pennsylvania
DEPARTMENT OF HUMAN SERVICES

ACT 150 Program
Fee Determination and Collection Procedures

Office of Long-Term Living

Bureau of Policy and Regulatory Management

Sliding Fee Scale Policy Documents

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- Bulletin # 54-16-04, 59-16-04 Act 150 Program Guidelines
  - Section H. FEES/PAYMENT FOR SERVICES and,
  - Attachment II Your Sliding Fee Scale Responsibilities as an Act 150 Program Participant

- Bulletin # 54-17-01, 59-17-01 Act 150 Program Sliding Fee Scale for Calendar Year 2017.
  - Issued for each Calendar Year
  - Includes:
    - 2017 Act 150 Sliding Fee Scale
    - Monthly Act 150 Participant Fee Report (Under Age 60)
    - Monthly Act 150 Participant Fee Report (Age 60 and Over)
    - Monthly Act 150 Participant Fee Reports (Excel Version)

Financial Eligibility Criteria

- Act 150 services are provided only if an applicant/participant is not eligible for Medicaid waiver services.

- Applicants whose family monthly gross income exceeds 300 percent of the Federal Benefit Rate shall pay a fee according to the sliding fee scale.

- All applicants shall exhaust all other available third-party benefits prior to receiving Act 150 services.

1. SCs will use the Act 150 Fee Determination/Redetermination form to calculate weekly fees based on # of family members in the household, total income, and total medical / disability expense.

2. Family members residing in the house who are included for the purpose of fee calculation:
   - Participant;
   - Participant's spouse;
   - Dependent children under age 18; and
   - Dependent children under age 24 who are full-time students at:
     - Accredited institution of higher learning,
     - Licensed trade or vocational school.

Children placed in the household for foster care or group care, whether or not related to the participant or spouse, are not counted for purposes of fee calculation.

Fee Determination and Redetermination

3. SCs shall use the current calendar year sliding fee scale.

4. If the cost of a participant's weekly hours of service is less than the calculated fee, the fee is limited to the cost of the weekly hours.

5. The lesser of the full fee or cost of service is due for the week if any portion of the service hours are provided. If no hours of service provided, no fee is due.

6. In the case of a husband and wife who both receive services, separate calculations are made for each. Each participant's fee is based on the sliding fee scale.

Fee Determination and Redetermination

7. Complete fee determinations at the following intervals:
   - Every 12 months
   - Change in circumstance affecting the fee calculation.

8. The participant is responsible to notify the SC of a change warranting a reevaluation of the fees.

9. Failure to notify can result in recalculation of fees and payment of fees calculated back to when the change occurred.

10. Failure to meet this requirement and pay any back fees owed will result in the termination of services.

General Requirements Related to Fee Determination and Redetermination

1. The SC informs the applicant of the fee policy during the initial assessment visit, including notifying the participant that services may be terminated if payment is not received according to the schedule.
   - A copy of the participant's responsibilities is given to the participant at the initial visit.

2. SCs shall provide participants with an annual reminder of the agency's payment schedule and the fee policy. A copy is placed in the participant's file.

3. Participants are given the Notice of Service Determination and the Right to Appeal form (MA 561) at the initial fee determination and any subsequent fee determinations that result in an increase in fees.

4. Participants may appeal the calculation of the fee, but not the fact that a fee is being collected for services provided.

Calculation of weekly fees

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Calculation of weekly fees:

- Calculate the family monthly income;
- Subtract the amount of family monthly medical and disability expenses; and
- Apply the Sliding Fee Scale using the adjusted family monthly income and the number of family members identified to establish the weekly fee amount.

When the adjusted gross family income is between two amounts, the higher of the two amounts is used.

Adjusted gross family income refers specifically to adjustments made based on the Act 150 fee scale procedure.

Collection of Act 150 Participant Fees

- SCEs are responsible for collecting weekly fees from participants and submitting them to the commonwealth.

- Blank copies of the monthly Act 150 Participant Fee Report "Under Age 60" and Participant Fee Report "Age 60 and Over" are included in the Act 150 Program Sliding Fee Scale Bulletin .

