

IRRC

From: Pete Kennedy [Peter.Kennedy@PAE.NMSS.ORG]
Sent: Friday, November 01, 2002 2:31 PM
To: IRRC
Subject: DPW Proposed Regulations Eliminating Non-Money Payment Spend Down Category of Medical Assistance

Original: 2296

Dear Regulatory Staff,

The National Multiple Sclerosis Society would like to comment on DPW Proposed Regulations Eliminating Non-Money Payment Spend Down Category of Medical Assistance- (55 PA Code §181) IRRC # 2296, In a time of budget crunch and fiscal responsibility we ask you to reject the proposed regulations. In a time of Olmstead Supreme court decision (keeping people in the community) and treating people with dignity and respect regardless of an individuals financial holdings please reject DPW's proposal. Twenty percent of the people with MS depend on these programs to cover extensive and expensive therapies to maintain their chronic condition as best they can.

Regulation # 14-477, Published October 5, 2002 at 32 PaB 4860.NMP is usually the only prescription coverage they can obtain. However, many people on Social Security Disability have high prescription costs as a result of the numerous and/or costly medications prescribed to treat their disabling medical conditions. With the elimination of NMP spend down, many of those 7000 people will no longer be able to afford their medications. Without their medications, their preexisting medical conditions are likely to worsen or progress faster, increasing hospitalization, or nursing home placement which Medical Assistance WILL cover (under the "MNO spend down" category which will continue). The result is potentially greater costs to the Medical Assistance program for inpatient and long term care services as a result of the elimination of the NMP spend down category. Over 3,000 people with MS depend on the commonwealth to partner with the Federal matching programs to afford a quality of life minimizing pain, controlling medical conditions and avoiding secondary problems if primary care is not provided.

There is the potential loss of \$418 million in increased federal Medicaid reimbursement. Under federal legislation that has already passed the Senate (S. 812), states that had not restricted Medical Assistance eligibility since January 2002 would be eligible for a one time increase in federal matching funds for Medical Assistance. Eliminating NMP spend down would make PA ineligible to receive those additional funds should this legislation become law.

Finally, the Department's own Medical Assistance Advisory Committee concurs that the proposed regulation is not in the public interest because it undermines the protection of public health. The inevitable result of eliminating this program is that people with disabilities or chronic health conditions who have high prescription costs and incomes slightly above the poverty level will be unable to afford their medications and their health will suffer as a result. With over 7000 people currently on NMP spend down, the loss of the financial ability of so many Pennsylvanians to afford their medications is certainly a public health issue.

Thank you for considering these comments.

Sincerely,
Pete Kennedy
VP Programs
National MS Society
peter.kennedy@pae.nmss.org <mailto:peter.kennedy@pae.nmss.org>
800 548 4611

RECEIVED
NOVEMBER 1 2002
11 23 AM

IRRC

From: CircleFriendsDIC@aol.com

Sent: Friday, November 01, 2002 1:57 PM

Original: 2296

To: IRRC

Subject: RE: Health Law Project

Dear Director of Independent Regulatory Review Committee,

We all know that people with disabilities need medicine to survive or to overcome thier problems. Without the medicine they return to a life that well, frankly, that is degrading and filled with stigma. money or funding for those with a disability do not have enough money to raise themselves above the poverty level. People can self-distruct in just days without their medicines. By taking away their medicine, you show your lack of feeling for those that are disabled.

Sincerely,

Andy Bishop

Activities Coordinator at the Circle of Friends Drop-In Center, Reading, PA

RECEIVED
NOV 01 2002
FRI 2:07
COMMUNICATIONS SECTION

NOV-6 AM 9:22

INDEPENDENT REGULATORY
REVIEW COMMISSION

324 Haverford Street
Johnstown, PA 15905-1829

November 1, 2002

Mr. Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Bldg.
Harrisburg, PA 17120

Original: 2296

Dear Mr. Zogby:

I wish to comment on the proposed regulations that would eliminate prescription coverage for many persons on Social Security Disability with incomes slightly above the federal poverty level.

While our son, permanently disabled by schizophrenia and Pervasive Developmental Delay, may not be affected because his income is too low, his situation reflects the pennywise and pound-foolish nature of the proposed action.

People with a mental illness often have other physical problems requiring expensive drugs (heart, lungs, etc.) which if not treated via pharmacy could lead to severe complications requiring more expensive intervention like surgery and hospitalization.

In addition to his very expensive psychiatric drugs, our son needs prescription drugs for seizure disorder, three very expensive new drugs for hiatal hernia, acid reflux, swallowing difficulties and constipation--all related to or complicated by his primary diagnosis of a mental illness and congenital problem. His use of these drugs is preventing more expensive procedures like surgery, hospitalization, or even permanent institutionalization which could lead to a greater burden for taxpayers.

Thank you for considering my remarks.

Very sincerely yours,



Helen Ott, Founding Pres.
National Alliance for
the Mentally Ill,
Cambria County Affil.

cc: Independent Regulatory Review Commission

IRRC

From: 0126797@storm.bucks.edu
Sent: Friday, November 01, 2002 7:28 PM
To: IRRC
Subject: Drug coverage elimination

Original: 2296

I have a friend who is on SS disability. She has severe health problems. She is on many expensive medications and could not live without them. For her to lose this coverage would be a death sentence. Please don't drop this coverage. We need to find money to expand coverage, not reduce it.
John

This message was sent using Endymion MailMan.
<http://www.endymion.com/products/mailman/>

NOV 01 2002 7:28 PM
IRRC
STORM BUCKS UNIVERSITY

Thad Kaminski
1802 Kimball Avenue
Arnold, PA 15068

#14-477-24

Original: 2296

RECEIVED
NOV - 6 PM 3:25

REVIEW COMMISSION

November 1, 2002

Office of Income Maintenance
Bureau of Policy

NOV 04 2002

Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Bldg.
Harrisburg, PA 17120

REFER TO:

Karole Aldridge
Welle
OLC
Hopner
File

Re: Proposed Regulations Eliminating Non- Money Payment Spend Down Medical Assistance

Dear Sir,

My son is suffering from schizophrenia, he is on SSDI and his medication and treatment is covered under medical assistance. He pays for his Blue Cross insurance, about \$150 per month, which he must have to qualify for the spend-down. To be covered under medical assistance he must spend down to about \$400 per month.

I cannot believe that this is being proposed. There is no way he can pay for this treatment, medication, rent, food etc. Without the prescription coverage, these mentally ill folks would get off their meds and would be a disaster. The medications is what keeps them stable, out of the hospital, out of trouble, and out of jail. Hospital costs would at least be ten times the cost of prescription drugs. Many would become homeless, in jail, and the cost to society would be prohibitive. The proposed regulations is not in the public interest because of the economic or fiscal impact on the tax payers and the community.

Thank you for your consideration.

Sincerely,

Thad Kaminski

Thad Kaminski
1802 Kimball Ave
Arnold, PA 15068

724 339 1339 e mail: kaminski@salsgiver.com

TALKING POINTS FROM:

INTERIM REPORT OF THE PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

Mental illness is a serious public health problem that is highly treatable and must be addressed.

- Nearly 15 million people in the United States have a serious mental illness. (SAMHSA, National Household Survey on Drug Abuse, 2001.)
- Serious mental illness ranks second in terms of shortened life expectancy and years lived with a severe and persistent disability. (HHS, Mental Health: A Report of the Surgeon General, 1999.)
- One in 10 children and adolescents have a severe emotional disorder, placing them at higher risk for substance abuse, dropping out of school, violence, and suicide. (HHS, National Action Agenda for Children's Mental Health, 2001) (NAMI web site at: <http://www.nami.org/youth/index.html>)
- Mental illness is highly treatable. For example, available treatments for bipolar (manic depressive) disorder have been found to prevent recurrent episodes for 75 to 80 percent of individuals with this condition. (American Psychiatric Association web site at: http://www.psych.org/pub_pol_adv/research.cfm)
- The public mental health system provides critical services and support to more than 6 million people to minimize the impact of mental illness and to promote mental health and recovery.

The approach to public mental health in the United States is flawed.

- Many of the problems in the public mental health system are the result of underfunding.
- The federal government has not accepted an appropriate level of responsibility for funding services to individuals with mental illnesses.
- The most significant federal program specifically designed to support states in providing mental health services to individuals with mental illnesses – the Community Mental Health Services Performance Partnership Block Grant – is funded at \$433 million – a fraction of the \$23 billion spent by state mental health agencies on the public mental health system. Other federal programs provide more financial support, but they are designed to serve people with other illnesses and often do not recognize the persistent, cyclical nature of mental illnesses or the critical non-medical supports (such as housing and peer support) that are essential to successful recovery.

- Pursuant to a blatantly discriminatory provision in Medicaid law, Medicaid does not provide a federal contribution for inpatient services received in psychiatric hospitals. In addition, because of this same provision, states are unable to receive Medicaid waivers to support specially tailored packages of services delivered in community settings. This lack of adequate federal support in either setting often leads to frequent and expensive hospital readmissions (a *de facto* “revolving door” policy) or to involvement with the criminal justice system.
- At the state level, per capita spending by state mental health agencies nationwide declined by 10 percent over the last 20 years, despite increasing costs and increasing demand for services. (NASMHPD Research Institute, Funding Sources and Expenditures of State Mental Health Agencies, Fiscal Year 2001.)
- Stigma remains an important obstacle to effective mental health services. This is especially true with respect to violence, although research clearly shows that individuals with mental illnesses are no more likely to be violent than their non-mentally ill peers.

Despite these obstacles, there have been significant advances in the quality of mental health services and many opportunities exist for knowledge-based improvements.

- A wealth of evidence-based research clearly shows that many psychiatric interventions are both cost-effective and effective in facilitating successful living in the community. Some of these interventions include Assertive Community Treatment (ACT) models, supported employment, and newer medications.
- Many agencies and levels of government collaborate to more effectively serve people with mental illnesses. For example, new programs with local police departments and court systems help to divert individuals with mental illnesses from jail and into the public mental health system.
- Most mental health services and treatment can safely and effectively be delivered in community-based settings. As a result, states have successfully reduced the number of beds in state hospitals from more than 600,000 in the mid-1960s to about 50,000 today.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF POLICY
HEALTH AND WELFARE BUILDING
REVIEW COMMISSION

Office of Income Maintenance
Bureau of Policy

NOV 13 2002

14-477-62

REFER TO: Karole Aldridge
Willie
OLC
Homes
File

November 1, 2002

Edward J. Zogby, Director
Department of Public Welfare
Bureau of Policy
Health and Welfare Bldg, Room 431
Harrisburg, PA 17120

Original: 2296

Dear Mr. Zogby,

Don't take down the spend down!

