INCOME MAINTENANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE       EFFECTIVE DATE       NUMBER
JUNE 27, 1984       JUNE 27, 1984       297-84-43

SUBJECT
PERSONAL CARE BOARDING HOME SUPPLEMENT

BY
Patricia Jacobs
Deputy Secretary
for Income Maintenance

BY
Jennifer House, Ph.D.
Deputy Secretary for Mental Retardation

Scott H. Nelson, M.D.
Deputy Secretary for Mental Health

SCOPE:
EXECUTIVE DIRECTORS
DISTRICT ADMINISTRATORS
INCOME MAINTENANCE MANAGERS
DEPARTMENT OF AGING
REGIONAL MH COMMUNITY PROGRAM MANAGERS
COUNTY MH/MR ADMINISTRATORS
DIRECTOR, BASE SERVICE UNITS

INCOME MAINTENANCE SUPERVISORS
INCOME MAINTENANCE WORKERS
OFFICE OF MENTAL HEALTH
OFFICE OF MENTAL RETARDATION
REGIONAL COMMISSIONERS FOR MENTAL RETARDATION
PERSONAL CARE BOARDING HOME OPERATORS

PURPOSE

(1) To provide instructions for authorizing payment of a Personal Care Boarding Home (PCBH) Supplement to otherwise qualified PCBH residents whose countable monthly income exceeds the combined Supplemental Security Income (SSI) and State Supplement amount ($346.40) but is less than the total of the maximum SSI payment and the PCBH Supplement ($481.30).

(2) To provide instructions for handling applications for PCBH Supplements from individuals who are not SSI recipients but are applying for SSI at the same time they apply for the PCBH Supplement.

BACKGROUND

The basic procedures for implementing the payment of a PCBH Supplement were issued in IM Bulletin #297-82-73. Additional information to clarify these procedures was issued in IM Bulletin #297-83-15.

(continued on other side)
The PCBH program was established from funds appropriated by the General Assembly. The program is a cooperative effort among the Department of Aging, Office of Mental Health, Office of Mental Retardation and the Office of Income Maintenance. Since the funds for this program are appropriated to the Department of Public Welfare (DPW), responsibility to implement this program belongs to the DPW. This includes additional responsibilities assigned to the county assistance offices (CAOs).

DISCUSSION

General Provisions

(A) Additional Group of Eligibles

Currently, only individuals receiving SSI benefits receive a PCBH Supplement. It has now been decided that individuals who are not receiving SSI benefits because their countable income exceeds the Federal SSI payment plus State Supplement ($346.40/month) but is less than the combined Federal, State Supplement plus the PCBH Supplement payment ($481.30/month) are eligible for a PCBH Supplement.

The effective date of eligibility for the supplement is the effective date of eligibility decided by Social Security Administration (SSA). The PCBH supplement is authorized through a payment process which involves the SSA. Our agreement with the SSA prohibits us from granting retroactive state supplements to individuals who were not receiving SSI benefits prior to eligibility for the supplement. The effective date depends on SSA’s receipt of the SSA-1610. The SSA stamps the date on the SSA-1610 when the form is received. Once SSA issues payment for the supplement, the effective date is the date stamped by SSA on the SSA-1610.

(B) SSI/PCBH Applicants

Procedures have been developed for handling applications for individuals applying for SSI benefits and the PCBH Supplement at the same time. These individuals are PCBH residents who appear to meet SSI eligibility requirements (except if available income is more than $346.40/month) and who meet the eligibility requirements for a PCBH supplement.

For an applicant determined eligible for SSI and the PCBH supplement the effective date of eligibility for the PCBH Supplement is:

(1) the effective date of eligibility for SSI if PA 761 was submitted to the assessment agency on this date or after this date but in the month of SSI approval, or
(2) the effective date of eligibility for SSI if PA 761 was submitted prior to the effective date of eligibility for SSI, or

(3) the first day of the month in which the PA 761 was submitted if the PA 761 was submitted after the month of eligibility for SSI.


