



The Act 150 Program: Services for People with Physical Disabilities

A Guide for Consumers

I. Introduction

The Act 150 Program is for people with physical disabilities who need help with activities of daily living. The program covers Personal Assistance Services (PAS), Personal Emergency Response Systems (PERS), and Service Coordination.

People in Act 150 are Nursing Facility Clinical Eligible (NFCE) but their income and/or resources are too high for the Community HealthChoices (CHC) waiver.

To be eligible for the Act 150 Program, you must be:

- 1) A resident of Pennsylvania;
- 2) Determined nursing facility clinically eligible (NFCE) based on an assessment;
- 3) Between the ages of eighteen (18) and fifty-nine (59) years;
- 4) Capable of all of the following:
 - i) hiring, firing, and supervising attendant care worker(s);
 - ii) managing your own financial affairs;
 - iii) managing your own legal affairs; and
 - iv) directing your own care;
- 5) Diagnosed with a physical impairment expected to last 12 months or more; *and*
- 6) Determined financially ineligible for Medicaid

II. How to Apply

To qualify for the Act 150 Program, you must first apply for the CHC waiver and be found financially ineligible. Contact the Independent Enrollment Broker (IEB) at 877-550-4227 or

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[apply online](#) to start the process. If you are on Medicaid or eligible for Medicaid, you cannot be in the Act 150 Program.

The IEB will arrange an in-person visit to explain the CHC waiver and Act 150. They will request your primary care physician's contact information so they can send them the [Physician Certification form](#).

A clinical assessment, called the Functional Eligibility Determination (FED), is performed in person by a trained assessor. Both the FED results and your Physician Certification must confirm your clinical eligibility for a nursing facility. This means your doctor must check the box for "Nursing Facility Clinically Eligible (NFCE)" on the Physician Certification Form. If found ineligible, you have the right to appeal.

If you are found nursing facility clinically eligible (NFCE), the IEB sends your application to the County Assistance Office (CAO) for the financial portion of your eligibility review. The CAO will request various documents from you, including:

- A copy of your birth certificate;
- A copy of your Social Security card;
- Proof of income such as recent pay stubs or Social Security award letter;
- A copy of your driver's license or state ID;
- Proof of life insurance, if applicable;
- Proof of any savings or retirement accounts or other assets;
- 5 years of bank statements from checking and/or savings accounts, specifically:
 - The past 24 months of bank statements; and
 - Two statements per year from 3, 4 and 5 years ago (e.g. January and July or June and December.)

People who are found to qualify financially go into the CHC waiver; not Act 150. People who are found financially ineligible for CHC qualify for the Act 150 Program.

III. Next Steps

The IEB contacts you to confirm your interest in the Act 150 Program and to refer you to the service coordination agency you select. A service coordinator (SC) from the agency will meet with you in person to discuss more about the Act 150 Program.

The SC will outline two options for receiving personal assistance services: either through a home health care agency or by hiring your own direct care worker. This latter option is called consumer-directed services or Employer Authority. If you opt to hire your own PAS worker, you will work with the state's financial management services contractor to document your worker's hours so they can get paid.

The SC will work with you to create your Individual Service Plan (ISP), detailing the services you need and your goals.

IV. Act 150 Service Fees

If your income exceeds the monthly income limit of \$2,829 in 2024, you must pay a fee for services based on your monthly family income after medical or disability expense deductions. A sliding fee scale determines weekly fees, and you have the right to appeal if you disagree with the fee calculation.

The Act 150 Program requires enrollees to recertify both clinical and financial eligibility once per year. Enrollees must remain clinically eligible (NFCE) to stay in the program (with one exception for those who were enrolled in the Act 150 program prior to November 5, 2013.)

Individuals which questions about the program or who are denied eligibility for Act 150 can contact PHLP's Helpline at 1-800-274-3258 for further assistance.

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call PHLP's Helpline at 1-800-274-3258.