

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 59 Session of 2017

INTRODUCED BY MOUL, WATSON, ZIMMERMAN, TOOHL, BENNINGHOFF, KORTZ AND JOZWIAK, JANUARY 23, 2017

AMENDMENTS TO SENATE AMENDMENTS, HOUSE OF REPRESENTATIVES, JULY 10, 2017

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," in children and youth, <--
4 further providing for adoption opportunity payments and
5 reimbursement. IN GENERAL POWERS AND DUTIES, PROVIDING FOR <--
6 SALARY, MEDICAL AND HOSPITAL EXPENSES FOR EMPLOYEES OF THE
7 DEPARTMENT OF HUMAN SERVICES AND SURVIVORS' BENEFITS AND FOR
8 EVALUATION OF SOFTWARE PROGRAMS' EFFICIENCY; IN PUBLIC
9 ASSISTANCE, PROVIDING FOR TOTAL POPULATION COORDINATED CARE
10 MANAGEMENT, FURTHER PROVIDING FOR PERSONS ELIGIBLE FOR
11 MEDICAL ASSISTANCE, PROVIDING FOR MEDICAL ASSISTANCE WAIVER
12 FOR TREATMENT AT INSTITUTIONS FOR MENTAL DISEASE RELATED TO
13 SUBSTANCE USE DISORDER, FOR ADDITIONAL FUNDING REQUESTS FOR
14 MEDICAL ASSISTANCE APPROPRIATIONS IN FISCAL YEAR 2017-2018
15 AND FOR SUPPORTING SELF-SUFFICIENCY FOR MEDICAL ASSISTANCE
16 RECEIPIENTS, FURTHER PROVIDING FOR MEDICAL ASSISTANCE BENEFIT
17 PACKAGES, COVERAGE, COPAYMENTS, PREMIUMS AND RATES AND
18 PROVIDING FOR ELECTRONIC ASSET VERIFICATION FOR MEDICAL
19 ASSISTANCE ELIGIBILITY BASED ON AGE, BLINDNESS OR DISABILITY;
20 IN CHILDREN AND YOUTH, FURTHER PROVIDING FOR PROVIDER
21 SUBMISSIONS AND FOR ADOPTION OPPORTUNITY PAYMENTS AND
22 REIMBURSEMENT; IN NURSING FACILITY ASSESSMENTS, FURTHER
23 PROVIDING FOR ADMINISTRATION AND REPEALING PROVISIONS
24 RELATING TO CALCULATION; PROVIDING FOR AMBULATORY SURGICAL
25 CENTER DATA COLLECTION; AND MAKING A RELATED REPEAL.

26 The General Assembly of the Commonwealth of Pennsylvania
27 hereby enacts as follows:

28 Section 1. Section 774 of the act of June 13, 1967 (P.L.31, <--

1 ~~No.21), known as the Human Services Code, is amended by adding a~~  
2 ~~subsection to read:~~

3 SECTION 1. THE ACT OF JUNE 13, 1967 (P.L.31, NO.21), KNOWN <--  
4 AS THE HUMAN SERVICES CODE, IS AMENDED BY ADDING SECTIONS TO  
5 READ:

6 SECTION 216. SALARY, MEDICAL AND HOSPITAL EXPENSES FOR  
7 EMPLOYEES OF THE DEPARTMENT.--(A) AN EMPLOYEE OF A STATE MENTAL  
8 HOSPITAL OR YOUTH DEVELOPMENT CENTER UNDER THE DEPARTMENT, WHO  
9 IS INJURED DURING THE COURSE OF EMPLOYMENT BY A PERSON CONFINED  
10 IN SUCH INSTITUTION OR BY A PERSON WHO HAS BEEN COMMITTED TO  
11 SUCH INSTITUTION BY A COURT OF THIS COMMONWEALTH OR BY ANY  
12 PROVISION OF THE ACT OF JULY 9, 1976 (P.L.817, NO.143), KNOWN AS  
13 THE "MENTAL HEALTH PROCEDURES ACT," AND AN EMPLOYEE OF THE  
14 DEPARTMENT WHO HAS BEEN ASSIGNED TO OR WHO HAS VOLUNTEERED TO  
15 JOIN THE FIREFIGHTING FORCE OF AN INSTITUTION OF THE DEPARTMENT  
16 INJURED WHILE CARRYING OUT FIREFIGHTING DUTIES, SHALL BE PAID BY  
17 THE COMMONWEALTH THE EMPLOYEE'S FULL SALARY AT A SALARY EQUAL TO  
18 THAT EARNED AT THE TIME OF INJURY FOR NO MORE THAN THREE YEARS  
19 FROM THE DATE OF INJURY, OR UNTIL THE DISABILITY ARISING FROM  
20 THE INJURY NO LONGER PREVENTS THE EMPLOYEE'S RETURN AS AN EMPLOYEE  
21 OF THE DEPARTMENT, WHICHEVER IS SOONER.

