

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:
ARNELL HOWARD, PATRICIA SHALLICK,	:
individually and on behalf of	:
all others similarly situated	:
Petitioners,	:
	:
v.	:
	:
	: No. _____
DEPARTMENT of HUMAN SERVICES of the	: CLASS ACTION
COMMONWEALTH OF PENNSYLVANIA,	: Original Jurisdiction
Respondent.	:

NOTICE TO PLEAD

To the Department of Human Services: You are hereby notified to file a written response to the Petitioners’ enclosed Class Action Petition for Review within twenty (20) days from service hereof, or such other time as the Court prescribes, or judgment may be entered against you.

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July 22, 2019

relatives. General Assistance provides approximately \$200/month to impoverished recipients with no other income.

2. Article III of the Pennsylvania Constitution requires the General Assembly to follow certain procedures when passing laws. These constitutional requirements are intended to ensure that the method of enacting legislation is deliberative, open to the public and to legislators rather than secretive, and orderly.

3. The manner in which the General Assembly passed House Bill 33, which became Act 12, violated these fundamental principles.

4. Act 12 violates Article III, Section 3, because the final bill contained more than one subject. Most significantly, the final bill included multiple provisions relating to the operation of institutional health care providers--nursing homes and hospitals--including state funds for nursing homes with Medicaid patients and reauthorization of the Philadelphia hospital assessments, a crucial revenue generating measure. Those provisions are wholly unrelated to General Assistance, a targeted program that provides modest cash assistance to vulnerable Pennsylvanians.

5. Act 12 also violates Article III, Section 1. The original purpose of H.B. 33 was to eliminate General Assistance. The amendments to the bill relating to the nursing facility incentive payments, the revenue-generating hospital assessments, and the revisions of the statewide quality care assessments

fundamentally changed the bill's original purpose. There is no unifying objective between the original purpose and the amendments.

6. Petitioners Jasmine Weeks, Vanessa Williams, Arnell Howard, and Patricia Shallick, who count on receiving their General Assistance payments to pay for necessities, such as electricity, water, heat, shelter, clothing, transportation, and medical co-payments, will lose all of their income.

7. In addition to the named petitioners, over 11,800 people with disabilities, people fleeing domestic violence, individuals participating in drug and alcohol treatment, and children living with non-relatives, will lose their General Assistance. Class members who use their General Assistance payments to pay for shelter, utilities, clothing, telephones, transportation, medical co-payments, toiletries and personal hygiene items like soap and toilet paper, will lose their income, and will be at risk of homelessness, increased hunger, and other harms.

PARTIES

A. Petitioners

8. Petitioners Jasmine Weeks, Vanessa Williams, Arnell Howard and Patricia Shallick are currently receiving General Assistance benefits, and have been notified by the Department of Human Services that their benefits will be

terminated as of August 1, 2019. They are bringing this case on behalf of themselves and of all others similarly situated.

9. The petitioner class consists of people presently receiving General Assistance cash assistance benefits in Pennsylvania, as well as those who become eligible for General Assistance. As of July 9, 2019, the Department of Human Services reported 11,844 people in Pennsylvania were receiving General Assistance cash assistance. Most recipients are in the permanent or temporary disability category; other substantial categories include people fleeing domestic violence; people in treatment for substance use disorder; and children living with non-relatives. 62 P.S. § 432 (Eligibility). Class members live in every county in Pennsylvania. June 2019 DHS Data Report, GA Participation (Exh. G, page 28).

10. Petitioner Jasmine Weeks is 27 years old and currently resides at a homeless shelter for women in Philadelphia. She has two children, ages 10 and 4. The children's father started physically and mentally abusing Ms. Weeks in 2009, when she was 18 years old. The abuse continued off and on until last year. The Philadelphia Department of Human Services removed her children in 2018, saying it was not safe for them to be in a home with the abuser. Her children are now in foster care, and Ms. Weeks is seeking family reunification. Declaration of Jasmine Weeks (Exh. A, pages 1-3).

11. Ms. Weeks fled her home in January 2019 and now lives at a homeless shelter for women. She has a protection from abuse order. She began receiving General Assistance in January 2019 in the domestic violence category. She uses her GA to pay for transportation to the doctor appointments, therapy appointments and court dates required for her child welfare case, and to visit her children and buy them food. *Id.*

12. Ms. Weeks received a notice from the Department of Human Services that her General Assistance will end on August 1, 2019. She is worried that losing General Assistance will make it almost impossible for her to be reunified with her children, because she will not be able to take the steps required to maintain stability and address safety issues. *Id.*

13. Petitioner Vanessa Williams is 54 years old and lives in Philadelphia. She worked at Merck Pharmaceuticals for 12 years, but suffered serious injuries on the job when she fell off a two-story ladder. Her Long Term Disability insurance ended in 2018. She suffers from Bell's Palsy and post-traumatic stress disorder, and needs a walker. Because of her disabilities, Home and Community Based Services provides her with a home health aide. She has applied for benefits through the Social Security Administration. Declaration of Vanessa Williams (Exh. B, pages 4-5).

14. Ms. Williams began receiving General Assistance in March 2019. It made a huge difference in her life; she uses it to buy vitamins, toothpaste, deodorant, incontinence products, underwear, and transportation to her appointments. She also uses it to pay for her cell phone and to buy fruits and vegetables. *Id.*

15. Ms. Williams received a notice from the Department of Human Services that her General Assistance will end on August 1, 2019. If the program ends, she is afraid she will go back to living an inhumane life. *Id.*

16. Petitioner Arnell Howard is 49 years old and suffers from severe arthritis, a back injury, depression and heart failure. Her disabilities make it difficult to get dressed and get around the house, and she has the help of a home health care aide through Home and Community Based Services. Because of her disabilities she had to stop working, and she is waiting for a hearing on her SSI application. Declaration of Arnell Howard (Exh. C, pages 6-7).

17. Ms. Howard uses her GA to make payments on her electric, gas and water bills. She owes money on all of those bills, but she has been able to keep her utilities on since she began receiving GA. She also buys soap, toothpaste, toilet paper and maxi pads. *Id.*

18. Ms. Howard received a notice from the Department of Human Services that her General Assistance will end on August 1, 2019. Cash Assistance

Notice, Arnell Howard (July 1, 2019) (Exh. D, page 8). If the program ends, she is afraid she will end up living in a house without heat or running water, and that she will have no way to get to her doctor appointments. Declaration of Arnell Howard (Exh. C, page 7).

19. Petitioner Patricia Shallick is a 57-year-old resident of Philadelphia. She lives in a home her family has owned for decades. She is presently unable to work due to her disabilities: severe migraines, arthritis, TMJ (temporomandibular joint pain), schizophrenia, depression and anxiety. She sees a therapist and takes medications to treat and manage her mental health challenges. Declaration of Patricia Shallick (Exh. E, pages 9-10).

20. By 2016, with no income and no way to pay bills or support herself, Ms. Shallick applied for SSI but was denied. She struggled to live without any income, and resorted to selling items she found while trash-picking. She endured a gas shut-off and a water shut-off. *Id.*

21. Ms. Shallick applied for General Assistance and began receiving \$205 per month in General Assistance benefits in December 2018. Ms. Shallick re-applied for SSI in March 2019, and is waiting for an answer. *Id.*

22. Ms. Shallick received a notice from DHS that her General Assistance will end as of August 1, 2019. Ms. Shallick is worried that without General Assistance, she will have no way to pay her utility bills and will live in a house

without heat or electricity; she already has no running water and has to do her laundry at a laundromat and buy hand sanitizer and wipes to clean herself without running water. She will have to use her food stamps to buy bottled water to drink, making her able to buy less food. She will be unable to pay co-payments for her medications or to put money on a SEPTA keycard to go to her appointments. As she declares, “I am afraid that my health will quickly deteriorate without access to those essential parts of the health care I need.” *Id.*

B. Respondent

23. Respondent Department of Human Services is an administrative department of the Commonwealth of Pennsylvania with offices at the Health and Welfare building, Harrisburg, Pennsylvania, with the responsibility for implementing Act 12 and its elimination of the General Assistance cash assistance program.

JURISDICTION

24. This Court has original jurisdiction of this action pursuant to 42 Pa. C.S.A. § 761(a).

25. There is no administrative remedy available to Petitioners. Any actions by Petitioners at the administrative level would be inadequate to address the issues raised here.

26. The notice sent by Respondents to notify General Assistance recipients that the benefits are ending states: “Appeal and Fair Hearing. Your General Assistance cash benefits are ending because of a change in State law. If you think the change should not apply to you because you are not getting General Assistance cash benefits or if you think we have the wrong facts about you, you may file an appeal and ask for a hearing. You will not be granted a hearing unless you are appealing because: 1) you think you are not getting General Assistance cash benefits or 2) you think we have the wrong facts about you (for example, you are pregnant, or are caring for a child, or are blind or have very poor vision). Your cash benefits will end on July 31, 2019, whether or not you file an appeal.” Notice, Department of Human Services, GA Discontinuance (July 1, 2019) (Exh. R, pages 77-78).

27. Per that notice, GA participants cannot challenge the elimination of the program in an administrative appeal; they can only assert that the facts (e.g. pregnancy, caring for a child, or visual disability) warrant determination as to whether they are eligible for a different cash assistance program such as Temporary Assistance to Needy Families (TANF) or the State Blind Pension.

28. The notice is consistent with the human services code, which states that the Department of Human Services, Bureau of Hearings and Appeals may not render a decision on the validity of state law. 55 Pa.Code § 275.4(h)(1)(iv).

29. This Court has held that petitioners challenging a statute affecting the TANF program did not have an adequate remedy in the administrative appeal process, because administrative appeals in the Department cannot adjudicate a challenge to a statute. *Success Against All Odds v. Dep't Pub. Welfare*, 700 A.2d 1340, 1348-49 (Pa.Cmwlth. 1997).

CLASS ACTION ALLEGATIONS

30. Petitioners bring this action on behalf of themselves and a class of all other similarly situated persons, pursuant to Rule 1701, et seq., of the Pennsylvania Rules of Civil Procedure.

31. The class consists of all current recipients of General Assistance and all who become eligible for General Assistance while this matter remains pending.

32. The requirements of Pa.R.C.P. 1701, are met in that:

a) The class is so numerous that joinder of all members is impracticable, as there are at least 11,844 members of the class. Pa.R.C.P. 1702(a)(1).

b) There are questions of law or fact common to the class, Pa.R.C.P.

1702(a)(2), including but not limited to the following:

i. Whether Act 12 violates Article III, Section 3 of the Pennsylvania Constitution because the bill as enacted contains amendments that do not share a unifying scheme with the bill's original subject; and

- ii. Whether Act 12 violates Article III, Section 1 of the Pennsylvania Constitution because the bill was altered in the legislative process to change its original purpose and the amendments are not sufficiently germane to the bill's original purpose.
- c) The claims of the representative parties are typical of the claims or defenses of the class. Pa.R.C.P. 1702(a)(3). Like all class members, the representative parties are people who currently receive General Assistance and who will lose it on August 1, 2019 when Act 12 becomes effective.
- d) The representative parties will fairly and adequately assert and protect the interests of the class. Pa.R.C.P. 1702(a)(4).
- e) A class action provides a fair and efficient method for adjudication of this controversy under the criteria set forth in Pa.R.C.P. 1708, in that:
 - i. Common questions of law or fact, including the common questions identified above, predominate over any questions affecting individual members.
 - ii. The class includes 11,844 people who currently receive General Assistance. The difficulties likely to be encountered in the management of this action as a class are minimal. Pa.R.C.P. 1708(a)(2).

- iii. The prosecution of separate actions by individual members of the class would create a risk of inconsistent or varying adjudications with respect to individual members of the class. Pa.R.C.P. 1708(a)(3)(i).
- iv. Commonwealth Court is appropriate for the litigation of the claims of this entire class of Pennsylvania residents. Pa.R.C.P. 1708(a)(5). The petitioner class has no adequate remedy at law other than an action in this Court. The human services code bars adjudicating the validity of a state law in an administrative hearing. 55 Pa. Code § 275.4(h)(1)(iv); *see also Success Against All Odds*, 700 A.2d at 1348-49 (public benefits statutes cannot be challenged in administrative appeals).
- v. Because enforcing and implementing the General Assistance-related provisions of Act 12 affects all class members by ending their cash assistance, final equitable or declaratory relief is appropriate with respect to the class. Pa.R.C.P. 1708(b)(2).

33. The representative parties will fairly and adequately assert and protect the interests of the class according to the criteria of Pa.R.C.P. 1709, in that:

- a) Counsel for the representative parties are experienced in class action litigation and will adequately represent the interests of the class. Pa.R.C.P. 1709(1).

- b) The representative parties do not have a conflict of interest in the maintenance of the class action. Pa.R.C.P. 1709(2).
- c) The representative parties have or can acquire adequate resources to assure that the interests of the class will not be harmed. Pa.R.C.P. 1709(3). The named petitioners and their counsel are prepared to carry their claims forward to final judgment and to protect the interests of all members of the class; and petitioners have counsel employed by a legal services organization and a public interest law firm, with sufficient financial resources to assure that the interests of the class will not be harmed.

FACTUAL ALLEGATIONS

34. General Assistance is a cash assistance program for people who have no income, less than \$250 in resources, and who meet one of the categorical eligibility requirements. Categories include people with a permanent or temporary disability who cannot work; people fleeing domestic violence; people completing substance use disorder treatment that precludes employment; and children living with unrelated caregivers such as neighbors or friends. 62 P.S. § 432.

35. The maximum General Assistance benefit for one person with no other income—most GA recipients are in a household of one—ranges from \$174 to \$215 per month, disbursed in two semi-monthly payments. The grant amount varies by county; the maximum grant amount in 30 counties, including Philadelphia is \$205. Family Size Allowances, 55 Pa.Code ch. 183 App. B Table 3 (Exh. S, page 79) and DHS Five-Year Case Characteristics for General Assistance (Exh. U, page 83).

36. In 2012 the General Assembly passed, and then-Governor Corbett signed, Act 80, a bill that eliminated the General Assistance cash assistance program. During the legislative process, the bill was amended to include multiple provisions affecting programs overseen by the Department of Public Welfare (now called the Department of Human Services), including kinship care programs, work

requirements for TANF (Temporary Aid to Need Families) recipients, and nursing facility assessments. Act 2012-80, P.L. 668 (Exh. M, pages 43-55).

37. Accordingly, in the summer of 2012, the General Assistance cash assistance program ceased operating. The approximately 68,000 Pennsylvanians who had been served by that program no longer received income support.

38. General Assistance recipients and advocacy groups petitioned this Court for review, asserting, among other things, that the bill was unconstitutional under Pennsylvania law for reasons including: (1) the amended bill had not been considered three times by each chamber; and (2) the amended bill, which contained unrelated provisions and affected human services programs entirely separate from General Assistance, violated the single subject rule. *Washington v. Dep't Pub. Welfare*, 188 A.3d 1135 (Pa. 2018).

39. On July 18, 2018, the Pennsylvania Supreme Court held that Act 80 violated Article III, Section 4 of the Pennsylvania Constitution because the bill, after being amended in the Senate, was not considered on three different days in the House of Representatives. *Washington*, 188 A.3d at 1154.

40. The court held that the bill's previous three days of consideration in the House did not satisfy the constitutional requirement, because the amendments to the bill in the Senate were not germane to the bill's original purpose and subject. *Id.* at 1153. The court explained that "the regulation and funding of human

services programs” is not a sufficient “unifying scheme to accomplish a single purpose” as required by the germaneness test for Section 4. *Washington*, 188 A.3d at 1151-53 & n.36.

41. After the *Washington* decision, the Department of Human Services began accepting applications for General Assistance at the end of August 2018, and individuals whom the Department determined eligible began receiving General Assistance in late November 2018.

42. On January 4, 2019, House Bill 33 was introduced in the General Assembly. The bill was three pages long. The bill’s title stated succinctly: “Reenacts the elimination of the general assistance cash benefit program.” H.B. 33, P.N. 47 (Exh. I, pages 30-32).

43. Rep. George Dunbar sponsored the bill. He wrote in the co-sponsorship memo: “Please join me as a co-sponsor of legislation to reenact the elimination of the general assistance cash benefit program.” The memo also expressed concern about the cost of the program. H.B. 33 Cosponsor Memo (Exh. H, page 29).

44. When the bill was considered in the House Health Committee, the bill synopsis read, “Amends the Human Services Code to eliminate the general assistance cash benefit program, which was recently reinstated by the PA Supreme

Court due to asserted procedural violations.” H.B. 33, P.N. 47 (March 20, 2019)
House Health Committee Bill Summary, (W. Metzler, Esq.) (Exh. J, page 33).

45. House Bill 33 moved unchanged through the House Health Committee on March 25, 2019, despite the fact that the bill’s opponents proposed multiple amendments. The committee declined to add a series of amendments to the bill that would exempt certain groups (e.g., veterans, victims of domestic violence) from the elimination of General Assistance. The committee voted 14-10 along party lines to report the bill to the House. Bill Information – History H.B. 33 (Exh. F page 11).

46. On March 27, 2019, the House of Representatives debated the bill on second consideration for one hour and thirty-eight minutes. Another attempt to amend the bill to exempt certain people from the elimination of General Assistance failed. Unchanged, the bill was referred to House Appropriations on that same day. *Id.*

47. On June 18, 2019, the House Appropriations committee considered H.B. 33. Rep. Dunbar, the sponsor of the bill, proposed amendments adding three parts to the bill unrelated to General Assistance:

- a. Extending medical assistance day-one incentive payments to qualified non-public nursing facilities for the 2019-20 fiscal year and increasing state funds for day-one incentive payments from \$8M to \$16M; this is a budget measure funding nursing facilities that serve Medicaid patients;

- b. Extending hospital assessments, due to expire on June 30, 2019, through June 2024 for “high volume Medicaid hospitals,” which are defined as hospitals providing more than 60,000 inpatient acute days of care to medical assistance patients;¹ these assessments drawn down matching federal Medicaid dollars and are estimated to generate \$165M in revenue annually;
- c. Revising the statewide quality care assessment for hospitals.

H.B. 33, P.N. 47, A02102 (June 17, 2019) (Dunbar) (Exh. K, pages 34-41).

48. Rep. Dunbar’s amendments passed the Appropriations Committee.

The bill was now 15 pages. H.B. 33, P.N. 2182 (Exh. F, pages 11-26).

49. The next day, June 19, 2019, the bill was laid out for third and final consideration in the House. The debate lasted for one hour and thirty-four minutes. The majority of the debate was about General Assistance. The nursing facility day-one incentive payments, Philadelphia hospital assessments and statewide quality care assessment revisions were mentioned three times during the debate; those provisions did not generate controversy about their substance, but some members expressed concern that the amendments would make the bill violate the single subject rule.

50. First, when Rep. Dunbar introduced the bill, he stated: “The bill was amended yesterday in appropriations committee to include additional funding for Medicaid day one incentive program for nursing homes that take Medical

¹ Because the only “high volume Medicaid hospitals” meeting this definition are located in Philadelphia, this provision is commonly referred to as “Philadelphia hospital assessments.”

Assistance patients. It also extended Philadelphia hospital assessment that was set to expire in 2019 to 2024. And provided additional dollars for funding for those on Medical Assistance in Philadelphia hospitals.” House Session, June 19, 2019, 1:04:38-1:05:02.²

51. Next, Representative Dawkins, who opposed the bill, stated with sarcasm: “I really want to give you guys a round of applause ‘cause this bill sends 165 million dollars to the city of Philadelphia. So thank you.” House Session, June 19, 2019, 1:30:14-1:30:33.

52. Representative Dawkins continued: “I am really surprised that we were able to get around the single subject rule to add that provision.” House Session, June 19, 2019, 1:31:28-1:31:34.

53. Finally, Representative Bradford, as he opposed the bill, stated a concern that the recently-amended bill has multiple parts: “It seems like just yesterday this legislative body—again—put this legislation into a multi...how, how do I refer to it? I guess, a bill that has, uh, multiple parts. It might even be a violation of single subject, some would say... And then this legislative body will wonder why we will wind up in court in a just a few more months. Because—

² The Legislative Journal is not yet available for that date. These quotes are verbatim from the recorded debate, available at: <https://www.youtube.com/embed/sop9gLQvAw0?start=3522&modestbranding=1&rel=0&autoplay=1> (June 19, 2019 House session).

again—the legality of this whole gimmick that is being played out here will be challenged in court.” House Session, June 19, 2019, 2:18:14-2:19:04.

54. The amended bill – with its multiple disparate provisions -- passed the House on third and final consideration by a vote of 106 to 95 on June 19, less than two weeks before the end of the fiscal year and the potential loss of millions of dollars for the Philadelphia hospital assessments. Bill Information – History H.B. 33 (Exh. F, page 11).

55. Until the amendment with the nursing facility day one incentive payments, Philadelphia hospital assessments, and statewide hospital quality care revisions, “Governor Wolf consistently advocated for fully funding General Assistance, including in his February proposal and various counter-proposals during the budget negotiations.” Mark Scolforo, Associated Press, “Divided Pa. House votes to end \$54M cash welfare program” (June 19, 2019) (<https://www.pennlive.com/news/2019/06/divided-pa-house-votes-to-end-54m-cash-welfare-program.html>).

56. After the amendments to the bill, the press reported that the addition of the hospital assessments complicated Governor Wolf’s position on H.B. 33:

Wolf wants to keep the program, known as General Assistance, but he says the latest move by Republicans puts him in a tough position. In a nearly-party line vote Wednesday, the GOP-controlled House passed a bill that would eliminate the program. But the same bill includes

something Wolf wants: Money for Philadelphia hospitals, among other things.

Republicans believe Wolf will either sign the bill, or let it become law, because he won't want to kill the medical money.

"They are pursuing a pretty smart tactic," Wolf said. "...It's a Hobson's choice."

Wolf says people who benefit from cash assistance also benefit from the tens of millions of dollars that would go to hospitals. He says he's not sure how he'll respond.

"I'm not just saying this to put you off. We're literally still talking about what our options are, because ... we are between a rock and a hard place here," Wolf said.

Ed Mahon, Pa. Post, "#AskGovWolf highlights: Cash for the poor? Yes. Arming teachers? No." (June 21, 2019) (available at:

<https://www.witf.org/news/2019/06/cash-for-the-poor-yes-arming-teachers-no-and-4-other-highlights-from-askgovwolf.php>).

57. The Senate received H.B. 33, as amended, and referred it to the Health and Human Services Committee which discussed the bill in a meeting on June 24, 2019, less than a week before the end of the fiscal year. During the committee meeting, Senators Muth and Street proposed a total of seven amendments to the bill; the amendments would each have preserved some aspect of the General Assistance program. (A02254, A02255, A02257, A02258, A02259, A02359, A02394). Each amendment failed to pass. The bill was voted favorably by the

committee. Senate Health Committee, Pennsylvania Legislative Service, June 24, 2019 (Exh. V, pages 88-90).

58. The discussion in the Health and Human Services committee did not mention hospital assessments or nursing home incentive payments; all of the debate concerned General Assistance. Senate Health Committee, Pennsylvania Legislative Service, June 24, 2019 (Exh. V, pages 88-90).

59. On June 24, the bill was heard on first consideration in the Senate.

60. On June 25, the bill was heard on second consideration in the Senate and was voted favorably in the Senate Appropriations Committee. Bill Information – History H.B. 33 (Exh. F, page 11).

61. On June 26, 2019, House Bill 33 was laid out for third and final consideration in the Senate at 2:05pm. The Senate debate was contentious. *See, e.g.,* Liz Navrati and Angela Couloumbis, *Philadelphia Inquirer*, “Rare fight erupts on Pa. Senate floor amid debate over program for the poor” (June 26, 2019) (available at: <https://www.inquirer.com/news/pennsylvania-senate-general-assistance-fetterman-scarinati-chaos-fight-20190626.html>). At 3:33pm, the final vote was 26-24 in favor of H.B. 33. Bill Information – History H.B. 33 (Exh. F, page 11).

62. On June 28, 2019, Governor Wolf signed H.B. 33 into law as Act 12 of 2019. Bill Information – History H.B. 33 (Exh. F, page 11).

63. Governor Wolf spoke to the press about the choice he made to sign the bill eliminating General Assistance:

Wolf told reporters he was sorry he had to do it but the bill that the General Assembly sent him contained language that provided “tens of millions of dollars for hospitals in areas that really need that money.” He added, “In a perfect world I would not have to make this Hobson’s choice.”

Jan Murphy, “Dems: Revive Cash Assistance,” *Sunday Patriot-News*, July 7, 2019 (available at: <https://www.pennlive.com/news/2019/07/pa-democratic-lawmakers-want-to-revive-cash-assistance-for-states-poorest-residents-hoping-moral-compass-emerges-in-those-who-voted-to-shut-it-down.html>).

65. Act 12 is an omnibus bill in both name and substance. When recorded in the Pennsylvania Bulletin, Act 12 was listed as “Human Services Code-omnibus amendments.” Pennsylvania Bulletin, 49 Pa.B. 3595 (July 13, 2019) (Exh. T, page 81).

64. Reauthorizing the Philadelphia hospital assessments and funding the nursing facility day one incentive payments were essential legislation because both were scheduled to expire on June 30, 2019. However, H.B. 33 was not the only bill where these provisions could be included. A Senate bill, S.B. 695, with a title referencing the nursing facility day-one incentives and the Philadelphia hospital assessments, was under concurrent consideration as H.B. 33 in the spring of 2019

and provided a vehicle to address those matters as well as the hospital quality care assessments.

65. On May 31, 2019, S.B. 695 was introduced, with the following title: “Amending the act of June 13, 1967 (P.L.31, No.21), entitled ‘An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth,’ in public assistance, further providing for medical assistance payments for institutional care; in nursing facility assessments, further providing for time periods; in intermediate care facilities for persons with an intellectual disability assessments, further providing for time periods; and, in hospital assessments, further providing for time period.” S.B. 695, P.N. 833 (Exh. O, page 57).

66. Although the title of this bill included four topics (medical assistance day one incentive payments for nursing facilities; nursing facility assessments; intermediate care facility assessments; and hospital assessments), the bill’s text addressed only nursing facility assessments. S.B. 695, P.N. 833. (Exh. O, pages 57-59).

67. On June 10, 2019, S.B. 695 passed the Senate by a vote of 50-0. Bill Information – History S.B. 695, available at: https://www.legis.state.pa.us/cfdocs/billInfo/bill_history.cfm?year=2019&ind=0&body=S&type=B&bn=695.

68. When S.B. 695 moved to the House, Rep. Bradford offered amendments: the nursing facility day-one incentive payments, the Philadelphia hospital assessments and the statewide hospital quality care assessments. The amendments offered by Rep. Bradford included the topics in the bill's caption that had not been included in the original bill text. The amendments matched verbatim the amendments Rep. Dunbar had added to H.B. 33 in the House Appropriations committee. *See* S.B. 695, P.N. 833, A02322 (Exh. P, pages 60-66); *cf.* H.B. 33, P.N. 47, A02102 (Exh. K, pages 34-41 earlier). Rep. Bradford's amendments were not successful.

69. S.B. 695 passed the House by a vote of 198-1, returned to the Senate and passed by a final vote of 49-1 on June 27. The Governor signed the bill on June 28, 2019, as Act 19 of 2019. Bill Information – History S.B. 695, available at:

https://www.legis.state.pa.us/cfdocs/billInfo/bill_history.cfm?year=2019&sind=0&body=S&type=B&bn=695.

70. On July 1, 2019, the Department of Human Services sent notice to all people receiving General Assistance that the program would end on August 1, 2019, and that no General Assistance cash assistance will be disbursed after July 31, 2019. (Exh. R, pages 77-78).

71. The over 11,800 individuals who are members of the petitioner class, along with Ms. Weeks, Ms. Williams, Ms. Howard and Ms. Shallick, will be immediately and irreparably harmed by the loss of their General Assistance cash assistance payments on August 1, 2019. Declarations of Jasmine Weeks, Vanessa Williams, Arnell Howard and Patricia Shallick (Exhs. A, B, C, E, pages 1-10).

COUNT I
Violation of the Pennsylvania Constitution's
Single Subject Clause, Art. III, § 3

72. Petitioners hereby incorporate Paragraphs 1 through 71 above as if they were fully set forth herein.

73. Article III, Section 3 of the Pennsylvania Constitution provides: “No bill shall be passed containing more than one subject, which shall be clearly expressed in its title, except a general appropriation bill or a bill codifying or compiling the law or a part thereof.”

74. “[T]he overarching purpose of these and the other restrictions on the legislative process contained in Article III was to furnish essential constitutional safeguards to ensure our Commonwealth’s government is open, deliberate and accountable to the people it serves.” *Washington*, 188 A.3d at 1147.