I am opposed to the total elimination of the spend down for low-income elderly and disabled people in Pennsylvania.

I am a social worker and work with people who have very limited incomes and resources. It is the responsibility of a free society to ensure that a basic quality of life is offered to all its citizens. If there must be cutbacks, there must be other non-essential places to cut. Human service cuts convey a message that some of our people are disposable. This is not so.

Fight for what is right.

Thank you.

Stephanie Costello MSW

Stephanie Costello MSW, ACSW, LSW
234 Locust Street
Philadelphia, PA 19106

14-477-41

Shobhana L. Kanal, LSW
191 Presidential Blvd., #1006
Bala Cynwyd, PA 19004
(610) 667-6036
shobhanakanal@hotmail.com

Office of Income Maintenance
Bureau of Policy

November 1, 2002

Original: 2296

NOV 06 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

REFER TO:

Kangle Aldridge
Willie
OLC
Harvey
File

Dear Mr. Zogby:

I am a clinical social worker, currently employed in a community mental health clinic in Philadelphia. I am writing to oppose the elimination of the NMP Spend-Down as proposed by DPW.

Some of my agency's clients are among the thousands of Pennsylvanians who currently depend on this program. We see many people under 65 who are disabled and must use the Spend-Down program to afford important medical, mental health, and prescription drug services. Even with the Spend-Down, these individuals and families live on very limited budgets; without the Spend-Down, they would go without needed medical services in order to pay for basic needs such as food and shelter.

I am aware that DPW must address budget concerns of its own, and that this need has led to the proposal to eliminate the Spend-Down. In the long run, however, eliminating the Spend-Down will cost DPW and the taxpayers more money, not less. People with heart disease who lose access to important medications will likely end up in the hospital; likewise for people with diabetes who cannot afford to keep a stable supply of insulin on hand. Hospital and nursing-home stays will have to be funded by Medical Assistance, at far higher costs than would have been incurred had the same patients continued to stay in the community and receive outpatient care made possible by the Spend-Down.

I ask that DPW withdraw the proposal to eliminate the NMP Spend-Down, or at least postpone it until a new administration has had time to study the likely impact of such a policy change.

Thank you for your time and attention, and for your efforts on behalf of low-income residents of Pennsylvania.

Sincerely,

Shobhana L. Kanal, LSW

Shobhana L. Kanal, LSW

14-477-49

Original: 2296

324 Haverford Street
Johnstown, PA 15905-1829
November 1, 2002

Office of Income Maintenance
Bureau of Policy

Mr. Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Bldg.
Harrisburg, PA 17120

NOV 05 2002

REFER TO:

Kayle Aldridge
Wells
OK
Horne
11/1

Dear Mr. Zogby:

I wish to comment on the proposed regulations that would eliminate prescription coverage for many persons on Social Security Disability with incomes slightly above the federal poverty level.

While our son, permanently disabled by schizophrenia and Pervasive Developmental Delay, may not be affected because his income is too low, his situation reflects the pennywise and pound-foolish nature of the proposed action.

People with a mental illness often have other physical problems requiring expensive drugs (heart, lungs, etc.) which if not treated via pharmacy could lead to severe complications requiring more expensive intervention like surgery and hospitalization.

In addition to his very expensive psychiatric drugs, our son needs prescription drugs for seizure disorder, three very expensive new drugs for hiatal hernia, acid reflux, swallowing difficulties and constipation--all related to or complicated by his primary diagnosis of a mental illness and congenital problem. His use of these drugs is preventing more expensive procedures like surgery, hospitalization, or even permanent institutionalization which could lead to a greater burden for taxpayers.

Thank you for considering my remarks.

Very sincerely yours,

Helen Ott

Helen Ott, Founding Pres.
National Alliance for
the Mentally Ill,
Cambria County Affil.

cc: Independent Regulatory Review Commission



ORIGINAL: 2296

14-477-63

Office of Income Maintenance
Bureau of Policy

NOV 07 2002

NAMI PENNSYLVANIA

Delaware County Chapter

P.O. Box 1493

Havertown, PA 19083

*Letter was # 14-477-49
changed to # 14-477-63*

REFERTO: *Karole Albrugel
Welle*
*OK C
Hoover
Fell*

November 1, 2002

Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Building
Harrisburg, PA 17120

Dear Mr. Zogby:

I am writing on behalf of the Delaware County Chapter of the NAMI- PA (Pennsylvania's Voice on Mental Illness). Our Chapter has membership in excess of 200 families in Delaware County.

I have learned with alarm that DPW is proposing regulations to eliminate NMP spend down under Medical Assistance. This can only be a humanitarian disaster for approximately 7,000 Pennsylvania citizens who are dependent on NMP spend down.

Many of the 7,000 individuals suffer severe mental illnesses. Their mental stability and ability to live in the community are achieved only with medications which often cost hundreds of dollars per month. (The Medical Assistance cost, of course, is less because of negotiated reimbursement rates.) These people often receive Social Security disability benefits only a little above the threshold for regular Medical Assistance. If they are forced to buy their medications on their own, they will be thrown into utter poverty. There is a danger that many of them will forgo medication, and then decompensate and be back in the hospital at much greater expense to the public. Some will find themselves unable to afford a place to live and will end up living on the street or staying in make shift shelters such as church basements.


How can Pennsylvania balance its budget on the backs of its most needy and vulnerable citizens? That will be a humanitarian disaster right in our own backyard - not in some war-torn overseas country.

RECEIVED - MAIL ROOM
NOV 11 2002

Edward Zogby
November 1, 2002
page 2

Therefore, I urge you on behalf of both the directly affected individuals and their families and loved ones not to issue the regulations which will deprive our neediest citizens of the opportunity to get prescriptions under the NMP spend down plan.

Respectfully yours,

A handwritten signature in black ink that reads "Daniel R. Fredland". The signature is written in a cursive, flowing style.

Daniel R. Fredland
Secretary

cc: Independence Regulatory Review Commission
Editor, *Delaware County Daily Times*

#14-478-49

Original: 2296



Office of Income Maintenance
Bureau of Policy

NOV 07 2002

NAMI PENNSYLVANIA

Delaware County Chapter

P.O. Box 1493

Havertown, PA 19083

REFER TO: Karole Aldredge
Wellee
OK C
Homes
File

November 1, 2002

Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Building
Harrisburg, PA 17120

Dear Mr. Zogby:

I am writing on behalf of the Delaware County Chapter of the NAMI- PA (Pennsylvania's Voice on Mental Illness). Our Chapter has membership in excess of 200 families in Delaware County.

I have learned with alarm that DPW is proposing regulations to eliminate NMP spend down under Medical Assistance. This can only be a humanitarian disaster for approximately 7,000 Pennsylvania citizens who are dependent on NMP spend down.

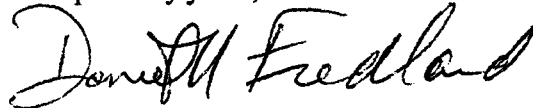
Many of the 7,000 individuals suffer severe mental illnesses. Their mental stability and ability to live in the community are achieved only with medications which often cost hundreds of dollars per month. (The Medical Assistance cost, of course, is less because of negotiated reimbursement rates.) These people often receive Social Security disability benefits only a little above the threshold for regular Medical Assistance. If they are forced to buy their medications on their own, they will be thrown into utter poverty. There is a danger that many of them will forgo medication, and then decompensate and be back in the hospital at much greater expense to the public. Some will find themselves unable to afford a place to live and will end up living on the street or staying in make shift shelters such as church basements.

How can Pennsylvania balance its budget on the backs of its most needy and vulnerable citizens? That will be a humanitarian disaster right in our own backyard - not in some war-torn overseas country.

Edward Zogby
November 1, 2002
page 2

Therefore, I urge you on behalf of both the directly affected individuals and their families and loved ones not to issue the regulations which will deprive our neediest citizens of the opportunity to get prescriptions under the NMP spend down plan.

Respectfully yours,

A handwritten signature in cursive script that reads "Daniel R. Fredland". The signature is written in dark ink and is positioned above the typed name and title.

Daniel R. Fredland
Secretary

cc: Independence Regulatory Review Commission
Editor, *Delaware County Daily Times*

IRRC

From: bearwood [bearwood@icubed.com]
Sent: Tuesday, October 31, 2028 1:15 PM
To: IRRC

Original: 2296

Eliminating prescription coverage to individuals using the NMP spenddown would be extremely unfair and costly to the state. A friend of mine receives this benefit. Monthly she must pay medical bills until she gets to the \$200 plus number which qualifies her for Medical Assistance. She has a serious, disabling brain disorder which qualifies her on her own for benefits. Do not add more problems to people already overloaded by living on the poverty level income.

10/31/2028 1:15 PM
bearwood@icubed.com
IRRC

IRRC

From: brewster.fay@verizon.net

Sent: Thursday, October 31, 2002 4:22

Original: 2296

To: IRRC

Subject: Prescription coverage

Please protect prescription coverage, especially for the mentally ill. They suffer enough already. If they have access to medication, they are far less likely to end up homeless or in prison. Our duty as citizens is to protect our own. Please do what you can to represent my view in your decision making. Sincere thanks,
Brewster Fay

10/31/2002 4:22 PM
brewster.fay@verizon.net
IRRC



#14-477-23

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Original: 2296

October 31, 2002

Feather O. Houstoun
Secretary
Department of Public Welfare
Commonwealth of Pennsylvania
333 Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

Office of Income Maintenance
Bureau of Policy

NOV 01 2002

Kayle Aldridge

REFER TO: Wilkes

*OLC
Hoover
File*

Dear Secretary Houstoun:

On behalf of our 225 member hospitals and health care systems, The Hospital & Healthsystem Association of Pennsylvania (HAP) and the Delaware Valley Healthcare Association of HAP (DVHC) welcome this opportunity to comment on the proposed rulemaking published in the *Pennsylvania Bulletin* on October 5, 2002, regarding income provisions for categorically needy Non-Money Payment (NMP) and Medically Needy Only (MNO) spend-down eligibility and financial requirements for eligibility for Medicaid long-term care (LTC) services.