- Please note that the address on the "Age 60 and Over" form was incorrect. It has been corrected and is:

  PA Department of Aging
  Bureau of Finance
  Forum Place, 5th Floor
  555 Walnut Street
  Harrisburg, PA 17101-1919

It will be discussed later as well.

Delinquent Fees

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The following procedure is applied when a participant is delinquent in the payment of assessed fees:

1. Contact the participant in writing if they are 2 weeks late to remind them to remit the fees and to determine if a situation has developed that would temporarily prevent paying the fee.

2. When fees are 3 weeks late after having been contacted, notify the participant in writing that failure to make prompt payment within 1 week from the date of the letter can result in termination of services. Offer the opportunity to negotiate a payback schedule for past-due fees.

3. SCE staff shall terminate enrollment of a participant who is 4 weeks late who has not made arrangements for the remittance of late fees. Provide the participant with information related to Hearings and Appeals.

Delinquent Fees

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4. Place in the participant's file copies of correspondence and forms generated in the collection of late fees. Document in HCSIS in the service notes all communications regarding delinquent fees and agreements for remittance of late fees.

If the participant leaves the Act 150 Program with outstanding fees owed, the SCE staff shall make a note of the balance due in the final Plan Comments in HCSIS.

5. Individuals reapplying for Act 150 services who have outstanding prior fees are not to be reenrolled in the Program until the outstanding fees are paid.

Countable Income

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1. Gross income of family members 14 years of age or older.

2. Armed Forces gross pay including housing and subsistence allowances.

3. Voluntary or court-ordered support received by a present or former spouse.

4. Voluntary or court-ordered child support.

5. Gross income from self-employment, farm or non-farm (minus allowable deductions of verified costs).

6. Gross income from the rental of real property (minus allowable deductions of verified costs).

Countable Income

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7. Social Security benefits, permanent disability insurance payments, and special benefit payments by the Social Security Administration before deductions of health insurance premiums.

8. Supplemental Security Income (SSI) payments received by a minor or adult child identified as a dependent.

9. Railroad benefits payments before deductions of health insurance premiums.

10. Private pensions and annuities, individual retirement accounts or other similar retirement payment products.

11. Government employee pension, including Armed Forces retirement pensions.

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12. Unemployment compensation received from governmental unemployment insurance agencies or private and strike benefits received from union funds.

13. Workers' compensation. The cost of this insurance must have been paid by the employer and not by the worker.

14. Payments made by the Veterans Administration to veterans or their families.

15. Dividends, including dividends from stock holdings or membership in associations.

16. Interest on savings or checking accounts and bonds.

Countable Income

17. Income from estates, trust funds and settlements.

18. Income from gas or oil leases, royalties, signing bonuses or other related income.

Excluded Income

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1. Earned income of a child as follows:
   - Earned income of a child less than 14 years of age.
   - Earned income of a child who is under 18 years of age and a full-time student.

2. Proceeds from the sale of property unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment.

3. Borrowed money.

4. Tax refunds or rent rebates from any source.

5. Gifts.

6. The value of food stamp benefits.

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7. The value of donated foods.

8. The value of supplemental food assistance under the Child Nutrition Act of 1966 known as the ''Healthy, Hunger-Free Kids Act" of 2010.

9. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.

10. Grants or loans to an undergraduate student for educational purposes.

11. Payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

Excluded Income

12. Home produce used for household consumption.

13. The value of rent-free quarters.

14. Foster care payments by a state agency.

15. Employee reimbursements for travel or other expenses to the extent that the reimbursement does not exceed the expense.

16. Income from reverse mortgages.

Support Deduction

SCs shall subtract the amount of voluntary or court-ordered support paid by the participant, spouse or adult child to:

- A present or former spouse not residing in the participant's household
- A child not residing in the participant's household

Participants shall provide verification of the expense in order to receive the deduction.

Medical and Disability Expense Deductions

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SCs shall subtract the amount of family monthly medical and disability expenses paid by individuals included as family members. The following provisions apply:

- The amount considered is the actual, anticipated, or obligated monthly amount.
- The expense is the responsibility of the family and is not paid or will not be paid by a third party.
- Anticipated monthly medical and disability expenses must be based upon documented medical obligations or documented cost.

Medical and Disability Expense Deductions

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- Expense deductions may be included only if a copy of the bill or paid receipt is placed in the participant file. One month's receipts are required for recurring medical expenses.