75. Act 12 violates Article III, Section 3 because it contains more than one subject. As originally submitted, H.B. 33 contained a single subject: elimination of General Assistance. As set forth above, the bill was amended on the eve of on final passage in the House to contain four quite different subjects: General Assistance elimination; nursing facility day one incentives; Philadelphia hospital assessment reauthorization; and changes to statewide quality care hospital assessments.

76. The amendments to H.B. 33 all relate to institutional providers – from incentive payments, to revenues, to quality assurance. These subjects were not germane to the original subject matter of the bill, *i.e.*, General Assistance cash benefits for low-income individuals. The original subject and the multiple subsequent amendments did not share a “unifying scheme to accomplish a single purpose.” *Commonwealth v. Neiman*, 84 A.3d 603, 612 (Pa. 2013) (quoting *City of Philadelphia v. Commonwealth*, 838 A.3d 553, 589 (Pa. 2003)).

77. A “unifying scheme” cannot be overly broad. The fact that all of the disparate subjects in Act 12 involve programs overseen by the Department of Human Services is too broad. In *Washington*, when Act 80 of 2012 eliminated General Assistance and made changes to a number of other human services programs, the Pennsylvania Supreme Court reasoned that “the regulation and funding of human services programs” was “entirely too expansive” to serve as a unifying scheme for a bill that contained multiple measures affecting unrelated human services programs. *Washington*, 188 A.3d at 1151-52 & n.36. Because Act 12 also includes disparate subjects that do not share a unifying scheme, the bill is unconstitutional under Article III, Section 3.

78. Act 12 violates Article III, Section 3 for an additional and independent reason. The bill’s multiple subjects unconstitutionally restrained the governor’s veto power. “Just as the single subject limitation seeks to ensure separate and

independent legislative consideration of proposals, it is intended to guarantee the same freedom from ‘logrolling’ during executive review of legislative enactments. Thus. . . if the governor desires to veto any of the sections in the legislation, he would have been required to veto the entire act. To do so requires him to sacrifice desirable legislation in order to veto what he considers undesirable legislation.”

Robert F. Williams, *The Law of American State Constitutions* 261-262 (Oxford University Press) (2009).

79. Here, the Legislature included essential funding provisions in the same bill intended to eliminate General Assistance to ensure that Governor Wolf could not exercise his veto to maintain General Assistance without losing more than \$165 million in essential revenue. Even though the Legislature had the option of including the revenue provisions in another pending bill, it sought to tie them to the bill eliminating General Assistance to make it veto-proof.

COUNT II

Violation of the Pennsylvania Constitution's

Original Purpose Clause, Art. III, § 1

80. Petitioners hereby incorporate Paragraphs 1 through 79 above as if they were fully set forth herein.

81. Article III, Section 1 of the Pennsylvania Constitution, entitled Passage of laws, provides: "No law shall be passed except by bill, and no bill shall be altered or amended, on its passage through either House, as to change its original purpose."

82. Courts review legislation under Article III, Section 1 with a two-prong test; failure to satisfy either prong renders the legislation unconstitutional. "First, the court will consider the original purpose of the legislation and compare it to the final purpose and determine whether there has been an alteration or amendment so as to change the original purpose. Second, a court will consider, whether in its final form, the title and contents of the bill are deceptive." *Pennsylvanians Against Gambling Expansion Fund, Inc. v. Commonwealth*, 877 A.2d 383, 408-09 (Pa. 2005) ("PAGE").

83. Here, H.B. 33 fails the first prong. The bill on final passage had a different purpose from the original bill.

84. The original purpose of H.B. 33 was narrow: to eliminate the General Assistance cash assistance program. By final passage, the bill had multiple

different purposes: to eliminate General Assistance; to raise revenue through extending hospital assessments; to reauthorize and increase the funding for nursing facility day-one incentives; and to revise statewide quality care hospital assessments.

85. Even under a “reasonably broad” view of the original purpose of H.B. 33, *City of Philadelphia*, 838 A.2d at 588, the original purpose of H.B. 33 cannot encompass the multiple and wide-ranging disparate purposes of the final, amended bill. In *Washington*, the Pennsylvania Supreme Court expressly rejected the argument that amendments about multiple different human services programs, including a revenue-raising assessment, are sufficiently germane to the original purpose of a bill simply because the amendments relate to human services programs. *Washington*, 1138 A.3d at 1153 & n.36. Likewise, the amendments to H.B. 33 changed its original purpose.

REQUEST FOR RELIEF

WHEREFORE, Petitioners request that this Court enter judgment in their favor and:

1. Assume jurisdiction of this suit and certify, pursuant to Rule 1710 of the Pennsylvania Rules of Civil Procedure, that this action be maintained as a class action;
2. Declare Act 12 unconstitutional under Article III, Sections 1 and 3 of the Pennsylvania Constitution;
3. Preliminarily and permanently enjoin Respondent, its agents, officers, and employees, and all other State officials, from implementing Sections 1, 2, or 3 of Act 12 to terminate the General Assistance cash assistance program for petitioners and any members of the class, which includes all persons eligible for General Assistance in Pennsylvania.
4. Grant such other relief as may be just and proper.

_____/s/_____
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(412) 391-2131

July 22, 2019

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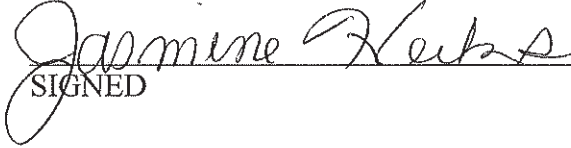
DECLARATION OF JASMINE WEEKS

I, Jasmine Weeks, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Jasmine Weeks. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 27 years old. I have lived in Philadelphia my whole life and am currently living at a homeless shelter for women in Philadelphia.
3. I have two daughters, ages 10 and 4. The father of my youngest daughter started abusing me when I was about 18 years-old. From about 2009 until last year, he physically and mentally abused me. He has stalked me, threatened me, punched me, and strangled me. He was extremely controlling and forced me to stay inside the house often. I called the police repeatedly for help. The abuse was very traumatic and I now have post-traumatic stress disorder.
4. I tried my best to work while raising my children and dealing with the trauma of the abuse. I worked for two years at Target. My abuser would yell at me when I would go to work. In January 2018, the fights got so bad that I decided I had to quit the job at Target. I got another job at Verizon Fios a few weeks later, but my abuser then left the house and refused to watch my daughters while I went to work. I tried to arrange for other childcare so I could continue to work, but I could not find childcare quickly enough so I left the job at Verizon around April 2018.
5. In May 2018, my abuser decided he wanted to move back into my house. He broke into the house in the middle of the night and threatened me. I called the police and the police made sure I was able to leave the house with my children. My children and I went to a domestic violence shelter. Around this time, Philadelphia's child welfare agency, the Department of Human Services, also got involved in my case.
6. When I went to the domestic violence shelter, it was the first time I was ever in a shelter and it was the first time I had ever fled the abuse. It was a very controlled environment, which made me feel panicked. My anxiety was overwhelming. I left the shelter in early June and returned to my home with my children. Philadelphia DHS removed the children from my home a day or two later because they said it was not safe for them to be in the home where my abuser could find them and also because my abuser had damaged the home while I was at the shelter. There was a broken window, leaks from the bathroom, and part of the ceiling collapsed, which DHS said made the home unsafe.

7. I continued to live at my house until about January 2019. My abuser was not living at the house, but he was constantly stalking me and threatening me. It was not safe for me to stay at the house anymore, but I had nowhere else to go. My only option was to go to a shelter. I went to the homeless shelter in January 2019 and I am still living there. I got a Protection from Abuse order in May 2019.
8. My children have been living in foster care since June 2018 and I have been working hard to get them back. I see a therapist and a psychiatrist at Merakey at least once per week, I attend group therapy once per week, go to family school twice per week, and go to all of my court appointments in the child welfare case. I take two medications for my psychiatric disabilities. I also go to scheduled visits with my kids once per week.
9. I have also been trying to find a job since my children went into foster care. I got a job at Burger King in July 2018, but had to leave the job after about a month because of health concerns. My disabilities, the trauma from the domestic violence, and the many appointments I must keep for the child welfare case, make it very difficult for me to get and keep a job. I find it very difficult to think and focus. I often have panic attacks, have trouble breathing, and get debilitating headaches when I am around other people.
10. My lawyer who is helping me with my child welfare case told me about General Assistance. I decided to apply and I was approved in January 2019 in the domestic violence category. I have not yet asked my doctor for verification of my disability for General Assistance, so have not yet been moved into the General Assistance disability category.
11. I applied for SSI in early 2019 and I was denied. I am looking now for help to apply again.
12. I have been living at the homeless shelter throughout the entire time that I have been receiving General Assistance. I use my General Assistance to pay for transportation to doctor appointments, therapy appointments, court dates, and visits with my children. I have a lot of appointments, and most of them are mandated by the court in my child welfare case. I spend about half of the \$205/month I receive in General Assistance on public transportation to and from appointments. When I visit my children, I use some of my General Assistance to buy them a meal. I also try to buy them small items that they need or want. For example, I once bought them a small game that we can play together during our visits. I also use General Assistance to buy personal items I need, like soap, toothpaste, laundry detergent, and maxi pads.
13. I received a letter in the mail from the County Assistance Office dated July 1, 2019 that says that General Assistance will end on August 1, 2019. I cannot afford to live without General Assistance and losing General Assistance will make it almost impossible for me to be reunified with my children. Without

General Assistance, I will have no way to pay for transportation to all the appointments I must keep in the child welfare case. If I do not keep these appointments, I am afraid that I will not be reunified with my children. Without General Assistance, I will have no way to offer even small meals or other items to my children. Without General Assistance, I also will have no way to pay for transportation to my doctor appointments. I am afraid my health will very quickly deteriorate without access to my doctors. I also will have no way to buy basic necessities like soap, toothpaste, and maxi pads. Having no way to buy these most basic necessities for myself will be degrading and very hurtful.


SIGNED _____

7/19/19
DATED _____

DECLARATION OF VANESSA WILLIAMS

I, Vanessa Williams, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Vanessa Williams. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 54 years old. I live in Philadelphia at 6610 N. 8th St., Apt. 801.
3. For 12 to 15 years, I worked at Merck Pharmaceuticals, where I made vaccines. I was injured on the job in 2001, when attachment to a machine knocked me off a ladder that was two stories high. I injured my back and my tail bone. Something hit my face when I fell; so my jaw has been out of alignment ever since, affecting my ability to eat. I was also diagnosed with Bell's Palsy shortly after the injury, which has continued to cause the right side of my face and body to droop. I have also not been able to hear as well ever since the accident.
4. Because of the workplace injury, I was not able to work anymore. I started getting Long Term Disability benefits from Merck's insurance company starting in 2001. I got this Long Term Disability insurance until 2018.
5. In 2018, I was the victim of two separate assaults. I was in Hahnemann and Einstein Hospitals for about a month, and was bedridden for a couple of months after that. I experienced a lot of trauma from these assaults, and am seeking treatment for post-traumatic stress disorder.
6. Before the assaults, I walked with a cane, but now I need a walker. My right side has been weakened by the workplace injury, the Bell's Palsy, and one of the assaults, so I drag my right foot when I walk.
7. I am always at risk of falling, and cannot leave my home without an escort. The Department of Human Services has found me eligible for a nursing home level of care. The Home and Community Based Services I receive provide me with a home health aide who helps me when I need to leave the house. The aide also shops for me, cleans, helps me bathe, and cooks my meals.
8. I am trying to get into housing for people with disabilities. I need this because in an emergency, I could not get myself out of the place I am currently living, due to my mobility limitations.
9. My Long Term Disability benefits were cut off last August when I was in and out of the hospital after the assaults. The insurance company, Cigna, did not find that my disability had ended, but instead said I had not complied with some paperwork requirements. I tried to tell Cigna that I could not address their paperwork needs then, with all the other things I was dealing with, and I tried to have them talk to my

social worker. They cut off my benefits anyway. A lawyer from Community Legal Services is trying to get my disability benefits back.

10. When my disability benefits ended, I had no income. I have been living with a friend, who lets me stay rent-free. I got some help from family and friends. But all my friends and family have serious needs of their own and they can't support me too.
11. I got General Assistance in about March 2019, after a social worker told me about it and helped me apply.
12. Getting General Assistance made a big difference in my life. It allowed me to buy vitamins, toothpaste, deodorant, incontinence products, underwear, and Uber rides to places I need to go. (Because of my use of a walker and the fall risk, I cannot take buses.) GA allowed me to be less dependent on my roommate, who is sometimes away from the house for days at a time.
13. General Assistance has also paid for my cell phone. I need a cell phone because I wear a medical alert device around my neck all the time, which Medicaid provided. If I hit the alert button, I need to be able to receive phone calls to respond to the alert by phone. If I do not respond by phone, the alert company will automatically send the police and a medical rescue squad.
14. General Assistance also pays for food when my SNAP benefits run out. Because of my medical conditions, I need to eat a lot of fruits and vegetables. These are a lot more expensive than fast food.
15. I applied for Social Security Disability benefits earlier this year, but have not heard back from Social Security about my application. General Assistance is currently my only source of income.
16. I got a notice from the Department of Human Services saying that my General Assistance would end on August 1, 2019. The thought of losing General Assistance is traumatizing. I fear I will be going back to living an inhumane life.



SIGNED

7/19/19

DATED

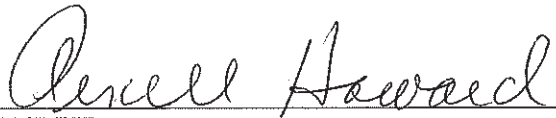
DECLARATION OF ARNELL HOWARD


I, Arnell Howard, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Arnell Howard. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 49 years old. I live at the same house in Philadelphia where I have lived since November 1996 at 4545 N. 19th Street, Philadelphia, PA 19140.
3. I have five adult children and four grandsons. I raised my five children on my starting in 1993. My children and I were living with my mother in her house until 1996. In 1996, my mother's house collapsed while she was inside and she died. From February until November 1996, I was homeless with my five children. In November 1996, the Philadelphia Housing Authority helped me and my children find the home where I still live.
4. While raising my five children, I worked in several jobs in the 1990s and early 2000s. I worked for the U.S. Census Bureau digitizing maps and I worked in customer service for the Philadelphia Gas Works and Marriott Hotel.
5. Around 2007, I had to stop working because I had severe pain and uncontrolled bleeding because of fibroids. I also developed depression around this time and was struggling to raise my five children on my own. I was able to support my family for a little while with disability benefits from my old job and Unemployment Compensation. I believe I also received cash assistance for a little while.
6. By 2012, my depression had become much worse and I was in severe pain from arthritis and a back injury. I had so much pain in my hands and legs that I could not cook anymore. I had submitted many forms to the County Assistance Office verifying my disabilities and the people at the County Assistance Office suggested that I apply for Social Security disability benefits.
7. Also in 2012, I got married for the first time in my life. My husband was a cook. He worked at a few different diners and restaurants while we were married.
8. My 2012 Social Security application was denied. I cannot remember the exact reason for the denial. I think they told me that I applied for the wrong kind of benefit and needed to reapply. I reapplied in 2014. My 2014 application was denied and I appealed. I am waiting for my hearing.
9. My disabilities are now worse than ever. The pain from my arthritis and back injury are so severe that I cannot stand, cannot go to the grocery store, cannot

cook or clean, and sometimes need help getting dressed and getting around the house. In 2015, I was diagnosed with heart failure. I get tired very quickly, sometimes have difficulty breathing, and I cannot go outside when the weather is hot. My depression has become much more severe over the last year or two. During this time, my 21 year-old step grandson was murdered, my brother died from the same heart condition I have, and my sister died from cancer. Almost every day, I become so sad that I cannot leave my room. I am on six medications in total; one for my depression, four for my heart, and one for my pain.

10. About a year ago, I applied for long-term care Medical Assistance so I could get nursing services in my home. I was approved. My sister is my main caregiver. I get help me every day with things like cooking, cleaning, and dressing.
11. In 2017, my husband and I separated. I had no income and no way to support myself. My daughter would sometimes help me to pay the utility bills, but some of my utilities were still shut off. I applied for Low-Income Home Energy Assistance Program and other grants to get the utilities turned back on, but I still owe a lot of money on my electric, gas and water bills. Friends and family members would sometimes give me a little bit of cash to buy items I needed, but there were times when I did not have things like soap I needed to wash and there were times when I needed to use toilet paper instead of maxi pads. I had no money to supplement my Food Stamps and sometimes went hungry. I live in subsidized housing and did not have a rent payment.
12. Around March 2019, the County Assistance Office told me about General Assistance. I applied and I was approved in the disability category. I use the \$205 I receive in GA to make payments on the electric, gas, and water bills. I still owe money on all of these bills, but I have been able to keep all of my utilities on since I started getting GA. I also buy things like soap, toothpaste, toilet paper, and maxi pads. I am unable to take the bus because of my disabilities. I tried to use Logisticare a few times to get rides to doctor appointments, but it did not work. I sometimes use my General Assistance to pay for rides to appointments.
13. I received a letter in the mail from the County Assistance Office dated July 1, 2019 that says that General Assistance will end on August 1, 2019. I cannot afford to live without General Assistance. I cannot work because of my disabilities. Without General Assistance, I will have no way to pay my utility bills. I am afraid that I will end up living in a house without heat or running water. I also will have no way to pay for transportation to my doctor appointments. I am afraid my health will very quickly deteriorate without life-essential utility service and no way to get to my doctor's appointments.


SIGNED


DATED

Mail Date: July 1, 2019

ARNELL HOWARD
 4545 N 19TH ST
 PHILADELPHIA PA 19140-1017



pennsylvania



DEPARTMENT OF HUMAN SERVICES
 OFFICE OF INCOME MAINTENANCE

COMPASS: The fast and easy way to apply for benefits

www.compass.state.pa.us

Dear ARNELL

See below for information about your benefits. If you have a question, please call the number listed below.

Which benefit?	
 Cash Assistance	<p>Pennsylvania law has changed. The General Assistance program will end on August 1, 2019. Your cash assistance will stop on July 31, 2019.</p> <p>You may be eligible for cash assistance in another category, which our records do not currently show.</p> <p>If you are pregnant or caring for a child, contact your County Assistance Office immediately to see if you or the child is eligible for Temporary Assistance for Needy Families (TANF) cash assistance.</p> <p>If you have a serious disability or illness, you may be eligible for disability benefits from the Social Security Administration. You can apply immediately by calling 1-800-772-1213 (TTY 1-800-325-0778). If you need help, contact the County Assistance Office to talk to a caseworker with the Disability Advocacy Program (DAP).</p> <p>If you are blind or have limited vision, contact your County Assistance Office immediately to see if you are eligible for State Blind Pension cash assistance.</p> <p>You can also apply for another category of cash assistance online using COMPASS. If you need a paper application, please contact the Statewide Customer Service Center toll free at 1-877-395-8930, or in Philadelphia call 215-560-7226.</p> <p>This change is required by 62 P.S. § 403.2(a), as amended by Act 2019-12</p>
 Medical Assistance	<p>Your Medical Assistance will continue. You do not need to do anything at this time. We will contact you again before making any changes to your Medical Assistance.</p>

If you need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you think we made a mistake and that you are not in the General Assistance category, you can appeal and ask for a Fair Hearing. To learn more about how to file an appeal and about fair hearings, read the enclosed sheet, Appeal and Fair hearing.

Do you need legal help? If you need free legal help, contact one of the offices below.

In Philadelphia: Community Legal Services, 1410 W. Erie Avenue, Phila, PA 19140, 215-227-2400.

Philadelphia Legal Assistance, 718 Arch Street, Phila, PA 19107, 215-981-3800.

Outside Philadelphia: Contact the Pennsylvania Legal Aid Network to find your local legal services office: 800-322-7572.



DECLARATION OF PATRICIA SHALLICK

I, Patricia Shallick, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Patricia Shallick. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 57 years old. I live in Philadelphia in the house my family has owned for decades at 916 Marcella Street .
3. I worked for about 20 years in retail at stores like Sears and Hechinger's. In 1998, my only child, a daughter, was born. She became sick when she was very young and I had to stop working to care for her. The father of my daughter was very abusive. I sought support at a domestic violence service provider in Philadelphia.
4. My relationship with the father of my daughter ended around 2003. My daughter and I lived alone in my family's home at 916 Marcella Street. Off and on over a couple years, I helped a disabled friend with cooking, shopping, and cleaning. I also helped my dad and stepmother do things like travel to doctor appointments. My friend, dad, and stepmother would pay me sometimes for my help. I was also receiving child support for my daughter.
5. In 2016, my dad and stepmother passed away. Around that same time, my daughter moved out. I had no income and no way to pay bills or support myself. I was very sick and could not work. I was having very severe migraines, and I was having lots of pain from arthritis and TMJ. I was also seeing a therapist and taking medications for schizophrenia, depression, and anxiety.
6. I applied for SSI for the first time around 2016. I was denied. I had no income and no way to support myself. When I could, I trash-picked and would sell any of the items that I found that I could sell. I applied for help and grants through the Low Income Home Energy Assistance Program, the Utility Emergency Services Fund, and through utility companies. I suffered a gas shut-off and a water shut-off. One time, I asked for toilet paper for my birthday and my friend bought me a big pack of toilet paper and one other time I got a gift card from a friend to help me get by. I had no money to pay the \$1 co-pays for my prescriptions. The first few times I went to pick up my prescriptions without money for the co-pays, the pharmacist offered to help, took \$1 out of her own pockets and paid the co-pay for me. I called my health insurance company, Keystone First, and Keystone First told me the pharmacy should give me my prescriptions even if I cannot pay. When I told the pharmacy what Keystone First said, they were able to start giving me my prescriptions without charging me a co-pay for a while, but eventually they told me they would not do this anymore. I then had to use a different pharmacy that would give me my prescriptions without charging the co-pay.

7. In the fall of 2018, I went to Community Legal Services for help with a water shut-off. The person I met with at Community Legal Services told me about General Assistance. I decided to apply. I started receiving \$205 per month in General Assistance for my disabilities in December 2018.
8. I use my GA to make payments on my electric, gas, and water bills and buy things like shampoo, toothpaste, toilet paper, and underwear. I put money on my SEPTA keycard so I can get to appointments. I also use my GA to pay the \$1 co-pays on my prescriptions. I am so grateful to have access to these basic necessities.
9. My disabilities are now worse now than ever. I am having very severe pain from migraines, arthritis and TMJ. I continue to see a therapist and take medications for schizophrenia, depression, and anxiety. I reapplied for SSI in March of this year.
10. My daughter is 20 years-old now and has moved back in with me. She works part-time at Family Dollar. She is not giving me any cash and does not pay any of the utility bills at the house.
11. I received a letter in the mail last week from the County Assistance Office that says that General Assistance would end on August 1, 2019. I cannot afford to live without General Assistance. I cannot work because of my disabilities. Without General Assistance, I will have no way to pay my utility bills. I am afraid that I will end up living in a house without heat or electricity. I already have no running water. Without General Assistance, I will have no way to use the laundromat to wash clothes, no way to buy the hand sanitizer and wipes I need to clean myself without water, and I will have to use more of my Food Stamps to buy bottled water to drink. I also will have no way to pay the co-pays for my medicines. I am afraid that my health will quickly deteriorate without access to these essential parts of the health care I need.

Patricia Shallick
SIGNED

7/19/19
DATED

[Home](#) / [Bill and Amendments](#) / [Bill Information](#)

Bill Information - History

House Bill 33; Regular Session 2019-2020

Sponsors: [DUNBAR](#), [SAYLOR](#), [REESE](#), [OBERLANDER](#), [NELSON](#), [ROTHMAN](#), [MACKENZIE](#), [GREINER](#), [DIAMOND](#), [JONES](#), [PICKETT](#), [GREGORY](#), [RYAN](#), [BARRAR](#), [GLEIM](#), [GROVE](#), [BERNSTINE](#), [WARNER](#), [MILLARD](#), [KEEFER](#), [JAMES](#), [PYLE](#), [KAUFFMAN](#), [BENNINGHOFF](#), [MASSER](#) and [ROAE](#)

Printer's No.(PN): [2182*](#) , [47](#)

Short Title: An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in public assistance, further providing for definitions, for general assistance-related categorically needy and medically needy only medical assistance programs, for the medically needy and determination of eligibility and for medical assistance payments for institutional care; in hospital assessments, further providing for definitions, for authorization, for administration, for no hold harmless, for tax exemption and for time period; and, in Statewide quality care assessment, further providing for definitions.

Actions:

[PN 0047](#) Referred to [HEALTH](#), Jan. 28, 2019
 Reported as committed, [March 25, 2019](#)
 First consideration, March 25, 2019
 Laid on the table, March 25, 2019
 Removed from table, March 26, 2019
 Second consideration, March 27, 2019
 Re-committed to [APPROPRIATIONS](#), March 27, 2019
 (Remarks see House Journal Page), March 27, 2019

[PN 2182](#) Re-reported as amended, [June 18, 2019](#)
 Third consideration and final passage, June 19, 2019 ([106-95](#))
 (Remarks see House Journal Page), June 19, 2019

In the Senate

Referred to [HEALTH AND HUMAN SERVICES](#), June 21, 2019
 Reported as committed, [June 24, 2019](#)
 First consideration, June 24, 2019
 Second consideration, June 25, 2019
 Re-referred to [APPROPRIATIONS](#), June 25, 2019
 Re-reported as committed, [June 25, 2019](#)
 Third consideration and final passage, June 26, 2019 ([26-24](#))
 (Remarks see Senate Journal Page), June 26, 2019

Signed in House, June 26, 2019
 Signed in Senate, June 26, 2019
 Presented to the Governor, June 27, 2019
 Approved by the Governor, June 28, 2019

Act No. [12](#)

Exhibit F- H.B. 33 as enacted

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 33 Session of 2019

INTRODUCED BY DUNBAR, SAYLOR, REESE, OBERLANDER, NELSON, ROTHMAN, MACKENZIE, GREINER, DIAMOND, JONES, PICKETT, GREGORY, RYAN, BARRAR, GLEIM, GROVE, BERNSTINE, WARNER, MILLARD, KEEFER, JAMES, PYLE, KAUFFMAN, DeLUCA, BENNINGHOFF, MASSER AND ROAE, JANUARY 28, 2019

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, AS AMENDED, JUNE 18, 2019

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," in public assistance,~~
4 ~~further providing for definitions, for general assistance-~~
5 ~~related categorically needy and medically needy only medical-~~
6 ~~assistance programs and for the medically needy and~~
7 ~~determination of eligibility.~~

8 AMENDING THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), ENTITLED "AN <--
9 ACT TO CONSOLIDATE, EDITORIALY REVISE, AND CODIFY THE PUBLIC
10 WELFARE LAWS OF THE COMMONWEALTH," IN PUBLIC ASSISTANCE,
11 FURTHER PROVIDING FOR DEFINITIONS, FOR GENERAL ASSISTANCE-
12 RELATED CATEGORICALLY NEEDY AND MEDICALLY NEEDY ONLY MEDICAL
13 ASSISTANCE PROGRAMS, FOR THE MEDICALLY NEEDY AND
14 DETERMINATION OF ELIGIBILITY AND FOR MEDICAL ASSISTANCE
15 PAYMENTS FOR INSTITUTIONAL CARE; IN HOSPITAL ASSESSMENTS,
16 FURTHER PROVIDING FOR DEFINITIONS, FOR AUTHORIZATION, FOR
17 ADMINISTRATION, FOR NO HOLD HARMLESS, FOR TAX EXEMPTION AND
18 FOR TIME PERIOD; AND, IN STATEWIDE QUALITY CARE ASSESSMENT,
19 FURTHER PROVIDING FOR DEFINITIONS.