These two programs form a crucial safety net for Pennsylvania's most vulnerable citizens by enabling the aged, blind, or disabled or those with catastrophic medical expenses who are above the traditional Medicaid eligibility limits to receive necessary medical care through the Medicaid program. Therefore, HAP and DVHC contend that eliminating the NMP and curtailing the MNO spend-down programs will have negative consequences that far outweigh any savings for the commonwealth.

Since persons on Social Security Disability Insurance (SSDI) cannot receive Medicare for two years, NMP is a critical safety net, assuring services for these vulnerable individuals. Your department has suggested that some persons who were receiving NMP spend down will be able to move onto the Medical Assistance for Workers with Disabilities (MAWD) Program. This will not be an option if they are so disabled that they cannot work. Those individuals who will not qualify for health insurance through another public program will join the growing number of the uninsured. As you know, the uninsured are less likely to have access to primary and preventive health care and less likely to fill needed prescriptions. Therefore, there will almost certainly be a substantial increase in the uncompensated care burden now born by Pennsylvania's hospitals. Hospitals cannot continue to sustain the growing uncompensated care burden.

The individuals covered by these two programs are by definition aged, blind, disabled, or medically needy. Many of these individuals need medical care in order to continue living in a non-institutional setting. The high level of need for medical services that is inherent to those currently covered through these programs will not disappear. Necessary medical

4750 Lindle Road
P.O. Box 8600
Harrisburg, PA 17105-8600
717-564-9200 Phone
717-561-5334 Fax
haponline.org

RECEIVED TIME NOV. 1. 10:01AM

PRINT TIME NOV. 1. 10:03AM

Secretary Feather O. Houstoun
October 31, 2002
Page 2

care may be delayed or foregone altogether. Furthermore, there is no affordable alternative for prescription coverage for most of the people currently on this program. It is likely that lack of access to care will lead to a further decline in the health status of many of these individuals. Many will not seek treatment until a health emergency arises. As a result, the commonwealth may have to spend more in the long run through long term care.

HAP and DVHC of HAP support your department's plans to automatically check for eligibility for MAWD or MNO spend down. Additionally, we urge the Department of Public Welfare to:

- Take this initiative a step further and automatically check for eligibility for adultBasic, CHIP, and PACE/PACENET.
- Implement a program by which those who are not eligible for any other public program might continue to receive a Medicaid benefit since this coverage is so important to seniors and persons with disabilities.

HAP and DVHC suggest a possible alternative to the proposed rule limiting the time frame of medical bills for recipients under the MNO program. Those individuals not eligible for another program should be able to retain their current coverage under Medical Assistance guidelines. For example, if an individual qualifies for the MNO program under the current rules, but would not qualify under the proposed rules, and they are not eligible for alternative programs such as CHIP or adultBasic, then he/she should be allowed to apply for MA benefits under the current rule (using medical bills that may be older than three months). There would still be cost savings since those that were eligible for other programs would incur less expense for the commonwealth and no expense to the Medicaid program. Yet, the net effect would be that no one would be dropped from the safety net program. In other words, rather than increasing the number of uninsured by having the individuals who would have been affected by the proposed elimination of NMP spend-down terminated or uncovered, we recommend reviewing these cases for eligibility under other programs initially, utilizing Medical Assistance as the insurer of last resort when applicable. Limiting the growth in the number of uninsured Pennsylvanians who are blind, disabled, or chronically ill will ensure that this population has access to the medical services necessary to maintain their lives in the community.

HAP and DVHC also would like to express concerns regarding the limitation in the amount of allowable deductions for outstanding medical expenses to \$10,000 when determining contribution toward the cost of the long-term care (LTC) services. Once again, this

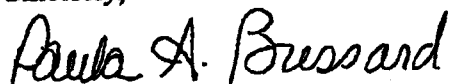
Secretary Feather O. Houstoun
October 31, 2002
Page 3

limitation will result in a medical expense debt that the MA recipient cannot afford; and ultimately the service provider will not be compensated for care rendered, thus increasing uncompensated care burdens. Although we understand that the intent of this limitation is to encourage individuals who are potentially eligible for MA to apply for MA on a timely basis to prevent a medical expense debt to a LTC facility at the private rate, we do not believe it will, in fact, accomplish this objective.

Finally, we ask you to reconsider the proposed elimination of an optional income deduction that is currently provided for maintenance of a home when the LTC recipient's stay in the LTC facility is expected to be less than six months. We caution you about this proposed change as it could have a serious negative impact on the discharge planning process for individuals in LTC programs. In addition, individuals may hesitate and resist applying for MA to cover the cost of LTC services if they realize that it could affect their ability to maintain their primary residence. This provision is counter to the commonwealth's objective to enable individuals to return to their homes rather than being forced into an institutional setting.

Thank you for the opportunity to express our views on these important regulations. If you or your staff need further clarification of our views, please do not hesitate to contact Anne McHugh, HAP's director, health care finance policy at amchugh@haponline.org, or (717) 561-5317; or Pam Clarke, DVHC's vice president, managed care, at pclarke@dvhc.org, or (215) 735-3265.

Sincerely,



PAULA A. BUSSARD
Senior Vice President
Policy and Regulatory Services

c: Linda Hicks, Deputy Secretary of Income Maintenance
Edward Zogby, Director, Bureau of Policy

14-477-29

Original: 2296

RECEIVED
OCT 31 11 30 25
REVIEW COMMISSION

3032 Fernor St.
Allentown, PA 18103
October 31, 2002

Mr. Edward Zogby
Director
Bureau of Policy
Department of Public Welfare
Room 431
Health and Welfare Building
Harrisburg, PA 17120

Office of Income Maintenance
Bureau of Policy

NOV 04 2002

REFERTO:

Harold Aldridge
Willie
OK
Home
File

Dear Mr. Edward Zogby:

I am a member of the National Alliance for the Mentally Ill (NAMI), the Lehigh Valley Mental Health Society, and the Lehigh Valley HealthChoices Consumer/Family Advisory Committee. I am confident the concerns I express here are shared by all the other members of these organizations.

I am strongly opposed to the proposed regulations of the Department of Public Welfare (DPW) that would eliminate prescription drug coverage for those covered under a category of Medical Assistance known as "NMP spend down." Many of the people who would lose their medications under this proposal have severe mental illness and, even if working, do not have the income to pay the high cost of their medications. Consequently they will decompensate and will have to enter one of the psychiatric hospitals operated under state funding. Moreover, I am terribly fearful because many of these severely afflicted people would fall through the cracks and become menaces to society. The work of the noted psychiatrist, E. Fuller Torrey, and others clearly show that mentally ill people untreated do have a much higher rate of committing violent crimes than does the general population. Saving money at one point in state operations, i.e. DPW, will create significant increases in state spending at other points of state operations. For example, admissions to state psychiatric hospitals will increase and usage of PACENet will increase, both creating strong additional demands in those areas which function solely on a funding stream from the state. The NMP program creates less burden on state funding because it uses about 50% Federal funding.

The proposal to eliminate NMP spend down will have the following detrimental effects. No new state administration, Democrat or Republican, would want to face the public having implemented such backward and expensive regulations.

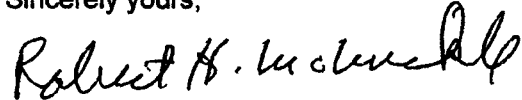
1. Persons with mental disabilities will lose incentive to seek work. Work itself is therapeutic for these people. The state built its PACENET program on the tenet that work aids recovery. Canceling NMP spend down moves us in a direction opposite to that the state took in creating PACENET.
2. Violent crime will increase creating dangers to society and financial burdens for police forces.
3. Federal Medicaid reimbursement would be lost. The loss of these funds will ultimately surface as additional burdens on state funding.

4. Persons on incomes of \$800 to \$900 per month cannot spend one-quarter to one-third of their income for medications; hence they will decompensate.
5. DPW's own Medical Assistance Advisory Committee agrees that the elimination of NMP spend down is not in the public interest.
6. This elimination of drug coverage conflicts with proposals in the General Assembly to expand prescription coverage.
7. This cut down in drug coverage is not in line with the prevailing practice in most of the other states of the U.S.

I urge you to abandon the proposal to eliminate NMP spend down. I intend to pursue my opposition through appeals to the political candidates and to my representatives in the state legislature. Your action is so "anti-human" I cannot understand how you can sleep at night having introduced such a detrimental concept.

Please respond to my letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert H. McMickle". The signature is written in black ink and is positioned above the typed name.

Robert H. McMickle, Ph.D.

DEPARTMENT OF PUBLIC WELFARE

cc: Hicks file
Hincos

176999

Interfaith Coalition for the General Welfare
c/o Mishkan Shalom, 4101 Freeland Avenue
Philadelphia, PA 19128

Original: 2296

Department of Public Welfare
Refer To:

Zogly
App Action

#14-477-52

October 31, 2002

SECRETARY
OF PUBLIC WELFARE
REF. HICKS (OTM)
Approp. Action
2002 NOV 4 A 9:07

Feather Houston, DPW Secretary
Bureau of Policy
Health & Welfare Building
Harrisburg, PA 17120

RECEIVED

made CC: Houston
Eckley
Dierkers

Dear Ms. Houston:

I urge you not to cut back on Medical Assistance to over 10,000 largely elderly and disabled people. Please withdraw the regulations that would impact the health of the most vulnerable citizens in our state.

Sincerely,
Civian Schatz
Chair of the Legislative
Committee

Office of Income Maintenance
Bureau of Policy

NOV 06 2002

REFER TO:

Kayle Aldridge
Willie
OLC
Homer

Original: 2296

14-477-46

Patrice M. Gammon
711 S. Hutchinson Street
Philadelphia Pa 19147
pgammon@brynmaur.edu

October 31, 2002

Office of Income Maintenance
Bureau of Policy

NOV 05 2002

Edward Zogby, Director
Bureau of Policy
Department of Public Welfare
Room 431 Health & Welfare Bldg.
Harrisburg, PA 17120

REFER TO: Kerole Aldridge
Welfare
OFC
Homer
File

Dear Director Zogby

I have learned that the Department of Public Welfare is proposing new regulations that would eliminate prescription coverage for over 7000 Pennsylvanians, most of whom are on Social Security Disability with incomes slightly above the federal poverty level. I urge you to reject these proposed regulations. I am writing on behalf of my mother, who has schizophrenia, and on behalf of thousands of other citizens like her.

