

ACT 150 FEE DETERMINATION WEBINAR FAQ

Question #	Comment/Question	Response
1.	What if the participant has a child who is 26 and the child is on the parents' health insurance can we deduct that money paid?	Maximum age for a dependent child is "...under age 24 and who are full-time students at an accredited institution of higher learning, including a licensed trade or vocational school." Please reference Act 150 Program Guidelines page 27 at: http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_227397.pdf .
2.	What if the participant has a dependent child who is over the age of 24?	See response to question 1. above.
3.	How is the family income calculated if the DCW is the participant's daughter and is living with the participant? Is it calculated as part of the gross income of family members 14 years of age and older?	If the DCW's age qualifies her as a dependent child and is being claimed on the participant's, or participant's spouse's income tax, the DCW's wages would count towards gross family income. If the DCW files taxes separate from the participant, or participant's spouse, their income would not be counted.
4.	If the consumer is employed and receives wages, do we have to complete the fee reassessment every 6 months or is annually still sufficient?	Annually or whenever there is a change in circumstances affecting the fee calculation.
5.	If both fees are \$0, how would one be eligible for a Waiver and the other not eligible?	If a participant is NFI and was enrolled prior to November 5, 2013, they may have a \$0 fee and not be waiver eligible. There may also be other Medical Assistance requirements such as assets held by one participant that may make them MA ineligible.
6.	Previously we were told that a one-time payment (such as your example with the dermatologist) should be counted towards the month that the cost was incurred and that we were no longer allowed to divide the cost by months. Is it now acceptable for an annual fee redetermination to have those types of deductions?	If the impact of the one-time expenditure would not cause the fee to be adjusted, you may include it in that single month. Otherwise, divide it out over a 12 month period. Dividing it out may cause the expenditure to have very little, or no, impact on the participant's fees. This will prevent multiple fee re-determinations and allow the participant to have a more level payment schedule.
7.	Should the PA 600 be completed even if we know the consumer is not eligible for waiver program due to income?	Yes, it is required as part of the annual re-determination process to document the participant is not eligible for waiver.

8.	What is the annual documentation that is needed for recertification for each of these participants?	An LCD administered by the AAA, a physician's certification, and a CMI completed by the SC are required at each annual re-evaluation. Additionally, participants must submit a completed PA 600 with all supporting financial documentation in order to obtain a denial of waiver eligibility from the CAO.
9.	The dates listed for the expenses are they to be the dates on the receipts or the date the fee is assessed to one year later?	The date the expense occurred.
10.	Will the ACT 150 program transition to the MCO's beginning in January of 2018?	Act 150 will continue to be a state funded program separate from Community HealthChoices and the MCO's.
11.	If a participant's auto insurance premium is more because they drive a modified vehicle that is an allowable deduction, do you deduct the full fee or the difference between what they pay and what would be charged if the vehicle was not modified?	You may deduct the amount of the premium specifically related to the modification of the vehicle.
12.	Are flight and hotel deductible as a medical expense if traveling a great distance for a specialist?	No.
13.	May a consumer pay their weekly fee on a monthly basis, quarterly basis, or yearly basis?	SCEs are responsible for collecting participant weekly fees and submitting them to the Commonwealth monthly. SCE's may collect fees from the participant using a period that works best for them and the participant as long as the required monthly fee submission to the Commonwealth is met.
14.	What is the effective date of the fee? Date the SC signs or consumer signs? What occurs when the consumer refuses to sign?	The date the consumer signs. This should be the same date as the SC signature because the SC is responsible for obtaining the participant's signature. If a participant refuses to sign the fee determination / re-determination form they will be terminated from the program. Please advise the participant of this before terminating their services.
15.	When calculating fees, what date range should be used for acceptable receipts? For example, completing the fee re-determination on 6/1/17...expenses deduction dates should be collected from 6/1/16-5/31/17 in order to calculate the fee that will be effective from 6/1/17-5/31/18..correct?	Yes. The prior year's receipts can be used as noted in the question. Also, in the event of a change in circumstances, the receipts that cause a change in fees should be used. Those receipts will be used to project fees for the next period of up to 12 months.

16.	For changes on the monthly report for fee adjustment on the prior month, where does the reason get entered on the report? There is no comment column.	You may write it on the line below if you have room or attach a separate sheet.
17.	If there is no assessed weekly fee, does DHS/PDA want to see their information on the monthly report showing zero fee due? Showing all Act 150 participants served by the SCE.	Yes. This allows for accurate financial auditing of program expenses.
18.	The monthly medical expenses in the calculation does that include monthly insurance bills, or only other expenses, and do we need copies off the bills?	Health care premiums are a deductible medical expense. Please refer to the Act 150 Program Guidelines section on Medical and Disability Expense Deductions for a complete list of qualified expenses. The participant is to provide you with necessary verification of claimed expenses.
19.	When calculating the fees for a married couple who are both in the Act 150 Program, is the fee split in half? For example the assessed fee is \$40.00. Would the fee be \$20 for each participant?	<p>No. For the case of both husband and wife receiving Act 150 Program services, separate fee calculations are made. The husband's income and the wife's income are separate, not added and split in half. The total number of household family members is applied to both husband and wife. Countable income and deductible expenses from non-participant household family members is divided equally between each participant.</p> <p>Example: Husband (participant) income - \$2500 Wife (participant) income - \$3500 Son (non-participant) income - \$1000 Daughter (non-participant) income - \$600</p> <p>Number of household family members is 4</p> <p>Husband – income for fee determination is \$3300 and number of household members is 4, weekly fee is \$0.</p> <p>Wife – income for fee determination is \$4300 and number of household members is 4, weekly fee is \$5.</p>
20.	Has it been reported to OLTL any difficulty in turnaround time with completing the Physician cert and AAA LCD for completion of fee redetermination?	Yes, OLTL continues to work on addressing these situations when they occur. Specific concerns can be addressed to the resource account email address: RA-oltlstreamlining@pa.gov

21.	Do we need to send a monthly report to OLTL even if all of our ACT 150 consumer's weekly fees are \$0?	Yes. A monthly report of all participants is required.
22.	If participant submits bill, must they also submit proof it was paid?	A bill may be submitted, however a bill does not indicate payment of the charge. A participant may contest a bill and never pay it. A safe practice would be if a participant submits a bill, to request verification of payment of the bill.
23.	When we send the request to the AAAs, we are required to get the MA 51 from the doctors but the doctors are not always that willing to send it in a timely manner. Do we still send the request to the AAA without the MA51 to ensure that the consumer's LCD is completed on time?	You can send the request to the AAA without the MA 51; however the AAA requires the MA 51, or a physician certification, to verify the participant is NFCE prior to completing the LCD.
24.	Under the old regulations, for households of more than 8 people, SCEs were instructed to subtract \$200 for each additional person from the family's income. Did OLTL do away with this rule?	This rule remains in effect. "If there are more than eight people in the family, subtract \$200 for each additional person from the monthly income. For example, a household with 11 qualified family members, subtract \$600 from the monthly income. After adjusting the monthly income for more than eight people, use column eight for a family size of eight. If the adjusted monthly income still exceeds the poverty figure on the fee scale, add \$5 to the flat weekly fee for each additional \$75 of income."