pennsylvania
DEPARTMENT OF HUMAN SERVICES
INDEPENDENT ENROLLMENT BROKER

ACT 150

ACT 150 provides supports and services so people with physical disabilities can live at home

The services are offered for a fee to persons who do not qualify financially for Medicaid. You may use this form to apply now to be considered for ACT 150 if you are found financially ineligible for Medicaid Waiver Services. Or you may apply at any time after you receive your eligibility determination by calling the IEB at the phone number on the bottom of this form.

Services include, but are not limited to, bathing, toileting and dressing. All supports are designed to allow the person to live as independently as possible in the community, staying safely at home instead of in a nursing home.

To apply for Act 150, fill out the form on the back of this notice.

WHO IS ELIGIBLE?

To qualify, you must meet all these requirements:

- **Must not qualify** financially for Medicaid waiver services.
- **Must be** a resident of Pennsylvania.
- **Must meet** the criteria for skilled nursing facility care.
- **Must be** between the ages of 18 and 59.
- **Must be** mentally alert.
- **Must be** capable of hiring, firing and supervising an attendant.
- **Must have** a medically determined physical impairment that is expected to last 12 months or more, or that may result in death.
- **Must be** capable of managing your own legal and financial affairs.
- **Must require** assistance because of physical impairment to complete daily living functions, self-care and mobility, including, but not limited to, those functions in the definition of Personal Assistance Services.
- **May have** a low co-payment based on your income. The co-payment will not be more than the total cost of services.

SERVICES MIGHT INCLUDE:

Health Services

- Personal assistance service

Other Services

- Personal emergency response system (PERS), an electronic device that allows Act 150 participants to get help in an emergency
- Service coordination
- Financial management services (FMS)

★ *Services you may get are based on your assessed needs.*

Turn page for ACT 150 Application Form ▶▶▶

Act 150 Application Form

Complete the 3 steps below.

▶ STEP 1. **Fill out** this form. Please print.

Applicant's legal name *(first, middle, last)*: _____

Applicant date of birth *(mm/dd/yyyy)*: _____

Applicant street address or P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

County: _____ Phone: _____

☐ Yes ☐ No..... I confirm that I have (or my authorized representative has) reviewed the Act 150 Program information and application process on the front of this form.

☐ Yes ☐ No..... If I am found financially ineligible for Medicaid Waiver Service, I request my application be considered for enrollment in the Act 150 Program.

☐ Yes ☐ No..... I manage my own personal finances.

☐ Yes ☐ No..... I manage my own legal affairs.

▶ STEP 2. **Sign** the form.

Applicant's legal name *(first, middle, last)*: _____

Applicant signature: _____ Date: _____

If not the Applicant, name of the person filling out the form for the Applicant:

Name: _____ Relationship to Applicant: _____

Signature: _____ Date: _____

▶ STEP 3. **Send** this signed form in one of these ways:

Mail to:
Pennsylvania Independent Enrollment Broker
P.O. Box 61560, Harrisburg, PA 17106

FAX to: 1-888-349-0264

Email to: paieb@maximus.com

Questions? Call us at **1-877-550-4227** (TTY: 1-877-824-9346). The call is free.