Prescription coverage for many people with mental illnesses who are receiving Social Security Disability is currently provided by a special category of Medical Assistance known as "spend down". Your proposed changes would eliminate that category of Medical Assistance entirely. Although the affected individuals might qualify for Medical Assistance under a different category, that category does not cover prescription drugs.

Whatever cost savings these proposed changes result in will be lost as the state scrambles to deal with crises caused when people can't afford their medications. Please do not put people with severe mental illness in the impossible position of not being able to afford life saving treatment. The consequences of these policy changes will be catastrophic for ill people, their families, and the community.

Sincerely,

Patrice M. Gammon
Patrice M. Gammon

cc: Independent Regulatory Review Commission
333 Market St., 14th floor
Harrisburg, PA 17101

14-477-19

DISABILITIES LAW PROJECT

Philadelphia

The Philadelphia Building
1315 Walnut Street, Suite 400
Philadelphia, PA 19107-4794
215-238-8070 [Voice]
215-789-2494 [TDD]
215-772-9126 [FAX]
dip.phila@dip-pa.org

Respond To: Philadelphia

Original: 2296

Pittsburgh

1901 Law & Finance Bldg.
429 Fourth Avenue
Pittsburgh, PA 15219-1505
412-391-5235 [Voice]
412-467-8940 [TDD]
412-391-4496 [FAX]
dip.pgh@dip-pa.org

www.dip-pa.org

October 31, 2002

Office of Income Maintenance
Bureau of Policy

OCT 31 2002

Edward J. Zogby, Director
Bureau of Policy
Department of Public Welfare
Health and Welfare Building, Room 431
Harrisburg, PA 17120

REFER TO:

Willie
OKC
Harriet
File

RECEIVED
OCT 31 2002
COMMISSION

Re: Proposed Regulations to Eliminate the NMP Spend Down

Dear Mr. Zogby:

The Disabilities Law Project writes on behalf of itself and Pennsylvania Protection and Advocacy to urge the Department of Public Welfare to withdraw the proposed amendments to regulations which will serve to eliminate the NMP Spend Down. The proposal to eliminate this crucial program will not serve to save the Commonwealth money in the long run, or even the relatively short run, and will cause loss of health, vision, limb and even life to Pennsylvanians with disabilities.

Pennsylvania Protection and Advocacy, Inc. ("PP&A") is a non-profit organization designated by the Governor of Pennsylvania to advocate for and protect the rights of persons with disabilities throughout the Commonwealth pursuant to the DD Act, PAMII, and PAIR. PP&A works to remedy discrimination encountered by citizens of the Commonwealth who have disabilities to assure that they are able to participate to the fullest extent in society alongside non-disabled persons. DLP is a not-for-profit law firm which provides free legal assistance to persons with disabilities throughout the Commonwealth and is the legal back-up center to Pennsylvania Protection and Advocacy.

Together, both organizations receive hundreds of calls every year from Pennsylvanians with chronic illnesses and disabilities, and a bit too much income to qualify for Healthy Horizons Medical Assistance, who are desperate to find a way to have their health care needs met. Quite often, the NMP spend down is the only answer to

A legal backup center to Pennsylvania Protection & Advocacy Inc.

their needs for health care coverage while they wait two years for their Medicare benefits to begin,¹ and is nearly always the only avenue to getting prescriptions covered.² In addition, the NMP spend down provides access to durable medical equipment when the Medicare rules can be quite restrictive.

If NMP Spend Down is eliminated, people with disabilities and chronic long term illness will pay a price of human suffering that cannot be quantified. The health of people with disabilities who rely on this program to provide them with health care, and especially with health sustaining medications which help to keep their illnesses under control will be devastated. People with heart disease and high cholesterol will be at risk of heart attack, stroke and death if they no longer have a way to obtain their medications. People with arthritis will lose independence and deteriorate. People with diabetes who lose the ability to have their insulin and blood monitoring devices covered will risk loss of vision, limbs and life. People with mental illness controlled by medication who now live in the community will end up institutionalized or in more segregated settings. People with glaucoma will lose their sight. Cancer survivors will risk recurrence. People who have successfully undergone organ transplantation will risk rejection and death.

If NMP Spend Down is eliminated, DPW will end up paying a price that can be quantified, and gives the lie to the assertions that this plan will save money for the MA system. When the heart attacks and strokes result in hospitalizations; when the debilitating arthritis results in nursing home admissions; when the uncontrolled diabetes leads to hospital care for wounds that will not heal and to surgical costs for limbs that must be amputated; when the persons with schizophrenia decompensate without medication and institutionalization results; when the person with glaucoma is overtaken by unnecessary blindness and seeks care in a nursing home; when the transplant patient's body begins to reject an organ and must reenter the hospital; these bills will be presented to and paid by Medical Assistance. And the price tag on these bills is at vastly inflated rates compared to the modest investment NMP Spend Down asks of DPW.

According to DPW's own figures, for a modest investment of an average of \$106 per person per month in state funds, DPW is able to use its federal match to buy \$220 worth of medical care and prescription coverage for its medically needy residents with disabilities, and for those who are elderly. To "save" the initial \$9.2 million DPW projects, it must make \$18.9 million in cuts. In projecting these savings, DPW has failed to factor in the future costs of paying for the hospitalizations and nursing home care, and

¹ Although Medicare benefits begin immediately for persons who are 65, people who qualify for Medicare because of disability must wait two years for coverage to begin. This lack of coverage comes at a time when they are most in need of establishing relationships with physicians and assuring good, continuous health care when they become disabled.

² The PACE and PACENET programs only provide prescriptions to elderly Pennsylvanians, and not to those with disabilities who are under 65.

Comments in Opposition to Elimination of NMP Spend Down
Disabilities Law Project and Pennsylvania Protection and Advocacy
October 31, 2002
Page 3

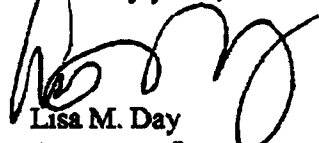
increased spending in its mental health budget, that it will have to provide as former recipients of NMP Spend Down Medical Assistance grow sicker.

DPW's budget is not the only one in the Commonwealth that will suffer due to this proposal. Local government entities will be asked to absorb the fiscal costs of this cut, like Philadelphia's City Health centers which offer medical care and prescriptions free or at reduced cost to needy residents. Counties will see their mental health costs expand as people turn to them for help with medications and care that was formerly covered under NMP Spend Down Medical Assistance. Providers such as individual doctors and hospitals will be asked to absorb some of the costs of charity and emergency care before Medical Assistance coverage kicks in again as these people become sicker.

There are alternatives to this cut and a new administration should be allowed the opportunity to consider them, as well as to truly count the cost of this proposal. For example, DPW could respond to the invitation of the federal Centers for Medicare and Medicaid Services and join New Jersey, Wisconsin, Indiana, Arkansas, Illinois, Connecticut, Maine, Maryland, Massachusetts, Florida, South Carolina, Louisiana (diabetic and asthma supplies and pharmaceuticals), and Texas (limited to certain psychiatric disabilities) and submit a Pharmacy waiver to operate the PACE and PACENet program as a Medicaid program, and could expand it to include people with disabilities as well as elderly persons. This would allow Pennsylvania to use the state only dollars it currently spends in this program and more than double its investment by drawing down federal Medicaid dollars, obviating or eliminating the need for any cuts.³

On behalf of Pennsylvanians with disabilities, we urge DPW to withdraw this proposal to eliminate a crucial program which protects the health and life of our citizens.

Sincerely yours,



Lisa M. Day
Attorney at Law

cc: Kevin Casey, Executive Director, Pennsylvania Protection and Advocacy
IRRC
Senate Public Health and Welfare Committee members
House Health and Human Services Committee members

³ According to the Department of Aging's 2001 Report on the PACE program, approximately \$326 million was spent for purchasing pharmaceuticals for elderly Pennsylvanians. If even 10% of these expenditures were used to match and draw down federal financial participation in a prescription waiver, Pennsylvania would more than make up for the money it proposes to "save" with the elimination of NMP Spend Down.

14-477-53

10-31-02

Dear Mr. Zogby

As a former teacher and individual involved with mental health, your proposal to eliminate prescription coverage for people on SSD with incomes slightly above federal poverty level is devastating. Prescription drugs are costly for the mentally ill. By eliminating your program you are creating more problems, & cost by putting people on the street or not allowing them to function in a normal environment. They will not spend the money for drugs as their cost of food & shelter is first. You are only creating more problems for the community in which SSD people reside.

Please reconsider.

Office of Income Maintenance
Bureau of Policy

NOV 05 2002

REFER TO:

Karla Aldridge
~~*[Signature]*~~
 OLC
 Hoover
 File

Thank you
 Edis Schwartz
 8100 Tenkentown
 ELkins Park Pa
 19027

Alliance of
Adult Day Services

14-477-43

Office of Health & Medical Assistance
Bureau of Policy

NOV 05 2002

October 31, 2002

Edward J. Zogby, Director
Bureau of Policy
PA Department of Public Welfare
Room 431
Health and Welfare Building
Harrisburg, PA 17120

Original: 2296

REFER TO: *Karole Aldridge*
Walters
OFC
Harvey
File

RE: Income Provisions for Categorically NMP-MA and MNO-MA

Dear Mr. Zogby:

On behalf of Southeast Pennsylvania Alliance of Adult Day Services, I thank you for the opportunity to comment on the proposed regulations for the elimination of the Non-Money Payment (NMP) spend-down. We oppose these proposed regulations. The changes are clearly not in the best interest of the public.

As you know, NMP spend-down is a safety net program for Pennsylvanians with costly medical bills. The NMP spend-down allows individuals to deduct the amount paid in medical bills from their monthly income to become eligible for Medical Assistance (MA). It is a cumbersome process where the individual needs to show proof of monthly income and provide receipts each month to prove that they have spent their income on approved medical expenses. Most individuals who utilize the program are just above the income limit for Medicaid. They either have no or limited savings, or have spent their savings because of their illness. All have high monthly medical expenses. Older Pennsylvanians rely on the NMP spend-down program to help pay for high prescription medication costs and other medical expenses not covered by Medicare.

The Department of Public Welfare (DPW) estimates that over 7,000 individuals, including many older adults will lose their benefits. The loss of NMP spend-down will leave many with no place to turn for help at a time when they need it most.

We hope you will reconsider these proposed regulations and decide not to eliminate the NMP spend-down program.