- If installment payments are made, the amount considered is the actual amount paid per month.

- The participant fee for Act 150 services established under this part is **<u>not</u>** considered as an expense deduction.

Family Medical and Disability Expense Deductions

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The following expenses are considered in determining family medical and disability expense deductions:

- Doctor(s), including psychiatrists or psychologists.
- Providers of mental health treatment.
- Hospital care.
- Dental care.
- Eye care.
- Health care premiums.

Family Medical and Disability Expense Deductions

- Prescription drugs and insulin.
- Prosthetic devices.
- Durable medical equipment (purchase, repair, maintenance or maintenance agreements).
- Vehicle and modification expenses that are unique to a disability.
- Home modifications that are unique to a disability.
- Clothing modifications that are unique to a disability.

- Medical supplies related to the care and treatment of a medical condition.
- Incontinence products related to a disability.
- Other reasonable medical or disability expenses that would not have been incurred in the absence of a disability.
- Certain service animal expenses such as, the cost of purchasing or acquiring a dog, but not other costs such as maintenance of the dog.
- Medical transportation expenses that are not subject to reimbursement by a third party.

- Medical transportation expenses, which may include the following:
  - The actual cost of public transportation.
  - 12 cents per mile while driving their own vehicle.

If the applicant/participant fails to cooperate in providing verification, services can be denied or terminated with proper notice.

If the applicant/participant fails to cooperate in providing verification of medical expenses, eligibility will be determined without a deduction for the medical expense(s) in question.

Items Not Allowable as Expense Deductions

SCs may not consider the following items as family medical or disability expense deductions:

- Cellular telephones, Internet access services, home monitoring or security systems, medical alert systems.
- Food items.
- Vehicle insurance, except the cost of insurance relating to vehicle modification expenses that are unique to a disability.
- Vehicle expense not expressly related to a disability, such as tires or maintenance or an accessible van.

Items Not Allowable as Expense Deductions

- Expense for services similar to Act 150 Program or companion services procured at a participant's choice, which are over and above the services authorized by the Act 150 Program.
- Supplemental hourly payments or bonuses made to a PAS worker.
- Luxury items, such as swimming pools, home spas or home exercise rooms, even if recommended by a physician.

Fee Determination Process

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- It is recommended that each service coordination agency develop a checklist or form incorporating:
  - All of the countable income sources; and
  - All of the allowable deductible sources.

- The form can aid in assuring all sources of income and any allowable deductions are considered in calculating the correct participant fee amount.

Fee Determination/Redetermination Form

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Link to the form on DHS website:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_227398.pdf

PA Department of Human Services
Office of Long-Term Living Attendant
Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION	
Name of Consumer (Last, First MI)	Social Security Number

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
	APPLICANT		
TOTAL FAMILY SIZE			

TOTAL INCOME MONTLY INCOME	
LESS MEDICAL EXPENSE DEDUCTIONS	
ADJUSTED MONTHLY INCOME	
WEEKLY FEE	

Change in income/resources which may result in waiver eligibility? YES_____ NO ___

MEDICAL EXPENSE DEDUCTIONS

ITEM	START DATE	END DATE	EXPENSE
Additional Information attached (check here) [ ]		TOTAL DEDUCTION:	

AFFIRMATION OF INFORMATION

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMAITON CONTAINED HEREIN IS TRUE, CORRECT, AND COMPLETE. I AGREE TO REPORT ANY CHANGES IN CIRCUMSTANCES IMMEDIATELY TO THIS SERVICE PROVIDER. I UNDERSTAND THAT DOCUMENTATION OF ALL ELIGIBILITY FACTORS MAY BE REQUIRED TO DETERMINE ELIGIBILITY CORRECTLY OR FOR AUDITING PURPOSES. I UNDERSTAND THAT I HAVE A RIGHT TO REQUEST A DEPARTMENT OF HUMAN SERVICES FAIR HEARING. THIS AFFIRMATION STATEMENT COVERS ATTACHMENT REQUIRED FOR THE DETERMINATION OF ELIGIBILITY UNDER THE ACT 150 PROGRAM.