22 (B) ALL MEDICAL AND HOSPITAL EXPENSES INCURRED IN CONNECTION  
23 WITH AN INJURY DESCRIBED IN SUBSECTION (A) SHALL BE PAID BY THE  
24 COMMONWEALTH FOR NO MORE THAN THREE YEARS FROM THE DATE OF  
25 INJURY, OR UNTIL THE DISABILITY ARISING FROM THE INJURY NO  
26 LONGER PREVENTS THE EMPLOYEE'S RETURN AS AN EMPLOYEE OF THE  
27 DEPARTMENT AT A SALARY EQUAL TO THAT EARNED AT THE TIME OF  
28 INJURY, WHICHEVER IS SOONER.

29 (C) DURING THE TIME SALARY FOR AN INJURY DESCRIBED IN  
30 SUBSECTION (A) SHALL BE PAID BY THE COMMONWEALTH, ANY WORKERS'

1 COMPENSATION RECEIVED OR COLLECTED FOR THAT PERIOD SHALL BE  
2 TURNED OVER TO THE COMMONWEALTH AND PAID INTO THE GENERAL FUND.  
3 IF PAYMENT IS NOT MADE, THE AMOUNT DUE THE COMMONWEALTH SHALL BE  
4 DEDUCTED FROM ANY SALARY THEN OR THEREAFTER BECOMING DUE AND  
5 OWING TO THE EMPLOYE.

6 (D) PAYMENT TO THE SURVIVING SPOUSE AND MINOR DEPENDENTS OF  
7 AN EMPLOYE WHO DIES WITHIN ONE YEAR FROM THE DATE OF THE INJURY  
8 AS A RESULT OF INJURIES DESCRIBED IN SUBSECTION (A) SHALL BE:

9 (1) EQUAL TO FIFTY PERCENT OF THE FULL SALARY OF THE  
10 DECEASED EMPLOYE.

11 (2) DIVIDED EQUALLY BETWEEN THE SURVIVING SPOUSE AND THE  
12 MINOR DEPENDENTS IF THE MINOR DEPENDENTS ARE NOT IN THE CUSTODY  
13 OF THE SURVIVING SPOUSE. IN EVERY CASE, THE AMOUNT PAYABLE TO  
14 MINOR DEPENDENTS SHALL BE DIVIDED EQUALLY AMONG THEM.

15 (3) TERMINATED, IN THE CASE OF A SURVIVING SPOUSE OR A  
16 SURVIVING SPOUSE WITH MINOR DEPENDENTS IN THE CUSTODY OF THE  
17 SURVIVING SPOUSE, WHEN THE SURVIVING SPOUSE REMARRIES.

18 (4) TERMINATED, IN THE CASE OF MINOR DEPENDENTS WHO ARE NOT  
19 IN THE CUSTODY OF A REMARRIED SURVIVING SPOUSE, WHEN ALL OF THE  
20 MINOR DEPENDENTS BECOME EIGHTEEN YEARS OF AGE.

21 (5) DENIED IF THE SURVIVING SPOUSE OR MINOR DEPENDENTS ARE  
22 RECEIVING BENEFITS UNDER THE SOCIAL SECURITY ACT (49 STAT. 620,  
23 42 U.S.C. § 301 ET SEQ.).

24 (6) REDUCED BY THE AMOUNT OF ANY WORKERS' COMPENSATION  
25 BENEFITS RECEIVED OR COLLECTED BY THE SURVIVING SPOUSE OR MINOR  
26 DEPENDENTS BECAUSE OF THE SAME INJURY.

27 (7) MADE TO THE PERSON HAVING LEGAL CUSTODY OF THE MINOR  
28 DEPENDENTS.

29 (E) NO ABSENCE FROM DUTY OF A COMMONWEALTH EMPLOYE TO WHOM  
30 THIS SECTION APPLIES BY REASON OF AN INJURY DESCRIBED IN

1 SUBSECTION (A) SHALL IN ANY MANNER BE DEDUCTED FROM ANY PERIOD  
2 OF LEAVE ALLOWED THE EMPLOYE.

3 (F) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO LIMIT THE  
4 ELIGIBILITY OF THE EMPLOYE TO RECEIVE WORKERS' COMPENSATION  
5 BENEFITS AFTER THE TERMINATION OF ANY COMPENSATION RECEIVED  
6 UNDER SUBSECTION (A) OR (B).