Sincerely,



Francine Fineman
President

5301 Old York Road

Philadelphia, PA 19141

Tel: (215)456-2919

Fax: (215)456-2025

CARIE

14-477-31

Original: 2296

October 31, 2002

Edward J. Zogby, Director
Bureau of Policy
PA Department of Public Welfare
Room 431
Health and Welfare Building
Harrisburg, PA 17120

NOV - 6 2002
REVIEW COMMISSION

Office of Income Maintenance
Bureau of Policy

NOV 04 2002

REFER TO:

Karole Aldridge
Willie
O.C.
Stones
File

RE: Income Provisions for Categorically NMP-MA and MNO-MA

Dear Mr. Zogby:

On behalf of CARIE, the Center for Advocacy for the Rights and Interests of the Elderly, thank you for the opportunity to comment on the proposed regulations for the elimination of the Non-Money Payment (NMP) spend-down. CARIE opposes these proposed regulations. The changes are clearly not in the best interest of the public. We hope you will consider our concerns and make needed revisions before the final regulations are published and promulgated.

As you know, NMP spend-down is a safety net program for Pennsylvanians with costly medical bills. The NMP spend-down allows individuals to deduct the amount paid in medical bills from their monthly income to become eligible for Medical Assistance (MA). It is a cumbersome process where the individual needs to show proof of monthly income and provide receipts each month to prove that they have spent their income on approved medical expenses. Most individuals who utilize the program are just above the income limit for Medicaid. They either have no or limited savings, or have spent their savings because of their illness. All have high monthly medical expenses. To participate in this program, one must pay a minimum of \$137/month (the difference between the Healthy Horizons and SSI levels) and most spend closer to \$250/month. Because of the cumbersome process and the expensive monthly payment (which can be likened to a premium), only those with high out-of-pocket costs are even able to participate in this program. Older Pennsylvanians rely on the NMP spend-down program to help pay for high prescription medication costs and other medical expenses not covered by Medicare.

The Department of Public Welfare (DPW) estimates that over 7,000 individuals, including many older adults will lose their benefits. This program is certainly not a "budget buster" for the Commonwealth. However, its loss will leave many with no place to turn for help at a time when they need it most. Absent healthcare coverage, older Pennsylvanians will not take prescribed medications.

- Executive Director
Diane A. Menio, MS
- Board of Directors
Steven J. Devlin, PhD
Chair
- Emily Amerman, MSW
Vice-Chair
- Elizabeth R. Balderston, MSS
Secretary
- Ann Sholly, PA-C
Treasurer
- Willo Carey
- Louis G. Colbert, MSW
- Nora Dowd, JD
- Carl George
- Florina Gogarnoiu, MBA
- John M. Harris, MBA
- Trudy Haynes
- William Kavesh, MD
- Rose Koren Moody
- Arnold Phillips
- Rebecca Snyder Phillips, MSN, RN
- Arnold Tiemeyer, MDiv
- Members Emeritus
Margaret Burns
Thomas W. Clark, MD
Rev. Francis A. Shearer
Bernice Sotter, MSW
Roger K. Stephens, MSW
Josephine Terrell
Margaret Yeakel, DSW
- National Advisory Council
Robert Applebaum, PhD
William F. Benson
Msgr. Charles J. Fahey, DDiv
Terry Fulmer, PhD
Iris Freeman, MSW
Elma Holder, MPH
Robert Hudson, PhD
Rosalie Kane, PhD
Brian Lindberg, MMHS
Karl Pillemer, PhD
Lori Rosenquist-Griswold, PhD
Robyn Stone, DrPH



Center for Advocacy for the Rights and Interests of the Elderly
100 North 17th Street, Suite 600 Philadelphia, PA 19103
T: 215.545.5728 F: 215.545.5372 W: www.carie.org



A United Way Agency

Their conditions will deteriorate. And, they will end up requiring more costly hospital or nursing home care. It is also important to mention that Pennsylvania loses the federal matching funds and may lose \$418 million in federal funding that is being proposed to help states that do not decrease MA benefits. (U.S. Senate Bill 812 allowing for this provision has already passed the Senate.)

We are pleased to see DPW's plan to automatically review recipients for other programs that may help them pay for medical expenses. (Described in the *Affected Persons and Organizations* comment section) Individuals are often unaware that they are eligible for certain benefits or programs. However, we recommend adding language to the *Fiscal Impact, Commonwealth* comment section to reflect the loss of federal funding.

CARIE understands the growing fiscal challenges that DPW is facing. It is important to consider that just as the state is facing financial problems, so too are individuals and families with catastrophic or terminal illnesses. These individuals and families need the support of the state at a time when they have nowhere else to turn. Additionally, the fiscal impact on the Department of allowing these most chronically ill individuals to deteriorate to a point at which they will need hospital or nursing home care and will be eligible for MA coverage of the cost of that care needs to be considered. Earlier this year, the citizens of Pennsylvania as well as the nation anxiously watched the rescue of the 18 miners from the Quecreek mining accident. The Commonwealth can be proud of its response to this accident. Governor Schweiker and other officials demonstrated strong leadership and marshaled the needed resources to have a successful resolution to the crisis. The same response in terms of leadership and resources should be given to the 7,000 individuals who are sick and need support from the Commonwealth. It would have been unconscionable to leave the miners to die. It is unconscionable to leave those with dire medical needs with nowhere to turn for help.

Recently, CARIE helped a 62-year-old Hispanic woman with no health insurance apply to the spend-down program. She has multiple medical problems and has monthly prescription drug costs of over \$200. She is married and the couple's joint income is just over the Medicaid limit, and she will not be eligible for PACE until she turns 65. She cannot afford to pay for her heart and blood pressure medications or prescriptions for arthritis. Spend-down will allow her to get the prescription drugs and medical care that she needs.

CARIE suggests that rather than cut this vital program to save costs, DPW should look at its proposed regulations for pharmaceutical services (55 PA. Code Ch. 1121). The *Need for the Proposed Rulemaking* references a study done by the Office of Inspector General (OIG) entitled, "Medicaid Pharmacy – Actual Acquisition Costs of Brand Name Prescription Drug Products." DPW references this study and others to justify the change in reimbursement for prescription drugs from the Average Wholesale Price (AWP) minus 10% to minus 15%. In September 2002, the OIG issued a follow-up report, "Medicaid Pharmacy – Additional Analyses of the Actual Acquisition Cost of Prescription Drug Products (A-06-02-00041)." OIG concluded the following:

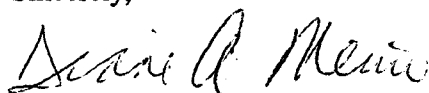
- “For single source innovator drugs: pharmacies purchased the drugs at an estimated discount of 17.2% below AWP.
- For all drugs without FULs: pharmacies purchased the drugs at an estimated discount of 27.2% below AWP.
- For multiple source drugs without FULs: pharmacies purchased the drugs at an estimated discount of 44.2% below AWP. (Innovator multiple source drugs at an estimated discount of 24.4% and 54.2% for non-innovator multiple source drugs.)
- For multiple source drugs with FULs: pharmacies purchased the drugs at an estimated discount of 72.1% below AWP.”

OIG recommends that if states use a reimbursement system based on the AWP, they should use a four-tiered payment system (based on the above categories) to bring pharmacy reimbursement more in line with the actual acquisition cost of prescription drugs. OIG stated, “using a single percentage discount does not adequately consider the large fluctuations in actual discounts between brands and generics that we found during our additional analysis.” CARIE believes that rather than cut the spend-down program, DPW could realize significant savings by implementing OIG’s recommendations.

Founded in 1977, CARIE is a non-profit organization dedicated to improving the quality of life for frail older adults. CARIE’s focus of concern spans the long term care continuum of long-term care needs from those who are homebound to those who are institutionalized. Older adults who experience physical or psychological impairment frequently have difficulty advocating for themselves and are often a silent group. CARIE works to protect their rights and promote awareness of their special needs and concerns.

If you need any further clarification regarding these comments, please do not hesitate to contact me at (215) 545-5728, extension 244 or at menio@carie.org.

Sincerely,



Diane A. Menio
Executive Director

IRRC

From: Martin Stone
Sent: Wednesday, October 30, 2002 4:03 PM
To: IRRC
Subject: Dont take down the spend-down

2002 OCT 30 PM 4:03
HOSPITALIZATION REVIEW COMMISSION

To whom it may concern:

Original: 2296

My name is Martin Stone and I am a therapist at the Deaf Services Center, a partial hospitalization program affiliated with Milestones Community Healthcare, Inc., in Glenside, Pennsylvania. I am writing to oppose the elimination of NMP Spend-Down proposed by Department of Public Welfare. We serve clients who are deaf and have severe mental illnesses. They attend the program here for medication management and participate in groups or individual therapy to deal with their mental illnesses. Their participation has decreased their hospitalization greatly. Most of our clients depend on Medical Assistance while some of them depend on the NMP Spend-Down to support their psychiatric and medical needs which has contributed greatly to sustaining their health needs.

Taking away the NMP Spend-Down will lead to dramatic increases in recipients' medical costs, which can seriously affect their ability to spend their income on housing rent, food, and utilities. Without the support of the NMP Spend-Down, the recipients won't be able to afford medications and have less inclination to make appointments with health-care specialists such as doctors and dentists. Without proper medical care, their health will be affected seriously, which in turn, will affect the state economy with much higher health costs in Medicare to pay for operations to correct health problems.

Please consider rescinding the proposal because it would cause pain, suffering, and death and therefore does not protect the public health and welfare, and would ultimately cost the Commonwealth money when people end up needing expensive hospital and nursing home.

Thank you very much for your time.

Sincerely, Martin Stone

Do you Yahoo!?
HotJobs - Search new jobs daily now

10/30/2002

20021030-6 AM 9:27

INDEPENDENT REGULATORY
REVIEW COMMISSION

October 30, 2002

Edward Zogby, Director
Bureau of Policy, Office of Income Maintenance
Department of Public Welfare
Room 431, Health and Welfare Building
Harrisburg, PA 17120

Original: 2296

Dear Mr. Zogby,

The Mental Health Association of Southeast PA is firmly opposed to the proposed DPW regulation 14-477 published October 5, 2002. The regulation would terminate over 7000 Pennsylvanians from Medical Assistance under the Non-Money Payment category. Non-Money Payment Spend Down provides essential prescription coverage to people in Southeast PA on Social Security Disability who do not qualify for PACE because they are not yet 65. Many of those individuals have mental illnesses and rely on prescription medications as part of a treatment plan to keep them stabilized so they can remain contributing members of society. Many of these newer medications are extremely costly and beyond the reach of people on Social Security disability. To remove the only form of prescription coverage available to these individuals is to condemn them to a relapse of their mental illness.

