stakeholder community that focuses on increasing student access and CTE support.
- e. Research options for CTE to create a pipeline to the human services field by potentially adding options for industry-based credentials.

4. Continue to develop a comprehensive and transparent accountability framework for schools and their personnel.

- a. Review and monitor the state’s study on student learning loss as a result of virtual learning due to the COVID-19 pandemic. Identify national metrics on 3rd grade reading and 8th grade math to identify policy solutions to improve the state’s outcomes in these measures.
- b. Continue to monitor the Future Ready Index and school profiles to ensure that school districts are improving performance and making progress in key areas, including emphasizing student growth measures.
- c. Continue to oppose efforts to implement vouchers or education savings accounts, as these proposals are likely to weaken the performance of already struggling schools further.
- d. Advocate for universal free breakfast and lunch for all public school students.

5. Conduct a landscape analysis of how local education agencies offer and provide mental health services to students.

- a. Request data on how local education agencies utilized the 2023-2024 school safety and mental health grants, including the outcomes of the study on current services offered.
- b. Research school-based mental health models, including funding opportunities for expansion.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- A legislative response should the decision on the public education funding lawsuit (*William Penn School District et al vs. Pennsylvania Department of Education et al*) determine that the current funding structure is unconstitutional.
- PSSA and Keystone exam data to track post-pandemic trends, including the state’s plan to address learning loss.
- Federal budget appropriations, including Title I and IDEA. State budget appropriations in basic education funding, career and technical education funding, and special education funding.
- Reauthorization of federal Perkins V, which governs CTE administration from a congressional level.



PERINATAL & CHILD HEALTH



Ensure each birthing person and child in Pennsylvania has the opportunity for affordable, quality health care access. Everyone, especially children and individuals during pregnancy into the postpartum period, should have health insurance and the access to quality health care that is necessary for healthy birth outcomes, improved physical and mental health of a new mother, and for a child's healthy development into adolescence and through adulthood. Our perinatal and child health care policy agenda aims to close gaps for those without health insurance by expanding eligibility and strengthening benefits—including physical and mental health services—and increasing access to nutritious food.

DATA POINTS

Pennsylvania has the 8th highest number of uninsured children in the country, with

126,000 without health insurance.

The statewide uninsured rate for children improved to

4.4% FROM **4.6%** over the last 2 years.

Pennsylvania is

1 OF 4 states to offer a CHIP buy-in program that allows higher income families to purchase health insurance through the state.

NEARLY HALF (46.5%)

of all Pennsylvania children are enrolled in Medicaid or CHIP coverage.

42,360 infants and toddlers in Pennsylvania receive services through Early Intervention Part C.

Non-Hispanic Black women in Pennsylvania experienced pregnancy-associated deaths at a rate **2X** that of Non-Hispanic White women.

In 2018, there were **85** pregnancy-associated deaths in Pennsylvania.

Only **50%** of eligible infants, young children, and women participate in the Pennsylvania WIC program.

Only **29%** of children in Medicaid receive their required two lead screens by age 3.

POLICY PRIORITIES:

1. Extend access to prenatal and postpartum services within Medicaid and CHIP for pregnant adults to ensure expecting mothers, infants, and toddlers start and stay healthy.

- Monitor the implementation of postpartum coverage extension to 12 months for pregnant women enrolled in Medicaid and CHIP, including access to and utilization of prenatal and postpartum services.
- Promote behavioral health prenatal and postpartum screenings that include evidence-based depression screenings and increase coordination to ensure follow-up services occur for proper treatment.
- Support doula service reimbursement in Medicaid to improve birth outcomes.
- Expand CHIP to include pregnant adults who are not eligible for Medicaid due to their immigration status since access to good health care is a crucial factor in positive birth outcomes.

2. Build on the success of Medicaid and CHIP to ensure every Pennsylvania child is insured.

- Monitor the unwinding of the continuous coverage provision within Medicaid and policy flexibilities within CHIP when the federal Public Health Emergency declaration ends to minimize the loss of health insurance for children and to transition those no longer eligible for Medicaid to CHIP.

- b. Improve enrollment and renewal policies to minimize unnecessary delays or gaps in coverage by strengthening automated (ex-parte) renewals and expanding 12-month continuous eligibility for children ages 4 through 21 in Medicaid who are currently without the continuous coverage provided to infants and toddlers in Medicaid and all children in CHIP. Explore multi-year continuous eligibility policies for all children.
- c. Monitor the state-based exchange Pennie™ to ensure a “no wrong entry” to Medicaid and CHIP.
- d. Support expanding eligibility within either Medicaid or CHIP to include every child living in Pennsylvania regardless of immigration status by advancing legislation to implement the Cover All Kids initiative fully.