Consumer Signature DATE

Agency Representative Signature DATE March 2015

Fee Calculation – Sample 1

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- No fee assigned
- Selecting the next highest amount of income to determine the fee

PA Department of Human Services
Office of Long-Term Living
Attendant Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION Name of Consumer (Last, First MI)	Social Security Number
Rigby, Elinor B.	XXX-XX-XXXX

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
Elinor Rigby	APPLICANT	Social Security Disability	$1,692.60
		Annuity	$1,017.00
TOTAL FAMILY SIZE 1			

TOTAL INCOME MONTLY INCOME	$2,709.60
LESS MEDICAL EXPENSE DEDUCTIONS	$517.20
ADJUSTED MONTHLY INCOME	$2,192.40
WEEKLY FEE	$0.00

Change in income/resources which may result in waiver eligibility? YES_____ NO _X_

MEDICAL EXPENSE DEDUCTIONS			
ITEM	START DATE	END DATE	EXPENSE
Skilled Nursing	4/15/2017	4/15/1018	$70.61
Medications	4/15/2017	4/15/1018	$34.45
Ambulance	4/15/2017	4/15/1018	$60.16
lab	4/15/2017	4/15/1018	$6.65
Health Benefits Premium	4/15/2017	4/15/1018	$197.23
ER visit/UPMC medical bills	4/15/2017	4/15/1018	$122.85
Misc Medical Bills-DMES MRI	4/15/2017	4/15/1018	$25.25
Additional information attached (check here) [ ]		TOTAL DEDUCTION:	$517.20

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SIGNATURE 4/15/2017
Consumer Signature DATE

SIGNATURE 4/15/2017
Agency Representative Signature DATE

March 2015

2017 Act 150 Sliding Fee Scale

% FBR	Monthly Income Ranges by Number in Household								
	1	2	3	4	5	6	7	8	Weekly Fee
300%	$2,205	$2,805	$3,405	$4,005	$4,605	$5,205	$5,805	$6,405	$0
331%	$2,435	$3,097	$3,760	$4,422	$5,085	$5,747	$6,410	$7,072	$5
363%	$2,664	$3,389	$4,114	$4,839	$5,564	$6,289	$7,014	$7,739	$10
394%	$2,894	$3,682	$4,469	$5,257	$6,044	$6,832	$7,619	$8,407	$15
425%	$3,124	$3,974	$4,824	$5,674	$6,524	$7,374	$8,224	$9,074	$20

Fee Calculation – Sample 2

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- Initial Fee Determination
- Family size larger than 1
- Multiple income sources
- Multiple deductions
- Fee assigned

PA Department of Human Services
Office of Long-Term Living
Attendant Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION Name of Consumer (Last, First MI)	Social Security Number
Lane, Penny C.	XXX-XX-XXXX

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
Penny C. Lane	APPLICANT	SSI	$63.00
Penny C. Lane	APPLICANT	SSDI	$917.00
Don Lane	SPOUSE	Employment	$6,005.50
Don Lane	SPOUSE	SS	$2,604.00
Nick Lane	Dependent	NA	00.00
TOTAL FAMILY SIZE 3			

TOTAL INCOME MONTLY INCOME	$9,589.50
LESS MEDICAL EXPENSE DEDUCTIONS	$627.42
ADJUSTED MONTHLY INCOME	$8,962.08
WEEKLY FEE	$80

Change in income/resources which may result in waiver eligibility? YES____NO X

MEDICAL EXPENSE DEDUCTIONS

ITEM	START DATE	END DATE	EXPENSE
Dental Premium	04/2/2017	04/2/2018	$32.50
Medical Premium	04/2/2017	04/2/2018	$287.04
Vision Premium	04/2/2017	04/2/2018	$8.75
OTC med/special diet	04/2/2017	04/2/2018	$151.26
Doctors copays	04/2/2017	04/2/2018	$33.47
Prescription Co-pays	04/2/2017	04/2/2018	$65.76
Medical Equipment/supplies	04/2/2017	04/2/2018	$48.64
Additional information attached (check here) [ ]		TOTAL DEDUCTION:	$627.42

AFFIRMATION OF INFORMATION

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SIGNATURE 04/2/2017
Consumer Signature DATE