7 SECTION 217. EVALUATION OF SOFTWARE PROGRAMS' EFFICIENCY.--  
8 THE DEPARTMENT SHALL EVALUATE THE EFFICACY OF SOFTWARE PROGRAMS  
9 DESIGNED TO IDENTIFY AND PREVENT FRAUDULENT, INCORRECT AND  
10 DUPLICATIVE PAYMENTS AND TRANSACTIONS WITHIN THE MEDICAL  
11 ASSISTANCE, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES AND  
12 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM. THE FOLLOWING APPLY:

13 (1) NO LATER THAN SEPTEMBER 30, 2017, THE DEPARTMENT SHALL  
14 PUBLISH A REQUEST FOR INFORMATION FOR PROSPECTIVE PARTICIPANTS  
15 IN THE EFFICIENCY EVALUATION. THE REQUEST FOR INFORMATION SHALL  
16 BE AN INFORMAL DOCUMENT AND MAY NOT BE CONSTRUED TO BE A REQUEST  
17 FOR PROPOSAL OR AN INVITATION TO BID.

18 (2) NO LATER THAN DECEMBER 31, 2017, THE DEPARTMENT SHALL  
19 SELECT NO LESS THAN THREE PROSPECTIVE PARTICIPANTS THAT HAVE  
20 RESPONDED TO THE REQUEST FOR INFORMATION UNDER CLAUSE (1) TO  
21 PARTICIPATE IN THE EFFICIENCY EVALUATION. THE DEPARTMENT SHALL  
22 PROVIDE PARTICIPANTS SELECTED UNDER THIS CLAUSE WITH A TEST  
23 DATASET OF TRANSACTIONS AND OTHER INFORMATION RELATING TO  
24 MEDICAL ASSISTANCE, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES AND  
25 THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM. THE DEPARTMENT  
26 MAY REQUIRE THE PARTICIPANT TO AGREE TO ANY RELEVANT  
27 CONFIDENTIALITY REQUIREMENTS OR REDACT OR OTHERWISE ANONYMIZE  
28 THE INFORMATION AS NECESSARY TO COMPLY WITH LAW.

29 (3) NO LATER THAN FEBRUARY 15, 2018, THE PARTICIPANTS  
30 SELECTED UNDER CLAUSE (2) SHALL PROVIDE TO THE DEPARTMENT A

1 REPORT IDENTIFYING POTENTIALLY FRAUDULENT, INCORRECT AND  
2 DUPLICATIVE PAYMENTS AND TRANSACTIONS WITHIN THE DATASET. A  
3 PARTICIPANT MAY MAKE A RECOMMENDATION TO THE DEPARTMENT ON WAYS  
4 THAT THE DEPARTMENT COULD HAVE AVOIDED MAKING THE PAYMENT OR  
5 TRANSACTION AND ANY METHODS AVAILABLE FOR RECOVERING MONEY  
6 RELATING TO THE PAYMENT OR TRANSACTION.

7 (4) NO LATER THAN MARCH 15, 2018, THE DEPARTMENT SHALL ISSUE  
8 A REPORT WITH RESPECT TO THE INFORMATION OBTAINED FROM THE  
9 PARTICIPANTS' PERFORMANCE IN THE EFFICIENCY EVALUATION AND ANY  
10 RELATED RECOMMENDATIONS. THE REPORT MAY INCLUDE A COMPARISON OF  
11 THE PERFORMANCE OF THE DEPARTMENT'S PROGRAMS TO IDENTIFY AND  
12 PREVENT FRAUDULENT, INCORRECT AND DUPLICATIVE PAYMENTS AND  
13 TRANSACTIONS ON THE SAME DATASET. THE REPORT SHALL NOT INCLUDE  
14 TRANSACTION-LEVEL DATA AND MAY NOT INCLUDE ANY IDENTIFYING  
15 INFORMATION RELATING TO THE PAYMENTS AND TRANSACTIONS. THE  
16 REPORT SHALL BE ISSUED TO THE CHAIRPERSON AND THE MINORITY  
17 CHAIRPERSON OF THE APPROPRIATIONS COMMITTEE OF THE SENATE, THE  
18 CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH AND HUMAN  
19 SERVICES COMMITTEE OF THE SENATE, THE CHAIRPERSON AND MINORITY  
20 CHAIRPERSON OF THE APPROPRIATIONS COMMITTEE OF THE HOUSE OF  
21 REPRESENTATIVES, AND THE CHAIRPERSON AND MINORITY CHAIRPERSON OF  
22 THE HEALTH COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

23 SECTION 411.1. TOTAL POPULATION COORDINATED CARE  
24 MANAGEMENT.-- (A) THE DEPARTMENT SHALL ISSUE A REQUEST FOR  
25 PROPOSALS FOR A TOTAL POPULATION COORDINATED CARE MANAGEMENT  
26 PILOT PROGRAM IN ONE MEDICAID MANAGED CARE REGION OF THIS  
27 COMMONWEALTH THAT INCORPORATES EVIDENCE-BASED MEDICINE INTO EACH  
28 PHYSICAL AND BEHAVIORAL HEALTH DECISION CONCERNING A MEDICAL  
29 ASSISTANCE RECIPIENT. THE PURPOSE OF THE HEALTH INITIATIVE IS TO  
30 INCREASE THE USE OF APPROPRIATE PRIMARY AND PREVENTIVE CARE BY

