
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1595 Session of
2005

INTRODUCED BY EACHUS, KENNEY, OLIVER, WILLIAMS, WHEATLEY,
MARKOSEK, LESCOVITZ, McCALL AND GOODMAN, MAY 27, 2005

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, MAY 27, 2005

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," establishing the Long-Term
4 Care Integration Program; and providing for powers and duties
5 of the Department of Public Welfare.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
9 as the Public Welfare Code, is amended by adding an article to
10 read:

11 ARTICLE VI-A

12 LONG-TERM CARE INTEGRATION PROGRAM

13 Section 601-A. Scope.

14 This article relates to the Long-Term Care Integration
15 Program.

16 Section 602-A. Definitions.

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

1 "Care management organization." Any of the following:

2 (1) An entity licensed under the act of May 17, 1921
3 (P.L.682, No.284), known as The Insurance Company Law of
4 1921.

5 (2) An entity licensed under the act of December 29,
6 1972 (P.L.1701, No.364), known as the Health Maintenance
7 Organization Act.

8 (3) An entity that meets the financial solvency
9 requirements of The Insurance Company Law of 1921 or the
10 Health Maintenance Organization Act and can demonstrate
11 experience in long-term care satisfactory to the Department
12 of Public Welfare.

13 "Program." The Long-Term Care Integration Program
14 established in section 603-A.

15 "Program benefits." Medicaid-funded services, including, but
16 not limited to, acute care, nursing home care, home-based and
17 community-based long-term care, behavioral health and pharmacy
18 services.

19 Section 603-A. Long-Term Care Integration Program.

20 (a) Establishment.--There is established a demonstration
21 program known as the Long-Term Care Integration Program. The
22 program shall integrate the financing and administration of
23 Medicaid-funded long-term care services for eligible individuals
24 in certain designated service areas beginning April 1, 2006.

25 (b) Initial service areas.--The initial program shall
26 comprise the following service areas:

27 (1) A county of the first class.

28 (2) A county of second class.

29 (c) Program operation.--The department shall contract with
30 at least two and no more than three care management

1 organizations to operate the program in each designated service
2 area.

3 (d) Enrollment.--The department shall enroll in the program
4 all eligible individuals who reside in a program service area.

5 (e) Qualifications.--Medicaid recipients 21 years of age or
6 older who are aged, blind and disabled and meet at least one of
7 the following criteria are eligible for the program:

8 (1) Eligible for Medicare.

9 (2) Require a nursing home level of care.

10 (3) No longer eligible for HealthChoice due to exceeding
11 the 30-day nursing home stay limitation.

12 (4) Receive services through one of the following
13 programs:

14 (i) Department of Aging waiver program.

15 (ii) COMMCARE waiver program.

16 (iii) Attendant care waiver program.

17 (iv) Independence waiver program.

18 (f) Duties of department.--The department shall:

19 (1) Administer the program.

20 (2) Monitor the program to ensure:

21 (i) Continued quality and access.

22 (ii) Consumer satisfaction.

23 (iii) The financial solvency of the participating
24 care management organizations.

25 (g) Federal waiver.--The department shall seek any necessary
26 Federal waiver to implement the program by April 1, 2006.

27 (h) Report of department.--Within 12 months following the
28 effective date of this article and annually thereafter, the
29 department shall issue a report to the Governor and the General
30 Assembly on the implementation and operation of the program,

1 including, but not limited to:

2 (1) Information regarding the solvency, performance and
3 operations of a care management organization that contracts
4 with the department under this article.

5 (2) The number persons served by the program.

6 (3) The types of services provided by the program.

7 (4) The utilization of the program.

8 (5) Other information that the department deems
9 necessary and appropriate.

10 Section 604-A. Care management organization responsibilities.

11 (a) Capitation.--Each care management organization that
12 contracts with the department under this article shall accept a
13 capitated payment per enrollee per month to coordinate program
14 benefits. The capitated payment shall be negotiated based upon
15 actuarially sound principles.

16 (b) Qualifications.--A care management organization shall
17 demonstrate its ability:

18 (1) To assist eligible individuals in the program with
19 accessing long-term care services in the most appropriate and
20 least restrictive setting.

21 (2) To utilize a consumer-centered care coordination
22 model that incorporates a multidisciplinary team approach to
23 care management, which facilitates the sharing of information
24 among providers responsible for delivering care to the
25 consumer.

26 (c) Coordination of resources.--A care management
27 organization that contracts with the department under this
28 article must utilize and build upon the existing aging network,
29 including the local area agencies on aging and aging resource
30 centers.

1 Section 605-A. Expiration.

2 This article shall expire April 1, 2010.

3 Section 2. This act shall take effect immediately.