SIGNATURE 04/2/2017
Agency Representative Signature DATE

March 2015

2017 Act 150 Sliding Fee Scale

% FBR	Monthly Income Ranges by Number in Household								
	1	2	3	4	5	6	7	8	Weekly Fee
550%	$4,043	$5,143	$6,243	$7,343	$8,443	$9,543	$10,643	$11,743	$40
581%	$4,272	$5,435	$6,597	$7,760	$8,922	$10,085	$11,247	$12,410	$45
613%	$4,502	$5,727	$6,952	$8,177	$9,402	$10,627	$11,852	$13,077	$50
644%	$4,732	$6,019	$7,307	$8,594	$9,882	$11,169	$12,457	$13,744	$55
675%	$4,961	$6,311	$7,661	$9,011	$10,361	$11,711	$13,061	$14,411	$60
706%	$5,191	$6,603	$8,016	$9,428	$10,841	$12,253	$13,666	$15,078	$65
738%	$5,421	$6,896	$8,371	$9,846	$11,321	$12,796	$14,271	$15,746	$70
769%	$5,650	$7,188	$8,725	$10,263	$11,800	$13,338	$14,875	$16,413	$75
800%	$5,880	$7,480	$9,080	$10,680	$12,280	$13,880	$15,480	$17,080	$80

Fee Calculation – Sample 3

- Fee Redetermination Due to Change in Circumstances
- Changes in Sources of Income

PA Department of Human Services
Office of Long-Term Living
Attendant Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION Name of Consumer (Last, First MI)	Social Security Number
Lane, Penny C.	XXX-XX-XXXX

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
Penny C. Lane	APPLICANT	SS	$861.00
Don Lane	Spouse	Retirement	$833.66
Don Lane	Spouse	SS	$2,505.00
Nick Lane	Son	NA	$00.00
TOTAL FAMILY SIZE 3			

TOTAL INCOME MONTLY INCOME	$4,199.66
LESS MEDICAL EXPENSE DEDUCTIONS	$795.48
ADJUSTED MONTHLY INCOME	$3,404.18
WEEKLY FEE	$0

Change in income/resources which may result in waiver eligibility? YES X NO

MEDICAL EXPENSE DEDUCTIONS

ITEM	START DATE	END DATE	EXPENSE
Medical Premium	05/3/2017	05/3/2018	$472.83
Prescription Co-Pays	05/3/2017	05/3/2018	$69.68
Medical Equipment/supplies	05/3/2017	05/3/2018	$5.74
OTC meds/spec diet	05/3/2017	05/3/2018	$247.23

Additional Information attached (check here) [ ] TOTAL DEDUCTION: $795.48

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SIGNATURE 05/3/2017

Consumer Signature DATE

SIGNATURE 05/3/2017

gency Representative Signature DATE March
015

2017 Act 150 Sliding Fee Scale

% FBR	Monthly Income Ranges by Number in Household								
	1	2	3	4	5	6	7	8	Weekly Fee
300%	$2,205	$2,805	$3,405	$4,005	$4,605	$5,205	$5,805	$6,405	$0
331%	$2,435	$3,097	$3,760	$4,422	$5,085	$5,747	$6,410	$7,072	$5
363%	$2,664	$3,389	$4,114	$4,839	$5,564	$6,289	$7,014	$7,739	$10
394%	$2,894	$3,682	$4,469	$5,257	$6,044	$6,832	$7,619	$8,407	$15
425%	$3,124	$3,974	$4,824	$5,674	$6,524	$7,374	$8,224	$9,074	$20
456%	$3,353	$4,266	$5,178	$6,091	$7,003	$7,916	$8,828	$9,741	$25

Fee Calculation – Sample 4

- Monthly versus One Time Expense Deduction
- Monthly Co-pay Amount to the Dermatologist $42

  -Deduction Amount =$42/month
- Payment of a one time Dermatologist visit $42

  -Deduction amount for a 12 month period=$3.5/month ($42/12 months= $3.5)

PA Department of Human Services
Office of Long-Term Living
Attendant Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION Name of Consumer (Last, First MI)	Social Security Number
Raccoon, Rocky	XXX-XX-XXXX

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
Rocky Raccoon	APPLICANT	Social Security	$1738.00
		Pension	$ 620.00
Martha Raccoon	Spouse	Wages	$2694.00
TOTAL FAMILY SIZE: 2			