1 MEDICAL ASSISTANCE RECIPIENTS WHILE DECREASING THE UNNECESSARY  
2 USE OF SPECIALTY CARE AND HOSPITAL EMERGENCY DEPARTMENT  
3 SERVICES. THE FOLLOWING APPLY:

4 (1) ALL MEDICAL ASSISTANCE RECIPIENTS IN THE SELECTED  
5 MEDICAID MANAGED CARE REGION WILL HAVE ACCESS TO THE HEALTH  
6 INITIATIVE.

7 (2) THE DEPARTMENT SHALL DEFINE THE COORDINATED CARE  
8 SERVICES TO BE PROVIDED BY THE HEALTH INITIATIVE. THE HEALTH  
9 INITIATIVE SHALL, AT A MINIMUM:

10 (I) PROVIDE ALL MEDICAL ASSISTANCE RECIPIENTS IN THE  
11 MEDICAID MANAGED CARE REGION WITH ACCESS TO RESOURCES AND  
12 SERVICES TO ENHANCE MEDICAL ASSISTANCE RECIPIENT PARTICIPATION  
13 AND PROMOTE CONTINUOUS ENGAGEMENT, INCLUDING ACCESS PROVIDED  
14 THROUGH A SINGLE TELEPHONE ACCESS POINT AND A PRIVATE PORTAL  
15 SPECIFIC TO EACH MEDICAL ASSISTANCE RECIPIENT.

16 (II) OFFER SERVICES WHERE APPLICABLE IN A MANNER THAT AVOIDS  
17 DUPLICATION OF SERVICES.

18 (III) SUPPORT EXISTING STATE RESOURCES AVAILABLE TO MEDICAL  
19 ASSISTANCE RECIPIENTS IN THE SELECTED MEDICAID MANAGED CARE  
20 REGION BY PROVIDING HEALTH MANAGEMENT SERVICES AND DATA  
21 ANALYTICS, AS NEEDED.

22 (IV) COORDINATE EFFORTS WITH EXISTING AND FUTURE PROVIDERS,  
23 CONTRACTORS, SERVICES AND AGENCIES.

24 (V) UTILIZE TECHNOLOGY TO PROVIDE AN ADVANCED INFORMATION  
25 AND EVIDENCE-BASED MEDICAL SYSTEM TO GUIDE AND SUPPORT MEDICAL  
26 ASSISTANCE RECIPIENTS AND PHYSICIANS IN THE SELECTED MEDICAID  
27 MANAGED CARE REGION TO IMPROVE HEALTH CARE OUTCOMES.

28 (VI) REPORT ANALYTIC, UTILIZATION AND COST SAVINGS  
29 INFORMATION TO THE DEPARTMENT ANNUALLY OR AT MORE FREQUENT,  
30 PREDETERMINED INTERVALS.

1       (3) THE DEPARTMENT SHALL ENTER INTO A CONTRACT WITH ONE  
2 OFFEROR AND REQUIRE THAT THE ANNUAL SAVINGS TO THE COMMONWEALTH  
3 RESULTING FROM THE USE OF THE HEALTH INITIATIVE EXCEED THE COST  
4 OF THE PILOT PROGRAM. THE SECRETARY SHALL FORWARD NOTICE TO THE  
5 LEGISLATIVE REFERENCE BUREAU FOR PUBLICATION IN THE PENNSYLVANIA  
6 BULLETIN OF THE DATE THE CONTRACT IS AWARDED TO THE OFFEROR. NO  
7 ADMINISTRATIVE OR SERVICE FEE MAY BE PAID TO THE OFFEROR DURING  
8 THE INITIAL PILOT PROGRAM CONTRACT PERIOD. THE DEPARTMENT MAY  
9 PAY A CONTINGENCY FEE TO THE OFFEROR BASED ON COST SAVINGS  
10 REALIZED BY THE PARTICIPATING REGIONAL MEDICAID MANAGED CARE  
11 ORGANIZATION AS EVIDENCED BY A REDUCTION IN THE CAPITATION RATE.

12       (B) THE DEPARTMENT SHALL ISSUE A REPORT TO THE CHAIRPERSON  
13 AND MINORITY CHAIRPERSON OF THE HEALTH AND HUMAN SERVICES  
14 COMMITTEE OF THE SENATE AND THE CHAIRPERSON AND MINORITY  
15 CHAIRPERSON OF THE HEALTH COMMITTEE OF THE HOUSE OF  
16 REPRESENTATIVES. THE REPORT SHALL DETAIL OUTCOMES OF THE PILOT  
17 PROGRAM, INCLUDING:

18       (1) ANALYTIC AND UTILIZATION INFORMATION.