Example B: Applicant submitted PA 761 on March 15, 1984 (date stamped in section 4 of PA 761). SSA approved SSI effective March 19, 1984. The effective date of eligibility for the PCEH supplement is March 19, 1984.

Example C: Applicant submitted PA 761 on March 15, 1984 (date stamped in section 4 of PA 761). SSA approved SSI effective February 18, 1984. The effective date of eligibility for the PCEH supplement is March 1, 1984.

Procedures

The procedures in the previous bulletins apply. This bulletin provides additional procedures to include with the previously established procedures. An Income Maintenance Bulletin will be issued in the near future which will consolidate into one bulletin all bulletins issued to implement the PCEH program.

(A) Additional procedures for the processing of a PCEH supplement for applicants whose countable income exceeds $346.40/mo. but is less than $481.30/mo.:
(1) PCEH Resident Responsibilities

(a) Obtains a completed PA 41-D "Medical Examination Report Domiciliary Care", unless a PA 41-D has been completed by a physician within six (6) months prior to the application.

(b) Completes section 3 of an SSA-1610 "Public Assistance Agency Information Request" form and signs the reverse side of the form.

(c) The Personal Care Boarding Home operators are responsible for supplying their residents with a copy of the "Certification of Income and Resources" form (Attached). The Personal Care Boarding Home operator may duplicate the form themselves or request the county assistance offices to duplicate copies of the form until forms are available from the CAO.

(d) Completes the "Certification of Income and Resources" form and attaches the required verification. (Verification is required prior to processing a supplement application.)

(e) Submits a PA 41-D, PA 761 "Application for Personal Care Boarding Home Supplement", the PCEH's current certificate of compliance, the SSA-1610 for referral to the (SSA) and the "Certification of Income and Resources" form to the appropriate assessment agency.

(2) Assessment Agency Responsibilities

(a) Checks that Section 3 of the SSA-1610 is completed and that the applicant's signature is on the reverse side.

(b) Upon receipt of the "Certification of Income and Resources" form, the assessment agency:
   (i) Checks that the form is completed and signed and
   (ii) Checks that the required verification for income and resources is attached.

(c) If the applicant does not provide the required forms and verification, the assessment agency
will notify the applicant that his/her application for the supplement will not be processed until all required forms and verification are received.

(d) If the assessment agency determines that an applicant is functionally disabled, the assessment agency forwards the PA 761, the SSA-1610 and the "Certification of Income and Resources" form with attached verifications to the appropriate CAC.

(3) County Assistance Office Responsibilities

(a) Totals the available income and resources listed on the "Certification of Income and Resource" form.

(b) Notifies an applicant, via PA/FS 162 with a copy for the assessment agency and the CAO case record, who does not appear to meet federal income or resource limitations of eligibility for SSI. These limitations are $1500 for available resources and $481.30/mo. for available income (SSA allows a $20/mo. income exclusion).

(c) Determines eligibility or ineligibility for the PCEH supplement based on completeness of PA 761 and SSA-1610, eligibility criteria for SSI being met and the recommendation from the assessment agency that a functional disability does or does not exist.

(d) Forwards the SSA-1610 along with the PA 747 to notify the Social Security District or Branch Office to authorize the PCEH supplement.

(e) Provides the PCEH Operators with a supply of the SSA-1610 forms, annotated with a protective statement on the reverse side, "I wish to file for benefits under the Supplemental Security Income Program administered by the Social Security Administration," and the "Certification of Income and Resources" form.

(B) Additional procedures for the processing of applicants applying for SSI and the PCEH Supplement at the same time:

(1) PCEH Resident Responsibilities

(a) Completes Section 1 of the PA 761 and writes "SSI Applicant" in the upper right hand corner of the PA 761.

(b) Submits the PA 761 to the appropriate assessment agency with an attached copy of the PCEH's current certificate of compliance.
(c) Contacts the Social Security District or Branch Office to place an application for SSI benefits.