TOTAL INCOME MONTLY INCOME	$5052.00
LESS MEDICAL EXPENSE DEDUCTIONS	$ 253.50
ADJUSTED MONTHLY INCOME	$ 4798.50
WEEKLY FEE	$35.00

Change in income/resources which may result in waiver eligibility? YES_____ NO X

MEDICAL EXPENSE DEDUCTIONS			
ITEM	START DATE	END DATE	EXPENSE
Dermatologist Visit	02/01/2017	02/01/2018	($42-one time visit/12 months) $ 3.50
Highmark BC/BS	02/01/2017	02/01/2018	$250.00
Additional Information attached (check here) [ ]		TOTAL DEDUCTION:	$253.50

AFFIRMATION OF INFORMATION

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SIGNATURE 2/01/2017

Consumer Signature DATE

SIGNATURE 2/01/2017

gency Representative Signature DATE March

2017 Act 150 Sliding Fee Scale

% FBR — Monthly Income Ranges by Number in Household

% FBR	1	2	3	4	5	6	7	8	Weekly Fee
300%	$2,205	$2,805	$3,405	$4,005	$4,605	$5,205	$5,805	$6,405	$0
331%	$2,435	$3,097	$3,760	$4,422	$5,085	$5,747	$6,410	$7,072	$5
363%	$2,664	$3,389	$4,114	$4,839	$5,564	$6,289	$7,014	$7,739	$10
394%	$2,894	$3,682	$4,469	$5,257	$6,044	$6,832	$7,619	$8,407	$15
425%	$3,124	$3,974	$4,824	$5,674	$6,524	$7,374	$8,224	$9,074	$20
456%	$3,353	$4,266	$5,178	$6,091	$7,003	$7,916	$8,828	$9,741	$25
488%	$3,583	$4,558	$5,533	$6,508	$7,483	$8,458	$9,433	$10,408	$30
519%	$3,813	$4,850	$5,888	$6,925	$7,963	$9,000	$10,038	$11,075	$35

Fee Calculation – Sample 5

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PA Department of Human Services
Office of Long-Term Living
Attendant Care Program

ACT 150 FEE DETERMINATION/REDETERMINATION FORM

CONSUMER INFORMATION Name of Consumer (Last, First MI)	Social Security Number
Polythene, Pam	XXX-XX-XXX

FAMILY COMPOSITION

NAME – Last, First, M.I.	RELATIONSHIP	SOURCE OF INCOME	MONTHLY GROSS INCOME
Pam Polythene	APPLICANT	Wages	$5683.82
TOTAL FAMILY SIZE 1			

TOTAL INCOME MONTLY INCOME	$5,683.82
LESS MEDICAL EXPENSE DEDUCTIONS	$ 339.63
ADJUSTED MONTHLY INCOME	$5344.19
WEEKLY FEE	$ 70.00

Change in income/resources which may result in waiver eligibility? YES____ NO X

MEDICAL EXPENSE DEDUCTIONS

ITEM	START DATE	END DATE	EXPENSE
Medical	05/5/2017	05/5/2018	$184.62
Dental	05/5/2017	05/5/2017	$146.25
Medical Transportation	05/5/2017	05/5/2017	$ 8.76
Additional Information attached (check here) | |		TOTAL DEDUCTION:	$339.63

AFFIRMATION OF INFORMATION
I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMAITON CONTAINED HEREIN IS TRUE, CORRECT, AND COMPLETE. I AGREE TO REPORT ANY CHANGES IN CIRCUMSTANCES IMMEDIATELY TO THIS SERVICE PROVIDER. I UNDERSTAND THAT DOCUMENTATION OF ALL ELIGIBILITY FACTORS MAY BE REQUIRED TO DETERMINE ELIGIBILITY CORRECTLY OR FOR AUDITING PURPOSES. I UNDERSTAND THAT I HAVE A RIGHT TO REQUEST A DEPARTMENT OF HUMAN SERVICES FAIR HEARING. THIS AFFIRMATION STATEMENT COVERS ATTACHMENT REQUIRED FOR THE DETERMINATION OF ELIGIBILITY UNDER THE ACT 150 PROGRAM.