20 The General Assembly of the Commonwealth of Pennsylvania
21 hereby enacts as follows:

22 ~~Section 1. Section 402 introductory paragraph and the~~ <--
23 ~~definition of "general assistance" of the act of June 13, 1967-~~
24 ~~(P.L.31, No.21), known as the Human Services Code, amended June-~~

1 ~~30, 2012 (P.L.668, No.80), amendment declared unconstitutional,~~
2 ~~188 A.3d 1135, (Pa. 2018), are amended and the section is~~
3 ~~amended by adding a definition to read:~~

4 ~~Section 402. Definitions. As used in this article, unless~~
5 ~~the [content] context clearly indicates otherwise:~~

6 * * *

7 ~~{"General assistance" means assistance granted under the~~
8 ~~provisions of section 432(3) of this act.}~~

9 ~~"General assistance related categorically needy medical~~
10 ~~assistance" means medical assistance for persons who meet the~~
11 ~~requirements under section 432(3).~~

12 * * *

13 ~~Section 2. Section 403.2 of the act, added June 30, 2012~~
14 ~~(P.L.668, No.80), addition declared unconstitutional, 188 A.3d~~
15 ~~1135, (Pa. 2018), is reenacted and amended to read:~~

16 ~~Section 403.2. General Assistance Related Categorically~~
17 ~~Needy and Medically Needy Only Medical Assistance Programs. (a)~~
18 ~~Subject to subsection (b) and notwithstanding any other~~
19 ~~provision of law, the general assistance cash assistance program~~
20 ~~shall cease [August 1, 2012] July 1, 2019.~~

21 ~~(b) The general assistance related categorically needy~~
22 ~~medical assistance program shall continue, including, but not~~
23 ~~limited to, the eligibility and work and work related~~
24 ~~requirements under this article. The general assistance related~~
25 ~~medical assistance program for the medically needy only shall~~
26 ~~continue.~~

27 ~~Section 3. Section 442.1(a)(3) introductory paragraph and~~
28 ~~(i) of the act, amended June 30, 2012 (P.L.668, No.80),~~
29 ~~amendment declared unconstitutional, 188 A.3d 1135, (Pa. 2018),~~
30 ~~are amended to read:~~

1 ~~Section 442.1. The Medically Needy; Determination of~~
2 ~~Eligibility. (a) A person shall be considered medically needy~~
3 ~~if that person meets the requirements of clauses (1), (2) and~~
4 ~~(3):~~

5 * * *

6 ~~(3) Complies with [either] subclause [(i) or] (ii):~~
7 ~~[(i) Receives general assistance in the form of cash.]~~

8 * * *

9 ~~Section 4. This act shall take effect as follows:~~

10 ~~(1) The amendment of section 442.1(a)(3) introductory~~
11 ~~paragraph and (i) of the act shall take effect July 1, 2019.~~

12 ~~(2) The remainder of this act shall take effect~~
13 ~~immediately.~~

14 SECTION 1. SECTION 402 INTRODUCTORY PARAGRAPH AND THE <--
15 DEFINITION OF "GENERAL ASSISTANCE" OF THE ACT OF JUNE 13, 1967
16 (P.L.31, NO.21), KNOWN AS THE HUMAN SERVICES CODE, AMENDED JUNE
17 30, 2012 (P.L.668, NO.80), AMENDMENT DECLARED UNCONSTITUTIONAL,
18 188 A.3D 1135, (PA. 2018), ARE AMENDED AND THE SECTION IS
19 AMENDED BY ADDING A DEFINITION TO READ:

20 SECTION 402. DEFINITIONS.--AS USED IN THIS ARTICLE, UNLESS
21 THE [CONTENT] CONTEXT CLEARLY INDICATES OTHERWISE:

22 * * *

23 ["GENERAL ASSISTANCE" MEANS ASSISTANCE GRANTED UNDER THE
24 PROVISIONS OF SECTION 432(3) OF THIS ACT.]

25 "GENERAL ASSISTANCE-RELATED CATEGORICALLY NEEDY MEDICAL
26 ASSISTANCE" MEANS MEDICAL ASSISTANCE FOR PERSONS WHO MEET THE
27 REQUIREMENTS UNDER SECTION 432(3).

28 * * *

29 SECTION 2. SECTION 403.2 OF THE ACT, ADDED JUNE 30, 2012
30 (P.L.668, NO.80), ADDITION DECLARED UNCONSTITUTIONAL, 188 A.3D

1 1135, (PA. 2018), IS REENACTED AND AMENDED TO READ:

2 SECTION 403.2. GENERAL ASSISTANCE-RELATED CATEGORICALLY
3 NEEDY AND MEDICALLY NEEDY ONLY MEDICAL ASSISTANCE PROGRAMS.-- (A)
4 SUBJECT TO SUBSECTION (B) AND NOTWITHSTANDING ANY OTHER
5 PROVISION OF LAW, THE GENERAL ASSISTANCE CASH ASSISTANCE PROGRAM
6 SHALL CEASE [AUGUST 1, 2012] AUGUST 1, 2019.

7 (B) THE GENERAL ASSISTANCE-RELATED CATEGORICALLY NEEDY
8 MEDICAL ASSISTANCE PROGRAM SHALL CONTINUE, INCLUDING, BUT NOT
9 LIMITED TO, THE ELIGIBILITY AND WORK AND WORK-RELATED
10 REQUIREMENTS UNDER THIS ARTICLE. THE GENERAL ASSISTANCE-RELATED
11 MEDICAL ASSISTANCE PROGRAM FOR THE MEDICALLY NEEDY ONLY SHALL
12 CONTINUE.

13 SECTION 3. SECTION 442.1 (A) (3) INTRODUCTORY PARAGRAPH AND
14 (I) OF THE ACT, AMENDED JUNE 30, 2012 (P.L.668, NO.80),
15 AMENDMENT DECLARED UNCONSTITUTIONAL, 188 A.3D 1135, (PA. 2018),
16 ARE AMENDED TO READ:

17 SECTION 442.1. THE MEDICALLY NEEDY; DETERMINATION OF
18 ELIGIBILITY.-- (A) A PERSON SHALL BE CONSIDERED MEDICALLY NEEDY
19 IF THAT PERSON MEETS THE REQUIREMENTS OF CLAUSES (1), (2) AND
20 (3):

21 * * *

22 (3) COMPLIES WITH [EITHER] SUBCLAUSE [(I) OR] (II):
23 [(I) RECEIVES GENERAL ASSISTANCE IN THE FORM OF CASH.]

24 * * *

25 SECTION 4. SECTION 443.1 (1.1) (I) AND (7) (VI) OF THE ACT,
26 AMENDED JUNE 22, 2018 (P.L.258, NO.40), ARE AMENDED TO READ:

27 SECTION 443.1. MEDICAL ASSISTANCE PAYMENTS FOR INSTITUTIONAL
28 CARE.--THE FOLLOWING MEDICAL ASSISTANCE PAYMENTS SHALL BE MADE
29 ON BEHALF OF ELIGIBLE PERSONS WHOSE INSTITUTIONAL CARE IS
30 PRESCRIBED BY PHYSICIANS:

1 * * *

2 (1.1) SUBJECT TO SECTION 813-G, FOR INPATIENT HOSPITAL
3 SERVICES PROVIDED DURING A FISCAL YEAR IN WHICH AN ASSESSMENT IS
4 IMPOSED UNDER ARTICLE VIII-G, PAYMENTS UNDER THE MEDICAL
5 ASSISTANCE FEE-FOR-SERVICE PROGRAM SHALL BE DETERMINED IN
6 ACCORDANCE WITH THE DEPARTMENT'S REGULATIONS, EXCEPT AS FOLLOWS:

7 (I) IF THE COMMONWEALTH'S APPROVED TITLE XIX STATE PLAN FOR
8 INPATIENT HOSPITAL SERVICES IN EFFECT FOR THE PERIOD OF JULY 1,
9 2010, THROUGH JUNE 30, [2018] 2023, SPECIFIES A METHODOLOGY FOR
10 CALCULATING PAYMENTS THAT IS DIFFERENT FROM THE DEPARTMENT'S
11 REGULATIONS OR AUTHORIZES ADDITIONAL PAYMENTS NOT SPECIFIED IN
12 THE DEPARTMENT'S REGULATIONS, SUCH AS INPATIENT DISPROPORTIONATE
13 SHARE PAYMENTS AND DIRECT MEDICAL EDUCATION PAYMENTS, THE
14 DEPARTMENT SHALL FOLLOW THE METHODOLOGY OR MAKE THE ADDITIONAL
15 PAYMENTS AS SPECIFIED IN THE APPROVED TITLE XIX STATE PLAN.

16 * * *

17 (7) AFTER JUNE 30, 2007, PAYMENTS TO COUNTY AND NONPUBLIC
18 NURSING FACILITIES ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM AS
19 PROVIDERS OF NURSING FACILITY SERVICES SHALL BE DETERMINED IN
20 ACCORDANCE WITH THE METHODOLOGIES FOR ESTABLISHING PAYMENT RATES
21 FOR COUNTY AND NONPUBLIC NURSING FACILITIES SPECIFIED IN THE
22 DEPARTMENT'S REGULATIONS AND THE COMMONWEALTH'S APPROVED TITLE
23 XIX STATE PLAN FOR NURSING FACILITY SERVICES IN EFFECT AFTER
24 JUNE 30, 2007. THE FOLLOWING SHALL APPLY:

25 * * *

26 (VI) SUBJECT TO FEDERAL APPROVAL OF SUCH AMENDMENTS AS MAY
27 BE NECESSARY TO THE COMMONWEALTH'S APPROVED TITLE XIX STATE
28 PLAN, FOR FISCAL YEARS 2015-2016, 2016-2017 [AND], 2018-2019 AND
29 2019-2020, THE DEPARTMENT SHALL MAKE UP TO FOUR MEDICAL
30 ASSISTANCE DAY-ONE INCENTIVE PAYMENTS TO QUALIFIED NONPUBLIC

1 NURSING FACILITIES. THE DEPARTMENT SHALL DETERMINE THE NONPUBLIC
2 NURSING FACILITIES THAT QUALIFY FOR THE MEDICAL ASSISTANCE DAY-
3 ONE INCENTIVE PAYMENTS AND CALCULATE THE PAYMENTS USING THE
4 TOTAL PENNSYLVANIA MEDICAL ASSISTANCE (PA MA) DAYS AND TOTAL
5 RESIDENT DAYS AS REPORTED BY NONPUBLIC NURSING FACILITIES UNDER
6 ARTICLE VIII-A. THE DEPARTMENT'S DETERMINATION AND CALCULATIONS
7 UNDER THIS SUBPARAGRAPH SHALL BE BASED ON THE NURSING FACILITY
8 ASSESSMENT QUARTERLY RESIDENT DAY REPORTING FORMS, AS DETERMINED
9 BY THE DEPARTMENT. THE DEPARTMENT SHALL NOT RETROACTIVELY REVISE
10 A MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT AMOUNT BASED ON A
11 NURSING FACILITY'S LATE SUBMISSION OR REVISION OF THE
12 DEPARTMENT'S REPORT AFTER THE DATES DESIGNATED BY THE
13 DEPARTMENT. THE DEPARTMENT, HOWEVER, MAY RECOUP PAYMENTS BASED
14 ON AN AUDIT OF A NURSING FACILITY'S REPORT. THE FOLLOWING SHALL
15 APPLY:

16 (A) A NONPUBLIC NURSING FACILITY SHALL MEET ALL OF THE
17 FOLLOWING CRITERIA TO QUALIFY FOR A MEDICAL ASSISTANCE DAY-ONE
18 INCENTIVE PAYMENT:

19 (I) THE NURSING FACILITY SHALL HAVE AN OVERALL OCCUPANCY
20 RATE OF AT LEAST EIGHTY-FIVE PERCENT DURING THE RESIDENT DAY
21 QUARTER. FOR PURPOSES OF DETERMINING A NURSING FACILITY'S
22 OVERALL OCCUPANCY RATE, A NURSING FACILITY'S TOTAL RESIDENT
23 DAYS, AS REPORTED BY THE FACILITY UNDER ARTICLE VIII-A, SHALL BE
24 DIVIDED BY THE PRODUCT OF THE FACILITY'S LICENSED BED CAPACITY,
25 AT THE END OF THE QUARTER, MULTIPLIED BY THE NUMBER OF CALENDAR
26 DAYS IN THE QUARTER.

27 (II) THE NURSING FACILITY SHALL HAVE A MEDICAL ASSISTANCE
28 OCCUPANCY RATE OF AT LEAST SIXTY-FIVE PERCENT DURING THE
29 RESIDENT DAY QUARTER. FOR PURPOSES OF DETERMINING A NURSING
30 FACILITY'S MEDICAL ASSISTANCE OCCUPANCY RATE, THE NURSING

1 FACILITY'S TOTAL PA MA DAYS SHALL BE DIVIDED BY THE NURSING
2 FACILITY'S TOTAL RESIDENT DAYS, AS REPORTED BY THE FACILITY
3 UNDER ARTICLE VIII-A.

4 (III) THE NURSING FACILITY SHALL BE A NONPUBLIC NURSING
5 FACILITY FOR A FULL RESIDENT DAY QUARTER PRIOR TO THE APPLICABLE
6 QUARTERLY REPORTING DUE DATES, AS DETERMINED BY THE DEPARTMENT.

7 (B) THE DEPARTMENT SHALL CALCULATE A QUALIFIED NONPUBLIC
8 NURSING FACILITY'S MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT
9 AS FOLLOWS:

10 (I) THE TOTAL FUNDS APPROPRIATED FOR PAYMENTS UNDER THIS
11 SUBPARAGRAPH SHALL BE DIVIDED BY THE NUMBER OF PAYMENTS, AS
12 DETERMINED BY THE DEPARTMENT.

13 (II) TO ESTABLISH THE PER DIEM RATE FOR A PAYMENT, THE
14 AMOUNT UNDER SUBCLAUSE (I) SHALL BE DIVIDED BY THE TOTAL PA MA
15 DAYS, AS REPORTED BY ALL QUALIFYING NONPUBLIC NURSING FACILITIES
16 UNDER ARTICLE VIII-A FOR THAT PAYMENT.

17 (III) TO DETERMINE A QUALIFYING NONPUBLIC NURSING FACILITY'S
18 MEDICAL ASSISTANCE DAY-ONE INCENTIVE PAYMENT, THE PER DIEM RATE
19 CALCULATED FOR THE PAYMENT SHALL BE MULTIPLIED BY A NONPUBLIC
20 NURSING FACILITY'S TOTAL PA MA DAYS, AS REPORTED BY THE FACILITY
21 UNDER ARTICLE VIII-A FOR THE PAYMENT.

22 (C) THE FOLLOWING SHALL APPLY:

23 (I) FOR FISCAL YEARS 2015-2016, 2016-2017 AND 2018-2019, THE
24 STATE FUNDS AVAILABLE FOR THE NONPUBLIC NURSING FACILITY MEDICAL
25 ASSISTANCE DAY-ONE INCENTIVE PAYMENTS SHALL EQUAL EIGHT MILLION
26 DOLLARS (\$8,000,000).

27 (II) FOR FISCAL YEARS 2019-2020, THE STATE FUNDS AVAILABLE
28 FOR THE NONPUBLIC NURSING FACILITY MEDICAL ASSISTANCE DAY-ONE
29 INCENTIVE PAYMENTS SHALL EQUAL SIXTEEN MILLION DOLLARS
30 (\$16,000,000).

1 * * *

2 SECTION 5. THE DEFINITIONS OF "ASSESSMENT," "GENERAL ACUTE
3 CARE HOSPITAL," "HIGH VOLUME MEDICAID HOSPITAL," "HOSPITAL" AND
4 "NET OPERATING REVENUE" IN SECTION 801-E OF THE ACT ARE AMENDED
5 TO READ:

6 SECTION 801-E. DEFINITIONS.

7 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
8 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
9 CONTEXT CLEARLY INDICATES OTHERWISE:

10 "ASSESSMENT." THE FEE AUTHORIZED TO BE IMPLEMENTED UNDER
11 THIS ARTICLE [ON EVERY GENERAL ACUTE CARE HOSPITAL WITHIN A
12 MUNICIPALITY].

13 * * *

14 "GENERAL ACUTE CARE HOSPITAL." A HOSPITAL OTHER THAN A
15 HOSPITAL THAT THE [SECRETARY OF HUMAN SERVICES] SECRETARY HAS
16 DETERMINED MEETS ONE OF THE FOLLOWING:

17 (1) IS EXCLUDED UNDER 42 CFR 412.23(A), (B), (D), (E) AND
18 (F) (RELATING TO EXCLUDED HOSPITALS: CLASSIFICATIONS) AS OF
19 MARCH 20, 2008, FROM REIMBURSEMENT OF CERTAIN FEDERAL FUNDS
20 UNDER THE PROSPECTIVE PAYMENT SYSTEM DESCRIBED BY 42 CFR 412
21 (RELATING TO PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL
22 SERVICES).

23 (2) IS A FEDERAL VETERANS' AFFAIRS HOSPITAL.

24 (3) IS A HIGH VOLUME MEDICAID HOSPITAL.

25 (4) PROVIDES CARE, INCLUDING INPATIENT HOSPITAL SERVICES, TO
26 ALL PATIENTS FREE OF CHARGE.

27 (5) IS A FREE-STANDING ACUTE CARE HOSPITAL ORGANIZED
28 PRIMARILY FOR THE TREATMENT OF AND RESEARCH ON CANCER AND WHICH
29 IS AN EXEMPT HOSPITAL UNDER SECTION 801-G.

30 "HIGH VOLUME MEDICAID HOSPITAL." A HOSPITAL THAT THE

1 [SECRETARY OF HUMAN SERVICES] SECRETARY HAS DETERMINED MEETS ALL
2 OF THE FOLLOWING:

3 (1) IS A NONPROFIT HOSPITAL SUBSIDIARY OF A STATE-RELATED
4 INSTITUTION AS THAT TERM IS DEFINED IN 62 PA.C.S. § 103
5 (RELATING TO DEFINITIONS); AND

6 (2) [PROVIDES] HAS PROVIDED MORE THAN [90,000] 60,000
7 INPATIENT ACUTE CARE DAYS OF CARE TO PENNSYLVANIA MEDICAL
8 ASSISTANCE PATIENTS [ANNUALLY] AS REPORTED BY THE HOSPITAL'S
9 STATE FISCAL YEAR 2014-2015 MEDICAL ASSISTANCE HOSPITAL COST
10 REPORT ON FILE WITH THE DEPARTMENT AS OF JUNE 6, 2018.

11 "HOSPITAL." A FACILITY OR THE SITE OF A FACILITY THAT IS
12 LICENSED AS A HOSPITAL UNDER 28 PA. CODE PT. IV SUBPT. B
13 (RELATING TO GENERAL AND SPECIAL HOSPITALS) AND LOCATED WITHIN A
14 MUNICIPALITY.

15 * * *

16 "NET [OPERATING] PATIENT REVENUE." GROSS [CHARGES FOR
17 FACILITIES] REVENUES RECEIVED OR EARNED BY A HOSPITAL FOR
18 INPATIENT AND OUTPATIENT HOSPITAL SERVICES, INCLUDING MEDICAL
19 ASSISTANCE SUPPLEMENTAL REVENUES RECEIVED BY THE HOSPITAL FOR
20 INPATIENT AND OUTPATIENT HOSPITAL SERVICES, LESS ANY DEDUCTED
21 AMOUNTS FOR BAD DEBT EXPENSE, CHARITY CARE EXPENSE AND
22 CONTRACTUAL ALLOWANCES AS IDENTIFIED IN THE HOSPITAL'S RECORDS
23 OR ON FORMS AS SPECIFIED BY THE DEPARTMENT.

24 * * *

25 SECTION 6. SECTION 802-E(A), (A.1) AND (B) OF THE ACT ARE
26 AMENDED AND THE SECTION IS AMENDED BY ADDING A SUBSECTION TO
27 READ:

28 SECTION 802-E. AUTHORIZATION.

29 (A) GENERAL RULE.--IN ORDER TO GENERATE ADDITIONAL REVENUES
30 FOR THE PURPOSE OF ASSURING THAT MEDICAL ASSISTANCE RECIPIENTS

1 HAVE ACCESS TO HOSPITAL AND OTHER HEALTH CARE SERVICES [AND THAT
2 ALL CITIZENS HAVE ACCESS TO EMERGENCY DEPARTMENT SERVICES], AND
3 SUBJECT TO THE CONDITIONS AND REQUIREMENTS SPECIFIED UNDER THIS
4 ARTICLE, A MUNICIPALITY MAY, BY ORDINANCE, [DO] IMPOSE AN
5 ASSESSMENT ON THE FOLLOWING:

6 (1) [IMPOSE A MONETARY ASSESSMENT ON THE NET OPERATING
7 REVENUE REDUCED BY ALL REVENUES RECEIVED FROM MEDICARE OF
8 EACH GENERAL ACUTE CARE HOSPITAL LOCATED IN THE
9 MUNICIPALITY.] EACH GENERAL ACUTE CARE HOSPITAL.

10 (2) [BEGINNING ON OR AFTER JULY 1, 2009, AND SUBJECT TO
11 THE ADVANCE WRITTEN APPROVAL BY THE SECRETARY, IMPOSE A
12 MONETARY ASSESSMENT ON THE NET OPERATING REVENUES REDUCED BY
13 ALL REVENUES RECEIVED FROM MEDICARE OF EACH HIGH VOLUME
14 MEDICAID HOSPITAL LOCATED IN THE MUNICIPALITY.] EACH HIGH
15 VOLUME MEDICAID HOSPITAL.

16 (A.1) ASSESSMENT IMPOSED BY ORDINANCE.--A MUNICIPALITY
17 SHALL, BY ORDINANCE, ESTABLISH THE ASSESSMENT IMPOSED UNDER
18 SUBSECTION (A) (1) AND (2) AS A PERCENTAGE OF EACH HOSPITAL'S NET
19 PATIENT REVENUE REDUCED BY ALL REVENUES RECEIVED FROM MEDICARE
20 FOR THE YEAR AS THE MUNICIPALITY SHALL SPECIFY, AND MAY
21 ESTABLISH DIFFERENT ASSESSMENT PERCENTAGES UNDER SUBSECTION (A)
22 (1) OR (2).

23 (A.2) ADJUSTMENTS TO ASSESSMENT PERCENTAGE.--

24 (1) FOR STATE FISCAL YEARS BEGINNING AFTER JUNE 30,
25 2013, AND SUBJECT TO THE ADVANCE WRITTEN APPROVAL OF THE
26 SECRETARY AS PRESCRIBED BY THE DEPARTMENT, THE MUNICIPALITY
27 MAY MAKE A UNIFORM ADJUSTMENT TO AN ASSESSMENT PERCENTAGE
28 ESTABLISHED BY ORDINANCE UNDER SUBSECTION (A).

29 (2) AFTER RECEIVING WRITTEN APPROVAL UNDER PARAGRAPH (1)
30 AND BEFORE IMPLEMENTING AN ADJUSTMENT, THE MUNICIPALITY SHALL

1 PROVIDE ADVANCE PUBLIC NOTICE. THE NOTICE SHALL SPECIFY THE
2 PROPOSED ADJUSTED ASSESSMENT PERCENTAGE AND IDENTIFY THE
3 AGGREGATE IMPACT ON HOSPITALS [LOCATED IN THE MUNICIPALITY]
4 SUBJECT TO AN ASSESSMENT. AN INTERESTED PARTY SHALL HAVE 30
5 DAYS IN WHICH TO SUBMIT COMMENTS TO THE MUNICIPALITY. UPON
6 EXPIRATION OF THE 30-DAY COMMENT PERIOD, THE MUNICIPALITY,
7 AFTER CONSIDERATION OF THE COMMENTS, SHALL PUBLISH A
8 SUBSEQUENT NOTICE ANNOUNCING THE ADJUSTED ASSESSMENT
9 PERCENTAGE.

10 (B) ADMINISTRATIVE PROVISIONS.--THE ORDINANCES ADOPTED
11 PURSUANT TO [SUBSECTION] SUBSECTIONS (A), (A.1) AND (A.2) MAY
12 INCLUDE APPROPRIATE ADMINISTRATIVE PROVISIONS INCLUDING, WITHOUT
13 LIMITATION, PROVISIONS FOR THE COLLECTION OF INTEREST AND
14 PENALTIES[.] AND PROVISIONS FOR THE CALCULATION AND IMPOSITION
15 OF THE ASSESSMENT ON A HOSPITAL SUBJECT TO AN ASSESSMENT WHICH,
16 DURING A FISCAL YEAR IN WHICH AN ASSESSMENT IS IMPOSED UNDER
17 THIS ARTICLE, CHANGES OWNERSHIP OR CONTROL, BEGINS OPERATIONS,
18 CLOSES OR EXPERIENCES ANY OTHER CHANGE THAT AFFECTS ITS STATUS
19 AS A GENERAL ACUTE CARE HOSPITAL OR HIGH VOLUME MEDICAID
20 HOSPITAL.

21 * * *

22 SECTION 7. SECTIONS 804-E, 805-E, 807-E AND 808-E OF THE ACT
23 ARE AMENDED TO READ:

24 SECTION 804-E. ADMINISTRATION.

25 (A) REMITTANCE.--UPON COLLECTION OF THE FUNDS GENERATED BY
26 THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE, THE MUNICIPALITY
27 SHALL REMIT A PORTION OF THE FUNDS TO THE COMMONWEALTH FOR THE
28 PURPOSES SET FORTH UNDER SECTION 802-E, EXCEPT THAT THE
29 MUNICIPALITY MAY RETAIN FUNDS IN AN AMOUNT NECESSARY TO
30 REIMBURSE IT FOR ITS REASONABLE COSTS IN THE ADMINISTRATION AND

1 COLLECTION OF THE ASSESSMENT AND TO FUND A PORTION OF ITS COSTS
2 OF OPERATING PUBLIC HEALTH CLINICS AND PUBLIC HEALTH PROGRAMS AS
3 SET FORTH IN AN AGREEMENT TO BE ENTERED INTO BETWEEN THE
4 MUNICIPALITY AND THE COMMONWEALTH ACTING THROUGH THE SECRETARY.

5 (B) ESTABLISHMENT.--THERE IS ESTABLISHED A RESTRICTED
6 ACCOUNT IN THE GENERAL FUND FOR THE RECEIPT AND DEPOSIT OF FUNDS
7 UNDER SUBSECTION (A). FUNDS IN THE ACCOUNT [ARE HEREBY
8 APPROPRIATED TO] SHALL BE USED BY THE DEPARTMENT FOR EITHER OR
9 BOTH OF THE FOLLOWING PURPOSES [OF MAKING]:

10 (1) MAKING SUPPLEMENTAL OR INCREASED MEDICAL ASSISTANCE
11 PAYMENTS FOR [EMERGENCY DEPARTMENT] HOSPITAL SERVICES TO
12 [GENERAL ACUTE CARE] HOSPITALS [WITHIN THE MUNICIPALITY] AND TO
13 MAINTAIN OR INCREASE OTHER MEDICAL ASSISTANCE PAYMENTS TO
14 HOSPITALS [WITHIN THE MUNICIPALITY], AS SPECIFIED IN THE
15 COMMONWEALTH'S APPROVED TITLE XIX STATE PLAN.

16 (2) MAKING ADJUSTED CAPITATION PAYMENTS TO MEDICAL
17 ASSISTANCE MANAGED CARE ORGANIZATIONS FOR ADDITIONAL PAYMENTS
18 FOR HEALTH CARE SERVICES WITHIN THE MUNICIPALITY.

19 SECTION 805-E. NO HOLD HARMLESS.

20 NO [GENERAL ACUTE CARE HOSPITAL OR HIGH VOLUME MEDICAID]
21 HOSPITAL SUBJECT TO THE ASSESSMENT SHALL BE DIRECTLY GUARANTEED
22 A REPAYMENT OF ITS ASSESSMENT IN DEROGATION OF 42 CFR 433.68 (F)
23 (RELATING TO PERMISSIBLE HEALTH CARE-RELATED TAXES), EXCEPT
24 THAT, IN EACH FISCAL YEAR IN WHICH AN ASSESSMENT IS IMPLEMENTED,
25 THE DEPARTMENT SHALL USE A PORTION OF THE FUNDS RECEIVED UNDER
26 SECTION 804-E(A) FOR THE PURPOSES OUTLINED UNDER SECTION 804-
27 E(B) TO THE EXTENT PERMISSIBLE UNDER FEDERAL AND STATE LAW OR
28 REGULATION AND WITHOUT CREATING AN INDIRECT GUARANTEE TO HOLD
29 HARMLESS, AS THOSE TERMS ARE USED UNDER 42 CFR 433.68 (F) (I). THE
30 SECRETARY SHALL SUBMIT ANY [STATE MEDICAID PLAN] TITLE XIX STATE

1 PLAN AMENDMENTS TO THE UNITED STATES DEPARTMENT OF HEALTH AND
2 HUMAN SERVICES THAT ARE NECESSARY TO MAKE THE PAYMENTS
3 AUTHORIZED UNDER SECTION 804-E(B).
4 SECTION 807-E. TAX EXEMPTION.

5 NOTWITHSTANDING ANY EXEMPTIONS GRANTED BY ANY OTHER FEDERAL,
6 STATE OR LOCAL TAX OR OTHER LAW, INCLUDING SECTION 204(A)(3) OF
7 THE ACT OF MAY 22, 1933 (P.L.853, NO.155), KNOWN AS THE GENERAL
8 COUNTY ASSESSMENT LAW, NO [GENERAL ACUTE CARE HOSPITAL OR HIGH
9 VOLUME MEDICAID] HOSPITAL [IN THE MUNICIPALITY] SUBJECT TO THE
10 ASSESSMENT SHALL BE EXEMPT FROM THE ASSESSMENT.