In addition to the dire impact on the individuals who lose this essential coverage, we are fearful that the loss of this coverage will result in increased fiscal pressures on an already overburdened public mental health system. As people decompensate after they run out of their medications they will require increased services from the mental health system, both in terms of frequency and intensity. People who were safely maintained in the community with only outpatient therapy may now need partial hospitalization and people in partial hospitalization programs may require inpatient hospitalizations when they decompensate due to lack of appropriate medications. There are also risks of increased costs to other service systems such as criminal justice and homelessness services.

For all the reasons stated above, we urge the Department to withdraw these proposed regulations.

Sincerely,



Mary Hurtig
Policy Director

Cc: Independent Regulatory Review Commission



IRRC

From: Chiara [wilsonorg@webtv.net]
Sent: Wednesday, October 30, 2002 7:13 PM
To: IRRC
Subject: ss pres. plan

Original: 2296

how could u even think to take away prescription drug programs with ss disability. my god these people need these medicines to live everyday. dont open a pandoras box.

I am a nami advocate and caregiver for a mental health consumer and I am angry. Does no one care for these peoples struggles!!! shame
newtown pa
claire

RECEIVED
OCT 31 4 44
10 30 2002

IRRC

From: RootLS@aol.com

Sent: Wednesday, October 30, 2002 8:08 PM

To: IRRC

Subject: (no subject)

Original: 2296

October 30, 2002

To Whom It May Concern:

I am writing to request that serious consideration be given to keep the Medical Assistance category A"NMP spendownA". The persons who depend on this for medications will suffer greatly without their necessary medications which they will not be able to get in any other way, due to circumstances which they cannot alter. Without their medications, they will become a heavier burden to their community and State, to say nothing of their own personal suffering. My plea is to keep the present category of Medical Assistance A"NMP spendown A" in place.

In the name of compassion and for those who suffer so much, thank you.

LaVerne S. Root



14-47718

Original: 2296

SALISBURY HOUSE

INCORPORATED

Salisbury House Management, Inc.

25 Hooks Lane, Suite 310
Baltimore, MD 21208
410.653.0944
fax 410.653.2785

Salisbury House of Northeast PA, Inc.

Lehigh Valley
65 E. Elizabeth Ave., Suite 1000
Bethlehem, PA 18018
610.865.6116
fax 610.865.5044

Carbon-Monroe-Pike Counties

25 North Eighth Street
Stroudsburg, PA 18360
570.422.6670
fax 570.422.6673

Lakewood Retreat LLC

RD#3 Cherry Lane
East Stroudsburg, PA 18301
570.421.7668
fax 570.421.7675

Salisbury House of Southeast PA, Inc.

*dba: Milestones Community
Healthcare, Inc.*

Montgomery and Bucks Counties

614 North Easton Road
Glenside, PA 19038
215.884.5566
fax 215.885.1746

Berks County

844 Centre Avenue
Reading, PA 19601
610.655.9845
fax 610.655.9909

Schuylkill County

2075 West Norwegian Street
Room 3
Pottsville, PA 17901
570.622.3249
fax 570.624.7562

Lehigh & Northampton County

65 E. Elizabeth Ave., Suite 1000
Bethlehem, PA 18018
610.865.6116
fax 610.865.1444

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

October 29, 2002

Dear Mr. Zogby,

I am writing to you in opposition to the proposal to cut the NMP Spend-Down Program. I am a therapist in the partial hospital of the Deaf Services Center of Milestones Community Healthcare, Inc. We serve individuals who are deaf and chronically mentally ill. We provide individual/group therapy as well as medication management for their psychiatric needs.

Most of our consumers are dependent on Medical Assistance with a fraction of our consumers relying on Spend Down. By cutting this program, our consumers will not get the care they need to continue stabilized treatment for maintaining their mental illness and therefore will increase their frequency for inpatient hospitalizations. Not only will these cuts effect their mental health, but also their physical health. Many of our members have additional physical problems which require regular medication and visits to their doctor. By taking away their ability to receive proper medical care, they will deteriorate and increase the need for hospitalization or nursing care, which will then qualify them to receive Medical Assistance. This will in turn cost the Commonwealth more money in the long run and cause innocent people increased pain and suffering.

Please consider withdrawing the proposal to eliminate the NMP Spend-Down program or at least delay going forward until a new administration has had the chance to study the impact of the proposed cuts and to consider alternatives. Please feel free to contact me to discuss further needs of our consumers and the damaging effects this will have on them if the proposal to eliminate Spend-Down is met.

Thank you for your consideration in this matter.

Megan Hemmick, BS

CC: Lisa Day, Roland Turk, Toni Anderson

Office of Intergovernmental
Relations & Policy

OCT 30 2002

REFER TO:

Willie
OLC
Hoover
File

RECEIVED TIME OCT. 30. 11:58AM

PRINT TIME OCT. 30. 11:59AM

14-477-58



Gloria Guard
EXECUTIVE DIRECTOR

Grant Rawdin, Esq.
PRESIDENT

ADMINISTRATION
Rowan House
325 North 39TH Street
Philadelphia, PA 19104-4656
Phone: 215-382-7523
Fax: 215-386-6290
eMail: pec@pec-cares.org

SHELTER & SERVICES
3902 Spring Garden Street
Philadelphia, PA 19104-4655
Phone: 215-382-7521
Fax: 215-349-9099
WEBSITE: www.pec-cares.org

October 30, 2002

Original: 2296

Mr. Edward J. Zogby
Department of Public Welfare
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

Office of Income Maintenance
Bureau of Policy

NOV 04 2002

Karole Aldridge
REFER TO: *Willie*
OLC
Hooper
File

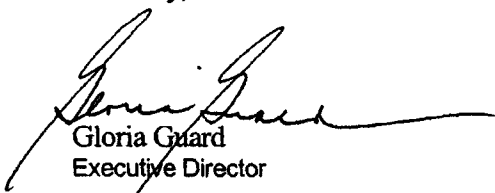
Dear Mr. Zogby:

Subject: Medical Assistance Funding

On behalf of People's Emergency Center, Pennsylvania's oldest and most comprehensive social service agency for homeless women, teens, and their children, I am writing to express my opposition to the elimination of NMP Spend-Down as proposed by DPW. Currently, over 7,000 elderly and disabled people across the state utilize this funding, to meet healthcare needs that they would otherwise not be able to afford. The elimination of this funding will have a devastating effect on this population and may lead to an increase in state-funded hospitalizations and nursing home stays in the long-term.

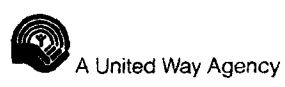
I urge DPW to withdraw the regulations or to delay your consideration until the new administration can carefully consider the Spend-Down's impact on the health of Pennsylvania's most vulnerable citizens, and the economy of the state.

Sincerely,


Gloria Guard
Executive Director

cc: Ms. Feather O'Connor Houstoun
DPW Secretary

NOV 04 2002
RECEIVED - BUREAU OF POLICY
HEALTH AND WELFARE COMMISSION



State law requires us to tell you that PEC is registered as a charitable organization with the Commonwealth. You can obtain a copy of our registration and financial information by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Chester County Disability Services

Cerebral Palsy Association of Chester County, Inc.



749 Springdale Drive, Exton, PA. 19341-2858

Tel: (610) 524-5850 1-800-559-2237

FAX: (610) 524-5855

Original: 2296

October 24, 2002

Independent Regulatory Review Commission
333 Market St, 14th Floor
Harrisburg, PA 17101

To Whom It May Concern:

On behalf of the Cerebral Palsy Association of Chester County, Inc., I am writing to oppose the elimination of NMP Spend-down as proposed by DPW.

We are a small non profit organization in Chester County that serves adults age 18-59 with physical disabilities. Each year, we meet new clients that are attempting to come to terms with their new limitations, and then are suddenly confronted with a new realization that they cannot afford medical insurance or their prescriptions on the disability income they receive. Next they come to understand that Medicare will not kick in for more than 2 years. The only relief we are able to offer at this time is to apply for the spend-down program. This program offers them the comfort of knowing that after they spend a certain amount on medical expenses, they will still be able to obtain the prescriptions, therapies, or testing they need to improve or at least maintain their health. These individuals are usually operating with low incomes just to meet their monthly food and housing issues, so the additional medical expenses become extras they can no longer afford.

As a private non-profit agency that provides quality service to individuals with disabilities, I strongly urge you to withdraw your proposal to eliminate the NMP Spend-down. This program, even limited as it is, offers a lifeline to many people, providing just basic medically needed options to them.

Sincerely,

A handwritten signature in cursive script that reads "Linda Redding".

Linda Redding
Director of Agency Services



#14-477-30

Original: 2296

RECEIVED
2002 OCT -31 PM 3:25
LEGISLATIVE & REGULATORY
REVIEW COMMISSION

Office of Income Maintenance
Bureau of Policy

October 26, 2002

OCT 31 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Rm. 431
Harrisburg, PA 17120

REFER TO: William
Kerle Aldridge
OLC
Abner
File

Dear Mr. Zogby;

On behalf of Every Child, Inc. and the children and families we serve, I am writing to urge you to oppose the elimination of the NMP Spend Down as proposed by the Department of Public Welfare.

Every Child, Inc. is a non-profit social service for children with physical and developmental disabilities, emotional challenges and special healthcare needs. Our mission is to help ensure that all children—regardless of age, race, disability, or seriousness of medical condition—have the opportunity to grow up in safe, loving and lasting families. We achieve our goal by providing an array of in-home support services to families, special needs adoption services, and the temporary resource of foster family care. We believe most families can be strengthened to become their children's best caregivers, when their needs are assessed and they are provided appropriate support services. Since we began in 1997, the agency has helped ensure that over 1000 children are growing up in the families they need and deserve. All Every Child services to families are free of charge.

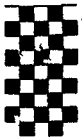
Many of the parents (birth, foster and adoptive) we serve also have challenges—which may include physical disabilities or special healthcare conditions. In addition, they may be dealing with issues of environmental impoverishment. Or, they may simply be struggling to make ends meet. It is this population that can most be affected by the loss of the NMP Spend-Down. Without the additional financial support offered by the Spend-Down program, parents will most likely face further financial and emotional stresses that can impact the well being of their family. At worst, their children may be vulnerable to abuse and neglect and at risk of out-of-home placement. The expense of placing children in foster care will far exceed the financial savings the State hopes to realize by cutting the NMP Spend-Down program.