19       (2) COST SAVINGS REALIZED BY THE COMMONWEALTH OR THE  
20 SELECTED REGIONAL MEDICAID MANAGED CARE ORGANIZATION AS COMPARED  
21 TO OTHER MEDICAID MANAGED CARE ORGANIZATIONS IN THE SAME REGION.

22       (3) RECOMMENDATIONS BY THE DEPARTMENT REGARDING EXPANSION OF  
23 THE PILOT PROGRAM.

24       (C) THE PILOT PROGRAM ESTABLISHED UNDER THIS SECTION SHALL  
25 EXPIRE ONE YEAR FROM THE DATE THE CONTRACT IS AWARDED TO THE  
26 OFFEROR.

27       (D) AS USED IN THIS SECTION, THE TERM "HEALTH INITIATIVE"  
28 MEANS THE TOTAL POPULATION COORDINATED CARE MANAGEMENT PILOT  
29 PROGRAM.

30       SECTION 2. SECTION 441.1 OF THE ACT IS AMENDED BY ADDING A

1 SUBSECTION TO READ:

2 SECTION 441.1. PERSONS ELIGIBLE FOR MEDICAL ASSISTANCE.--\* \*  
3 \*

4 (E) THE DEPARTMENT SHALL ESTABLISH AN ENROLLMENT PROCESS FOR  
5 INDIVIDUALS ELIGIBLE FOR MEDICAL ASSISTANCE UNDER THIS SECTION  
6 TO ENROLL IN AN INDIVIDUAL PLAN APPROVED BY THE DEPARTMENT AND  
7 OFFERED AS PART OF THE STATE'S APPROVED TITLE XIX PLAN AS  
8 FOLLOWS:

9 (1) THE ENROLLMENT PROCESS SHALL INCLUDE INFORMATION FOR THE  
10 INDIVIDUAL THAT, EXCEPT AS OTHERWISE PROVIDED FOR IN CLAUSE (4),  
11 THE INDIVIDUAL SHALL REMAIN ENROLLED WITH THE SAME PLAN FOR ONE  
12 YEAR.

13 (2) AFTER AN INDIVIDUAL ELIGIBLE FOR MEDICAL ASSISTANCE  
14 UNDER THIS SECTION ENROLLS IN A PLAN APPROVED BY THE DEPARTMENT  
15 UNDER THE STATE'S APPROVED TITLE XIX PLAN, THE INDIVIDUAL SHALL  
16 REMAIN ENROLLED IN THE INDIVIDUAL PLAN UNTIL THE INDIVIDUAL'S  
17 REDETERMINATION PERIOD, BUT FOR AT LEAST 12 MONTHS UNLESS THE  
18 INDIVIDUAL QUALIFIES FOR AN EXEMPTION UNDER CLAUSE (4), OR UNTIL  
19 SUCH TIME AS THE INDIVIDUAL IS NO LONGER ELIGIBLE FOR MEDICAL  
20 ASSISTANCE.

21 (3) THE DEPARTMENT SHALL NOTIFY THE INDIVIDUAL ELIGIBLE FOR  
22 MEDICAL ASSISTANCE UNDER THIS SECTION ABOUT THE ABILITY AT THE  
23 TIME OF REDETERMINATION TO CHANGE THE PLAN IN WHICH THE  
24 INDIVIDUAL IS ENROLLED FOR SERVICES OFFERED UNDER THE STATE'S  
25 APPROVED TITLE XIX PLAN.

26 (4) THE DEPARTMENT MAY GRANT AN EXEMPTION TO THE LIMITATION  
27 ON CHANGING PLANS UNDER THIS SECTION ONLY IF THE EXEMPTION  
28 MATCHES STANDARD PRACTICES FOR HEALTH INSURANCE PLANS APPROVED  
29 BY THE INSURANCE DEPARTMENT UNDER THE INSURANCE LAWS OF THIS  
30 COMMONWEALTH, INCLUDING, BUT NOT LIMITED TO:

1 (I) A QUALIFYING LIFE EVENT;  
2 (II) A RELOCATION OF THE INDIVIDUAL TO A REGION WHICH IS NOT  
3 SERVED BY THE SELECTED MEDICAID MANAGED CARE ORGANIZATION; OR  
4 (III) A VERIFIED HEALTH CONDITION WHICH REQUIRES TREATMENT  
5 BY A PROVIDER NOT CURRENTLY PARTICIPATING IN THE MEDICAID  
6 MANAGED CARE ORGANIZATION.

7 (5) THE DEPARTMENT SHALL APPROVE THE EXEMPTION FOR AN  
8 INDIVIDUAL BASED ON APPLICABLE FEDERAL REGULATIONS REGARDING  
9 ENROLLMENT OR ON THE APPROVED STATE PLAN.