11 SECTION 808-E. TIME PERIOD.

12 (A) CESSATION.--THE ASSESSMENT AUTHORIZED UNDER THIS ARTICLE
13 SHALL CEASE JUNE 30, [2019] 2024.

14 (B) ASSESSMENT.--

15 (1) A MUNICIPALITY SHALL HAVE THE POWER TO ENACT THE
16 ASSESSMENT AUTHORIZED IN SECTION 802-E(A)(2) EITHER PRIOR TO
17 OR DURING ITS FISCAL YEAR ENDING JUNE 30, 2010.

18 (2) A MUNICIPALITY MAY ADJUST AN ASSESSMENT PERCENTAGE
19 AS SPECIFIED UNDER SECTION [802-E(A.1)] 802-E(A.2) EITHER
20 PRIOR TO OR DURING THE FISCAL YEAR IN WHICH THE ADJUSTED
21 ASSESSMENT PERCENTAGE TAKES EFFECT.

22 SECTION 8. THE DEFINITIONS OF "NET INPATIENT REVENUE" AND
23 "NET OUTPATIENT REVENUE" IN SECTION 801-G OF THE ACT, AMENDED OR
24 ADDED JUNE 22, 2018 (P.L.258, NO.40), ARE AMENDED TO READ:

25 SECTION 801-G. DEFINITIONS.

26 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
27 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
28 CONTEXT CLEARLY INDICATES OTHERWISE:

29 * * *

30 "NET INPATIENT REVENUE." GROSS [CHARGES FOR FACILITIES FOR

1 INPATIENT SERVICES LESS ANY DEDUCTED AMOUNTS FOR BAD DEBT
2 EXPENSE, CHARITY CARE EXPENSE AND CONTRACTUAL ALLOWANCES AS
3 REPORTED ON FORMS SPECIFIED BY THE DEPARTMENT AND:] REVENUES
4 RECEIVED OR EARNED BY A HOSPITAL FOR INPATIENT SERVICES,
5 INCLUDING MEDICAL ASSISTANCE SUPPLEMENTAL REVENUES RECEIVED BY
6 THE HOSPITAL FOR INPATIENT HOSPITAL SERVICES, LESS ANY DEDUCTED
7 AMOUNTS FOR BAD DEBT EXPENSE, CHARITY CARE EXPENSE AND
8 CONTRACTUAL ALLOWANCES AS IDENTIFIED IN THE HOSPITAL'S RECORDS
9 AND REPORTED ON FORMS SPECIFIED BY THE DEPARTMENT FOR:

10 (1) [AS IDENTIFIED IN THE HOSPITAL'S RECORDS FOR] THE
11 STATE FISCAL YEAR COMMENCING JULY 1, 2014, OR SUCH LATER
12 STATE FISCAL YEAR, AS MAY BE SPECIFIED BY THE DEPARTMENT FOR
13 USE IN DETERMINING AN ANNUAL ASSESSMENT AMOUNT OWED ON OR
14 AFTER JULY 1, 2018; OR

15 (2) [AS IDENTIFIED IN THE HOSPITAL'S RECORDS FOR] THE
16 MOST RECENT STATE FISCAL YEAR, OR PART THEREOF, IF AMOUNTS
17 ARE NOT AVAILABLE UNDER PARAGRAPH (1).

18 "NET OUTPATIENT REVENUE." GROSS [CHARGES FOR FACILITIES FOR
19 OUTPATIENT SERVICES LESS ANY DEDUCTED AMOUNTS FOR BAD DEBT
20 EXPENSE, CHARITY CARE EXPENSE AND CONTRACTUAL ALLOWANCES AS
21 REPORTED ON FORMS SPECIFIED BY THE DEPARTMENT AND:] REVENUES
22 RECEIVED OR EARNED BY A HOSPITAL FOR OUTPATIENT SERVICES,
23 INCLUDING MEDICAL ASSISTANCE SUPPLEMENTAL REVENUES RECEIVED BY
24 THE HOSPITAL FOR OUTPATIENT HOSPITAL SERVICES, LESS ANY DEDUCTED
25 AMOUNTS FOR BAD DEBT EXPENSE, CHARITY CARE EXPENSE AND
26 CONTRACTUAL ALLOWANCES AS IDENTIFIED IN THE HOSPITAL'S RECORDS
27 AND REPORTED ON FORMS SPECIFIED BY THE DEPARTMENT FOR:

28 (1) [AS IDENTIFIED IN THE HOSPITAL'S RECORDS FOR] THE
29 STATE FISCAL YEAR COMMENCING JULY 1, 2014, OR A LATER STATE
30 FISCAL YEAR, AS MAY BE SPECIFIED BY THE DEPARTMENT FOR USE IN

1 DETERMINING AN ANNUAL ASSESSMENT AMOUNT OWED ON OR AFTER JULY
2 1, 2018; OR

3 (2) [AS IDENTIFIED IN THE HOSPITAL'S RECORDS FOR] THE
4 MOST RECENT STATE FISCAL YEAR, OR PART THEREOF, IF AMOUNTS
5 ARE NOT AVAILABLE UNDER PARAGRAPH (1).

6 * * *

7 SECTION 9. THIS ACT SHALL TAKE EFFECT AS FOLLOWS:

8 (1) THE AMENDMENT OF SECTION 442.1(A)(3) INTRODUCTORY
9 PARAGRAPH AND (I) OF THE ACT SHALL TAKE EFFECT AUGUST 1,
10 2019.

11 (2) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT JULY 1,
12 2019, OR IMMEDIATELY, WHICHEVER IS LATER.

TABLE 1

ELIGIBLE ADULTS AND CHILDREN
FISCAL YEARS 2008-2009 TO 2017-2018 AND 2018-2019 TO DATE

AVERAGE MONTHLY
NUMBER DURING

<u>FISCAL YEAR</u>	<u>MEDICAL</u>	<u>TANF</u>	<u>GA</u>	<u>SNAP</u>
2008-2009	2,019,888	199,742	60,404	1,285,078
2009-2010	2,145,056	215,414	64,339	1,526,233
2010-2011	2,202,274	219,173	67,624	1,725,606
2011-2012	2,206,561	217,753	68,833	1,824,836
2012-2013	2,191,652	203,419	10,292	1,810,990
2013-2014	2,217,825	192,087	379	1,818,144
2014-2015	2,362,653	185,992	387	1,833,735
2015-2016	2,694,163	167,019	374	1,879,833
2016-2017	2,830,300	148,305	457	1,863,169
2017-2018	2,886,196	131,758	125	1,842,458
<u>2018-2019</u>				
July 2018	2,894,860	124,024	65	1,820,444
August	2,888,743	123,473	49	1,819,456
September	2,860,590	121,251	48	1,797,176
October	2,871,518	121,778	44	1,808,118
November	2,863,920	119,754	3,285	1,799,325
December	2,854,435	117,138	4,959	1,783,249
January 2019	2,872,114	115,545	6,678	1,789,010
February	2,864,885	110,764	7,795	1,756,328
March	2,864,707	107,507	8,949	1,756,744
April	2,874,375	107,516	10,166	1,764,043
May	2,865,172	107,527	11,095	1,757,114
June	2,854,427	108,333	11,844	1,754,722

June 2019 data as of 07-09-19.

*Starting in Nov. 2018, General Assistance has been reinstated.

Number of Adults and Children Eligible for Assistance, by County

June 2019

<u>County</u>	<u>MEDICAL</u>	<u>TANF</u>	<u>SNAP</u>	<u>GA</u>
STATE TOTAL	2,854,427	108,333	1,754,722	11,844
Adams	15,012	266	7,069	30
Allegheny	238,685	12,811	146,653	1,115
Armstrong	15,196	334	9,802	71
Beaver	35,175	992	22,218	77
Bedford	10,731	132	5,988	21
Berks	96,325	2,365	57,843	192
Blair	32,525	1,029	20,338	70
Bradford	13,659	278	7,436	36
Bucks	82,131	1,075	37,244	123
Butler	26,962	439	14,870	95
Cambria	34,108	1,732	23,213	113
Cameron	1,378	28	815	**
Carbon	13,874	287	8,542	22
Centre	14,274	157	7,074	25
Chester	54,754	1,059	23,708	160
Clarion	7,948	89	4,677	44
Clearfield	19,906	213	11,546	66
Clinton	8,738	247	5,071	34
Columbia	12,577	195	7,469	34
Crawford	19,601	588	12,018	95
Cumberland	33,743	410	18,073	95
Dauphin	70,240	3,017	45,759	119
Delaware	117,154	4,159	69,567	255
Elk	5,956	104	3,017	16
Erie	76,373	3,330	51,657	215
Fayette	41,106	1,034	28,716	72
Forest	1,125	**	686	**
Franklin	28,353	354	16,336	32
Fulton	3,160	51	1,767	**
Greene	9,416	222	6,345	38
Huntingdon	9,373	153	5,403	26
Indiana	17,442	238	10,194	61
Jefferson	10,478	187	5,698	42
Juniata	4,255	69	2,276	13
Lackawanna	56,228	1,561	38,323	142
Lancaster	92,131	2,470	48,121	216
Lawrence	22,440	983	15,172	54
Lebanon	27,943	573	16,002	50
Lehigh	90,294	1,389	54,259	108
Luzerne	88,959	1,609	59,874	155
Lycoming	26,831	1,121	15,974	79
McKean	10,923	423	6,955	53
Mercer	27,512	1,119	17,451	67
Mifflin	10,659	321	6,888	65
Monroe	37,979	664	21,949	71
Montgomery	108,712	1,834	49,993	267
Montour	3,093	34	1,550	**
Northampton	54,554	876	32,362	135
Northumberland	22,931	446	14,046	37
Perry	7,699	128	4,191	16
Philadelphia	659,269	48,441	458,699	5,992
Pike	10,849	169	6,116	20
Potter	3,992	77	2,348	**
Schuylkill	33,620	532	22,019	60
Snyder	6,647	45	3,231	11
Somerset	15,535	306	9,888	30
Sullivan	1,136	**	546	**
Susquehanna	8,092	76	4,547	15
Tioga	9,247	211	5,441	39
Union	5,497	104	2,974	17
Venango	12,926	259	8,256	28
Warren	8,704	195	5,199	31
Washington	38,934	924	23,198	137
Wayne	10,362	159	5,961	19
Westmoreland	66,884	1,445	40,104	241
Wyoming	5,733	71	3,312	13
York	86,379	2,102	50,685	237

Data as of 07-09-19.

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House Co-Sponsorship Memoranda

House of Representatives Session of 2019 - 2020 Regular Session

MEMORANDUM

Posted: December 21, 2018 09:10 AM
From: [Representative George Dunbar](#)
To: All House members
Subject: Re-enacting the elimination of the general assistance cash benefit program

Please join me as a co-sponsor of legislation to re-enact the elimination of the general assistance cash benefit program.

The general assistance cash benefit program ended on August 1, 2012 under the provisions of Act 80 of 2012. This state-only funded program paid a cash benefit to individuals who did not qualify for Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI).

This re-enactment is necessary because Act 80 was recently overturned by the courts on procedural grounds. Following that court decision, the Department of Human Services has begun operating the program, despite the fact that the program was not funded in the current fiscal year's budget.

Without this legislation, the cost of this program—totaling roughly \$150 million in its last year of operation—will crowd out other important spending priorities that must be addressed in the coming fiscal year.

I look forward to working with you on this important legislation.



Introduced as [HB33](#)

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 33 Session of 2019

INTRODUCED BY DUNBAR, SAYLOR, REESE, OBERLANDER, NELSON, ROTHMAN, MACKENZIE, GREINER, DIAMOND, JONES, PICKETT, GREGORY, RYAN, BARRAR, GLEIM, GROVE, BERNSTINE, WARNER, MILLARD, KEEFER, JAMES, PYLE, KAUFFMAN, DeLUCA AND BENNINGHOFF, JANUARY 28, 2019

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2019

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," in public assistance,
 4 further providing for definitions, for general assistance-
 5 related categorically needy and medically needy only medical
 6 assistance programs and for the medically needy and
 7 determination of eligibility.

8 The General Assembly of the Commonwealth of Pennsylvania
 9 hereby enacts as follows:

10 Section 1. Section 402 introductory paragraph and the
 11 definition of "general assistance" of the act of June 13, 1967
 12 (P.L.31, No.21), known as the Human Services Code, amended June
 13 30, 2012 (P.L.668, No.80), amendment declared unconstitutional,
 14 188 A.3d 1135, (Pa. 2018), are amended and the section is
 15 amended by adding a definition to read:

16 Section 402. Definitions.--As used in this article, unless
 17 the [content] context clearly indicates otherwise:

18 * * *

19 ["General assistance" means assistance granted under the

1 provisions of section 432(3) of this act.]

2 "General assistance-related categorically needy medical
3 assistance" means medical assistance for persons who meet the
4 requirements under section 432(3).

5 * * *

6 Section 2. Section 403.2 of the act, added June 30, 2012
7 (P.L.668, No.80), addition declared unconstitutional, 188 A.3d
8 1135, (Pa. 2018), is reenacted and amended to read:

9 Section 403.2. General Assistance-Related Categorically
10 Needy and Medically Needy Only Medical Assistance Programs.--(a)
11 Subject to subsection (b) and notwithstanding any other
12 provision of law, the general assistance cash assistance program
13 shall cease [August 1, 2012] July 1, 2019.

14 (b) The general assistance-related categorically needy
15 medical assistance program shall continue, including, but not
16 limited to, the eligibility and work and work-related
17 requirements under this article. The general assistance-related
18 medical assistance program for the medically needy only shall
19 continue.

20 Section 3. Section 442.1(a)(3) introductory paragraph and
21 (i) of the act, amended June 30, 2012 (P.L.668, No.80),
22 amendment declared unconstitutional, 188 A.3d 1135, (Pa. 2018),
23 are amended to read:

24 Section 442.1. The Medically Needy; Determination of
25 Eligibility.--(a) A person shall be considered medically needy
26 if that person meets the requirements of clauses (1), (2) and
27 (3):

28 * * *

29 (3) Complies with [either] subclause [(i) or] (ii):
30 [(i) Receives general assistance in the form of cash.]

1 * * *

2 Section 4. This act shall take effect as follows:

3 (1) The amendment of section 442.1(a)(3) introductory
4 paragraph and (i) of the act shall take effect July 1, 2019.

5 (2) The remainder of this act shall take effect
6 immediately.

Committee: Health Research: Whitney Metzler, Esq. Phone: 0-6365

DESCRIPTION:

Human Services Code/elimination of the general assistance cash benefit program

A. SYNOPSIS:

Amends the Human Services Code to eliminate the general assistance cash benefit program, which was recently reinstated by the PA Supreme Court due to asserted procedural violations.

B. BILL SUMMARY:

HB 33 eliminates the general assistance (GA) case assistance program on July 1, 2019. This bill also provides for the continuation of the GA-related categorically needy Medical Assistance program and the GA-related Medical Assistance program for the Medically Needy Only.

Effective date: Immediately.

C. CURRENT LAW:

The Human Services Code allows for the payment of cash public assistance to a limited population. At the time of the repeal in 2012, the majority of individuals receiving General Assistance were single males without dependents.

WM/db

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 33

Sponsor: *Dunbar #56*

Printer's No. 47

1 Amend Bill, page 1, lines 1 through 7, by striking out all of
2 said lines and inserting

3 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
4 act to consolidate, editorially revise, and codify the public
5 welfare laws of the Commonwealth," in public assistance,
6 further providing for definitions, for general assistance-
7 related categorically needy and medically needy only medical
8 assistance programs, for the medically needy and
9 determination of eligibility and for medical assistance
10 payments for institutional care; in hospital assessments,
11 further providing for definitions, for authorization, for
12 administration, for no hold harmless, for tax exemption and
13 for time period; and, in Statewide quality care assessment,
14 further providing for definitions.

15 Amend Bill, page 1, lines 10 through 19; page 2, lines 1
16 through 30; page 3, lines 1 through 6; by striking out all of
17 said lines on said pages and inserting

18 Section 1. Section 402 introductory paragraph and the
19 definition of "general assistance" of the act of June 13, 1967
20 (P.L.31, No.21), known as the Human Services Code, amended June
21 30, 2012 (P.L.668, No.80), amendment declared unconstitutional,
22 188 A.3d 1135, (Pa. 2018), are amended and the section is
23 amended by adding a definition to read:

24 Section 402. Definitions.--As used in this article, unless
25 the [content] context clearly indicates otherwise:

26 * * *
27 ["General assistance" means assistance granted under the
28 provisions of section 432(3) of this act.]

29 "General assistance-related categorically needy medical
30 assistance" means medical assistance for persons who meet the
31 requirements under section 432(3).

32 * * *
33 Section 2. Section 403.2 of the act, added June 30, 2012
34 (P.L.668, No.80), addition declared unconstitutional, 188 A.3d
35 1135, (Pa. 2018), is reenacted and amended to read:

1 Section 403.2. General Assistance-Related Categorically
2 Needy and Medically Needy Only Medical Assistance Programs.--(a)
3 Subject to subsection (b) and notwithstanding any other
4 provision of law, the general assistance cash assistance program
5 shall cease [August 1, 2012] August 1, 2019.

6 (b) The general assistance-related categorically needy
7 medical assistance program shall continue, including, but not
8 limited to, the eligibility and work and work-related
9 requirements under this article. The general assistance-related
10 medical assistance program for the medically needy only shall
11 continue.

12 Section 3. Section 442.1(a)(3) introductory paragraph and
13 (i) of the act, amended June 30, 2012 (P.L.668, No.80),
14 amendment declared unconstitutional, 188 A.3d 1135, (Pa. 2018),
15 are amended to read:

16 Section 442.1. The Medically Needy; Determination of
17 Eligibility.--(a) A person shall be considered medically needy
18 if that person meets the requirements of clauses (1), (2) and
19 (3):

20 * * *

21 (3) Complies with [either] subclause [(i) or] (ii):

22 [(i) Receives general assistance in the form of cash.]

23 * * *

24 Section 4. Section 443.1(1.1)(i) and (7)(vi) of the act,
25 amended June 22, 2018 (P.L.258, No.40), are amended to read:

26 Section 443.1. Medical Assistance Payments for Institutional
27 Care.--The following medical assistance payments shall be made
28 on behalf of eligible persons whose institutional care is
29 prescribed by physicians:

30 * * *

31 (1.1) Subject to section 813-G, for inpatient hospital
32 services provided during a fiscal year in which an assessment is
33 imposed under Article VIII-G, payments under the medical
34 assistance fee-for-service program shall be determined in
35 accordance with the department's regulations, except as follows:

36 (i) If the Commonwealth's approved Title XIX State Plan for
37 inpatient hospital services in effect for the period of July 1,
38 2010, through June 30, [2018] 2023, specifies a methodology for
39 calculating payments that is different from the department's
40 regulations or authorizes additional payments not specified in
41 the department's regulations, such as inpatient disproportionate
42 share payments and direct medical education payments, the
43 department shall follow the methodology or make the additional
44 payments as specified in the approved Title XIX State Plan.

45 * * *

46 (7) After June 30, 2007, payments to county and nonpublic
47 nursing facilities enrolled in the medical assistance program as
48 providers of nursing facility services shall be determined in
49 accordance with the methodologies for establishing payment rates
50 for county and nonpublic nursing facilities specified in the
51 department's regulations and the Commonwealth's approved Title

1 XIX State Plan for nursing facility services in effect after
2 June 30, 2007. The following shall apply:

3 * * *

4 (vi) Subject to Federal approval of such amendments as may
5 be necessary to the Commonwealth's approved Title XIX State
6 Plan, for fiscal years 2015-2016, 2016-2017 [and], 2018-2019 and
7 2019-2020, the department shall make up to four medical
8 assistance day-one incentive payments to qualified nonpublic
9 nursing facilities. The department shall determine the nonpublic
10 nursing facilities that qualify for the medical assistance day-
11 one incentive payments and calculate the payments using the
12 total Pennsylvania medical assistance (PA MA) days and total
13 resident days as reported by nonpublic nursing facilities under
14 Article VIII-A. The department's determination and calculations
15 under this subparagraph shall be based on the nursing facility
16 assessment quarterly resident day reporting forms, as determined
17 by the department. The department shall not retroactively revise
18 a medical assistance day-one incentive payment amount based on a
19 nursing facility's late submission or revision of the
20 department's report after the dates designated by the
21 department. The department, however, may recoup payments based
22 on an audit of a nursing facility's report. The following shall
23 apply:

24 (A) A nonpublic nursing facility shall meet all of the
25 following criteria to qualify for a medical assistance day-one
26 incentive payment:

27 (I) The nursing facility shall have an overall occupancy
28 rate of at least eighty-five percent during the resident day
29 quarter. For purposes of determining a nursing facility's
30 overall occupancy rate, a nursing facility's total resident
31 days, as reported by the facility under Article VIII-A, shall be
32 divided by the product of the facility's licensed bed capacity,
33 at the end of the quarter, multiplied by the number of calendar
34 days in the quarter.

35 (II) The nursing facility shall have a medical assistance
36 occupancy rate of at least sixty-five percent during the
37 resident day quarter. For purposes of determining a nursing
38 facility's medical assistance occupancy rate, the nursing
39 facility's total PA MA days shall be divided by the nursing
40 facility's total resident days, as reported by the facility
41 under Article VIII-A.

42 (III) The nursing facility shall be a nonpublic nursing
43 facility for a full resident day quarter prior to the applicable
44 quarterly reporting due dates, as determined by the department.

45 (B) The department shall calculate a qualified nonpublic
46 nursing facility's medical assistance day-one incentive payment
47 as follows:

48 (I) The total funds appropriated for payments under this
49 subparagraph shall be divided by the number of payments, as
50 determined by the department.

51 (II) To establish the per diem rate for a payment, the

1 amount under subclause (I) shall be divided by the total PA MA
2 days, as reported by all qualifying nonpublic nursing facilities
3 under Article VIII-A for that payment.

4 (III) To determine a qualifying nonpublic nursing facility's
5 medical assistance day-one incentive payment, the per diem rate
6 calculated for the payment shall be multiplied by a nonpublic
7 nursing facility's total PA MA days, as reported by the facility
8 under Article VIII-A for the payment.

9 (C) The following shall apply:

10 (I) For fiscal years 2015-2016, 2016-2017 and 2018-2019, the
11 State funds available for the nonpublic nursing facility medical
12 assistance day-one incentive payments shall equal eight million
13 dollars (\$8,000,000).

14 (II) For fiscal years 2019-2020, the State funds available
15 for the nonpublic nursing facility medical assistance day-one
16 incentive payments shall equal sixteen million dollars
17 (\$16,000,000).

18 * * *

19 Section 5. The definitions of "assessment," "general acute
20 care hospital," "high volume Medicaid hospital," "hospital" and
21 "net operating revenue" in section 801-E of the act are amended
22 to read:

23 Section 801-E. Definitions.

24 The following words and phrases when used in this article
25 shall have the meanings given to them in this section unless the
26 context clearly indicates otherwise:

27 "Assessment." The fee authorized to be implemented under
28 this article [on every general acute care hospital within a
29 municipality].

30 * * *

31 "General acute care hospital." A hospital other than a
32 hospital that the [Secretary of Human Services] secretary has
33 determined meets one of the following:

34 (1) Is excluded under 42 CFR 412.23(a), (b), (d), (e) and
35 (f) (relating to Excluded hospitals: Classifications) as of
36 March 20, 2008, from reimbursement of certain Federal funds
37 under the prospective payment system described by 42 CFR 412
38 (relating to prospective payment systems for inpatient hospital
39 services).

40 (2) Is a Federal veterans' affairs hospital.

41 (3) Is a high volume Medicaid hospital.

42 (4) Provides care, including inpatient hospital services, to
43 all patients free of charge.

44 (5) Is a free-standing acute care hospital organized
45 primarily for the treatment of and research on cancer and which
46 is an exempt hospital under section 801-G.

47 "High volume Medicaid hospital." A hospital that the
48 [Secretary of Human Services] secretary has determined meets all
49 of the following:

50 (1) is a nonprofit hospital subsidiary of a State-related
51 institution as that term is defined in 62 Pa.C.S. § 103

1 (relating to definitions); and

2 (2) [provides] has provided more than [90,000] 60,000
3 inpatient acute care days of care to Pennsylvania medical
4 assistance patients [annually] as reported by the hospital's
5 State fiscal year 2014-2015 medical assistance hospital cost
6 report on file with the department as of June 6, 2018.

7 "Hospital." A facility or the site of a facility that is
8 licensed as a hospital under 28 Pa. Code Pt. IV Subpt. B
9 (relating to general and special hospitals) and located within a
10 municipality.

11 * * *

12 "Net [operating] patient revenue." Gross [charges for
13 facilities] revenues received or earned by a hospital for
14 inpatient and outpatient hospital services, including medical
15 assistance supplemental revenues received by the hospital for
16 inpatient and outpatient hospital services, less any deducted
17 amounts for bad debt expense, charity care expense and
18 contractual allowances as identified in the hospital's records
19 or on forms as specified by the department.

20 * * *

21 Section 6. Section 802-E(a), (a.1) and (b) of the act are
22 amended and the section is amended by adding a subsection to
23 read:

24 Section 802-E. Authorization.

25 (a) General rule.--In order to generate additional revenues
26 for the purpose of assuring that medical assistance recipients
27 have access to hospital and other health care services [and that
28 all citizens have access to emergency department services], and
29 subject to the conditions and requirements specified under this
30 article, a municipality may, by ordinance, [do] impose an
31 assessment on the following:

32 (1) [Impose a monetary assessment on the net operating
33 revenue reduced by all revenues received from Medicare of
34 each general acute care hospital located in the
35 municipality.] Each general acute care hospital.

36 (2) [Beginning on or after July 1, 2009, and subject to
37 the advance written approval by the secretary, impose a
38 monetary assessment on the net operating revenues reduced by
39 all revenues received from Medicare of each high volume
40 Medicaid hospital located in the municipality.] Each high
41 volume Medicaid hospital.

42 (a.1) Assessment imposed by ordinance.--A municipality
43 shall, by ordinance, establish the assessment imposed under
44 subsection (a)(1) and (2) as a percentage of each hospital's net
45 patient revenue reduced by all revenues received from Medicare
46 for the year as the municipality shall specify, and may
47 establish different assessment percentages under subsection (a)
48 (1) or (2).

49 (a.2) Adjustments to assessment percentage.--

50 (1) For State fiscal years beginning after June 30,
51 2013, and subject to the advance written approval of the

1 secretary as prescribed by the department, the municipality
2 may make a uniform adjustment to an assessment percentage
3 established by ordinance under subsection (a).

4 (2) After receiving written approval under paragraph (1)
5 and before implementing an adjustment, the municipality shall
6 provide advance public notice. The notice shall specify the
7 proposed adjusted assessment percentage and identify the
8 aggregate impact on hospitals [located in the municipality]
9 subject to an assessment. An interested party shall have 30
10 days in which to submit comments to the municipality. Upon
11 expiration of the 30-day comment period, the municipality,
12 after consideration of the comments, shall publish a
13 subsequent notice announcing the adjusted assessment
14 percentage.

15 (b) Administrative provisions.--The ordinances adopted
16 pursuant to [subsection] subsections (a), (a.1) and (a.2) may
17 include appropriate administrative provisions including, without
18 limitation, provisions for the collection of interest and
19 penalties[.] and provisions for the calculation and imposition
20 of the assessment on a hospital subject to an assessment which,
21 during a fiscal year in which an assessment is imposed under
22 this article, changes ownership or control, begins operations,
23 closes or experiences any other change that affects its status
24 as a general acute care hospital or high volume Medicaid
25 hospital.

26 * * *

27 Section 7. Sections 804-E, 805-E, 807-E and 808-E of the act
28 are amended to read:

29 Section 804-E. Administration.

30 (a) Remittance.--Upon collection of the funds generated by
31 the assessment authorized under this article, the municipality
32 shall remit a portion of the funds to the Commonwealth for the
33 purposes set forth under section 802-E, except that the
34 municipality may retain funds in an amount necessary to
35 reimburse it for its reasonable costs in the administration and
36 collection of the assessment and to fund a portion of its costs
37 of operating public health clinics and public health programs as
38 set forth in an agreement to be entered into between the
39 municipality and the Commonwealth acting through the secretary.

40 (b) Establishment.--There is established a restricted
41 account in the General Fund for the receipt and deposit of funds
42 under subsection (a). Funds in the account [are hereby
43 appropriated to] shall be used by the department for either or
44 both of the following purposes [of making]:

45 (1) Making supplemental or increased medical assistance
46 payments for [emergency department] hospital services to
47 [general acute care] hospitals [within the municipality] and to
48 maintain or increase other medical assistance payments to
49 hospitals [within the municipality], as specified in the
50 Commonwealth's approved Title XIX State Plan.