SIGNATURE 05/5/2017

Consumer Signature DATE

SIGNATURE 05/5/2017

Agency Representative Signature DATE

March 2015

2017 Act 150 Sliding Fee Scale

% FBR	Monthly Income Ranges by Number in Household								
	1	2	3	4	5	6	7	8	Weekly Fee
644%	$4,732	$6,019	$7,307	$8,594	$9,882	$11,169	$12,457	$13,744	$55
675%	$4,961	$6,311	$7,661	$9,011	$10,361	$11,711	$13,061	$14,411	$60
706%	$5,191	$6,603	$8,016	$9,428	$10,841	$12,253	$13,666	$15,078	$65
738%	$5,421	$6,896	$8,371	$9,846	$11,321	$12,796	$14,271	$15,746	$70
769%	$5,650	$7,188	$8,725	$10,263	$11,800	$13,338	$14,875	$16,413	$75
800%	$5,880	$7,480	$9,080	$10,680	$12,280	$13,880	$15,480	$17,080	$80
831%	$6,110	$7,772	$9,435	$11,097	$12,760	$14,422	$16,085	$17,747	$85

PROCEDURES:

SCEs are to apply the sliding fee scale in assigning appropriate fees and are to ensure those fees are assigned and collected as specified in the Act 150 Program Guidelines.

SCEs are responsible for collecting participant weekly fees and sending fees to the Commonwealth monthly.

Blank copies of the monthly Act 150 Participant Fee Reports for each age group are attached to the bulletin. The report(s) must list each Act 150 participant’s name, MCI number, participant's birth date, adjusted income amount and the participant’s total monthly fees.

SCEs will send the Monthly Act 150 Participant Fee Report(s) along with a check(s) payable to the Commonwealth of Pennsylvania by the 20th of the following calendar month.

The assessed fee amount must be sent to OLTL or PDA even if not collected from the participant.

Separate Monthly Act 150 Participant Fee Reports must be completed for participants under age 60 and for participants age 60 and over. Correspondingly, separate checks must be made out for each participant group and must accompany the report(s) submitted to the Commonwealth.

Act 150 Program Sliding Fee Scale Bulletin

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- Under age 60 - mail monthly fee report and check to:

PA Department of Human Services
Office of Long-Term Living
Bureau of Finance
Forum Place, 6th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

- Age 60 and over – mail monthly fee report and check to:

PA Department of Aging
Bureau of Finance
Forum Place, 5th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

**** Disregard previous mailing address at bottom of “Age 60 and Over Fee Report” form.*

Act 150 Participant Fee Reports (under 60)

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Monthly Act 150 Participant Fee Report (Under Age 60)

Service Coordination Entity ______________________________

Payment for Month/Year (MM/YYYY) ______________

Participant's Name	MCI Number	Birthdate	Monthly Income	Participant Amount
Total				$0.00

Mail this form along with a check payable to the Commonwealth of Pennsylvania to:
PA Department of Human Services
Office of Long Term Living
Bureau of Finance
Forum Place, 6th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

Updated 12/29/2016

Monthly Act 150 Participant Fee Report (Age 60 and Over)

Service Coordination Entity ______________________________

Payment for Month/Year (MM/YYYY) ______________

Participant's Name	MCI Number	Birthdate	Monthly Income	Participant Amount
Total				$0.00

Mail this form along with a check payable to the Commonwealth of Pennsylvania to:
PA Department of Aging
Bureau of Finance
Forum Place, 5th Floor
555 Walnut Street
Harrisburg, PA 17101-1919

Updated 5/18/17

Links to Monthly Act 150 Participant Fee Report

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Copies of fee reports can be obtained at:

- Age 60 and over:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_260034.pdf

- Under age 60:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_260033.pdf

Participant Rosters

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- OLTL is requesting a complete roster of each agency's active Act 150 participants be submitted with the July 2017 monthly report. The roster should include:
  - Participant name
  - MA ID number
  - Date of birth
  - Adjusted monthly income
  - Assessed weekly fee
- Changes must be submitted on the next monthly report:
  - List reason for change or no fee assessed, example:
    - Admitted to nursing facility
    - Deceased, including date of death
  - New members enrolled should be added to the bottom of the form

Questions

Please send questions to:

RA-oltlstreamlining@pa.gov