10 (6) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO REMOVE AN  
11 INDIVIDUAL'S ELIGIBILITY FOR MEDICAL ASSISTANCE FOR MISSING THE  
12 ENROLLMENT PERIOD PROVIDED IN THIS SUBSECTION.

13 SECTION 3. THE ACT IS AMENDED BY ADDING SECTIONS TO READ:

14 SECTION 441.10. MEDICAL ASSISTANCE WAIVER FOR TREATMENT AT  
15 INSTITUTIONS FOR MENTAL DISEASE RELATED TO SUBSTANCE USE  
16 DISORDER.-- (A) SUBJECT TO SUBSECTION (C), THE DEPARTMENT SHALL  
17 REQUEST A WAIVER UNDER SECTION 1115 OF THE SOCIAL SECURITY ACT  
18 (49 STAT. 620, 42 U.S.C. § 1315) FROM THE REQUIREMENTS UNDER  
19 SECTION 1905 OF THE SOCIAL SECURITY ACT (42 U.S.C. § 1396D)  
20 REGARDING MEDICAL ASSISTANCE FOR INDIVIDUALS RECEIVING TREATMENT  
21 FOR SUBSTANCE USE DISORDER AT INSTITUTIONS FOR MENTAL DISEASE.

22 (B) THE WAIVER SHALL BE WRITTEN TO REQUEST FEDERAL FINANCIAL  
23 PARTICIPATION FOR SERVICES TO INDIVIDUALS RECEIVING TREATMENT  
24 FOR A SUBSTANCE USE DISORDER IN AN INSTITUTION FOR MENTAL  
25 DISEASE.

26 (C) IF THE PROHIBITION AGAINST USING MEDICAL ASSISTANCE FOR  
27 SERVICES TO INDIVIDUALS RECEIVING TREATMENT FOR SUBSTANCE USE  
28 DISORDER IN AN INSTITUTION FOR MENTAL DISEASE IN SECTION 1905 OF  
29 THE SOCIAL SECURITY ACT (42 U.S.C. § 1396D) IS REPEALED OR  
30 REVISED OR A FEDERAL AGENCY ISSUES GUIDANCE ALLOWING FOR FEDERAL

1 FINANCIAL PARTICIPATION FOR SERVICES FOR INDIVIDUALS RECEIVING  
2 TREATMENT FOR SUBSTANCE USE DISORDER IN AN INSTITUTION FOR  
3 MENTAL DISEASES WITHOUT A WAIVER, THE DEPARTMENT SHALL EITHER  
4 NOT REQUEST A WAIVER OR WITHDRAW A SUBMITTED WAIVER. THE  
5 DEPARTMENT SHALL NOTIFY THE CHAIR AND MINORITY CHAIR OF THE  
6 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE CHAIR AND  
7 MINORITY CHAIR OF THE HEALTH COMMITTEE OF THE HOUSE OF  
8 REPRESENTATIVES AND THE CHAIR AND MINORITY CHAIR OF THE HUMAN  
9 SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES OF ITS ACTION  
10 UNDER THIS SUBSECTION.

11 (D) AS USED IN THIS SECTION, "SUBSTANCE USE DISORDER" SHALL  
12 BE AS DEFINED IN THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL  
13 DISORDERS, FIFTH EDITION, OR ITS SUCCESSOR.

14 SECTION 441.11. ADDITIONAL FUNDING REQUESTS FOR MEDICAL  
15 ASSISTANCE APPROPRIATIONS IN FISCAL YEAR 2017-2018.--BEFORE  
16 SUBMITTING TO THE GENERAL ASSEMBLY A SUPPLEMENTAL APPROPRIATION  
17 REQUEST FOR THE CAPITATION AND FEE-FOR-SERVICE GENERAL FUND  
18 APPROPRIATIONS, THE DEPARTMENT SHALL REQUEST A WAIVER FROM THE  
19 APPROPRIATE FEDERAL AGENCY FOR APPROVAL THAT IS DESIGNED TO  
20 REDUCE THE COMMONWEALTH'S FINANCIAL BURDEN FOR THESE PROGRAMS.

21 SECTION 441.12. SUPPORTING SELF-SUFFICIENCY FOR MEDICAL  
22 ASSISTANCE RECIPIENTS.

23 THE DEPARTMENT SHALL REQUEST A WAIVER FROM THE CENTERS FOR  
24 MEDICARE AND MEDICAID SERVICES FOR APPROVAL OF DESIGN OPTIONS OR  
25 REFORMS THAT REQUIRE REASONABLE EMPLOYMENT AND JOB SEARCH  
26 REQUIREMENTS FOR THOSE PHYSICALLY OR MENTALLY ABLE, AS WELL AS  
27 APPROPRIATE LIMITS ON NONESSENTIAL BENEFITS, SUCH AS  
28 NONEMERGENCY TRANSPORTATION.