51 (2) Making adjusted capitation payments to medical

1 assistance managed care organizations for additional payments
2 for health care services within the municipality.

3 Section 805-E. No hold harmless.

4 No [general acute care hospital or high volume Medicaid]
5 hospital subject to the assessment shall be directly guaranteed
6 a repayment of its assessment in derogation of 42 CFR 433.68(f)
7 (relating to permissible health care-related taxes), except
8 that, in each fiscal year in which an assessment is implemented,
9 the department shall use a portion of the funds received under
10 section 804-E(a) for the purposes outlined under section 804-
11 E(b) to the extent permissible under Federal and State law or
12 regulation and without creating an indirect guarantee to hold
13 harmless, as those terms are used under 42 CFR 433.68(f)(i). The
14 secretary shall submit any [State Medicaid plan] Title XIX State
15 Plan amendments to the United States Department of Health and
16 Human Services that are necessary to make the payments
17 authorized under section 804-E(b).

18 Section 807-E. Tax exemption.

19 Notwithstanding any exemptions granted by any other Federal,
20 State or local tax or other law, including section 204(a)(3) of
21 the act of May 22, 1933 (P.L.853, No.155), known as The General
22 County Assessment Law, no [general acute care hospital or high
23 volume Medicaid] hospital [in the municipality] subject to the
24 assessment shall be exempt from the assessment.

25 Section 808-E. Time period.

26 (a) Cessation.--The assessment authorized under this article
27 shall cease June 30, [2019] 2024.

28 (b) Assessment.--

29 (1) A municipality shall have the power to enact the
30 assessment authorized in section 802-E(a)(2) either prior to
31 or during its fiscal year ending June 30, 2010.

32 (2) A municipality may adjust an assessment percentage
33 as specified under section [802-E(a.1)] 802-E(a.2) either
34 prior to or during the fiscal year in which the adjusted
35 assessment percentage takes effect.

36 Section 8. The definitions of "net inpatient revenue" and
37 "net outpatient revenue" in section 801-G of the act, amended or
38 added June 22, 2018 (P.L.258, No.40), are amended to read:

39 Section 801-G. Definitions.

40 The following words and phrases when used in this article
41 shall have the meanings given to them in this section unless the
42 context clearly indicates otherwise:

43 * * *

44 "Net inpatient revenue." Gross [charges for facilities for
45 inpatient services less any deducted amounts for bad debt
46 expense, charity care expense and contractual allowances as
47 reported on forms specified by the department and] revenues
48 received or earned by a hospital for inpatient services,
49 including medical assistance supplemental revenues received by
50 the hospital for inpatient hospital services, less any deducted
51 amounts for bad debt expense, charity care expense and

1 contractual allowances as identified in the hospital's records
2 and reported on forms specified by the department for:

3 (1) [as identified in the hospital's records for] the
4 State fiscal year commencing July 1, 2014, or such later
5 State fiscal year, as may be specified by the department for
6 use in determining an annual assessment amount owed on or
7 after July 1, 2018; or

8 (2) [as identified in the hospital's records for] the
9 most recent State fiscal year, or part thereof, if amounts
10 are not available under paragraph (1).

11 "Net outpatient revenue." Gross [charges for facilities for
12 outpatient services less any deducted amounts for bad debt
13 expense, charity care expense and contractual allowances as
14 reported on forms specified by the department and] revenues
15 received or earned by a hospital for outpatient services,
16 including medical assistance supplemental revenues received by
17 the hospital for outpatient hospital services, less any deducted
18 amounts for bad debt expense, charity care expense and
19 contractual allowances as identified in the hospital's records
20 and reported on forms specified by the department for:

21 (1) [as identified in the hospital's records for] the
22 State fiscal year commencing July 1, 2014, or a later State
23 fiscal year, as may be specified by the department for use in
24 determining an annual assessment amount owed on or after July
25 1, 2018; or

26 (2) [as identified in the hospital's records for] the
27 most recent State fiscal year, or part thereof, if amounts
28 are not available under paragraph (1).

29 * * *

30 Section 9. This act shall take effect as follows:

31 (1) The amendment of section 442.1(a)(3) introductory
32 paragraph and (i) of the act shall take effect August 1,
33 2019.

34 (2) The remainder of this act shall take effect July 1,
35 2019, or immediately, whichever is later.



SENATE OF PENNSYLVANIA BILL SUMMARY

House Bill 33 Printer's No. 2182

Prime Sponsor: Dunbar
Committee: Health and Human Services

SYNOPSIS:

Amends the Human Services Code (the "Code") providing for the elimination of the general assistance cash benefit program, the nursing facility day one incentive payment, the Philadelphia hospital assessment, and revisions to the Statewide Quality Care Assessment.

SUMMARY:

General Assistance Cash Assistance Program

Eliminates the general assistance (GA) cash assistance program on August 1, 2019. Provides for the continuation of the GA-related categorically needy Medical Assistance program.

Nursing Facility Day One Incentive Payment

Provides for the Medical Assistance Day One Incentive (MDOI) payment for fiscal year 2019-2020, to qualifying nonpublic nursing facilities with an overall occupancy rate of at least 85% and with a medical assistance occupancy rate of at least 65%. Increases payment to \$16,000,000.

Philadelphia Hospital Assessment

Reauthorizes the Philadelphia hospital assessment through June 30, 2024. Also includes the following:

- Amends the definition of "high volume Medicaid hospital" and "net patient revenue"
- Allows for different assessment percentages for high volume Medicaid hospitals and general acute care hospitals
- Provides for administrative provisions when calculating an assessment on a hospital that changes ownership or control, opens or closes, and any other change that affects its status as a general acute care hospital or high volume Medicaid hospital.

Statewide Quality Care Assessment

Revises "net inpatient revenue" and "net outpatient revenue" definitions.

Effective Date: The GA cash assistance program shall take effect on August 1, 2019. All other provisions shall take effect on July 1, 2019, or immediately, whichever is later.

BILL HISTORY:

This program was previously eliminated on August 1, 2012 through Act 80 of 2012 that was declared unconstitutional on technical/procedural grounds by the Pennsylvania Supreme Court on July 18, 2018.

Prepared by: Lynch 6/19/2019

PUBLIC WELFARE CODE - OMNIBUS AMENDMENTS

Act of Jun. 30, 2012, P.L. 668, No. 80

Cl. 67

Session of 2012

No. 2012-80

HB 1261

AN ACT

Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," in general powers and duties of the Department of Public Welfare, providing for county human services consolidated planning and reporting; in public assistance, further providing for definitions, providing for cessation of the general assistance cash program and the continuation of the general assistance-related medical assistance programs, further providing for establishment of RESET, for determination of eligibility, for failure to comply with employment and work-related activity requirements and for medically needy and determination of eligibility; in children and youth, further providing for definitions; in Nursing Facility Assessments, further providing for time periods; in kinship care, further providing for definitions and for Kinship Care Program, providing for Subsidized Permanent Legal Custodianship Program and for permanent legal custodianship subsidy and reimbursement; providing for Human Services Block Grant Pilot Program; and making related repeals.

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

Section 1. The act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, is amended by adding a section to read:

Section 205.1. County Human Services Consolidated Planning and Reporting.--(a) The department shall develop a uniform, consolidated process for counties to submit plans and reports regarding all of the following:

(1) Funds allocated to counties under the act of October 5, 1994 (P.L.531, No.78), known as the Human Services Development Fund Act.

(2) Funds allocated to counties for mental health and intellectual disability services under the act of October 20, 1966 (3rd Sp.Sess., P.L.96, No.6), known as the Mental Health and Intellectual Disability Act of 1966.

(3) Funds allocated to counties for behavioral health services.

(4) Funds allocated to counties for drug and alcohol addiction treatment services under section 2334 of the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929.

(5) Funds allocated to counties for the provision of services to the homeless.

(6) Funds allocated to county child welfare agencies as additional grants under section 704.1(b).

(b) Counties shall submit plans and reports in a form, containing such information, and by such deadline as the department may prescribe. The plans and reports shall include at least all of the following:

(1) Delivery of county-based human services by client population served, including a detailed description of how each county intends to use the funds identified in subsection (a) to provide services to its residents in the least restrictive setting appropriate to their needs.

(2) The distribution and projected expenditure level of the funds identified in subsection (a), including block grant funds for those counties participating in the Human Services Block Grant Pilot Program pursuant to Article XIV-B.

(3) Public hearings by counties under 65 Pa.C.S. Ch. 7 (relating to open meetings), including the opportunity for individuals and their families receiving human services to testify about the county plan.

Section 2. Section 402 introductory paragraph and the definition of "general assistance" in section 402 of the act, amended May 16, 1996 (P.L.175, No.35), are amended and the section is amended by adding a definition to read:

Section 402. Definitions.--As used in this article, unless the [content] **context** clearly indicates otherwise:

* * *

["General assistance" means assistance granted under the provisions of section 432(3) of this act.]

"General assistance-related categorically needy medical assistance" means medical assistance for persons who meet the requirements under section 432(3).

* * *

Section 3. The act is amended by adding a section to read:

Section 403.2. General Assistance-Related Categorically Needy and Medically Needy Only Medical Assistance Programs.--(a) Subject to subsection (b) and notwithstanding any other provision of law, the general assistance cash assistance program shall cease August 1, 2012.

(b) The general assistance-related categorically needy medical assistance program shall continue, including, but not limited to, the eligibility and work and work-related requirements under this article. The general assistance-related medical assistance program for the medically needy only shall continue.

Section 4. Section 405.1(a.2)(3) of the act, amended May 16, 1996 (P.L.175, No.35), is amended to read:

Section 405.1. Establishment of RESET.--* * *

(a.2) In accordance with RESET, the following requirements shall apply:

* * *

(3) [A nonexempt applicant's initial work-related activity shall be to conduct an independent job search for a period not to exceed eight weeks. A person who is on the effective date of this subsection a nonexempt recipient shall be required to conduct an independent job search within eight weeks of the recipient's next redetermination of eligibility. The applicant or recipient must document such efforts and present the documentation to the appropriate county assistance office upon request. Failure to comply with the requirements of this section shall result in the imposition of the sanctions set forth in section 432.3.] **As a condition of eligibility, an applicant shall apply for at least three positions of unsubsidized employment each week unless the applicant establishes good cause for failure to comply. An applicant shall continue to apply for unsubsidized employment until paid employment of at least twenty hours per week is secured. The applicant shall verify compliance with these requirements in the manner and form prescribed by the department.**

* * *

Section 5. Section 432.2(b) of the act, amended June 30, 2011 (P.L.89, No.22), is amended to read:

Section 432.2. Determination of Eligibility.--* * *

(b) As a condition of eligibility for assistance, all applicants and recipients of assistance shall cooperate with the department in providing and verifying information necessary for the department to determine initial or continued eligibility in accordance with the provisions of this act. An individual applying for assistance shall complete an application containing such information required to establish eligibility and amount of grant. The application shall include, but not be limited to, the following information:

- (1) Names of all persons to receive aid;
- (2) Birth dates of all persons to receive aid;
- (3) Social security numbers of all persons to receive aid, or proof of application for such social security number;
- (4) Place of residence for all persons to receive aid;
- (5) The names of any legally responsible relative living in the home;
- (6) Any income or resources as defined in this act or in regulations promulgated pursuant to this act.

The department shall provide assistance as needed to complete the application and shall [insure] **ensure** that all applicants or recipients have or promptly obtain a social security number. The department shall determine all elements of eligibility based upon the circumstances that exist at the applicant's **or recipient's** place of residence prior to awarding assistance.

* * *

Section 6. Sections 432.3(a) and 442.1(a)(3) of the act, amended May 16, 1996 (P.L.175, No.35), are amended to read:

Section 432.3. Failure to Comply with Employment and Work-Related Activity Requirements.--(a) [An applicant or] **A** recipient who is not exempt from participation in the employment or work-related activity requirements set forth in section 405.1(a.2) and who without good cause: (i) voluntarily terminates employment or reduces earnings; (ii) fails to apply for work at such time and in such manner as the department may prescribe; or (iii) fails or refuses to accept referral to and participate in a work-related activity, or refuses to accept referral to and work in and retain employment in which the [applicant or] recipient is able to engage, provided such employment conforms to the standards established for a bona fide offer of employment, shall be disqualified from receiving assistance as follows:

(1) [A] **For the first violation, a** minimum of thirty days [for the first violation] and continuing thereafter until such time as [he or she is willing to comply] **the recipient has demonstrated and maintained compliance for at least a one-week period** with the requirements of section 405.1[; a minimum of sixty days for]. **After the recipient has been disqualified for ninety days, the entire assistance group shall be disqualified until the recipient has demonstrated and maintained compliance for at least a one-week period with the requirements of section 405.1.**

(2) **For the second violation, a minimum of sixty days** and continuing thereafter until such time as [he or she is willing to comply] **the recipient has demonstrated and maintained compliance for at least a one-week period** with the requirements of section 405.1[; and permanently for a third violation]. **After the recipient has been disqualified for sixty days, the entire**

assistance group shall be disqualified until the recipient has demonstrated and maintained compliance for at least a one-week period with the requirements of section 405.1.

[(2) If the reason for the disqualification occurs during the first twenty-four months that cash assistance is received, whether those months are consecutive or interrupted, only the individual is disqualified. If the reason for the disqualification occurs after the individual has received assistance for more than twenty-four months, whether those months are consecutive or interrupted, the disqualification is imposed on the entire assistance group.]

(3) For the third violation, the entire assistance group shall be permanently disqualified.

* * *

Section 442.1. The Medically Needy; Determination of Eligibility.--(a) A person shall be considered medically needy if that person meets the requirements of clauses (1), (2) and (3):

* * *

(3) Complies with [either] subclause [(i) or] (ii):

[(i) Receives general assistance in the form of cash.]

(ii) Is not eligible for cash assistance but is:

(A) a child under twenty-one years of age;

(B) a custodial parent of a dependent child under twenty-one years of age[;] **who verifies employment of at least one hundred hours per month earning at least the minimum wage;**

(C) a person fifty-nine years of age or older;

(D) a refugee for whom Federal financial participation is available;

(E) a pregnant woman;

(F) a person with a disability who is receiving Social Security disability benefits, who has been referred to the Social Security Administration for a determination of eligibility for Supplemental Security Income or who is under review for a disability by the department based upon Social Security disability criteria; or

(G) a person who verifies employment of at least one hundred hours per month earning at least the minimum wage.

* * *

Section 7. The definition of "child" in section 772 of the act, added December 30, 1974 (P.L.1039, No.339), is amended to read:

Section 772. Definitions.--As used in this subdivision:

* * *

"Child" means an individual who:

(1) is under the age of eighteen years[.]; or

(2) is under the age of twenty-one years and who attained thirteen years of age before the adoption assistance agreement became effective and who is:

(i) completing secondary education or an equivalent credential;

(ii) enrolled in an institution which provides postsecondary or vocational education;

(iii) participating in a program actively designed to promote or remove barriers to employment;

(iv) employed for at least eighty hours per month; or

(v) incapable of doing any of the activities described in subclause (i), (ii), (iii) or (iv) due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child.

* * *

Section 8. Section 815-A of the act, amended June 30, 2007 (P.L.49, No.16), is amended to read:

Section 815-A. Time periods.--The assessment authorized in this article shall not be imposed prior to July 1, 2003, or after June 30, [2012] **2016**.

Section 9. Section 1302 of the act, added September 30, 2003 (P.L.169, No.25), is amended to read:
Section 1302. Definitions.

The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Child." An individual who:

- (1) is under 18 years of age; or
- (2) is under 21 years of age and who attained 13 years of age before the subsidized permanent legal custodianship agreement became effective and who is:
 - (i) completing secondary education or an equivalent credential;
 - (ii) enrolled in an institution which provides postsecondary or vocational education;
 - (iii) participating in a program actively designed to promote or remove barriers to employment;
 - (iv) employed for at least 80 hours per month; or
 - (v) incapable of doing any of the activities described in subparagraph (i), (ii), (iii) or (iv) due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child.

"County agency." The county children and youth social service agency exercising the power and duties provided for in section 405 of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the department under Article IX.

"Eligible child." A child who:

- (1) has a court-ordered disposition of placement with a permanent legal custodian pursuant to 42 Pa.C.S. § 6351(a)(2.1) (relating to disposition of dependent child);
- (2) has lived with an eligible permanent legal custodian for at least six months, which need not be consecutive; and
- (3) is a citizen or an alien lawfully residing in this Commonwealth.

"Eligible permanent legal custodian." A relative or kin:

- (1) whose home is approved pursuant to applicable regulations for placement of foster children;
- (2) with whom an eligible child has resided for at least six months, which need not be consecutive; and
- (3) who meets the requirements for employment in child-care services pursuant to 23 Pa.C.S. § 6344 (relating to information relating to prospective child-care personnel).

"Foster parent." An individual approved by a public or private foster family care agency to provide foster family care services to a child who is temporarily separated from the child's legal family and placed in the legal custody of an agency.

"Kin." An individual 21 years of age or older who is one of the following:

- (1) A godparent of the child as recognized by an organized church.
- (2) A member of the child's tribe, nation or tribal organization.
- (3) An individual with a significant, positive relationship with the child or family.

"Permanent legal custodian." A person to whom legal custody of the child has been given by order of a court pursuant to 42 Pa.C.S. § 6351(a)(2.1) (relating to disposition of dependent child).

"Relative." An individual who is:

(1) Related within the [third] **fifth** degree of consanguinity or affinity to the parent or stepparent of a child.

(2) At least 21 years of age.

"Subsidized permanent legal custodianship." A court-ordered disposition of a dependent child pursuant to 42 Pa.C.S. § 6351(a)(2.1) (relating to disposition of dependent child) for which the child's permanent legal custodian receives a monetary payment from the county agency pursuant to a subsidized permanent legal custodianship agreement.

"Subsidized permanent legal custodianship agreement." A written agreement signed by the director of the county agency, or a designee, and a permanent legal custodian, that sets forth the terms and subsidy payments for a subsidized permanent legal custodianship.

Section 10. Section 1303(b) of the act, added September 30, 2003 (P.L.169, No.25), is amended and the section is amended by adding a subsection to read:

Section 1303. Kinship Care Program.

* * *

(a.1) Relative notification.--Except in situations of family or domestic violence, the county agency shall exercise due diligence to identify and notify all grandparents and other adult relatives to the fifth degree of consanguinity or affinity to the parent or stepparent of a dependent child within 30 days of the child's removal from the child's home when temporary legal and physical custody has been transferred to the county agency. The notice must explain all of the following:

(1) Any options under Federal and State law available to the relative to participate in the care and placement of the child, including any options that would be lost by failing to respond to the notice.

(2) The requirements to become a foster parent, permanent legal custodian or adoptive parent.

(3) The additional supports that are available for children removed from the child's home.

(b) Placement of children.--If a child has been removed from the child's home under a voluntary placement agreement or is in the legal custody of the county agency, the county agency shall give first consideration to placement with relatives **or kin**. The county agency shall document that an attempt was made to place the child with a relative **or kin**. If the child is not placed with a relative **or kin**, the agency shall document the reason why such placement was not possible.

* * *

Section 11. The act is amended by adding sections to read:

Section 1303.1. Subsidized Permanent Legal Custodianship Program.

(a) Establishment of program.--The Subsidized Permanent Legal Custodianship Program is established in the department.

(b) Implementation.--The department shall establish and develop criteria and promulgate necessary regulations for county agencies to implement the Subsidized Permanent Legal Custodianship Program in accordance with the provisions of this article. The criteria and regulations shall include, but not be limited to, identification of eligible children and eligible

permanent legal custodians, procedures for implementing the program and reporting requirements by county agencies.

Section 1303.2. Permanent legal custodianship subsidy and reimbursement.

(a) Amount.--The amount of permanent legal custodianship subsidy for maintenance costs to a permanent legal custodian shall not exceed the monthly payment rate for foster family care in the county in which the child resides.

(b) County reimbursement.--The department shall reimburse the county agency for at least 80% of the cost of a permanent legal custodianship subsidy payment provided by a county agency in accordance with the provisions of this article, provided that the county agency complies with the requirements established by the department.

Section 12. The act is amended by adding an article to read:

ARTICLE XIV-B

HUMAN SERVICES BLOCK GRANT PILOT PROGRAM

Section 1401-B. Definitions.

The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Block grant." The Human Services Block Grant Pilot Program established in section 1402-B.

"County-based human services." Programs approved by the Department of Public Welfare and provided by county governments through direct or contracted services, supportive services and service coordination. The term includes services designed to meet service needs of the following:

(1) Individuals in need of behavioral health services.

(2) Individuals with intellectual disabilities.

(3) Individuals in need of drug and alcohol treatment services.

(4) Individuals who are homeless or at immediate risk of becoming homeless.

(5) Dependent and delinquent children as defined in 42 Pa.C.S. § 6302 (relating to definitions).

(6) Low-income adults eligible to receive services under the act of October 5, 1994 (P.L.531, No.78), known as the Human Services Development Fund Act.

(7) Older individuals as provided for under section 2206-A of the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929, and eligible to receive services under the Human Services Development Fund Act.

"Local collaborative arrangements." Two or more counties acting in concert to provide county-based human services through a single public or private entity.

Section 1402-B. Establishment of Human Services Block Grant Pilot Program.

The Human Services Block Grant Pilot Program is established for the purpose of allocating block grant funds to county governments to provide locally identified county-based human services that will meet the service needs of county residents. A county's request to participate in the block grant shall be on a form and contain such information as the department may prescribe. The department, in its discretion, may approve a county's request based on criteria determined by the department. No more than 20 counties may participate in the block grant in any fiscal year.

Section 1403-B. Powers and duties of the department.

(a) Distribution of funds.--Notwithstanding any other law, the department may distribute those funds that have been appropriated to the department for the programs set forth in

section 1405-B(a)(1) as a block grant for county-based human services.

(b) Administration of pilot program.--The department shall have the power and duty to:

(1) Monitor county governments' administration of the block grant to ensure compliance with applicable Federal and State requirements.

(2) Allocate and disburse block grant funds to counties on a quarterly basis in accordance with section 1405-B.

(3) Provide technical support and assistance to counties.

(4) Require counties to submit reports containing such information pursuant to the implementation of this article and in the form and by the deadline prescribed by the department.

(5) Monitor, inspect or audit the financial, operating and accounting records of any county agency or contracted entity that receives any block grant funds if deemed necessary by the department.

(6) Withhold, recover or reduce any block grant funds of a county agency or contracted entity determined to have been spent or disbursed in violation of Federal or State requirements.

(7) Establish procedures for the annual submission, review and approval process of county block grant plans for the expenditure of block grant funds and the delivery of county-based human services submitted under section 1404-B(5). The department shall not approve a county plan which proposes the elimination of any of the following county-based human services:

(i) Community-based mental health services.

(ii) Intellectual disability services.

(iii) Child welfare services.

(iv) Drug and alcohol treatment and prevention services.

(v) Homeless assistance services.

(vi) Behavioral health services.

(8) Prepare and submit by January 1, 2014, and by November 30 each year thereafter, a report to the chairman and minority chairman of the Public Health and Welfare Committee of the Senate, the chairman and minority chairman of the Appropriations Committee of the Senate, the chairman and minority chairman of the Health Committee of the House of Representatives, the chairman and minority chairman of the Human Services Committee of the House of Representatives and the chairman and minority chairman of the Appropriations Committee of the House of Representatives of the expenditures of block grant funds by county governments to include:

(i) The allocation levels.

(ii) The expenditure levels.

(iii) The number of individuals served by the human services provided.

(iv) Any other information deemed necessary by the department, including any information which would determine the effectiveness of the block grant.

(9) The annual report under paragraph (8) shall be made available for public inspection and posted on the department's publicly accessible Internet website.

(10) Promulgate regulations as may be necessary to carry out this article.

Section 1404-B. Powers and duties of counties.

The local county officials of each county government participating in the block grant shall have the power and duty to:

(1) Administer and disburse block grant funds for the provision of county-based human services in accordance with this article and regulations promulgated under section 1403-B(10) and Federal requirements.

(2) Establish or maintain, in agreement with another county or counties, local collaborative arrangements for the delivery of any county-based human service. Counties may establish new local collaborative arrangements under this paragraph for the provision of a specific county-based human service or county-based human services, subject to approval by the secretary.

(3) Determine and redetermine, when necessary, whether a person is eligible to participate in a county-based human service, subject to appeal under 2 Pa.C.S. Ch. 5 Subch. B (relating to practice and procedures of local agencies).

(4) Submit required reports under section 1403-B(b)(4).

(5) Submit to the department an annual Human Services Block Grant Pilot Plan to include the intended delivery of county-based human services by client population to be served, including a detailed description of how the county intends to serve its residents in the least restrictive setting appropriate to their needs and the distribution and the projected expenditure level of block grant funds by county-based human services allocated under this article in such form and containing such information as the department may require. Prior to submitting the annual Human Services Block Grant Pilot Plan to the department, the county shall hold at least two public hearings on the plan under 65 Pa.C.S. Ch. 7 (relating to open meetings), which shall include an opportunity for individuals and families who receive services to testify about the plan.

Section 1405-B. Allocation.

(a) Allocation.--The department shall allocate State block grant funds to counties as follows:

(1) The department shall allocate State block grant funds according to each county's proportional share of the aggregate amount of the following State funds allocated for fiscal year 2011-2012:

(i) Funds allocated to counties under the act of October 5, 1994 (P.L.531, No.78), known as the Human Services Development Fund Act.

(ii) Funds allocated to counties for mental health and intellectual disability services under the act of October 20, 1966 (3rd Sp.Sess., P.L.96, No.6), known as the Mental Health and Intellectual Disability Act of 1966.

(iii) Funds allocated to counties for behavioral health services.

(iv) Funds allocated to counties for drug and alcohol services under section 2334 of the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929.

(v) Funds allocated to counties for the provision of services to the homeless.

(vi) Funds allocated to county child welfare agencies as certain additional grants under section 704.1(b).

(2) The department shall allocate Federal block grant funds to counties according to each county's fiscal year

2011-2012 proportional share of each Federal appropriation associated with the funds identified in paragraph (1).

(3) Funds identified in paragraphs (1) and (2) that were allocated to county local collaborative arrangements shall be allocated to individual counties based on the individual county population.

(4) The department may revise the allocation of Federal funds identified in paragraph (2) as necessary to comply with applicable Federal requirements.

(b) Expenditure.--Each county participating in the block grant shall expend its allocated block grant funds as follows:

(1) For State fiscal year 2012-2013, each county shall expend on each of the following county-based human services at least 80% of the amount the county is allocated under the funds identified in subsection (a)(1) for that county-based human service:

- (i) Community-based mental health services.
- (ii) Intellectual disability services.
- (iii) Child welfare services.
- (iv) Drug and alcohol treatment and prevention services.
- (v) Homeless assistance services.
- (vi) Behavioral health services.

(2) For State fiscal year 2013-2014, each county shall expend on each of the following county-based human services at least 75% of the amount the county was allocated under the funds identified in subsection (a)(1) for that county-based human service:

- (i) Community-based mental health services.
- (ii) Intellectual disability services.
- (iii) Child welfare services.
- (iv) Drug and alcohol treatment and prevention services.
- (v) Homeless assistance services.
- (vi) Behavioral health services.

(3) For State fiscal year 2014-2015, each county shall expend on each of the following county-based human services at least 50% of the amount the county is allocated under the funds identified in subsection (a)(1) for that county-based human service:

- (i) Community-based mental health services.
- (ii) Intellectual disability services.
- (iii) Child welfare services.
- (iv) Drug and alcohol treatment and prevention services.
- (v) Homeless assistance services.
- (vi) Behavioral health services.

(4) For State fiscal year 2015-2016, each county shall expend on each of the following county-based human services at least 25% of the amount the county is allocated under the funds identified in subsection (a)(1), for that county-based human service:

- (i) Community-based mental health services.
- (ii) Intellectual disability services.
- (iii) Child welfare services.
- (iv) Drug and alcohol treatment and prevention services.
- (v) Homeless assistance services.
- (vi) Behavioral health services.

(5) For State fiscal year 2016-2017 and thereafter, counties may expend block grant funds on county-based human services as determined by local need.

(c) Waiver.--A county may request in writing that the department waive the requirements of subsection (b). The department may, in its discretion, grant the request upon good cause shown by the county.

(d) Use of remaining funds.--Except as provided in subsection (b), counties may expend the remaining block grant funds on county-based human services needs as determined by county officials.

(e) Contribution to local collaborative arrangement.--Each county that is part of a local collaborative arrangement in accordance with section 1404-B(2) shall contribute at a minimum the percentage of funds specified in subsection (b) to the local collaborative arrangement for the provision of the county-based human services delivered by the local collaborative arrangement. Section 1406-B. Use of block grant funds.