(d) Obtains the completion of a PA 41-D upon notification of approval for SSI benefits from the SSA.

(e) Contacts the CAO if a medical assistance identification card is required to obtain the completion of a PA 41-D.

(f) Notifies the assessment agency when he/she has a completed PA 41-D and a notification of approval for SSI benefits from SSA and arranges for a face-to-face interview.

(g) Provides proof of SSI eligibility and completed PA 41-D at the face-to-face interview.

(h) Signs Section 2 of the PA 761 at the face-to-face interview.

(2) Assessment Agency Responsibilities

(a) Stamps in Section 4 of the PA 761 the date the application was received upon receipt of the PA 761 and retains the PA 761 until an assessment is made of the applicant.

(b) Writes the effective date of eligibility for SSI under Section 4 of the PA 761.

(3) County Assistance Office Responsibilities

(a) Verifies that an applicant is a SSI recipient prior to issuing a medical assistance identification card.

(b) Determines eligibility for medical assistance (includes completing an application form) if a medical assistance identification card is requested and receipt of SSI benefits cannot be verified.

NEXT STEPS

(1) Implement upon receipt.

(3) Insert this Bulletin in the manual (PAEM 297.4) until regulations are published.

(4) Contact assessment agencies to make arrangements for procedures to process PCBH supplement applications.

Coordination with Department of Aging

Hugh H. Jones
Deputy Secretary
Department of Aging
CERTIFICATION OF INCOME AND RESOURCES

I, (Last, First, Middle Initial), hereby declare under penalty of perjury that the following information is true and complete:

1. IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address (Street, Town or City, Zip Code)

2. RESOURCES AND INCOME INFORMATION

(Answer all questions listed below by checking ( ) Yes or No)

<table>
<thead>
<tr>
<th>Resource or Income Source</th>
<th>Yes</th>
<th>No</th>
<th>Gross Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage, salary, tips, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends or interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension or retirement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran's benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income or benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. APPLICANT

I hereby certify that all the information given on this form is true, correct, and complete to the best of my ability, knowledge, and belief. For the questions I checked ( ) Yes I have attached verification of the amount I listed.

(Signature) Applicant/Representative

Date: ____________________
| ACTION/PROCESS                                                                 | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON |
|-------------------------------------------------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1. Obtains a completed PA41-D.                                                | X                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 2. Completes Section 1 of PA761.                                              |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 3. Signs Section 2 of PA761.                                                  | X                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 4. Completes and signs Section 3 of PA761.                                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 5. Contacts assessment agency for interview.                                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 6. Attaches PCBH's certificate, verification of SSI benefits, and PW1736 PCBH |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
|   Resident Assessment Summary (if available) to PA761.                         |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 7. Submits PA41-D and PA761 to assessment agency.                            |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 8. Checks PA761 and PA41-D for completeness.                                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 9. Stamps date in Section 4 of PA761.                                         |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 10. Arranges timely assessment interview.                                     |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 11. Notifies applicant if forms (PA41-D and PA761) are incomplete or lack required attachments. |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 12. Does functional disability assessment (completes Section 5 of PA761).     |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 13. Forwards PA41-D and PA761 to CAO.                                         |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 15. Completes PA747 and forwards PA747 to SSA to authorize supplement.       |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 16. Notifies applicant (via PA/FS162) of eligibility/ineligibility for the supplement. |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 17. Notifies recipient when redetermination is due.                           |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 20. Arranges and completes a redetermination.                                |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 22. Completes PA745 and forwards to CAO.                                      |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 23. Determines continued eligibility/ineligibility for supplement.           |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 24. Notifies recipient (via PA/FS162-A) when terminating the supplement.     |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 25. Completes PA746 and forwards to SSA when terminating the supplement.     |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 26. Provides PA761 and PA41-D forms to provider.                             |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 27. Authorizes medical transportation allowances.                            |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |
| 28. Authorizes prior authorization payments.                                 |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |                    |

*The PCBH provider may help the applicant complete any required form and obtain the required verifications.*