29 SECTION 4. SECTION 454 OF THE ACT IS AMENDED BY ADDING A  
30 SUBSECTION TO READ:

1 SECTION 454. MEDICAL ASSISTANCE BENEFIT PACKAGES; COVERAGE,  
2 COPAYMENTS, PREMIUMS AND RATES.--\* \* \*

3 (A.1) THE DEPARTMENT SHALL REQUEST A WAIVER FROM THE  
4 APPROPRIATE FEDERAL AGENCY FOR THE APPROVAL OF A PREMIUM  
5 REQUIREMENT FOR MEDICAL ASSISTANCE PROVIDED TO DISABLED CHILDREN  
6 WHOSE FAMILY INCOME IS ABOVE ONE THOUSAND PERCENT OF THE FEDERAL  
7 POVERTY INCOME LIMIT. THE PREMIUM PAYMENT SHALL BE ASSESSED TO  
8 THE FAMILY ON A SLIDING SCALE BASIS IN ACCORDANCE WITH THE  
9 PREMIUMS ASSESSED FOR INDIVIDUALS WHO RECEIVE HEALTH INSURANCE  
10 THROUGH THE CHILDREN'S HEALTH INSURANCE PROGRAM UNDER ARTICLE  
11 XXIII-A OF THE ACT OF MAY 17, 1921 (P.L.682, NO.284), KNOWN AS  
12 "THE INSURANCE COMPANY LAW OF 1921."

13 \* \* \*

14 SECTION 5. THE ACT IS AMENDED BY ADDING A SECTION TO READ:

15 SECTION 490. ELECTRONIC ASSET VERIFICATION FOR MEDICAL  
16 ASSISTANCE ELIGIBILITY BASED ON AGE, BLINDNESS OR DISABILITY.--

17 (A) THE DEPARTMENT SHALL ESTABLISH AN ELECTRONIC ASSET  
18 VERIFICATION PROGRAM THAT COMPLIES WITH THE REQUIREMENTS OF  
19 SECTION 1940 OF THE SOCIAL SECURITY ACT (49 STAT. 620, 42 U.S.C.  
20 § 1396W) BY AGREEMENTS WITH FINANCIAL INSTITUTIONS AS PROVIDED  
21 BY THIS SECTION.

22 (B) THE DEPARTMENT OR ITS DESIGNEES SHALL ENTER INTO  
23 AGREEMENTS WITH FINANCIAL INSTITUTIONS TO REQUEST AND RECEIVE  
24 FROM ANY FINANCIAL INSTITUTION DOING BUSINESS IN THIS  
25 COMMONWEALTH THE FINANCIAL INFORMATION OF AN APPLICANT FOR OR  
26 RECIPIENT OF MEDICAL ASSISTANCE WHOSE ELIGIBILITY FOR MEDICAL  
27 ASSISTANCE IS BASED UPON THE APPLICANT'S OR RECIPIENT'S AGE,  
28 BLINDNESS OR DISABILITY AND OF ANY OTHER PERSON WHOSE ASSETS ARE  
29 REQUIRED BY LAW TO BE DISCLOSED IN ORDER TO DETERMINE THE  
30 ELIGIBILITY OF THE APPLICANT OR RECIPIENT FOR MEDICAL

1 ASSISTANCE. THE AGREEMENTS SHALL:

2 (1) DETERMINE WHEN AND THE EXTENT TO WHICH FINANCIAL  
3 INFORMATION IS NECESSARY TO DETERMINE AND REDETERMINE  
4 ELIGIBILITY.

5 (2) REQUEST FINANCIAL INFORMATION FROM FINANCIAL  
6 INSTITUTIONS OTHER THAN THOSE IDENTIFIED BY THE APPLICANT OR  
7 RECIPIENT BASED ON ADDITIONAL FACTORS SUCH AS GEOGRAPHIC  
8 PROXIMITY TO THE APPLICANT'S OR RECIPIENT'S HOME ADDRESS.

9 (C) (1) A FINANCIAL INSTITUTION DOING BUSINESS IN THIS  
10 COMMONWEALTH MAY ENTER INTO AN AGREEMENT WITH THE DEPARTMENT  
11 UNDER THIS SECTION TO PROVIDE, WHEN REQUESTED BY THE DEPARTMENT  
12 UNDER SUBSECTION (B) AND SUBJECT TO THE COST REIMBURSEMENT  
13 PROVISIONS PROVIDED IN SECTION 1115(A) OF THE RIGHT TO FINANCIAL  
14 PRIVACY ACT OF 1978 (PUBLIC LAW 95-630, 12 U.S.C. § 3415), UP TO  
15 FIVE YEARS OF FINANCIAL INFORMATION, INCLUDING INFORMATION ON  
16 PREVIOUSLY HELD ASSETS.