(a) General rule.--Block grant funds received by counties under this article shall be used solely for the provision of county-based human services.

(b) Reinvestment.--A county participating in the block grant may submit to the department a written plan to reinvest up to 3% of its block grant allocation for any State fiscal year to be expended on county-based human services in the next State fiscal year. The 3% limitation may be waived by the department upon good cause shown by the county.

(c) Eligibility.--No county shall be required to expend block grant funds under this article on behalf of an individual until the individual has exhausted eligibility and receipt of benefits under all other existing Federal, State, local or private programs.

(d) Allocation.--For State fiscal year 2012-2013, each county in expending block grant funds shall provide local matching funds for block grant funds allocated to it in the same percentage as that county's aggregate local match percentage for the State funds identified in section 1405-B(a)(1) in State fiscal year 2010-2011. For each State fiscal year thereafter, each county in expending block grant funds shall provide local matching funds for block grant funds allocated to it in the same percentage as that county's aggregate local match percentage for the State funds identified in section 1405-B(a)(1) in State fiscal year 2011-2012.

(e) County obligation.--Except as provided in subsection (d), counties shall have no financial obligation to provide human services under this article in excess of their allocation of block grant funds for any fiscal year. Section 1407-B. Applicability of other statutes.

(a) Department.--The department's allocation of block grant funds to counties participating in the block grant under this article shall fully discharge its responsibilities and liabilities with respect to those counties under:

(1) Section 704.1(b).

(2) Sections 201(1) and (7), 503, 509, 510 and 511 of the act of October 20, 1966 (3rd Sp.Sess., P.L.96, No.6), known as the Mental Health and Intellectual Disability Act of 1966.

(b) County.--

(1) Except as specified in paragraph (2), each county's provision of county-based human services through the expenditure of block grant funds, in combination with required local matching funds, shall fully discharge the county's responsibilities and liabilities to provide or fund county-based human services under:

(i) Section 704.1(b).

(ii) Sections 301(d), 503, 509, 510 and 511 of the act of October 20, 1966 (3rd Sp.Sess., P.L.96, No.6), known as the Mental Health and Mental Intellectual Disability Act of 1966.

(iii) Section 401 of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law.

(2) This article shall not be construed to affect the obligation of any county to provide funds for care in any county nursing home under section 443.1 or 472, care in any State institution as defined by section 901, medical assistance for inmates pursuant to section 441.1 or Article XIV-A or mental health or intellectual disability services provided by the department under section 505(b) or 508(c) of the Mental Health and Intellectual Disability Act of 1966.
Section 1408-B. Appeals.

A county agency or contracted entity aggrieved by a department determination made under section 1403-B(b)(6) may file a request for a review with the department's Bureau of Hearings and Appeals, which shall have exclusive jurisdiction in such matters. The procedures and requirements of 2 Pa.C.S. Ch. 5 Subch. A (relating to practice and procedure of Commonwealth agencies) and 1 Pa. Code Pt. II (relating to general rules of administrative practice and procedure) shall apply to requests for review filed under this section, except that in a request for a review, the county agency or contracted entity may not challenge the block grant funds allocation under section 1405-B.

Section 1409-B. Limitations.

(a) Calculation of State appropriation.--No funds allocated for the block grant may be considered as part of the base for the calculation of any State appropriation for any fiscal year, including the county child welfare needs-based budget.

(b) Non-State match.--No funds allocated for the block grant may be used as the non-State match for other State funds, programs or grants.

(c) Other reimbursement.--No funds allocated to the block grant may be used for services reimbursable pursuant to section 704.1(a) in excess of a county's minimum expenditure for child welfare services required under section 1405-B(b) until the county has exhausted its allocation of State funds pursuant to section 709.3 for the State fiscal year. This provision excludes congregate care and institutional placements for dependent and delinquent children which are not reimbursable with block grant funds.

(d) Certain residential service.--No funds allocated to the block grant may be used for residential service for dependent or delinquent children other than foster care.

Section 1410-B. Construction.

(a) Federal moneys.--This article shall be construed so as to maintain and not decrease or limit the eligibility of any person or facility or the Commonwealth or any political subdivision of the Commonwealth to receive any Federal assistance, grant or funds.

(b) Availability of services.--Nothing in this article creates or provides an individual with an entitlement to services or benefits. Services under this article shall only be available from county governments to the extent that funds are appropriated.

(c) County child welfare services.--This article applies notwithstanding the provisions of Article VII.

Section 13. All acts and parts of acts are repealed insofar as they are inconsistent with this act.

Section 14. All regulations inconsistent with this act are abrogated.

Section 15. This act shall take effect July 1, 2012, or immediately, whichever is later.

APPROVED--The 30th day of June, A.D. 2012.

TOM CORBETT

[Home](#) / Senate Co-Sponsorship Memoranda

Senate Co-Sponsorship Memoranda

Senate of Pennsylvania Session of 2019 - 2020 Regular Session

MEMORANDUM

Posted: May 15, 2019 01:29 PM
From: [Senator Michele Brooks](#)
To: All Senate members
Subject: Reauthorization of Assessments in Human Services Code

I will soon be introducing legislation necessary to complete our budgetary obligations for Fiscal Year 2019-2020 and beyond. Specifically, the following provisions of the Human Services Code require reauthorization from the General Assembly before they sunset on June 30, 2019:

- Nursing Facility Assessment
- Nursing Facility Budget Adjustment Factor
- Intermediate Care Facilities for Persons with an Intellectual Disability Assessment
- Philadelphia Hospital Assessment

This legislation will reauthorize these provisions through June 30, 2022. Please join me in co-sponsoring this important legislation.



Introduced as [SB695](#)

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 695 Session of 2019

INTRODUCED BY BROOKS, MAY 31, 2019

REFERRED TO HEALTH AND HUMAN SERVICES, MAY 31, 2019

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," in public assistance,
4 further providing for medical assistance payments for
5 institutional care; in nursing facility assessments, further
6 providing for time periods; in intermediate care facilities
7 for persons with an intellectual disability assessments,
8 further providing for time periods; and, in hospital
9 assessments, further providing for time period.

10 The General Assembly of the Commonwealth of Pennsylvania
11 hereby enacts as follows:

12 Section 1. Sections 443.1(7)(iv), 815-A, 811-C(b) and 808-
13 E(a) of the act of June 13, 1967 (P.L.31, No.21), known as the
14 Human Services Code, are amended to read:

15 Section 443.1. Medical Assistance Payments for Institutional
16 Care.--The following medical assistance payments shall be made
17 on behalf of eligible persons whose institutional care is
18 prescribed by physicians:

19 * * *

20 (7) After June 30, 2007, payments to county and nonpublic
21 nursing facilities enrolled in the medical assistance program as
22 providers of nursing facility services shall be determined in

1 accordance with the methodologies for establishing payment rates
2 for county and nonpublic nursing facilities specified in the
3 department's regulations and the Commonwealth's approved Title
4 XIX State Plan for nursing facility services in effect after
5 June 30, 2007. The following shall apply:

6 * * *

7 (iv) Subject to Federal approval of such amendments as may
8 be necessary to the Commonwealth's approved Title XIX State
9 Plan, for each fiscal year beginning on or after July 1, 2011,
10 the department shall apply a revenue adjustment neutrality
11 factor to county and nonpublic nursing facility payment rates so
12 that the estimated Statewide day-weighted average payment rate
13 in effect for that fiscal year is limited to the amount
14 permitted by the funds appropriated by the General Appropriation
15 Act for the fiscal year. The revenue adjustment neutrality
16 factor shall remain in effect until the sooner of June 30,
17 [2019] 2022, or the date on which a new rate-setting methodology
18 for medical assistance nursing facility services which replaces
19 the rate-setting methodology codified in 55 Pa. Code Chs. 1187
20 (relating to nursing facility services) and 1189 (relating to
21 county nursing facility services) takes effect.

22 * * *

23 Section 815-A. Time periods.--The assessment authorized in
24 this article shall not be imposed prior to July 1, 2003, or
25 after June 30, [2012] 2022.

26 Section 811-C. Time periods.

27 * * *

28 (b) Cessation.--The assessment authorized under this article
29 shall cease June 30, [2019] 2022, or earlier, if required by
30 law.

1 Section 808-E. Time period.

2 (a) Cessation.--The assessment authorized under this article
3 shall cease June 30, [2019] 2022.

4 * * *

5 Section 2. This act shall take effect immediately.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO SENATE BILL NO. 695

Sponsor:

Bradford 70

Printer's No. 833

1 Amend Bill, page 1, line 9, by striking out the period after
2 "period" and inserting
3 , for definitions, for authorization, for administration, for no
4 hold harmless, for tax exemption and for time period; and, in
5 Statewide quality care assessment, further providing for
6 definitions.

7 Amend Bill, page 1, lines 12 through 14, by striking out all
8 of said lines and inserting

9 Section 1. Section 443.1(1.1)(i) and (7)(iv) and (vi) of the
10 act of June 13, 1967 (P.L.31, No.21), known as the Human
11 Services Code, amended June 22, 2018 (P.L.258, No.40), are
12 amended to read:

13 Amend Bill, page 1, by inserting between lines 19 and 20

14 (1.1) Subject to section 813-G, for inpatient hospital
15 services provided during a fiscal year in which an assessment is
16 imposed under Article VIII-G, payments under the medical
17 assistance fee-for-service program shall be determined in
18 accordance with the department's regulations, except as follows:

19 (i) If the Commonwealth's approved Title XIX State Plan for
20 inpatient hospital services in effect for the period of July 1,
21 2010, through June 30, [2018] 2023, specifies a methodology for
22 calculating payments that is different from the department's
23 regulations or authorizes additional payments not specified in
24 the department's regulations, such as inpatient disproportionate
25 share payments and direct medical education payments, the
26 department shall follow the methodology or make the additional
27 payments as specified in the approved Title XIX State Plan.

28 * * *

29 Amend Bill, page 2, by inserting between lines 22 and 23

30 (vi) Subject to Federal approval of such amendments as may
31 be necessary to the Commonwealth's approved Title XIX State
32 Plan, for fiscal years 2015-2016, 2016-2017 [and], 2018-2019 and
33 2019-2020, the department shall make up to four medical

1 assistance day-one incentive payments to qualified nonpublic
2 nursing facilities. The department shall determine the nonpublic
3 nursing facilities that qualify for the medical assistance day-
4 one incentive payments and calculate the payments using the
5 total Pennsylvania medical assistance (PA MA) days and total
6 resident days as reported by nonpublic nursing facilities under
7 Article VIII-A. The department's determination and calculations
8 under this subparagraph shall be based on the nursing facility
9 assessment quarterly resident day reporting forms, as determined
10 by the department. The department shall not retroactively revise
11 a medical assistance day-one incentive payment amount based on a
12 nursing facility's late submission or revision of the
13 department's report after the dates designated by the
14 department. The department, however, may recoup payments based
15 on an audit of a nursing facility's report. The following shall
16 apply:

17 (A) A nonpublic nursing facility shall meet all of the
18 following criteria to qualify for a medical assistance day-one
19 incentive payment:

20 (I) The nursing facility shall have an overall occupancy
21 rate of at least eighty-five percent during the resident day
22 quarter. For purposes of determining a nursing facility's
23 overall occupancy rate, a nursing facility's total resident
24 days, as reported by the facility under Article VIII-A, shall be
25 divided by the product of the facility's licensed bed capacity,
26 at the end of the quarter, multiplied by the number of calendar
27 days in the quarter.

28 (II) The nursing facility shall have a medical assistance
29 occupancy rate of at least sixty-five percent during the
30 resident day quarter. For purposes of determining a nursing
31 facility's medical assistance occupancy rate, the nursing
32 facility's total PA MA days shall be divided by the nursing
33 facility's total resident days, as reported by the facility
34 under Article VIII-A.

35 (III) The nursing facility shall be a nonpublic nursing
36 facility for a full resident day quarter prior to the applicable
37 quarterly reporting due dates, as determined by the department.

38 (B) The department shall calculate a qualified nonpublic
39 nursing facility's medical assistance day-one incentive payment
40 as follows:

41 (I) The total funds appropriated for payments under this
42 subparagraph shall be divided by the number of payments, as
43 determined by the department.

44 (II) To establish the per diem rate for a payment, the
45 amount under subclause (I) shall be divided by the total PA MA
46 days, as reported by all qualifying nonpublic nursing facilities
47 under Article VIII-A for that payment.

48 (III) To determine a qualifying nonpublic nursing facility's
49 medical assistance day-one incentive payment, the per diem rate
50 calculated for the payment shall be multiplied by a nonpublic
51 nursing facility's total PA MA days, as reported by the facility

1 under Article VIII-A for the payment.

2 (C) The following shall apply:

3 (I) For fiscal years 2015-2016, 2016-2017 and 2018-2019, the
4 State funds available for the nonpublic nursing facility medical
5 assistance day-one incentive payments shall equal eight million
6 dollars (\$8,000,000).

7 (II) For fiscal years 2019-2020, the State funds available
8 for the nonpublic nursing facility medical assistance day-one
9 incentive payments shall equal sixteen million dollars
10 (\$16,000,000).

11 * * *

12 Section 2. Sections 815-A and 811-C(b) of the act are
13 amended to read:

14 Amend Bill, page 3, lines 1 through 5, by striking out all of
15 said lines and inserting

16 Section 3. The definitions of "assessment," "general acute
17 care hospital," "high volume Medicaid hospital," "hospital" and
18 "net operating revenue" in section 801-E of the act are amended
19 to read:

20 Section 801-E. Definitions.

21 The following words and phrases when used in this article
22 shall have the meanings given to them in this section unless the
23 context clearly indicates otherwise:

24 "Assessment." The fee authorized to be implemented under
25 this article [on every general acute care hospital within a
26 municipality].

27 * * *

28 "General acute care hospital." A hospital other than a
29 hospital that the [Secretary of Human Services] secretary has
30 determined meets one of the following:

31 (1) Is excluded under 42 CFR 412.23(a), (b), (d), (e) and
32 (f) (relating to Excluded hospitals: Classifications) as of
33 March 20, 2008, from reimbursement of certain Federal funds
34 under the prospective payment system described by 42 CFR 412
35 (relating to prospective payment systems for inpatient hospital
36 services).

37 (2) Is a Federal veterans' affairs hospital.

38 (3) Is a high volume Medicaid hospital.

39 (4) Provides care, including inpatient hospital services, to
40 all patients free of charge.

41 (5) Is a free-standing acute care hospital organized
42 primarily for the treatment of and research on cancer and which
43 is an exempt hospital under section 801-G.

44 "High volume Medicaid hospital." A hospital that the
45 [Secretary of Human Services] secretary has determined meets all
46 of the following:

47 (1) is a nonprofit hospital subsidiary of a State-related
48 institution as that term is defined in 62 Pa.C.S. § 103
49 (relating to definitions); and

1 (2) [provides] has provided more than [90,000] 60,000
2 inpatient acute care days of care to Pennsylvania medical
3 assistance patients [annually] as reported by the hospital's
4 State fiscal year 2014-2015 medical assistance hospital cost
5 report on file with the department as of June 6, 2018.

6 "Hospital." A facility or the site of a facility that is
7 licensed as a hospital under 28 Pa. Code Pt. IV Subpt. B
8 (relating to general and special hospitals) and located within a
9 municipality.

10 * * *

11 "Net [operating] patient revenue." Gross [charges for
12 facilities] revenues received or earned by a hospital for
13 inpatient and outpatient hospital services, including medical
14 assistance supplemental revenues received by the hospital for
15 inpatient and outpatient hospital services, less any deducted
16 amounts for bad debt expense, charity care expense and
17 contractual allowances as identified in the hospital's records
18 or on forms as specified by the department.

19 * * *

20 Section 4. Section 802-E(a), (a.1) and (b) of the act are
21 amended and the section is amended by adding a subsection to
22 read:

23 Section 802-E. Authorization.

24 (a) General rule.--In order to generate additional revenues
25 for the purpose of assuring that medical assistance recipients
26 have access to hospital and other health care services [and that
27 all citizens have access to emergency department services], and
28 subject to the conditions and requirements specified under this
29 article, a municipality may, by ordinance, [do] impose an
30 assessment on the following:

31 (1) [Impose a monetary assessment on the net operating
32 revenue reduced by all revenues received from Medicare of
33 each general acute care hospital located in the
34 municipality.] Each general acute care hospital.

35 (2) [Beginning on or after July 1, 2009, and subject to
36 the advance written approval by the secretary, impose a
37 monetary assessment on the net operating revenues reduced by
38 all revenues received from Medicare of each high volume
39 Medicaid hospital located in the municipality.] Each high
40 volume Medicaid hospital.

41 (a.1) Assessment imposed by ordinance.--A municipality
42 shall, by ordinance, establish the assessment imposed under
43 subsection (a)(1) and (2) as a percentage of each hospital's net
44 patient revenue reduced by all revenues received from Medicare
45 for the year as the municipality shall specify, and may
46 establish different assessment percentages under subsection (a)
47 (1) or (2).

48 (a.2) Adjustments to assessment percentage.--

49 (1) For State fiscal years beginning after June 30,
50 2013, and subject to the advance written approval of the
51 secretary as prescribed by the department, the municipality

1 may make a uniform adjustment to an assessment percentage
2 established by ordinance under subsection (a).

3 (2) After receiving written approval under paragraph (1)
4 and before implementing an adjustment, the municipality shall
5 provide advance public notice. The notice shall specify the
6 proposed adjusted assessment percentage and identify the
7 aggregate impact on hospitals [located in the municipality]
8 subject to an assessment. An interested party shall have 30
9 days in which to submit comments to the municipality. Upon
10 expiration of the 30-day comment period, the municipality,
11 after consideration of the comments, shall publish a
12 subsequent notice announcing the adjusted assessment
13 percentage.

14 (b) Administrative provisions.--The ordinances adopted
15 pursuant to [subsection] subsections (a), (a.1) and (a.2) may
16 include appropriate administrative provisions including, without
17 limitation, provisions for the collection of interest and
18 penalties[.] and provisions for the calculation and imposition
19 of the assessment on a hospital subject to an assessment which,
20 during a fiscal year in which an assessment is imposed under
21 this article, changes ownership or control, begins operations,
22 closes or experiences any other change that affects its status
23 as a general acute care hospital or high volume Medicaid
24 hospital.

25 * * *

26 Section 5. Sections 804-E, 805-E, 807-E and 808-E of the act
27 are amended to read:

28 Section 804-E. Administration.

29 (a) Remittance.--Upon collection of the funds generated by
30 the assessment authorized under this article, the municipality
31 shall remit a portion of the funds to the Commonwealth for the
32 purposes set forth under section 802-E, except that the
33 municipality may retain funds in an amount necessary to
34 reimburse it for its reasonable costs in the administration and
35 collection of the assessment and to fund a portion of its costs
36 of operating public health clinics and public health programs as
37 set forth in an agreement to be entered into between the
38 municipality and the Commonwealth acting through the secretary.

39 (b) Establishment.--There is established a restricted
40 account in the General Fund for the receipt and deposit of funds
41 under subsection (a). Funds in the account [are hereby
42 appropriated to] shall be used by the department for either or
43 both of the following purposes [of making]:

44 (1) Making supplemental or increased medical assistance
45 payments for [emergency department] hospital services to
46 [general acute care] hospitals [within the municipality] and to
47 maintain or increase other medical assistance payments to
48 hospitals [within the municipality], as specified in the
49 Commonwealth's approved Title XIX State Plan.

50 (2) Making adjusted capitation payments to medical
51 assistance managed care organizations for additional payments

1 for health care services within the municipality.

2 Section 805-E. No hold harmless.

3 No [general acute care hospital or high volume Medicaid]
4 hospital subject to the assessment shall be directly guaranteed
5 a repayment of its assessment in derogation of 42 CFR 433.68(f)
6 (relating to permissible health care-related taxes), except
7 that, in each fiscal year in which an assessment is implemented,
8 the department shall use a portion of the funds received under
9 section 804-E(a) for the purposes outlined under section 804-
10 E(b) to the extent permissible under Federal and State law or
11 regulation and without creating an indirect guarantee to hold
12 harmless, as those terms are used under 42 CFR 433.68(f)(i). The
13 secretary shall submit any [State Medicaid plan] Title XIX State
14 Plan amendments to the United States Department of Health and
15 Human Services that are necessary to make the payments
16 authorized under section 804-E(b).

17 Section 807-E. Tax exemption.

18 Notwithstanding any exemptions granted by any other Federal,
19 State or local tax or other law, including section 204(a)(3) of
20 the act of May 22, 1933 (P.L.853, No.155), known as The General
21 County Assessment Law, no [general acute care hospital or high
22 volume Medicaid] hospital [in the municipality] subject to the
23 assessment shall be exempt from the assessment.

24 Section 808-E. Time period.

25 (a) Cessation.--The assessment authorized under this article
26 shall cease June 30, [2019] 2024.

27 (b) Assessment.--

28 (1) A municipality shall have the power to enact the
29 assessment authorized in section 802-E(a)(2) either prior to
30 or during its fiscal year ending June 30, 2010.

31 (2) A municipality may adjust an assessment percentage
32 as specified under section [802-E(a.1)] 802-E(a.2) either
33 prior to or during the fiscal year in which the adjusted
34 assessment percentage takes effect.

35 Section 6. The definitions of "net inpatient revenue" and
36 "net outpatient revenue" in section 801-G of the act, amended or
37 added June 22, 2018 (P.L.258, No.40), are amended to read:

38 Section 801-G. Definitions.

39 The following words and phrases when used in this article
40 shall have the meanings given to them in this section unless the
41 context clearly indicates otherwise:

42 * * *

43 "Net inpatient revenue." Gross [charges for facilities for
44 inpatient services less any deducted amounts for bad debt
45 expense, charity care expense and contractual allowances as
46 reported on forms specified by the department and:] revenues
47 received or earned by a hospital for inpatient services,
48 including medical assistance supplemental revenues received by
49 the hospital for inpatient hospital services, less any deducted
50 amounts for bad debt expense, charity care expense and
51 contractual allowances as identified in the hospital's records

1 and reported on forms specified by the department for:

2 (1) [as identified in the hospital's records for] the
3 State fiscal year commencing July 1, 2014, or such later
4 State fiscal year, as may be specified by the department for
5 use in determining an annual assessment amount owed on or
6 after July 1, 2018; or

7 (2) [as identified in the hospital's records for] the
8 most recent State fiscal year, or part thereof, if amounts
9 are not available under paragraph (1).

10 "Net outpatient revenue." Gross [charges for facilities for
11 outpatient services less any deducted amounts for bad debt
12 expense, charity care expense and contractual allowances as
13 reported on forms specified by the department and:] revenues
14 received or earned by a hospital for outpatient services,
15 including medical assistance supplemental revenues received by
16 the hospital for outpatient hospital services, less any deducted
17 amounts for bad debt expense, charity care expense and
18 contractual allowances as identified in the hospital's records
19 and reported on forms specified by the department for:

20 (1) [as identified in the hospital's records for] the
21 State fiscal year commencing July 1, 2014, or a later State
22 fiscal year, as may be specified by the department for use in
23 determining an annual assessment amount owed on or after July
24 1, 2018; or

25 (2) [as identified in the hospital's records for] the
26 most recent State fiscal year, or part thereof, if amounts
27 are not available under paragraph (1).

28 * * *

29 Section 7. This act shall take effect July 1, 2019, or
30 immediately, whichever is later.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 695 Session of 2019

INTRODUCED BY BROOKS, MAY 31, 2019

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF REPRESENTATIVES, AS AMENDED, JUNE 27, 2019

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," in public assistance,
4 further providing for medical assistance payments for
5 institutional care AND FOR NONEMERGENCY MEDICAL <--
6 TRANSPORTATION SERVICES AND PROVIDING FOR UNIFORM STATEWIDE
7 PREFERRED DRUG LIST; in nursing facility assessments, further
8 providing for DEFINITIONS, FOR CALCULATION, FOR REMEDIES, FOR <--
9 REPAYMENT AND FOR time periods; in intermediate care
10 facilities for persons with an intellectual disability
11 assessments, further providing for DEFINITIONS AND FOR time <--
12 periods; and, in hospital assessments, further providing for <--
13 time period.; AND MAKING A RELATED REPEAL. <--

14 The General Assembly of the Commonwealth of Pennsylvania
15 hereby enacts as follows:

16 Section 1. Sections 443.1(7)(iv), 815 A, 811 C(b) and 808 <--
17 E(a) of the act of June 13, 1967 (P.L.31, No.21), known as the
18 Human Services Code, are amended to read:

19 SECTION 1. SECTION 443.1(7)(IV) OF THE ACT OF JUNE 13, 1967 <--
20 (P.L.31, NO.21), KNOWN AS THE HUMAN SERVICES CODE, IS AMENDED TO
21 READ:

22 Section 443.1. Medical Assistance Payments for Institutional
23 Care.--The following medical assistance payments shall be made

1 on behalf of eligible persons whose institutional care is
2 prescribed by physicians:

3 * * *

4 (7) After June 30, 2007, payments to county and nonpublic
5 nursing facilities enrolled in the medical assistance program as
6 providers of nursing facility services shall be determined in
7 accordance with the methodologies for establishing payment rates
8 for county and nonpublic nursing facilities specified in the
9 department's regulations and the Commonwealth's approved Title
10 XIX State Plan for nursing facility services in effect after
11 June 30, 2007. The following shall apply:

12 * * *

13 (iv) Subject to Federal approval of such amendments as may
14 be necessary to the Commonwealth's approved Title XIX State
15 Plan, for each fiscal year beginning on or after July 1, 2011,
16 the department shall apply a revenue adjustment neutrality
17 factor to county and nonpublic nursing facility payment rates so
18 that the estimated Statewide day-weighted average payment rate
19 in effect for that fiscal year is limited to the amount
20 permitted by the funds appropriated by the General Appropriation
21 Act for the fiscal year. The revenue adjustment neutrality
22 factor shall remain in effect until the sooner of June 30,
23 [2019] 2022, or the date on which a new rate-setting methodology
24 for medical assistance nursing facility services which replaces
25 the rate-setting methodology codified in 55 Pa. Code Chs. 1187
26 (relating to nursing facility services) and 1189 (relating to
27 county nursing facility services) takes effect.

28 * * *

29 SECTION 2. SECTION 443.12 OF THE ACT IS AMENDED BY ADDING
30 SUBSECTIONS TO READ:

<--

1 SECTION 443.12. NONEMERGENCY MEDICAL TRANSPORTATION
2 SERVICES.--* * *

3 (D) THE DEPARTMENT MAY NOT ENTER INTO A CONTRACT WITH A
4 BROKER UNDER SUBSECTION (B) PRIOR TO THE COMPLETION OF THE
5 ANALYSIS REQUIRED UNDER SUBSECTION (E).

6 (E) PRIOR TO THE IMPLEMENTATION OF THE FULL-RISK BROKERAGE
7 MODEL, THE DEPARTMENT, IN COORDINATION WITH THE DEPARTMENT OF
8 TRANSPORTATION AND THE DEPARTMENT OF AGING, SHALL COMMISSION AN
9 ANALYSIS THAT PROVIDES AT A MINIMUM THE FOLLOWING:

10 (1) AN ANALYSIS OF CURRENT FEDERAL AND STATE LAW,
11 REGULATIONS AND POLICIES CONTROLLING THE NONEMERGENCY MEDICAL
12 TRANSPORTATION AND OTHER HUMAN SERVICES TRANSPORTATION PROGRAMS
13 ADMINISTERED IN THE COMMONWEALTH, INCLUDING THE AUTHORIZED
14 METHODS OF DELIVERY AND LIMITATIONS OR RESTRICTIONS IMPOSED ON
15 THE METHODS OF DELIVERY.

16 (2) AN ANALYSIS OF THE EFFECTIVENESS AND EFFICIENCY OF THE
17 CURRENT NONEMERGENCY TRANSPORTATION SERVICE DELIVERY AS IT
18 RELATES TO ALL HUMAN SERVICE PROGRAMS IN THIS COMMONWEALTH.

19 (3) A REVIEW OF OTHER STATES' MODELS OF DELIVERING
20 NONEMERGENCY MEDICAL AND OTHER HUMAN SERVICES TRANSPORTATION,
21 INCLUDING THE NUMBER OF OTHER STATES THAT UTILIZE A FULL-RISK
22 BROKERAGE MODEL AND THE EFFECT A BROKERAGE MODEL HAS HAD ON
23 PUBLIC TRANSIT IN THOSE STATES.

24 (4) AN ANALYSIS OF THE POSITIVE AND NEGATIVE IMPACT OF
25 MAINTAINING THE CURRENT TRANSPORTATION DELIVERY MODEL VERSUS
26 IMPLEMENTING A FULL-RISK BROKERAGE MODEL AS IT RELATES TO THE
27 STATE AND LOCAL GOVERNMENT ENTITIES, INCLUDING FINANCIAL IMPACT.

