

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1644 Session of
2021

INTRODUCED BY STRUZZI, HILL-EVANS, LEWIS DELROSSO, C. WILLIAMS,
TOMLINSON AND HEFFLEY, JUNE 16, 2021

AS REPORTED FROM COMMITTEE ON HUMAN SERVICES, HOUSE OF
REPRESENTATIVES, AS AMENDED, APRIL 26, 2022

AN ACT

1 Establishing the Medicaid Care Transition Program and imposing
2 duties on the Department of Human Services.

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

5 Section 1. Short title.

6 This act shall be known and may be cited as the Medicaid Care
7 Transition Program Act.

8 Section 2. Legislative findings.

9 The General Assembly finds and declares as follows:

10 (1) Hospital emergency departments are one of the main
11 entry points to obtaining critical health care services when
12 patients are in crisis.

13 (2) While emergency departments effectively assess and
14 triage patients in need of behavioral health care or other
15 long-term care services, hospitals often face long delays in
16 dispositioning patients to appropriate inpatient and
17 outpatient treatment settings, causing patients to wait in

1 the emergency department for extended periods of time.

2 (3) Delayed disposition of patients impacts both
3 patients and delivery system outcomes, increasing
4 psychological stress on patients and their families, delaying
5 treatment that could mitigate the need for inpatient stays,
6 consuming scarce emergency department resources, worsening
7 emergency department crowding and delaying treatment for
8 other patients.

9 Section 3. Purpose.

10 The purpose of the Medicaid Care Transition Program is to
11 establish clear steps and responsibility for escalating cases,
12 where placement of individuals enrolled in Medicaid has not been
13 achieved in a reasonable period of time, to senior clinical
14 leadership within responsible entities and senior officials with
15 the department.

16 Section 4. Definitions.

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

20 "Department." The Department of Human Services of the
21 Commonwealth.

22 ~~"Hospital." As defined in 28 Pa. Code § 101.4 (relating to~~ <--
23 ~~definitions).~~

24 "HOSPITAL." THE FOLLOWING: <--

25 (1) A "HOSPITAL" AS DEFINED IN 28 PA. CODE § 101.4
26 (RELATING TO DEFINITIONS) LOCATED INSIDE OR OUTSIDE OF THIS
27 COMMONWEALTH.

28 (2) A BEHAVIORAL HEALTH CRISIS CENTER.

29 "Patient." An individual, enrolled in the Medicaid program,
30 being served in a hospital emergency department ~~or as an~~ <--

1 ~~inpatient~~, INPATIENT UNIT OR CRISIS RESPONSE CENTER who has been <--
2 identified as requiring postacute treatment.

3 "Responsible entity." A county Medicaid managed care plan or
4 other organization contractually or statutorily required to
5 ensure access to medically necessary postacute care for Medicaid
6 enrollees.

7 Section 5. Medicaid Care Transition Program.

8 (a) Establishment.--The Medicaid Care Transition Program is
9 established within the department for the purposes under this
10 section.

11 (b) Escalation policy.--Within 180 days of the effective
12 date of this section, the department shall establish policies
13 and procedures ~~requiring~~ THAT REQUIRE responsible entities to <--
14 establish care transition units responsible for working directly
15 with hospitals to identify appropriate postacute placements for
16 individuals awaiting transfer. The policies and procedures shall
17 require the responsible entity to, at a minimum:

18 (1) Ensure that hospitals have appropriate contact
19 information for the care transition units of responsible
20 entities.

21 (2) Establish a formal request for assistance mechanism
22 that triggers a process to facilitate the admission of the
23 patient to an appropriate setting.

24 (3) Require the responsible entity to mitigate any
25 authorization issues that are presenting barriers to a
26 successful placement.

27 (4) Require the responsible entity, if a placement in an
28 in-network provider is not anticipated to be available within
29 24 hours from the request for assistance, to seek placement
30 in appropriate out-of-network facilities, taking into account

1 services required by the individual, geography and other
2 relevant factors.

3 (5) Remain actively engaged and seek to obtain admission
4 of the individual until a placement has been secured.

5 (6) Once a responsible entity has exhausted its network
6 and appropriate out-of-network options, or after another 48
7 hours has elapsed from a request for assistance, the
8 responsible entity shall notify the department of the failure
9 to find the necessary placement.

10 (c) Department responsibilities.--The department shall,
11 after being notified of the failure to find medically
12 appropriate placement under subsection (b) (6):

13 (1) Establish an internal team to work with the
14 responsible entity to determine next steps to address
15 barriers to a postacute placement in a timely matter.

16 (2) If a barrier is clinically based, convene
17 conversations with clinical leaders of the responsible entity
18 to understand and resolve these barriers.

19 (3) If a barrier to admission requires other State
20 agencies to resolve the issue, convene a conference call with
21 the appropriate State agency representatives, providers,
22 responsible entities and other payors as well as others
23 needed to resolve the issues.

24 (4) If a barrier concerns payment, facilitate a
25 discussion with the responsible entity, ~~the Insurance~~ <--
26 ~~Department and the department, as appropriate. The department~~
27 ~~and the Insurance Department shall~~ TO address network <--
28 adequacy and payment issues with the responsible entity AND <--
29 CONSULT WITH THE INSURANCE DEPARTMENT, AS MAY BE APPROPRIATE,
30 TO ADDRESS NETWORK ADEQUACY ISSUES.

1 (5) Collect data about the interventions under this
2 subsection and review the data as part of relevant licensing
3 surveys.

4 (6) Require corrective action plans from responsible
5 entities, as appropriate.

6 Section 6. Report.

7 No later than one year after the effective date of this
8 section, and on an annual basis thereafter, the department shall
9 prepare and submit a report to the chairperson and minority
10 chairperson of the Health and Human Services Committee of the
11 Senate, the chairperson and minority chairperson of the Health
12 Committee of the House of Representatives and the chairperson
13 and minority chairperson of the Human Services Committee of
14 House of Representatives. The report shall include the
15 following:

16 (1) A general summary describing the establishment of
17 the escalation policy and the department's compliance with
18 the requirements of this act.

19 (2) The number of instances that responsible entities
20 have notified the department of the responsible entities'
21 inability to find a necessary placement under section 5(b)
22 (6), sorted by the name of the responsible entity and region
23 of this Commonwealth, among other relevant factors.

24 (3) A summary of the department's activities under
25 section 5(c) to work internally to find appropriate
26 placements for individuals requiring postacute placements.

27 (4) Information on the diagnosis and length of the
28 hospital stay for de-identified individuals, prior to
29 discharge, referred to the department under this act.

30 (5) Information on corrective action taken by the

1 department to address delays in finding postacute placements
2 for individuals awaiting transfer.
3 Section 7. Effective date.
4 This act shall take effect in 60 days.