3. Promote positive health outcomes for children as a direct result of Medicaid, CHIP, and the Affordable Care Act.

- a. Ensure adequate federal and state funds to maintain Medicaid and CHIP eligibility standards without compromising one program in exchange for another. Ensure messaging of CHIP builds on the shoulders of the success of the Medicaid program.
- b. Advocate at the federal level to make CHIP a permanently funded program.
- c. Promote Medicaid and CHIP as lifelines for working families, providing free or affordable comprehensive coverage for their children.
- d. Defend against attempts at the federal level to repeal or undermine the ACA and efforts to cap Medicaid spending through block grants or per capita caps.

4. Ensure children enrolled in Medicaid and CHIP have adequate benefit packages to meet their needs and that they are appropriately receiving the well-child visits, immunizations, and screenings necessary for their healthy development, as well as accessing mental and dental health services.

- a. Monitor and review compliance of managed care requirements in both the Medicaid and CHIP contracting process and through enhanced partnerships with managed care organizations (MCOs).
- b. Ensure that Medicaid and CHIP are implemented with fidelity by measuring the quality and

performance of mandatory benefits, including within the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

- c. Research and advocate for changes within physical and behavioral health benefits as necessary, including exploring the integration of physical and behavioral health services within Medicaid and identifying policies to improve childhood mental health.
- d. Monitor utilization of well-child visits and screenings at recommended intervals according to the AAP’s Bright Futures periodicity schedule.
- e. Monitor immunization rates to ensure that children stay current on routine vaccinations to prevent childhood diseases.
- f. Assure that children enrolled in Medicaid and CHIP receive dental care, as oral health is a measure of overall health.
- g. Explore expanding Medicaid reimbursement for medically necessary services, including mental/behavioral health services, provided to Medicaid-enrolled children in school settings.

5. Promote efforts to identify and prevent lead exposure in children to ensure their healthy development.

- a. Improve the measurement to effectively monitor that the required EPSDT lead testing is occurring for children in Medicaid and CHIP.
- b. Examine future amendments to strengthen Act 150 of 2022.
- c. Advance policies for young children with high or elevated levels of lead exposure to ensure care coordination and appropriate referrals to early intervention.
- d. Advance the implementation of continuing medical education credits for providers to educate them on the importance of lead screening for children.

6. Advance policies that support children identified with developmental delays and disabilities through early intervention programs while also providing ongoing support to parents and providers.

- a. Strengthen outreach, referral, and enrollment processes to serve all children who can benefit from Part C early intervention.
- b. Ensure Part C Early Intervention services offer the quality needed to make a difference.

PERINATAL & CHILD HEALTH

- c. Ensure equitable access for all eligible children in Part C Early Intervention.
- d. Strengthen supports to address the mental health needs of infants and toddlers participating in Part C Early Intervention.
- e. Partner with Medicaid to improve Part C Early Intervention.
- f. Research a policy framework that focuses on providing necessary services for young children eligible for Part B early intervention services.

7. Increase access to healthy nutrition for women and young children to ensure healthy development.

- a. Support the financial stability and modernization of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to increase participation among Pennsylvania mothers and children.
- b. Implement ongoing flexibility of telehealth services to minimize or eliminate barriers to enrolling and retaining WIC.
- c. Explore policy improvements for children participating in the Supplemental Nutrition Assistance Program (SNAP) or other similar nutrition programs.

SIGNIFICANT ACTIONS IMPACTING POLICY PRIORITIES:

- Proposed state legislation that would automatically connect children of women who screen positive for depression or anxiety to early intervention services.
- Submission of a state plan amendment that would allow doulas to be reimbursed for services by Medicaid.
- Proposed federal Child Nutrition Reauthorization legislation that would expand eligibility for WIC, as well as modernize and improve the WIC program.
- Opportunities for state and federal funding streams to address lead remediation.
- Maternal Mortality Review Commission 2022 Legislative Report.
- Progress on the state's Perinatal Quality Collaborative Maternal Depression (MOMD) Package.
- DOH WIC Bureau's plan to allow clients to have their benefits loaded remotely each month through an online benefits system.
- Data agreement between DHS and DOH to assess the referral gap between children with elevated blood levels and those enrolled in Early Intervention.
- Impacts to Medicaid and CHIP due to the continuation and eventual end of the federal COVID-19 Public Health Emergency.
- DHS' plan to merge CHIP enrollment into the county assistance offices beginning April 2023.
- Upcoming procurement process for CHIP managed care organizations whose contracts expire in December 2022.



200 North Third Street, 13th Floor
Harrisburg, PA 17101-1589

717-236-5680 | www.papartnerships.org

