



# Senate Public Health and Welfare Committee

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## Summary HB 1062 PN 1377

This legislation amends the Human Services Code to eliminate the obligation of counties operating public nursing facilities to pay a yearly fee to the Department of Human Services (DHS). This amount is currently calculated as 10% of the non-federal share of the Medical Assistance payments made by DHS to county homes for public nursing care.

### **Effective Date**

This act shall take effect in 60 days.

### **Amendment A09003**

The elimination of the county share is replaced with a phase out of the county obligation in tandem with the roll out and expansion of Community Health Choices. The 10% obligation will be entirely eliminated by 2019.

The amendment also implements language necessary for the budget:

- The Department of Human Services is directed to temporarily suspend medical assistance benefits rather than terminate them for incarcerated individuals. Benefits shall not be suspended for more than two years and shall be active upon an inmate's release from the correctional institution.
- The Nursing Facility Budget Adjustment Factor is extended for three years. This ensures that payments to nursing facilities do not exceed the funding appropriated.
- Medical assistance day-one incentive payments are authorized for nonpublic nursing facilities for one year.
- The requirement that child welfare providers submit documentation to DHS of their costs of providing out-of-home placement is extended for another year. This allows DHS to support their claim for federal funding and for state reimbursement.
- The Nursing Facility Assessment is extended for three years. This permits DHS to continue to draw down federal matching funds and maintain rates to nursing facility providers.
- The Intermediate Care Facilities for Persons with an Intellectual Disability (ICF/ID) assessment is extended for three years. This allows DHS to draw down federal matching funds and limit General Fund spending.
- The Philadelphia hospital assessment is extended for three years and free-standing cancer hospitals are excluded.

- The requirement that DHS dedicate staff solely to the licensure and enforcement associated with assisted living residences is deleted. This would allow for greater flexibility of staff.
- The eHealth Partnership Authority is moved to DHS to realize administrative savings and maximize federal dollars. One homecare or hospice representative is added to their advisory board.

**Effective Date:** The amendment changes the effective date to immediately.