28 (5) AN ANALYSIS OF THE IMPACT ON CONSUMERS, INCLUDING AN
29 INCREASE OR DECREASE IN QUALITY AND SERVICE AVAILABILITY.

30 (F) THE ANALYSIS UNDER SUBSECTION (E) SHALL BE COMPLETED NO

1 LATER THAN NINETY ONE HUNDRED EIGHTY DAYS FROM THE EFFECTIVE <--
2 DATE OF THIS SUBSECTION, AND. A PRELIMINARY REPORT OF THE <--
3 ANALYSIS UNDER SUBSECTION (E) SHALL BE COMPLETED NO LATER THAN
4 NINETY DAYS FROM THE EFFECTIVE DATE OF THIS SUBSECTION. THE
5 ANALYSIS UNDER SUBSECTION (E) AND THE PRELIMINARY REPORT UNDER
6 THIS SUBSECTION SHALL BE DELIVERED TO THE FOLLOWING:

7 (1) THE SECRETARY OF HUMAN SERVICES.

8 (2) THE SECRETARY OF AGING.

9 (3) THE SECRETARY OF TRANSPORTATION.

10 (4) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE
11 APPROPRIATIONS COMMITTEE OF THE SENATE.

12 (5) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE
13 APPROPRIATIONS COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

14 (6) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH
15 AND HUMAN SERVICES COMMITTEE OF THE SENATE.

16 (7) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH
17 COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

18 ~~(G) THE DEPARTMENT OF THE AUDITOR GENERAL SHALL PERFORM AN~~ <--
19 ~~AUDIT OF ALL NONEMERGENCY MEDICAL TRANSPORTATION SERVICE~~
20 ~~PROVIDERS OPERATING IN THIS COMMONWEALTH THAT RECEIVE FUNDS FROM~~
21 ~~THE DEPARTMENT OR FROM A COUNTY TO PROVIDE SERVICES TO MEDICAL~~
22 ~~ASSISTANCE RECIPIENTS. COPIES OF ALL AUDITS MADE BY THE~~
23 ~~DEPARTMENT OF THE AUDITOR GENERAL SHALL BE PROMPTLY SUBMITTED TO~~
24 ~~THE PRESIDENT PRO TEMPORE OF THE SENATE, THE SPEAKER OF THE~~
25 ~~HOUSE OF REPRESENTATIVES, THE MINORITY LEADER OF THE SENATE AND~~
26 ~~THE MINORITY LEADER OF THE HOUSE OF REPRESENTATIVES.~~

27 SECTION 3. THE ACT IS AMENDED BY ADDING A SECTION TO READ:

28 SECTION 459.1. UNIFORM STATEWIDE PREFERRED DRUG LIST.-- (A)
29 THE DEPARTMENT MAY NOT IMPLEMENT A UNIFORM STATEWIDE PREFERRED
30 DRUG LIST FOR THE MEDICAL ASSISTANCE MANAGED CARE ORGANIZATIONS

1 UNTIL AN ANALYSIS HAS BEEN CONDUCTED, AS COMMISSIONED BY THE
2 DEPARTMENT, TO DETERMINE THE PROJECTED COST TO THE MEDICAL
3 ASSISTANCE MANAGED CARE ORGANIZATION AND THE PROJECTED
4 SUPPLEMENTAL REBATES THAT COULD BE OBTAINED BY THE DEPARTMENT
5 THROUGH THE USE OF A UNIFORM STATEWIDE PREFERRED DRUG LIST.

6 (B) THE ANALYSIS UNDER SUBSECTION (A) SHALL BE COMPLETED
7 WITHIN SIXTY DAYS OF THE EFFECTIVE DATE OF THIS SUBSECTION. THE
8 ANALYSIS SHALL BE DELIVERED TO THE FOLLOWING:

9 (1) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE
10 APPROPRIATIONS COMMITTEE OF THE SENATE.

11 (2) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH
12 AND HUMAN SERVICES COMMITTEE OF THE SENATE.

13 (3) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE
14 APPROPRIATIONS COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

15 (4) THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH
16 COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

17 SECTION 4. THE DEFINITIONS OF "COUNTY NURSING FACILITY,"
18 "MEDICAL ASSISTANCE PROVIDER" AND "NURSING FACILITY" IN SECTION
19 801-A OF THE ACT ARE AMENDED AND THE SECTION IS AMENDED BY
20 ADDING A DEFINITION TO READ:

21 SECTION 801-A. DEFINITIONS.--AS USED IN THIS ARTICLE--

22 * * *

23 "COUNTY NURSING FACILITY" MEANS A LONG-TERM CARE NURSING
24 FACILITY THAT IS LICENSED BY THE DEPARTMENT OF HEALTH UNDER THE
25 ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS THE "HEALTH CARE
26 FACILITIES ACT," AND CONTROLLED BY THE COUNTY INSTITUTION
27 DISTRICT OR COUNTY GOVERNMENT IF NO COUNTY INSTITUTION DISTRICT
28 EXISTS. THE TERM DOES NOT INCLUDE INTERMEDIATE CARE FACILITIES
29 FOR [THE MENTALLY RETARDED] INDIVIDUALS WITH AN INTELLECTUAL
30 DISABILITY CONTROLLED BY THE COUNTY INSTITUTION DISTRICT OR

1 COUNTY GOVERNMENT.

2 "MEDICAL ASSISTANCE MANAGED CARE ORGANIZATION" MEANS A
3 MEDICAID MANAGED CARE ORGANIZATION AS DEFINED IN SECTION 1903(M)
4 (1) (A) OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C. §
5 1396B(M) (1) (A)) THAT IS A PARTY TO A MEDICAID MANAGED CARE
6 CONTRACT WITH THE DEPARTMENT. THE TERM SHALL NOT INCLUDE A
7 BEHAVIORAL HEALTH MANAGED CARE ORGANIZATION THAT IS A PARTY TO A
8 MEDICAID MANAGED CARE CONTRACT WITH THE DEPARTMENT.

9 "MEDICAL ASSISTANCE PROVIDER" MEANS A PERSON OR ENTITY
10 ENROLLED BY THE [DEPARTMENT OF HUMAN SERVICES] DEPARTMENT AS A
11 PROVIDER OF SERVICES IN THE MEDICAL ASSISTANCE PROGRAM.

12 "NURSING FACILITY" MEANS A NON-FEDERAL, NONPUBLIC LONG-TERM
13 CARE NURSING FACILITY LICENSED BY THE DEPARTMENT OF HEALTH
14 PURSUANT TO THE ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS
15 THE "HEALTH CARE FACILITIES ACT." THE TERM DOES NOT INCLUDE
16 INTERMEDIATE CARE FACILITIES FOR [THE MENTALLY RETARDED]
17 INDIVIDUALS WITH AN INTELLECTUAL DISABILITY.

18 * * *

19 SECTION 5. SECTIONS 807-A, 810-A(3) AND 813-A OF THE ACT ARE
20 AMENDED TO READ:

21 SECTION 807-A. [CALCULATION.--USING THE ASSESSMENT RATES
22 IMPLEMENTED BY THE SECRETARY PURSUANT TO SECTION 805-A(A), EACH
23 NURSING FACILITY SHALL CALCULATE THE ASSESSMENT AMOUNT IT OWES
24 FOR A CALENDAR QUARTER ON A FORM SPECIFIED BY THE DEPARTMENT AND
25 SHALL SUBMIT THE FORM AND THE AMOUNT OWED TO THE DEPARTMENT NO
26 LATER THAN THE LAST DAY OF THAT CALENDAR QUARTER OR THIRTY (30)
27 DAYS FROM THE DATE OF THE SECOND NOTICE PUBLISHED PURSUANT TO
28 SECTION 805-A(A), WHICHEVER IS LATER. A NURSING FACILITY'S
29 CALCULATION OF THE ASSESSMENT AMOUNT OWED IN ANY QUARTER IS
30 SUBJECT TO VERIFICATION BY THE DEPARTMENT PURSUANT TO SECTION

1 808-A.] ASSESSMENT AMOUNT AND TIMING.--EACH NURSING FACILITY
2 SHALL REMIT THE ASSESSMENT AMOUNTS DUE AS DETERMINED BY THE
3 DEPARTMENT PURSUANT TO SECTION 805-A(A) IN PERIODIC SUBMISSIONS,
4 NOT TO EXCEED FIVE TIMES PER YEAR, AS SPECIFIED BY THE
5 DEPARTMENT. A NURSING FACILITY SHALL REPORT AND REMIT THE TOTAL
6 ASSESSMENT AMOUNT OWED ELECTRONICALLY ON FORMS AND IN ACCORDANCE
7 WITH INSTRUCTIONS AND BY THE DUE DATES PRESCRIBED BY THE
8 DEPARTMENT. THE PRESCRIBED DUE DATES SHALL BE AT LEAST THIRTY
9 (30) DAYS AFTER THE DATE OF PUBLICATION OF THE SECOND NOTICE
10 UNDER SECTION 805-A(A).

11 SECTION 810-A. REMEDIES.--IN ADDITION TO ANY OTHER REMEDY
12 PROVIDED BY LAW, THE DEPARTMENT MAY ENFORCE THIS ARTICLE BY
13 IMPOSING ONE OR MORE OF THE FOLLOWING REMEDIES:

14 * * *

15 (3) WHEN A NURSING FACILITY THAT IS A MEDICAL ASSISTANCE
16 PROVIDER OR THAT IS RELATED THROUGH COMMON OWNERSHIP OR CONTROL
17 AS DEFINED IN 42 CFR 413.17(B) (RELATING TO COST TO RELATED
18 ORGANIZATIONS) TO A MEDICAL ASSISTANCE PROVIDER FAILS TO PAY ALL
19 OR PART OF AN ASSESSMENT OR PENALTY WITHIN SIXTY (60) DAYS OF
20 THE DATE THAT PAYMENT IS DUE, THE DEPARTMENT MAY DEDUCT OR
21 INSTRUCT A MEDICAL ASSISTANCE MANAGED CARE ORGANIZATION TO
22 DEDUCT THE UNPAID ASSESSMENT OR PENALTY AND ANY INTEREST OWED
23 THEREON FROM ANY MEDICAL ASSISTANCE PAYMENTS DUE TO THE NURSING
24 FACILITY OR TO ANY RELATED MEDICAL ASSISTANCE PROVIDER UNTIL THE
25 FULL AMOUNT IS RECOVERED. ANY SUCH DEDUCTION SHALL BE MADE ONLY
26 AFTER WRITTEN NOTICE TO THE MEDICAL ASSISTANCE PROVIDER AND MAY
27 BE TAKEN IN AMOUNTS OVER A PERIOD OF TIME TAKING INTO ACCOUNT
28 THE FINANCIAL CONDITION OF THE MEDICAL ASSISTANCE PROVIDER.

29 * * *

30 SECTION 813-A. REPAYMENT.--NO NURSING FACILITY SHALL BE

1 DIRECTLY GUARANTEED A REPAYMENT OF ITS ASSESSMENT IN DEROGATION
2 OF 42 CFR 433.68 (F) (RELATING TO PERMISSIBLE HEALTH CARE-RELATED
3 TAXES AFTER THE TRANSITION PERIOD): PROVIDED, HOWEVER, THAT IN
4 EACH FISCAL YEAR IN WHICH AN ASSESSMENT IS IMPLEMENTED, THE
5 DEPARTMENT SHALL USE THE STATE REVENUE COLLECTED FROM THE
6 ASSESSMENT AND ANY FEDERAL FUNDS RECEIVED BY THE COMMONWEALTH AS
7 A DIRECT RESULT OF THE ASSESSMENTS TO [MAINTAIN AND INCREASE
8 PROGRAM PAYMENTS] MAKE PROGRAM PAYMENTS THROUGH FEE-FOR-SERVICE
9 OR MANAGED CARE TO MEDICAL ASSISTANCE NURSING FACILITY PROVIDERS
10 TO THE EXTENT PERMISSIBLE UNDER FEDERAL AND STATE LAW OR
11 REGULATION AND WITHOUT CREATING AN INDIRECT GUARANTEE TO HOLD
12 HARMLESS, AS THOSE TERMS ARE USED IN 42 CFR 433.68 (F). IF THE
13 DEPARTMENT IMPLEMENTS AN ASSESSMENT ON COUNTY NURSING
14 FACILITIES, THE DEPARTMENT SHALL ALLOCATE ASSESSMENT REVENUES
15 AVAILABLE TO [MAINTAIN AND INCREASE PROGRAM PAYMENTS] MAKE
16 PROGRAM PAYMENTS THROUGH FEE-FOR-SERVICE OR MANAGED CARE TO BOTH
17 COUNTY AND NON COUNTY NURSING FACILITIES IN A MANNER THAT IS
18 CONSISTENT WITH FEDERAL LAW AND WITHOUT CREATING A DIRECT OR AN
19 INDIRECT GUARANTEE TO HOLD ANY NURSING FACILITY HARMLESS. THE
20 SECRETARY SHALL SUBMIT ANY [STATE MEDICAID PLAN] TITLE XIX STATE
21 PLAN AMENDMENTS TO THE UNITED STATES DEPARTMENT OF HEALTH AND
22 HUMAN SERVICES THAT ARE NECESSARY TO MAKE THE [PAYMENT
23 INCREASES] PAYMENTS.

24 SECTION 6. SECTION 815-A OF THE ACT, AMENDED JUNE 30, 2012
25 (P.L.668, NO.80), AMENDMENT DECLARED UNCONSTITUTIONAL, 188 A.3D
26 1135 (PA. 2018), AND AMENDED JULY 8, 2016 (P.L.480, NO.76), IS
27 REENACTED AND AMENDED TO READ:

28 Section 815-A. Time periods.--The assessment authorized in
29 this article shall [not be imposed prior to July 1, 2003, or <--
30 after June 30, †2012] BE IMPOSED JULY 1, 2003, THROUGH JUNE 30, <--

1 2022.

2 SECTION 7. THE DEFINITIONS OF "DEPARTMENT" AND "SECRETARY" <--
3 IN SECTION 801-C OF THE ACT ARE AMENDED TO READ:

4 SECTION 801-C. DEFINITIONS.

5 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE
6 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE
7 CONTEXT CLEARLY INDICATES OTHERWISE:

8 * * *

9 ["DEPARTMENT." THE DEPARTMENT OF HUMAN SERVICES OF THE
10 COMMONWEALTH.]

11 * * *

12 ["SECRETARY." THE SECRETARY OF HUMAN SERVICES OF THE
13 COMMONWEALTH.]

14 * * *

15 SECTION 8. SECTION 811-C(B) ~~AND 808 E(A) OF THE ACT ARE OF~~ <--
16 THE ACT IS AMENDED TO READ:

17 Section 811-C. Time periods.

18 * * *

19 (b) Cessation.--The assessment authorized under this article
20 shall cease June 30, [2019] ~~2022~~ 2024, or earlier, if required <--
21 by law.

22 ~~Section 808 E. Time period.~~ <--

23 ~~(a) Cessation. The assessment authorized under this article~~
24 ~~shall cease June 30, [2019] 2022.~~

25 * * *

26 SECTION 9. REPEALS ARE AS FOLLOWS: <--

27 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER
28 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE REENACTMENT OR
29 AMENDMENT OF SECTIONS 801-A, 807-A, 810-A(3), 813-A AND 815-A
30 OF THE ACT.

1 (2) SECTION 1729-E(2)(II) OF THE ACT OF APRIL 9, 1929
2 (P.L.343, NO.176), KNOWN AS THE FISCAL CODE, IS REPEALED.
3 Section ~~2~~ 10. This act shall take effect immediately. <--

Mail Date: July 1, 2019





pennsylvania
 DEPARTMENT OF HUMAN SERVICES
 OFFICE OF INCOME MAINTENANCE

COMPASS: The fast and easy way to apply for benefits

www.compass.state.pa.us

Dear

See below for information about your benefits. If you have a question, please call the number listed below.

Which benefit?	
 Cash Assistance	<p>Pennsylvania law has changed. The General Assistance program will end on August 1, 2019. Your cash assistance will stop on July 31, 2019.</p> <p>You may be eligible for cash assistance in another category, which our records do not currently show.</p> <p>If you are pregnant or caring for a child, contact your County Assistance Office immediately to see if you or the child is eligible for Temporary Assistance for Needy Families (TANF) cash assistance.</p> <p>If you have a serious disability or illness, you may be eligible for disability benefits from the Social Security Administration. You can apply immediately by calling 1-800-772-1213 (TTY 1-800-325-0778). If you need help, contact the County Assistance Office to talk to a caseworker with the Disability Advocacy Program (DAP).</p> <p>If you are blind or have limited vision, contact your County Assistance Office immediately to see if you are eligible for State Blind Pension cash assistance.</p> <p>You can also apply for another category of cash assistance online using COMPASS. If you need a paper application, please contact the Statewide Customer Service Center toll free at 1-877-395-8930, or in Philadelphia call 215-560-7226.</p> <p>This change is required by 62 P.S. § 403.2(a), as amended by Act 2019-12</p>
 Medical Assistance	<p>Your Medical Assistance will continue. You do not need to do anything at this time. We will contact you again before making any changes to your Medical Assistance.</p>

If you need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you think we made a mistake and that you are not in the General Assistance category, you can appeal and ask for a Fair Hearing. To learn more about how to file an appeal and about fair hearings, read the enclosed sheet, Appeal and Fair hearing.

Do you need legal help? If you need free legal help, contact one of the offices below.

In Philadelphia: Community Legal Services, 1410 W. Erie Avenue, Phila, PA 19140, 215-227-2400.

Philadelphia Legal Assistance, 718 Arch Street, Phila, PA 19107, 215-981-3800.

Outside Philadelphia: Contact the Pennsylvania Legal Aid Network to find your local legal services office: 800-322-7572.



Appeal and Fair Hearing

Your General Assistance cash benefits are ending because of a change in State law. If you think the change should not apply to you because you are not getting General Assistance cash benefits or if you think we have the wrong facts about you, you may file an appeal and ask for a hearing. You will not be granted a hearing unless you are appealing because: 1) you think you are not getting General Assistance cash benefits or 2) you think we have the wrong facts about you (for example, you are pregnant, or are caring for a child, or are blind or have very poor vision). Your cash benefits will end on July 31, 2019, whether or not you file an appeal.

If you want to appeal, you must do so within 30 days of the date on this notice. If your appeal is not postmarked or given to your county assistance office (CAO) within 30 days, your appeal will be dismissed without a hearing.

You can get free legal help by visiting or calling the legal office listed on the notice.

You can choose whether you want a hearing by telephone or in person. You can have a telephone hearing at a phone number where you can be reached or at the CAO. You can have an in-person (face-to-face) hearing with everyone in the hearing room or with you and your witnesses in the hearing room and the caseworker and other CAO staff on the phone.

At the hearing you can tell the Hearing Official the reasons why you think the facts we have about you are wrong. You can speak for yourself or have someone else speak for you. Your witnesses can speak, and you can show documents to the Hearing Official.

If you do not speak English or do not understand English, or if you are deaf or hard of hearing or have another disability, the Department will arrange for an official interpreter or other help for you at no cost to you. You must tell us before the hearing that you need an interpreter or other help. You may bring a friend or relative to help you at the hearing, but the Department will provide the official interpreter.

If you would like to meet with your caseworker to talk about the decision or to give us information that might change the decision, please call your caseworker. You can bring someone with you to speak for you at the meeting. This meeting will not delay or replace your fair hearing.

If you wish to appeal, please complete and return the bottom portion of this form

Please check the box next to the type of hearing you want:

- I want a telephone hearing. I and my witnesses and anyone helping me will be at this phone number: _____
- I want a telephone hearing. I and my witnesses and anyone helping me will be at the county assistance office (CAO).
- I want a face-to-face hearing. I and my witnesses and anyone helping me will be in the hearing room with the hearing official and the caseworker and CAO staff.
- I want a face-to-face hearing. I and my witnesses and anyone helping me will be in the hearing room with the judge. The caseworker and other staff will be on the phone from the CAO.

For the hearing:

- Please check if you need free special help because of a hearing impairment or other disability. Describe the kind of help you need: _____
- Please check if you need a free interpreter. What language? _____

I am filing this appeal because: (Attach more pages if you need to.)

- I am pregnant
- I am caring for a child
- I am blind or have very poor vision
- Other (describe the reason for your appeal): _____

Your Signature	Address	Telephone Number	Date
----------------	---------	------------------	------

Your Representative's Signature (if you have one)	Address	Telephone Number	Date
--	---------	------------------	------

Record ID:

Name:

Exhibit R - DHS GA Notice

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**TABLE 3
FAMILY SIZE ALLOWANCES**

SCHEDULE 1		NUMBER OF PERSONS IN BUDGET GROUP						
		1	2	3	4	5	6	each additional person
		\$215	\$330	\$421	\$514	\$607	\$687	\$83
Bucks	Chester	Lancaster			Montgomery		Pike	

SCHEDULE 2		NUMBER OF PERSONS IN BUDGET GROUP						
		1	2	3	4	5	6	each additional person
		\$205	\$316	\$403	\$497	\$589	\$670	\$83
Adams	Centre	Erie		Monroe		Union		
Allegheny	Columbia	Lackawanna		Montour		Warren		
Berks	Crawford	Lebanon		Northampton		Wayne		
Blair	Cumberland	Lehigh		Philadelphia		Westmoreland		
Bradford	Dauphin	Luzerne		Sullivan		Wyoming		
Butler	Delaware	Lycoming		Susquehanna		York		

SCHEDULE 3		NUMBER OF PERSONS IN BUDGET GROUP						
		1	2	3	4	5	6	each additional person
		\$195	\$305	\$393	\$479	\$569	\$647	\$83
Beaver	Elk	Lawrence		Mifflin		Snyder		
Cameron	Franklin	McKean		Perry		Tioga		
Carbon	Indiana	Mercer		Potter		Venango		
Clinton						Washington		

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(214418) No. 260 Jul. 96

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SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP						
4		1	2	3	4	5	6	each additional person
		\$174	\$279	\$365	\$454	\$543	\$614	\$83
Armstrong	Clarion			Forest		Huntingdon		Northumber-
Bedford	Clearfield			Fulton		Jefferson		land
Cambria	Fayette			Greene		Juniata		Schuylkill
								Somerset

(Editor's Note: This table was moved from § 175.23 (serial page (130487)). See 20 Pa.B. 554 (February 3, 1990).)

Source

The provisions of this Appendix B reserved July 11, 1986, effective July 12, 1986, 16 Pa.B. 2524; amended August 26, 1988, effective November 1, 1988, 18 Pa.B. 3921; amended February 2, 1990, effective February 3, 1990, 20 Pa.B. 554. Immediately preceding text appears at serial pages (130698) to (130699).

Cross References

This appendix cited in 55 Pa. Code § 183.71 (relating to gross income test); 55 Pa. Code § 183.91 (relating to LRR, parent or legal guardian of an AFDC minor parent and stepparent deductions); 55 Pa. Code § 183.93 (relating to sponsor deductions); and 55 Pa. Code § 183.105 (relating to increases in income).

APPENDIX C

[Reserved]

Source

The provisions of this Appendix C reserved July 11, 1986, effective July 12, 1986, 16 Pa.B. 2524. Immediately preceding text appears at serial pages (29306) to (29323) and (29755) to (29761).

APPENDIX D

[Reserved]

Source

The provisions of this Appendix D reserved July 11, 1986, effective July 12, 1986, 16 Pa.B. 2524. Immediately preceding text appears at serial pages (67800) to (67802).

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(214419) No. 260 Jul. 96

THE GENERAL ASSEMBLY

THE GENERAL ASSEMBLY

Recent Actions during the 2019 Regular Session of the General Assembly

The following is a summary of recent actions of the General Assembly during the 2019 Regular Session:

<i>Doc. No.</i>	<i>Date of Action</i>	<i>Bill Number</i>	<i>Printer's Number</i>	<i>Effective Date</i>	<i>Subject Matter</i>
2019 General Acts of Regular Session Enacted—Act 006 through 013					
006	Jun 12	HB0275	PN0246	60 days	Municipalities Financial Recovery Act—program objectives, authorization and limitation of status
007	Jun 12	SB0115	PN0659	60 days	Public School Code of 1949—cardiopulmonary resuscitation education
008	Jun 12	SB0441	PN0439	60 days	Sgt. Christopher M. Wrinkle and Tosca Memorial Bridge—designation
009	Jun 19	HB0619	PN0614	Immediately	June 19 as “Juneteenth National Freedom Day”—designation and holiday observance
010	Jun 21	HB0223	PN1975	Immediately	Conveyance—Commonwealth property in Asylum Township, Bradford County, to French Azilum, Inc.
011	Jun 21	SB0043	PN0020	60 days	J. Edward “Hutch” Hutchinson Memorial Bypass—designation
012	Jun 28	HB0033	PN2182	Immediately*	Human Services Code—omnibus amendments
013	Jun 28	HB0262	PN2266	Immediately*	Tax Reform Code of 1971—omnibus amendments
2019 Appropriation Acts of Regular Session Enacted—Act 001A through 015A					
001A	Jun 28	HB0790	PN2215	Immediately*	General Appropriation Act of 2019—enactment
002A	Jun 28	HB1350	PN2233	Immediately*	Pennsylvania State University—education, general expenses and Agricultural College Land Scrip Fund
003A	Jun 28	HB1351	PN2234	Immediately*	University of Pittsburgh—education, general expenses and rural education outreach
004A	Jun 28	HB1352	PN2235	Immediately*	Temple University—education and general expenses
005A	Jun 28	HB1353	PN2236	Immediately*	Lincoln University—education and general expenses
006A	Jun 28	HB1354	PN2237	Immediately*	University of Pennsylvania—veterinary activities and Center for Infectious Diseases
007A	Jun 28	SB0235	PN0986	Immediately*	Bureau of Professional and Occupational Affairs—operation of professional licensure boards
008A	Jun 28	SB0236	PN0987	Immediately*	Department of Labor and Industry and Department of Community and Economic Development—expenses for Workers’ Compensation Act, Pennsylvania Occupational Disease Act and Office of Small Business Advocate
009A	Jun 28	SB0237	PN0988	Immediately*	Office of Small Business Advocate—operation
010A	Jun 28	SB0238	PN0989	Immediately*	Office of Consumer Advocate—operation
011A	Jun 28	SB0239	PN0990	Immediately*	Public School Employees’ Retirement Board—administrative expenses, etc.
012A	Jun 28	SB0240	PN0991	Immediately*	State Employees’ Retirement Board—administrative expenses, etc.
013A	Jun 28	SB0241	PN1016	Immediately*	Philadelphia Parking Authority—operation
014A	Jun 28	SB0242	PN0993	Immediately*	Pennsylvania Public Utility Commission—operation
015A	Jun 28	SB0243	PN0994	Immediately*	Gaming Control Appropriation Act of 2019—enactment
2019 Joint Resolutions of Regular Session Passed—JR 001					
001	Jun 19	HB0276	PN0284		Constitution of Pennsylvania—rights of victims of crime
2019 Vetoes of Regular Session of Bills—Veto 001					
001	Jun 18	HB0800	PN1676		Public School Code of 1949—limitations

* denotes an effective date with exceptions

Effective Dates of Statutes

The effective dates specified for laws and appropriation acts were contained in the applicable law or appropriation act. Where no date is specified or where the effective date specified is prior to the date of enactment, the effective date is 60 days after final enactment except for statutes making appropriations or affecting budgets of political subdivisions. See 1 Pa.C.S. §§ 1701—1704 (relating to effective date of statutes).

Advance Copies of Statutes

Section 1106 at 1 Pa.C.S. (relating to prothonotaries to keep files of advance copies of statutes) provides that the prothonotaries of each county shall file advance copies of statutes in their offices for public inspection until the *Laws of Pennsylvania* are generally available.

One-time purchases of the advance copies of statutes can be purchased through the State Bookstore's web site at www.shoppaheritage.com.

VINCENT C. DeLIBERATO, Jr.,
Director
Legislative Reference Bureau

[Pa.B. Doc. No. 19-1050. Filed for public inspection July 12, 2019, 9:00 a.m.]