We strongly encourage you, at the least, to delay your decision to cut this critical medical assistance in order to give the next administration an opportunity to review the impact of its loss on the people who most need it, their families, and the long-term cost to Pennsylvania's citizens.

Every Child, Inc. joins a multitude of other organizations serving children and adults with disabilities and special health care needs to voice our dissent: "Don't take down the spend down!"

Sincerely,

Jeanne McNutt
Communication Officer



EVERY CHILD, INC.
Bringing Children and Families Together

East Liberty Station
6401 Penn Avenue Suite 300
Pittsburgh, PA 15206
(412) 665-0600 Fax (412) 665-0755 or (412) 665-0341
E-mail: everych98@aol.com

Susan I. Davis, Executive Director

PLEASE DELIVER IMMEDIATELY

TO: Mr. Edward Zigby, Dir. FAX (717) 787-6765
Dept. of Public Welfare
FROM: Jeanne McNutt

DATE: Oct. 31, 2002

Office of Income Maintenance
Bureau of Policy

OCT 31 2002

TOTAL PAGES (including cover page) 2

REFER TO: _____

MESSAGE:

*Thank you
for registering on this
our position on this
important issue.
Jan*

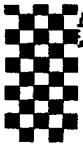
If any problems occur with transmission, please call (412) 665-0600

This facsimile transmission contains PRIVILEGED AND CONFIDENTIAL INFORMATION that is intended only for the use of the addressee(s) named above. If you are not the intended recipient of this transmission, or an employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission by error, please immediately notify us by telephone.

Thank you for your cooperation

RECEIVED TIME OCT. 31. 2:16PM

PRINT TIME OCT. 31. 2:17PM



Original: 2296

14-477-15



PENNSYLVANIA SOCIETY FOR THE ADVANCEMENT OF THE DEAF, INC

Founded 1881 * Incorporated 1891

To: Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

Board of Managers 2002-2003

Paul L. Mente, Jr
President
305 Ewing Road
Carnegie, PA 15106-1509

Thomas L. J. King
1st Vice President
126 South 31st Street
Camp Hill, PA 17011-4509

April M. Nelson
2nd Vice President
260 Leopard Road
Berwyn, PA 19312-1872

Gary Bootay
Secretary
6 Manor Drive
Mechanicsburg, PA 17055

Aurora V. Solomon
Treasurer
74 Fairmont Drive
Montoursville, PA 17754-9577

Nelson C. Boyer
Comptroller
3028 W Liberty Street
Allentown, PA 18104-4713

Sandy C. Duncan
Member-At-Large, East
30 Winding Hill Drive
Etters, PA 17319-9698

Mary Ann Falk
Member-At-Large, West
1721 Clifford Drive
Erie, PA 16505-2805

Lillian Hoshauer
138 Sherman Road
Springfield, PA 19084-1912

Leelle A. Solomon
74 Fairmont Drive
Montoursville, PA 17754-9577

Joelle A. Nelson
2709 Beacon Drive
Sinking Spring, PA 19008-1798

Thomas L. Shaffer
56 Govier Street
Wilkes-Barre, PA 18705-3008

cc: Lisa Day, Esq. Disability Law Project
Independent Regulatory Review
Honorable Rosita Youngblood, PA Representative & Secretary of HHS
Honorable Allyson Y. Schwartz, PA Senator & Rep to Dept of Public Health & Welfare
Honorable Vincent J. Hughes, State Senator and Minority Chair of Public Health & Welfare
Honorable Anthony H. Williams, State Senator
Honorable Vincent J. Furno, State Senator
Honorable Christine M. Tartaglione, State Senator
Honorable Shirley M. Kitchen, State Senator
Honorable Michael J. Stack, State Senator

From: Lawrence J. Brick, Chairperson, Medical Access Committee of the Pennsylvania Society for the Advancement of the Deaf (PSAD)

Date: Thursday, October 24, 2002

I am Chairperson of the Medical Access Committee of the Pennsylvania Society for the Advancement of the Deaf (PSAD). PSAD is opposed to the elimination of NMP Spend-Down as proposed by DPW.

Rather than take up your time in reading about the obviously devastating impact the spend down will have on those with limited income, I wish to remind you of the late Minnesota Senator Herbert H. Humphry's philosophy about government responsibility to those are limited in their ability to protect or advocate for themselves.

HHH said that the government will be judged by how it treats those in the sunshine of life, the children; those in the sunset of life, the elderly; and those in the twilight of life, the disabled.

Let these wise words be your guide.

Lawrence J. Brick - *Lawrence J. Brick*
3017 Midvale Avenue
Philadelphia, PA 19129-1027

TDD Phone:(TDD or via PA Telecommunication Services - 711 or 1-800-654-5988)
215-438-2233
Fax: 215-438-4229
Email: ljbrick@earthlink.net

Office of Income Maintenance
Bureau of Policy

3017 Midvale Avenue, Philadelphia, PA 19129
TTY: 215-438-2233 Fax: 215-438-4229
Phone: Call Relay at 711 or 1-800-654-5988,
Give operator TTY phone number 215-438-2233
E-mail: ljbrick@earthlink.net

OCT 25 2002

REFER TO: *Wilkes*
OLC
Hoover
File

RECEIVED TIME OCT. 24. 7:30PM

PRINT TIME OCT. 24. 7:31PM

#14-477-16

Chester County Disability Services

Cerebral Palsy Association of Chester County, Inc.



749 Springdale Drive, Exton, PA. 19341-2858

Tel: (610) 524-5850 1-800-559-2237

FAX: (610) 524-5855

Original: 2296

October 24, 2002

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

Office of Income Maintenance
Bureau of Policy

OCT 28 2002

Dear Mr. Zogby:

REFER TO:

Willie
OKC
Hoover
File

On behalf of the Cerebral Palsy Association of Chester County, Inc., I am writing to oppose the elimination of NMP Spend-down as proposed by DPW.

We are a small non profit organization in Chester County that serves adults age 18-59 with physical disabilities. Each year, we meet new clients that are attempting to come to terms with their new limitations, and then are suddenly confronted with a new realization that they cannot afford medical insurance or their prescriptions on the disability income they receive. Next they come to understand that Medicare will not kick in for more than 2 years. The only relief we are able to offer at this time is to apply for the spend-down program. This program offers them the comfort of knowing that after they spend a certain amount on medical expenses, they will still be able to obtain the prescriptions, therapies, or testing they need to improve or at least maintain their health. These individuals are usually operating with low incomes just to meet their monthly food and housing issues, so the additional medical expenses become extras they can no longer afford.

As a private non-profit agency that provides quality service to individuals with disabilities, I strongly urge you to withdraw your proposal to eliminate the NMP Spend-down. This program, even limited as it is, offers a lifeline to many people, providing just basic medically needed options to them.

Sincerely,

A handwritten signature in cursive script that reads "Linda Redding".

Linda Redding
Director of Agency Services

IRRC

From: Glass, Michael A. [mglass@ccac.edu]
Sent: Wednesday, October 23, 2002 5:37 PM
To: IRRC
Cc: Carolyng (E-mail)
Subject: spend-down

Original: 2296

This email requests that the IRRC reject the proposal for the DPW to not cover prescriptions or durable medical equipment for people with disabilities and elderly persons who have slightly too much income to qualify for free Medical Assistance.

I am the coordinator of the Institute of Advanced Technology. We teach computer tech skills exclusively to individuals with disabilities and then assist them with permanent job placement. To eliminate the medical equipment and prescription program would have a devastating effect on some of these individuals. I have clients who would not be mobile if this program did not pay for their wheelchairs. And while students are in my program at the college, they are sometimes unemployed or underemployed in order to commit the time to gain the skills to become more competitive in the marketplace. To take a benefit away from them while they are trying to increase their skills would be detrimental to what these individuals are trying to accomplish.

I oppose the elimination of this benefit that is designed to assist Pennsylvania's most vulnerable citizens, and I hope you will work to eliminate the attitude that fosters this kind of injustice toward individuals who are disabled and elderly.

Respectfully submitted,

Michael Aaron Glass
Coordinator
Institute of Advanced Technology

RECEIVED
OCT 23 2002
5:37 PM



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 UNION COUNTY ASSISTANCE OFFICE
 1610 Industrial Blvd. Suite 300
 Lewisburg, Pennsylvania 17837-1292

14-477-4

October 22, 2002

TELEPHONE NUMBER
 AREA CODE (570)-524-2201
 FAX NUMBER (570)-524-2361

Edward J. Zogby, Director
 Bureau of Policy
 Office of Income Maintenance
 Room 431, Health and Welfare Building
 PO Box 2675
 Harrisburg PA 17105-2675

Original: 2296

Office of Income Maintenance
 Bureau of Policy

OCT 24 2002

Dear Mr. Zogby:

Willie
g/c
 REFER TO: *Samuel* *file*

These are comments from the Union County Board of Assistance on the proposed changes to NMP Spenddown and Long Term Care programs published in the October 5th issue of the Pennsylvania Bulletin.

The Board strongly objects to the elimination of the NMP Spenddown program. While Union County does not have many of these cases, they do represent the most needy of the County's Medical Assistance cases.

These NMP clients are people who are under age 65 with high pharmacy and other medical expenses. For example, our County has an NMP Spenddown client named Al who has excess income of \$141 per month. Al is age 44 and wheelchair bound. Al spends his \$141 excess at the beginning of each month on some of his prescriptions. He is then able to use his ACCESS card to pay for his Kidney Dialysis treatments. Al also uses his Access card to get transportation services from the County's MA transportation provider. There are no other programs that will cover all of Al's medical expenses.

The Board also objects to the removal of the Home Maintenance Deduction for patients who are temporarily in a Long Term Care Facility. While few cases in Union County are given this deduction, it is critical for those who do get it. Without this deduction most temporary LTC patients will not be able to maintain their residence. With no home to return to, their stay in the LTC will probably be extended while a new home is located. If extended, their stay would not be covered by Medicaid (not Medically eligible), thus adding to the burden of these patients with limited assets. The Board was also concerned about the mental anguish that could result from a patient not knowing if they will have any home to go to upon their release from the LCT. This could also create a financial burden for local Social Service Agencies.

