

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1411 Session of
1991

INTRODUCED BY DENT, SAURMAN, FARGO, ULIANA, PETRONE, BELFANTI,
GANNON, GEIST, FOX, M. N. WRIGHT, KING, HARPER, RITTER,
HALUSKA, LAWLESS, JOHNSON, NOYE, TRELLO, WOGAN, KENNEY,
NAHILL, BILLOW, BELARDI, ANGSTADT, THOMAS, LAUGHLIN,
KRUSZEWSKI, SEMMEL AND J. TAYLOR, MAY 15, 1991

REFERRED TO COMMITTEE ON HEALTH AND WELFARE, MAY 15, 1991

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," providing for a personal
4 needs allowance for recipients of medical assistance who
5 reside in institutions.

6 Federal regulations implemented by the Department of Public
7 Welfare require all gross income of institutionalized persons to
8 be used toward their cost of care. Medical assistance recipient
9 residents of institutions who claim property tax or rent rebates
10 must now turn the rebate over to the institution instead of
11 keeping it as they previously had. Therefore, to offset the
12 loss, the personal needs allowance which the residents may
13 retain from their own monthly income should be increased; and a
14 statutory base in Pennsylvania for the personal needs allowance
15 should be established.

16 The General Assembly of the Commonwealth of Pennsylvania
17 hereby enacts as follows:

18 Section 1. Section 443.1 of the act of June 13, 1967

1 (P.L.31, No.21), known as the Public Welfare Code, amended July
2 15, 1976 (P.L.993, No.202), is amended to read:

3 Section 443.1. Medical Assistance Payments for Institutional
4 Care.--The following medical assistance payments shall be made
5 in behalf of eligible persons whose institutional care is
6 prescribed by physicians:

7 (1) The reasonable cost of inpatient hospital care, as
8 specified by regulations of the department adopted under Title
9 XIX of the Federal Social Security Act and certified to the
10 department by the Auditor General for a bed patient on a
11 continuous twenty-four hour a day basis in a multi bed
12 accommodation of a hospital, exclusive of a hospital or distinct
13 part of a hospital wherein twenty-five percent of patients
14 remain six months or more. To be eligible for such payments a
15 hospital must be qualified to participate under Title XIX of the
16 Federal Social Security Act and have entered into a written
17 agreement with the department regarding matters designated by
18 the secretary as necessary to efficient administration, such as
19 hospital utilization, maintenance of proper cost accounting
20 records and access to patients' records. Such efficient
21 administration shall require the department to permit
22 participating hospitals to utilize the same fiscal intermediary
23 for this Title XIX program as such hospitals use for the Title
24 XVIII program;

25 (2) The cost of skilled nursing and intermediate nursing
26 care in State-owned geriatric centers, institutions for the
27 mentally retarded, institutions for the mentally ill, and in
28 county homes which meet the State and Federal requirements for
29 participation under Title XIX of the Federal Social Security Act
30 and which are approved by the department. This cost in county

1 homes shall be as specified by the regulations of the department
2 adopted under Title XIX of the Federal Social Security Act and
3 certified to the department by the Auditor General; elsewhere
4 the cost shall be determined by the department;

5 (3) Rates on a cost-related basis established by the
6 department for skilled nursing home or intermediate care in a
7 non-public nursing home, when furnished by a nursing home
8 licensed or approved by the department and qualified to
9 participate under Title XIX of the Federal Social Security Act;

10 (4) The cost of care in any mental hospital or in a public
11 tuberculosis hospital. To be eligible for such payments a
12 hospital must be qualified to participate under Title XIX of the
13 Federal Social Security Act and have entered into a written
14 agreement with the department regarding matters designated by
15 the secretary as necessary to efficient administration, such as
16 hospital utilization, maintenance of proper cost accounting
17 records and access to patients' records. Care in a private
18 mental hospital shall be limited to sixty days in a benefit
19 period. Only persons aged twenty-one years or under and aged
20 sixty-five years or older shall be eligible for care in a public
21 mental or tuberculosis hospital. This cost shall be the
22 reasonable cost, as determined by the department for a State
23 institution or as specified by regulations of the department
24 adopted under Title XIX of the Federal Social Security Act and
25 certified to the department by the Auditor General for county
26 and non-public institutions[.];

27 (5) Medical assistance funded patients and residents in
28 skilled nursing and intermediate care facilities, institutions
29 for the mentally retarded, institutions for the mentally ill,
30 and in county homes shall be permitted to retain a minimum of

1 sixty dollars (\$60) per month of their own income to meet
2 personal needs.

3 Section 2. This act shall take effect in 60 days.