GA FIVE-YEAR CASE CHARACTERISTICS REPORT for 10/2005 to 9/2010

¹ Averages were determined based on the number of years of data available

	FFY 2010	FFY 2009	FFY 2008	FFY 2007	FFY 2006	Average ¹
	Percentages	Percentages	Percentages	Percentages	Percentages	Percent
All Completed Cases	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Category						
D	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Prior Assistance						
Y	54.29%	57.23%	52.04%	52.63%	47.25%	52.53%
N	45.71%	42.77%	47.96%	47.37%	52.75%	47.47%
Action Type						
Initial Application	61.72%	59.44%	59.15%	60.53%	58.06%	59.69%
Reopened Case	3.48%	2.21%	1.95%	3.20%	4.21%	3.00%
Redetermine/Reapp.	34.80%	38.35%	38.90%	36.28%	37.73%	37.32%
No. of Case Members						
One	99.30%	98.19%	98.58%	98.68%	97.99%	98.52%
Two	0.70%	1.61%	1.42%	1.32%	1.83%	1.40%
Three	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Four	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Five	0.00%	0.00%	0.00%	0.00%	0.18%	0.04%
Six to Eight	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Nine or more	0.00%	0.20%	0.00%	0.00%	0.00%	0.04%
Liquid Assets						
Present	7.89%	9.64%	11.72%	13.16%	16.85%	12.06%
Not Present	92.11%	90.36%	88.28%	86.84%	83.15%	87.94%
Real Property						
Present	0.00%	0.40%	0.00%	0.00%	0.00%	0.08%
Not Present	100.00%	99.60%	100.00%	100.00%	100.00%	99.92%
Countable Vehicle Assets						
Present	0.70%	0.80%	0.18%	0.38%	1.10%	0.62%
Not Present	99.30%	99.20%	99.82%	99.62%	98.90%	99.38%
Other Non Liquid Assets						
Present	0.00%	0.60%	0.00%	0.19%	0.18%	0.19%
Not Present	100.00%	99.40%	100.00%	99.81%	99.82%	99.81%
Monthly Payment Standard						
\$0 - \$199	12.99%	12.45%	13.32%	14.66%	14.65%	13.66%
\$200 - \$299	85.85%	86.14%	85.79%	84.21%	83.33%	85.02%
\$300 - \$399	1.16%	1.41%	0.89%	0.94%	1.83%	1.25%
\$400 - \$499	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$500 or more	0.00%	0.00%	0.00%	0.19%	0.18%	0.08%
Sample Months Payment						
\$0 - \$199	21.81%	22.89%	22.91%	23.68%	22.53%	22.80%
\$200 - \$299	77.73%	76.31%	76.73%	75.38%	75.46%	76.26%
\$300 - \$399	0.46%	0.80%	0.53%	0.75%	1.65%	0.86%
\$400 - \$499	0.00%	0.00%	0.00%	0.19%	0.18%	0.08%
\$500 or more	0.00%	0.00%	0.00%	0.00%	0.18%	0.04%

GA FIVE-YEAR CASE CHARACTERISTICS REPORT for 10/2005 to 9/2010

¹ Averages were determined based on the number of years of data available

	FFY 2010	FFY 2009	FFY 2008	FFY 2007	FFY 2006	Average ¹
	Percentages	Percentages	Percentages	Percentages	Percentages	Percent
Protective Payment						
No Protective Payments	100.00%	100.00%	99.82%	99.81%	99.82%	99.88%
None	0.00%	0.00%	0.18%	0.00%	0.18%	0.08%
Unknown	0.00%	0.00%	0.00%	0.19%	0.00%	0.04%
Reason for Protective Payment						
No Protective Payments	100.00%	99.80%	99.82%	99.62%	99.82%	99.81%
Did Not Participate in Reset	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Did Not Cooperate in Support Activities	0.00%	0.00%	0.18%	0.00%	0.18%	0.08%
Unknown	0.00%	0.20%	0.00%	0.38%	0.00%	0.12%
Sanction Amount						
Present	0.00%	0.00%	0.18%	0.00%	0.18%	0.08%
Not Present	100.00%	100.00%	99.82%	100.00%	99.82%	99.92%
Shelter Arrangement						
Owns/Buying a Home	1.62%	1.81%	2.13%	2.26%	2.93%	2.18%
Public Housing/Subsidy	4.87%	3.61%	6.22%	10.53%	9.34%	7.04%
Private Housing	73.55%	76.10%	71.58%	59.96%	60.99%	68.13%
Shares Group Quarters	5.34%	6.22%	6.39%	9.59%	10.26%	7.67%
Occupies Quarters Rent Free	10.90%	9.24%	9.59%	12.97%	12.82%	11.13%
Homeless Shelter/Emer. Housing	3.71%	3.01%	4.09%	4.70%	3.66%	3.85%
Gross Countable Income						
\$0	98.84%	97.39%	97.69%	97.18%	97.44%	97.67%
\$1 - \$249	0.70%	1.41%	1.24%	1.69%	1.47%	1.32%
\$250 - \$499	0.00%	0.40%	0.18%	0.00%	0.37%	0.19%
\$500 - \$749	0.00%	0.20%	0.36%	0.19%	0.37%	0.23%
\$750 - \$999	0.46%	0.40%	0.00%	0.38%	0.18%	0.27%
\$1,000 or more	0.00%	0.20%	0.53%	0.56%	0.18%	0.31%
Work Related Expenses						
\$1 - \$249	0.23%	0.80%	0.71%	0.75%	0.92%	0.70%
\$250 - \$499	0.00%	0.00%	0.00%	0.19%	0.18%	0.08%
None	99.77%	99.20%	99.29%	99.06%	98.90%	99.22%
Incentive Disregard						
Present	0.23%	2.01%	1.24%	0.94%	1.47%	1.21%
Not Present	99.77%	97.99%	98.76%	99.06%	98.53%	98.79%
Net Countable Income						
\$0	98.84%	97.59%	97.87%	97.37%	98.17%	97.94%
\$1 - \$249	0.70%	1.41%	1.07%	1.50%	0.73%	1.09%
\$250 - \$499	0.00%	0.40%	0.36%	0.00%	0.37%	0.23%
\$500 - \$749	0.00%	0.00%	0.18%	0.19%	0.55%	0.19%
\$750 - \$999	0.46%	0.40%	0.00%	0.56%	0.00%	0.27%
\$1,000 or more	0.00%	0.20%	0.53%	0.38%	0.18%	0.27%
Earned Income						
Wages & Salaries	2.09%	2.21%	2.84%	1.69%	1.83%	2.14%
Self-employment	0.00%	0.40%	0.18%	0.19%	0.37%	0.23%
Other Earned Income	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

GA FIVE-YEAR CASE CHARACTERISTICS REPORT for 10/2005 to 9/2010

¹ Averages were determined based on the number of years of data available

	FFY 2010	FFY 2009	FFY 2008	FFY 2007	FFY 2006	Average ¹
	Percentages	Percentages	Percentages	Percentages	Percentages	Percent
Unearned Income						
RSDI	3.94%	2.01%	3.02%	1.88%	1.28%	2.37%
Veteran's Benefits	0.00%	0.00%	0.00%	0.19%	0.00%	0.04%
SSI	5.10%	5.42%	3.91%	3.57%	4.03%	4.36%
Unemployment Compensation	0.93%	0.20%	0.18%	0.00%	0.00%	0.23%
Workmen's Compensation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other Government Benefits	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Contributions	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Deemed Income	0.00%	0.20%	0.00%	0.19%	0.00%	0.08%
GA in Review Month	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Other/Pension/Lump sum	0.46%	0.20%	0.18%	0.38%	0.37%	0.31%
TANF in Review Month	2.55%	0.80%	1.24%	1.13%	1.83%	1.48%
Collected Support Payments	0.00%	0.00%	0.00%	0.19%	0.18%	0.08%
Unknown	0.23%	0.00%	0.00%	0.00%	0.00%	0.04%
SNAP Coupon Allotment						
\$1 - \$199	42.23%	67.07%	91.47%	93.80%	91.94%	79.07%
\$200 - \$299	50.81%	26.71%	6.39%	4.89%	6.04%	17.39%
\$300 - \$399	4.18%	4.82%	0.89%	0.38%	1.10%	2.14%
\$400 - \$499	0.70%	0.60%	0.89%	0.19%	0.37%	0.54%
\$500 or more	2.09%	0.80%	0.36%	0.75%	0.55%	0.86%
Overpayment Recoupment						
Present	1.62%	1.81%	2.13%	0.75%	0.73%	1.40%
Not Present	98.38%	98.19%	97.87%	99.25%	99.27%	98.60%
Current Uninterrupted Months on GA						
1 - 3 Months	23.67%	20.48%	25.04%	24.06%	22.34%	23.15%
4 - 6 Months	19.03%	19.08%	16.70%	18.98%	17.40%	18.17%
7 - 9 Months	13.92%	11.24%	12.97%	10.34%	10.99%	11.83%
10 - 12 Months	10.21%	13.05%	9.59%	9.02%	8.79%	10.08%
13 - 15 Months	4.64%	5.82%	5.33%	6.77%	7.33%	6.03%
16 Months or more	27.15%	28.92%	28.95%	29.32%	32.42%	29.46%
Not Available	1.39%	1.41%	1.42%	1.50%	0.73%	1.28%
Previous Total Months on GA						
1 - 3 Months	4.87%	5.22%	4.09%	5.45%	4.76%	4.86%
4 - 6 Months	5.10%	6.43%	4.62%	5.45%	4.03%	5.10%
7 - 9 Months	5.10%	4.62%	5.68%	6.95%	7.51%	6.03%
10 - 12 Months	6.03%	5.82%	6.04%	3.38%	4.76%	5.18%
13 - 15 Months	4.64%	4.82%	3.73%	3.38%	3.48%	3.97%
16 Months or more	25.52%	27.31%	26.47%	26.69%	21.98%	25.56%
Not Available	48.72%	45.78%	49.38%	48.68%	53.48%	49.30%
Areas						
Area 1	48.72%	47.79%	47.60%	46.05%	44.87%	46.93%
Area 2	12.06%	13.25%	14.74%	14.85%	14.47%	13.97%
Area 3	5.80%	5.22%	5.33%	6.02%	5.86%	5.64%
Area 4	8.12%	9.24%	8.53%	8.65%	10.99%	9.14%
Area 5	9.74%	10.84%	10.48%	11.84%	13.55%	11.36%
Area 6	12.53%	10.44%	10.30%	9.96%	10.26%	10.62%

GA FIVE-YEAR PAYMENT NAME CHARACTERISTICS REPORT for 10/2005 to 9/2010

¹ Averages were determined based on the number of years of data available

	FFY 2010	FFY 2009	FFY 2008	FFY 2007	FFY 2006	Average ¹
	Percentage	Percentage	Percentage	Percentage	Percentage	Percent
All Completed Cases	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%
Relationship to Payment Name						
Payment Name	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%
Needy Status						
Not a Member of the GA Budget Under Review	3.48%	4.02%	3.55%	4.32%	4.03%	3.9%
Unemployable - Temp. Disability of less than 12 months	59.63%	55.62%	61.63%	61.09%	63.00%	60.3%
Under Age 18	0.00%	0.00%	0.00%	0.00%	0.18%	0.0%
Age 18-20, Full Time Student Graduating Before age 21	0.23%	0.40%	0.53%	0.94%	0.73%	0.6%
Two Parent Budget Group With Student Graduating Before Age 21	0.00%	0.00%	0.00%	0.00%	0.18%	0.0%
Unemployable - Perm. Disability of less than 12 months	32.95%	36.95%	31.97%	30.08%	26.74%	31.6%
Health Sustaining Medication	0.00%	0.00%	0.00%	0.00%	0.18%	0.0%
Non-Parental Caretaker of Child Under 13	0.23%	0.60%	0.00%	0.00%	0.18%	0.2%
Caretaker of Ill or Disabled Person	0.46%	0.20%	0.18%	0.38%	1.10%	0.5%
Victim of Domestic Violence	0.23%	0.20%	0.00%	0.19%	0.55%	0.2%
Drug & Alcohol - Treatment Precludes Employability	2.78%	2.01%	2.13%	3.01%	3.11%	2.6%
Age						
Less than 20	1.16%	2.61%	0.71%	2.44%	2.20%	1.8%
20 - 29	20.88%	16.06%	16.87%	15.41%	12.64%	16.2%
30 - 39	19.95%	15.86%	17.05%	18.61%	20.33%	18.3%
40 - 49	30.63%	37.35%	36.06%	33.83%	35.35%	34.8%
50 or older	27.38%	28.11%	29.31%	29.70%	29.49%	28.9%
Sex						
Male	59.40%	59.04%	60.04%	57.89%	52.20%	57.6%
Female	40.60%	40.96%	39.96%	42.11%	47.80%	42.4%
Race						
White, not of Hispanic origin	49.42%	48.80%	48.31%	49.81%	53.85%	50.1%
Black, not of Hispanic origin	35.96%	36.75%	36.94%	38.35%	33.15%	36.2%
Hispanic	10.90%	10.04%	10.30%	9.40%	8.79%	9.8%
Asian or Pacific Islander - Oriental	1.16%	1.81%	3.02%	1.32%	3.11%	2.1%
American Indian or Alaskan Native	1.39%	1.20%	0.36%	0.00%	0.37%	0.6%
Unknown	1.16%	1.41%	1.07%	1.13%	0.73%	1.1%
Citizenship Status						
US Citizen, born in PA	61.72%	55.42%	60.75%	63.35%	62.27%	60.7%
US Citizen, not born in PA	22.51%	26.91%	24.16%	20.11%	21.79%	23.1%
Permanent Alien	3.02%	3.82%	6.22%	3.20%	4.58%	4.2%
Temporary Alien	0.00%	0.40%	0.18%	0.00%	0.00%	0.1%
Illegal Alien	0.00%	0.00%	0.00%	0.00%	0.18%	0.0%
Refugee	0.23%	0.40%	0.18%	0.56%	0.55%	0.4%
Unknown	12.53%	13.05%	8.53%	12.78%	10.62%	11.4%
Education Level						
Grades 0 - 11	28.31%	26.51%	28.60%	30.64%	7.88%	24.2%
High School/GED Diploma	59.40%	61.65%	59.68%	62.03%	23.44%	52.8%
Some College, or Degree	6.50%	4.22%	4.44%	3.20%	60.62%	16.4%
Other Higher Education	0.70%	3.21%	0.89%	1.32%	5.31%	2.3%
Unknown or None	5.10%	4.42%	6.39%	2.82%	2.75%	4.3%

GA FIVE-YEAR PAYMENT NAME CHARACTERISTICS REPORT for 10/2005 to 9/2010

¹ Averages were determined based on the number of years of data available

	FFY 2010	FFY 2009	FFY 2008	FFY 2007	FFY 2006	Average ¹
	Percentage	Percentage	Percentage	Percentage	Percentage	Percent
Work History						
Not a member of the GA budget under review	3.48%	3.61%	3.73%	4.51%	3.85%	3.9%
Within last 12 months - regular job 30+ hours	4.87%	8.03%	8.88%	11.09%	9.52%	8.6%
Within last 12 months - regular job 30- hours	9.28%	11.65%	12.61%	14.29%	11.90%	12.1%
Within last 12 months - unemployed	32.48%	28.92%	23.98%	20.11%	21.61%	25.1%
Within last 24 months - regular job 30+ hours	1.16%	1.00%	1.07%	1.50%	1.83%	1.3%
Within last 24 months - regular job 30- hours	1.62%	1.61%	1.60%	0.94%	2.01%	1.6%
Within last 24 months - unemployed	47.10%	44.98%	48.13%	47.56%	49.27%	47.5%
Member of GA Budget Under Review Ages Newborn to 15	0.00%	0.20%	0.00%	0.00%	0.00%	0.0%
Employment Status						
Not a Member of the GA Budget Under Review	3.71%	4.02%	3.55%	4.32%	4.03%	3.9%
20 Hours or Less per Week	0.00%	0.60%	0.53%	0.19%	0.18%	0.3%
20 Hours per Week or More	0.23%	0.20%	0.18%	0.75%	0.92%	0.5%
Primarily Self-Employed	0.00%	0.20%	0.00%	0.00%	0.18%	0.1%
Employable	0.23%	0.00%	0.00%	0.19%	0.18%	0.1%
In Training/School	0.23%	0.60%	0.53%	0.75%	0.73%	0.6%
In Approved Alcohol Treatment Program Precluding Emp.	1.16%	0.40%	0.36%	0.94%	0.73%	0.7%
In Approved Drug Treatment Program Precluding Emp.	1.62%	1.61%	1.60%	2.26%	2.56%	1.9%
Temporary Physical/Medical Disability	58.24%	54.02%	60.92%	59.96%	61.90%	59.1%
Other Temporarily Unemployed	0.23%	0.60%	0.18%	0.19%	0.37%	0.3%
Permanent Physical/Medical Disability	33.18%	37.15%	31.97%	30.08%	27.11%	31.8%
Cares for ill or disabled person	0.46%	0.60%	0.18%	0.38%	1.10%	0.5%
Other Unemployable	0.70%	0.00%	0.00%	0.00%	0.00%	0.1%
Martial Status						
Single, Never Married	76.10%	72.49%	70.69%	69.17%	68.50%	71.2%
Married, Living Together	3.48%	5.42%	3.91%	4.89%	4.40%	4.4%
Married, Separated	5.80%	4.62%	5.86%	8.46%	5.86%	6.1%
Widowed	4.64%	3.01%	3.73%	3.38%	4.76%	3.9%
Divorced	9.98%	14.26%	15.63%	13.91%	16.12%	14.2%
Unknown	0.00%	0.20%	0.18%	0.19%	0.37%	0.2%



Senate Health and Human Services

Senate Health and Human Services Committee

6/24/19, 12:00 p.m., Hearing Room 1, North Office Building

By Emily Mistishen, Pennsylvania Legislative Services

The committee met to consider legislation.

N [SB 722 Tartaglione, Christine](#) - (PN 892) Amends the Administrative Code, in powers and duties of the Department of Drug and Alcohol Programs, establishing the power to utilize criteria developed or adapted by the department to meet the needs, service requirements and regulatory structure of the commonwealth to guide decisions governing the type, level and length of care, including hospital detoxification, for pregnant addicted women, addicted women with dependent children, veterans, homeless individuals with addiction, low-level drug offenders sent to treatment as part of sentencing by drug courts, and other patients receiving drug and alcohol addiction treatment through federal or state funding. The department may not utilize criteria from a national tool. Effective in 60 days. - The bill was **reported as committed** with Sen. Judy Schwank (D-Berks) voting in the negative.

Sen. Sharif Street (D-Philadelphia) read Sen. Christine Tartaglione's (D-Philadelphia) comments regarding the legislation. The bill is similar to legislation by Rep. Gene DiGirolamo (R-Bucks), he said, and would ensure the state provides proper assistance to Pennsylvania's most vulnerable populations to fight addiction. He went on to explain Act 152 of 1988 required the establishment of the Pennsylvania Client Placement Criteria (PCPC).

Sen. Street, for his own comments, explained Sen. Tartaglione represents one of the areas most impacted by the opioid epidemic. He noted the concerns voiced by providers and expressed caution about destabilizing current health care infrastructure. He urged the committee to vote yes on the bill.

Sen. Schwank voiced her respect for Sen. Tartaglione's position on the issue, noting that all members of the committee have constituents that have been impacted by the opioid crisis. The crisis is continuing to evolve, she continued, and Pennsylvania should change as well. She expressed her support for a move to a national model. She cautioned against possibly jeopardizing Medicaid dollars with the legislation and encouraged more discussion on the issue.

Minority Chairman Art Haywood (D-Montgomery) opined he is sure Sen. Tartaglione is open to continuing discussions on the topic. He encouraged moving the bill through the committee and continuing the dialogue.

Chairman Michele Brooks (R-Mercer) echoed Sen. Haywood's sentiments on moving the bill out of committee to continue the discussion. She opined Suboxone is a helpful tool if used appropriately and not abused.

T [HB 33 Dunbar, George](#) - (PN 47) Amends the Human Services Code, re-enacting the elimination of the general assistance cash benefit program. The amendment of section 442.1(a) (3) introductory paragraph and (i) of the act shall take effect July 1, 2019, the remainder of the act is effective immediately. - The bill was **reported as committed** along a party-line vote, with Democrats voting in the negative.

[A02254](#) by Muth, exempts victims of domestic violence from the termination of General Assistance (GA) funds. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02254, Sen. Katie Muth (D-Montgomery) stated GA can mean "life or death" for victims of domestic abuse and often provides victims with a way out of abusive relationships.

Sen. Street noted the General Assembly has consistently worked to help and protect victims of domestic violence. "For us to enact this legislation as written would deny meaningful mobility...for domestic violence victims," he asserted. He pointed to the amendment as "morally and fiscally right."

[A02255](#) by Street, exempts those in substance abuse treatment programs from the termination of GA funds. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02255, Sen. Street claimed GA is temporary support for those with temporary problems, providing individuals with access to necessary care and resources and helping them stabilize their lives. He urged a yes

vote on the amendment, calling it "hand up, not a hand out."

[A02257](#) by Muth, exempts individuals who are mentally and physically disabled from the termination of GA funds. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02257, Sen. Muth explained GA helps individuals who are disabled make ends meet, including veterans, and eliminating the program would put a strain on the population.

[A02258](#) by Street, exempts caregivers of individuals who are disabled from the termination of GA funds. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02258, Sen. Street commented that illness can strike suddenly and that GA helps with adaptation and stability. GA for this population is temporary, he continued, and the amendment would provide for GA to stop as soon as the family acquires another type of assistance. Remarking that no one can anticipate illness, he encouraged a yes vote on the amendment.

[A02259](#) by Muth, exempts victims of human trafficking from the termination of GA funds. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

[A02359](#) by Street, extends the GA termination date from August 1, 2019, to July 1, 2024. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02359, Sen. Street warned against giving a "shock to the system" by removing GA without giving families time to plan appropriately. The amendment would allow more time for families and individuals using GA to adapt and plan ahead for termination.

Sen. Muth asked if the current termination date is August 1 of this year. Chairman Brooks said yes. Sen. Muth indicated there is no current plan for a replacement for GA and more time is needed to provide an alternative measure.

[A02394](#) by Street, establishes an emergency relief program. The amendment **failed** along a party-line vote, with Republicans voting in the negative.

Regarding A02394, Sen. Street explained the program is only intended to be used for emergencies and that the program would clearly define eligible participants.

Chairman Brooks commented House Bill 33 resulted from a report from former Auditor General Jack Wagner regarding welfare fraud. She opined that members of the General Assembly support such programs when they help individuals without being "riddled with fraud."

Rep. George Dunbar (R-Westmoreland), prime sponsor of the bill, explained GA was eliminated in 2012, but Gov. Tom Wolf reinstated the program last year. He questioned why no one introduced legislation to reinstate the program over the six years after it had been removed. "This is about choices," he affirmed, referring to the governor's reinstatement of the program without consultation with the General Assembly. "This is not an easy vote," he added, "But this is about choices." He highlighted different examples of other assistance programs that are losing funding with GA and asked for an affirmative vote.

Chairman Haywood highlighted the audit report, noting it does not mention fraud for GA. He questioned the source for information regarding GA fraud. Rep. Dunbar responded he did not mention fraud but said the report showed 10 percent of waste in different programs. He added GA is one of the programs with the least accountability.

Chairman Haywood asked if there is an independent source for information regarding GA fraud. Rep. Dunbar said he did not have any but noted "the truth is still there" and that the program lacks accountability.

Chairman Haywood inquired if Rep. Dunbar could describe the lack of accountability in GA that does not result in fraud. Rep. Dunbar answered he did not say it results in fraud, but noted the money received from GA "can be spent on anything" and the state cannot know what it is being spent on. Chairman Haywood asked if Rep. Dunbar would prefer a receipt-based program. Rep. Dunbar said that is a conversation that "could have taken place," but there were no conversations surrounding GA when it was reinstated.

Chairman Haywood asked if Rep. Dunbar is familiar with the cash grant program in Temporary Assistance for Needy Families (TANF) and whether he supports the elimination of the program. Rep. Dunbar said no. Chairman Haywood indicated the amendments the committee had considered earlier would prevent GA termination for victims of domestic violence. He asked how House Bill 33 would protect victims of domestic violence. Rep. Dunbar reiterated the legislation is about making choices and that the money spent on the program can be directed towards victims of domestic violence.

Regarding applications for disabilities, Chairman Haywood commented on the wait times and how GA can help provide funds over the months when a person's application is being processed. He asked if it is correct to say that House Bill 33 would eliminate that transitional money. Rep. Dunbar noted the state reimburses funds spent and that a majority of people who apply for disabilities do not get it. He added there are other plans available. Chairman Haywood questioned what the other plans are. Rep. Dunbar stated there are opportunities out there and inquired "what happened in the last six years with these individuals?" Chairman Haywood remarked those who are cut off from GA "don't disappear" and often become involved with recidivism and economic crime issues. Additionally, they become challenges for law enforcement, he said, and a major concern for the communities they live in.

Chairman Haywood mentioned corporate welfare fraud and expressed interest in discussing the topic with Rep. Dunbar later due to lack of time.

Sen. Street asserted GA provides stability for those suffering from addiction and that GA is cheaper than incarceration. He asked what other options there are for replacing the money from GA. Rep. Dunbar remarked \$200 a month is not a lot of money, but \$150 million is. He commented there is "no proof that what you said has transpired in the last six years" and that the best choice is to put the money in programs that work and provide the biggest return. Sen. Street indicated there is evidence that shows lack of support during periods of recovery shows positive correlation with incarceration rates.

Chairman Brooks commented the state spends \$3.5 billion to managed care organizations and the General Assembly has shown their concern for the opioid crisis. Sen. Street agreed, noting his support for a number of bills in that regard, and that his concern was focused on the amendments that came before the committee today.

Sen. Muth indicated the \$150 million cost for GA was before the Affordable Care Act (ACA) and the expansion of Medicaid. She inquired how many people are currently served by GA after ACA and Medicaid expansion. Rep. Dunbar responded there have been a number of studies on the costs, such as the governor's office putting it at \$25 million, and that there are around 8,000 people on the program. He noted the number is continuing to grow and that the program was only recently restarted. Sen. Muth remarked it is significantly less but agreed that the cost will increase as it grows.

Regarding veterans exemption, Sen. Muth explained there are 114,000 disabled veterans. She voiced her frustration for not having a replacement program for GA and that GA has a major impact on the populations who use it. She expressed caution on referencing fraud data and asked if there is additional information on accountability issues. Rep. Dunbar answered the main concern with not being able to know where money is going and reiterated he did not mention fraud or abuse. He acknowledged the legislation is a tough choice. He restated the program was not mentioned in the six years it was removed. Sen. Muth remarked on the importance of finding a solution and ensuring prioritization for the 8,000 who need it. Rep. Dunbar outlined the increased discussions that occurred after the elimination of GA. Sen. Muth invited Rep. Dunbar to visit a domestic violence shelter in Chester County and talk with members.

Chairman Brooks explained GA is included in the cash assistance program and that the fraud and abuse concerns referred to the cash assistance program as a whole.

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Committee Member Contact Information (click or mouse over): [Brooks, Michele \(R\)](#) / [Ward, Judy \(F\)\(R\)](#) / [Browne, Patrick \(R\)](#) / [Hutchinson, Scott \(R\)](#) / [Martin, Scott \(R\)](#) / [Mensch, Bob \(R\)](#) / [Scarnati, Joseph \(R\)](#) / [Haywood, Arthur \(D\)](#) / [Muth, Katie \(F\)\(D\)](#) / [Schwank, Judy \(D\)](#) / [Street, Sharif \(D\)](#)

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IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:	
ARNELL HOWARD, PATRICIA SHALLICK,	:	
individually and on behalf of	:	
all others similarly situated	:	
Petitioners,	:	
	:	
	:	
v.	:	
	:	No. _____
	:	CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the	:	Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA,	:	
Respondent.	:	

CERTIFICATE OF SERVICE

I hereby certify that on this 22nd day of July, 2019, the foregoing Petitioner’s Class Action Petition for Review (in the Nature of an Action for Declaratory and Injunctive Relief) has been served upon Respondent, the Department of Human Services, and upon the Attorney General of Pennsylvania, per Pa.R.A.P. 1514(c), by first class mail and by e-mail, which service satisfies the requirements of Pa.

R.A.P. 121:

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_____/s/_____
MARIA K. PULZETTI

July 22, 2019

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:	
ARNELL HOWARD, PATRICIA SHALLICK,	:	
individually and on behalf of	:	
all others similarly situated	:	
Petitioners,	:	
	:	
	:	
v.	:	
	:	No. _____
	:	CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the	:	Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA,	:	
Respondent.	:	

VERIFICATION

I, MARIA PULZETTI, verify that the statements made in this Class Action Petition for Review are true and correct to the best of my knowledge, information, and belief. This verification is made pursuant to Pa.R.A.P. 1513(e) and Pa.R.C.P. 1024(c) as an attorney of record in this matter, as none of the individual parties possess the knowledge sufficient to verify all of the averments of fact contained within.

I understand that false statements herein are made subject to the penalties of 18 Pa. Con. Stat. § 4904, relating to unsworn falsification to authorities.

_____/s/_____
MARIA K. PULZETTI

July 22, 2019