We appreciate the opportunity to have our comments considered.

Sincerely,

Joseph Prah, Executive Director for
 Dr. Matthew Silberman, Chairman
 Union County Board of Assistance



14-477-17

Community College of Allegheny County

ALLEGHENY CAMPUS
808 Ridge Avenue
Pittsburgh, PA 15212-6097
412.237.2525
www.ccac.edu

22 October 2002

Original: 2296

Office of Income Maintenance
Bureau of Policy

OCT 28 2002

Department of Public Welfare
Edward J. Zogby,
Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

REFER TO:

Willie
OLC
Header
File

Mr. Zogby,

My signature below constitutes request that the Department of Public Welfare withdraw the proposal to not cover prescriptions or durable medical equipment for people with disabilities and elderly persons who have slightly too much income to qualify for free Medical Assistance.

I am the coordinator of the Institute of Advanced Technology. We teach computer tech skills exclusively to individuals with disabilities and then assist them with permanent job placement. To eliminate the medical equipment and prescription program would have a devastating effect on some of these individuals. I have clients who would not be mobile if this program did not pay for their wheelchairs. And while students are in my program at the college, they are sometimes unemployed or underemployed in order to commit the time to gain the skills to become more competitive in the marketplace. To take a benefit away from them while they are trying to increase their skills would be detrimental to what these individuals are trying to accomplish.

I oppose the elimination of this benefit that is designed to assist Pennsylvania's most vulnerable citizens, and I hope you will work to eliminate the attitude that fosters this kind of injustice toward individuals who are disabled and elderly.

Respectfully submitted,

Michael Aaron Glass
Coordinator
Institute of Advanced Technology

Vertical stamp or text on the right side of the page, partially illegible.

Department of Public Welfare
Edward Zogby, Director
Room 401
Health & Welfare Building
Harrisburg Pa 17120

RECEIVED
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PA
OCT 21 2002

Robert Barto
601 N Crescent Dr
Kittanning Pa 16201

Original: 2296

Re: Comments to proposed elimination of NMP Spenddown provision to Medicaid rules

Dear Mr Zogby,

I am writing this letter in opposition to the proposed elimination of the NMP Spenddown provision of Medicaid in the Commonwealth of Pennsylvania.

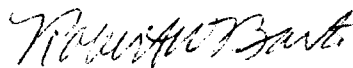
As an Income Maintenance Caseworker for the Armstrong County Assistance Office, I see the number of elderly and disabled who could be helped by the NMP Spenddown program. The biggest benefit they would have would be the prescription drug coverage they would be entitled to. They would not have to choose between eating and taking there prescription medications.

There are a number of elderly or disabled individuals, who do not have family members to make sure they understand that there was supplemental Medicare coverage that could have reduced how much they pay for prescriptions drugs and coinsurances and deductibles. I think it is up to the disabled or elderly applicant or recipient whether or not they want to pay the spenddown amount, which in a lot of cases is higher than a good Medicare supplement plan. In many of these cases, the elderly of disabled individual does not know how to go about getting this supplemental Medicare coverage.

Please don't take away whatever safety net the elderly and disabled individual has to obtain prescription drugs, coverage of coinsurances and deductibles for Medicare, etc. I think since the population in the Commonwealth of Pennsylvania is so old and many of these individuals have no one to monitor their needs, this is one benefit that does not need to be touched.

Thank you for attention to this matter.

Yours truly,



Robert Barto
10/21/02

CC: IRRC

IRRC

From: Bill "Chico" Ross [aimcrs@netcarrier.com]
Sent: Tuesday, February 04, 2003 11:31 AM
To: IRRC **Original:** 2296
Cc: dgates@phlp.org
Subject: PA's NMP Spend Down Program

I am opposed to Pennsylvania's Dept. of Public Welfare attempt to completely eliminate a program, namely the "NMP spend down" category of Medical Assistance. NMP spend down is the direct result of the *Crammer* decision. This category of Medical Assistance continues to provide prescription drug coverage for people on Social Security who would otherwise only qualify for a category of Medical Assistance that does not cover prescriptions ("MNO"). DPW is attempting to overturn the Supreme Court's decision by way of regulation. It lacks legal authority to do so. To allow DPW to do this would be to risk the health of seniors and people with disabilities who depend on this program to afford them the prescriptions they desperately need.

Submitted by:

Bill "Chico" Ross
Civil Rights Advocate,
Abilities In Motion
416 Blair Avenue
Reading, PA 19601

RECEIVED
FEBRUARY 11 2003
STATE OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

22 OCT 152
2002

Dear Mr. Zogby, 14-477-12

I am writing to object to DPW's proposed rules eliminating the Non-Money Payment Spenddown program and to place limits on the Medically Needy Only Spenddown program. These proposed changes would have a devastating impact on low-income persons with disabilities, elderly persons, and working poor families who have no insurance or inadequate insurance and who need these programs to pay for needed health care.



Original: 2296

I am also opposed to the Department's proposal to eliminate the Home Maintenance Deduction for MA recipients who are in a nursing facility for less than six months and who need the money to maintain their home.

Office of Income Maintenance
Bureau of Policy

Sincerely,
Name: Sheila Beasley
Signature: Sheila Beasley
Address: 1210 VETO ST
WGL MA 015212

OCT 25 2002

REFERTO: Willie
OLC
Haver
File

14-477-22

Department of Public Welfare
Edward J. Zogby, Director
Bureau of Policy
Health and Welfare Building, Room 431
Harrisburg, PA 17120

October 29, 2002

Original: 2296

Dear Mr. Zogby,

My name is Bobby Simon. I am a member of the Deaf Services Center of Milestones Community Healthcare, Inc. I am writing to ask you, please don't cut the NMP Spend-Down program. I have friends who use Spend-Down and don't want to see them hurt. Without insurance they can't afford to get medicine or see the doctor when sick. My friends would stop coming to this program and won't get better. They might stop taking their medications which means they will go to the hospital more. Please listen to our concerns and don't take down the spend down!

Thank You, *Bobby Simon*

Office of Income Maintenance
Bureau of Policy

NOV 0 1 2002

Karole Aldridge

REFER TO: *Wellee*

*OLC
Homes
File*

NOV 29 2002
12:00 PM
12:00 PM

IRRC

From: erlene [erlene@ptd.net]

Sent: Wednesday, November 13, 2002 9:46 PM

Original: 2296

To: IRRC

To whom it may concern,

Please do not take the step of the DPW cutting out the coverage for prescriptions for those of us on SSI, and SSDI. This would cause extreme hardship and disability for us all. Many of us who suffer with mental illnesses would become much worse causing untold everyone around us even to the possible point of death.

We have come so far and have so very much further to go in the overall care and support of those with mental illnesses. Please do not allow this back slide. It would be a tragedy and a travesty.

Sincerely,
Erlene Kardos

11/14/2002

IRRC

From: Christine Aquino [tl_aquino@hotmail.com]
Sent: Tuesday, November 12, 2002 5:30 PM
To: IRRC
Original: 2296

I think it is ridiculous to consider terminating prescription benefits for the mentally ill on Social Security benefits. First we put them out on the streets, now we consider taking away their only support system---the drugs that keep them thinking sanely. Do you realize what will happen when we have mentally ill people unmedicated because they cannot afford the medicine. The "voices" many of them will hear and heed could cause major problems to themselves and others. Think about what you are doing and make the only sensible choice. We must take care of those who cannot take care of themselves.

Tired of spam? Get advanced junk mail protection with MSN 8.
<http://join.msn.com/?page=features/junkmail>

November 6, 2002

Original: 2296

To Whom it may concern

RECEIVED
NOV 12 AM 9:19

REVIEW COMMISSION

Our son has had a mental illness since he was 20. He is now 50.

This year because he was working a while he is on spend down.

I can't count on how many times he has been in the hospital because of his illness.

I (mother) am his payee and now I have to worry every month to remember to spend down. He was on Medicaid until this year. I have spoken to everyone for help but get no answers.

Please I beg you for help.

Mr. & Mrs Leonard Berner

39 Homeslead Rd

Levittown, Pa. 19052

I know all the rules about working but our son didn't.

Original: 2296

IRRC

Sent: Wednesday, November 06, 2002 1:11 PM
To: IRRC
Subject: Elimination of Prescription Coverage for SSD

NOV 6 2002
COMM-FS 11 06
NEW YORK
FEDERAL RESERVE SYSTEM

Dear Mr. Zogby,

I am including three letters from friends who share my views regarding this cutback. As a person who needs prescription drugs to function, the elimination of this program will result in my need for care in my home or worse hospitalization. Without my medications, I will not be able to hold down a job ever again. Without my medication, I would become irresponsible with what little money I do have and may end up homeless. I would need my family to care for me when it is time for me to be caring for my parents.

In the final analysis, prescription drugs are easier to administer, less expensive than hospitalization, the loss of productive workers, increase in nursing and/or attendant care.

Sincerely,
Kristine Artello

Dear Mr. Zogby,

We need to keep prescription drug coverage because we will not be able to function well in society. Without the drugs, we would be suicidal, always in bed, and become unproductive members of society. The drugs are much more advanced in the last five years and as a result, we are able to remain on our own rather than in a hospital.

We are not able to afford prescription drugs because many of us are not able to afford them on their own. Without the drugs, we are not able to concentrate and remain rational. The drugs enable us to do normal everyday activities such as vacuum my apartment and make my dinner.

In conclusion, prescription drugs are less expensive than hospitalizations and potentially loss of life.

Thank you for taking the time to consider my viewpoint. I am also a registered and voting member of society.

Sincerely,
Carol J. Buffa

Dear Mr. Zogby,

People need to still get their medications even when they are on Social Security Disability. People would be sick and not get any better. More people would go to the hospital that may not otherwise. Some people may just lay in bed indefinitely. If they do not have any caretakers, they would not

11/6/2002

receive any care. Caretakers will have a harder time if they were not able to get the drugs. More people may end up in nursing homes.

I am a registered voter and I vote in elections.

Thank you for taking for reading my opinion.

Sincerely,

Adrienne Riccomini

Dear Mr. Zogby,

I am currently on prescription drugs. My medicine has enabled me to function. I keep my house. Without them, I can not breath, I become ill and anxious. Without my medicine, I could not live. I believe more people will become hospitalized or homeless.

Please keep the prescription coverage.

Sincerely,

Lois Smith

Can a Web portal forever change your life?

Win up to \$25 Million on iWon - [click here!](#)