17 (2) THE FINANCIAL INSTITUTION SHALL PROVIDE THE REQUESTED  
18 FINANCIAL INFORMATION TO THE DEPARTMENT WITHOUT COST TO THE  
19 INDIVIDUAL WHO IS THE SUBJECT OF THE REQUEST.

20 (3) A FINANCIAL INSTITUTION THAT COMPLIES WITH THIS SECTION  
21 SHALL NOT BE SUBJECT TO SECTION 487(A) WITH RESPECT TO FINANCIAL  
22 INFORMATION REGARDING APPLICANTS OR RECIPIENTS OF MEDICAL  
23 ASSISTANCE SUBJECT TO THIS SECTION.

24 (4) THE DEPARTMENT, IN CONSULTATION WITH REPRESENTATIVES OF  
25 FINANCIAL INSTITUTIONS, INCLUDING THE PENNSYLVANIA BANKERS  
26 ASSOCIATION, THE PENNSYLVANIA ASSOCIATION OF COMMUNITY BANKERS,  
27 THE PENNSYLVANIA CREDIT UNION ASSOCIATION AND OTHER SIMILAR  
28 ORGANIZATIONS, SHALL DEVELOP A MODEL AGREEMENT FOR THIS SECTION.

29 (D) NO FINANCIAL INSTITUTION SHALL BE REQUIRED TO NOTIFY AN  
30 INDIVIDUAL THAT THE INDIVIDUAL'S FINANCIAL INFORMATION WAS

1 REQUESTED UNDER THIS SECTION.

2 (E) FINANCIAL INFORMATION COLLECTED UNDER THIS SECTION AND  
3 IN THE POSSESSION OF THE DEPARTMENT OR ITS DESIGNEES SHALL BE  
4 CONFIDENTIAL AND USED BY THE DEPARTMENT AND ITS DESIGNEES ONLY  
5 FOR PURPOSES OF DETERMINING ELIGIBILITY FOR MEDICAL ASSISTANCE.

6 (F) A FINANCIAL INSTITUTION THAT DISCLOSES FINANCIAL  
7 INFORMATION UNDER SUBSECTION (B) SHALL NOT BE SUBJECT TO CIVIL  
8 OR CRIMINAL LIABILITY FOR ACTIONS TAKEN:

9 (1) BY THE FINANCIAL INSTITUTION IN GOOD FAITH TO COMPLY  
10 WITH THIS SECTION; OR

11 (2) BY THE DEPARTMENT OR ITS DESIGNEES.

12 (G) AS USED IN THIS SECTION, THE FOLLOWING WORDS AND PHRASES  
13 SHALL HAVE THE FOLLOWING MEANINGS:

14 "DESIGNEE" INCLUDES, BUT IS NOT LIMITED TO, CONTRACTORS AND  
15 REPRESENTATIVES OF THE DEPARTMENT.

16 "FINANCIAL INFORMATION" MEANS FINANCIAL RECORDS AND  
17 INFORMATION HELD BY A FINANCIAL INSTITUTION WITH RESPECT TO THE  
18 APPLICANT, RECIPIENT, SPOUSE OR SUCH OTHER PERSON, AS  
19 APPLICABLE, THAT THE DEPARTMENT FINDS NECESSARY IN CONNECTION  
20 WITH A DETERMINATION OR REDETERMINATION OF MEDICAL ASSISTANCE  
21 ELIGIBILITY.

22 "FINANCIAL INSTITUTION" MEANS, EXCEPT AS PROVIDED IN SECTION  
23 1114 OF THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (12 U.S.C. §  
24 3414):

25 (1) ANY OFFICE OF A BANK, SAVINGS BANK, CARD ISSUER AS  
26 DEFINED IN SECTION 103(O) OF THE TRUTH IN LENDING ACT (PUBLIC  
27 LAW 90-321, 15 U.S.C. § 1602(O)), INDUSTRIAL LOAN COMPANY, TRUST  
28 COMPANY, SAVINGS ASSOCIATION, BUILDING AND LOAN ASSOCIATION, OR  
29 HOMESTEAD ASSOCIATION, INCLUDING A COOPERATIVE BANK, CREDIT  
30 UNION OR CONSUMER FINANCE INSTITUTION.

1 (2) ANY OTHER PERSON DEFINED AS A "FINANCIAL INSTITUTION" BY  
2 31 U.S.C. § 5312(A)(2) (RELATING TO DEFINITIONS AND  
3 APPLICATION), OTHER THAN A GOVERNMENTAL ORGANIZATION.

4 SECTION 6. SECTION 704.3(A) OF THE ACT, AMENDED JULY 8, 2016  
5 (P.L.480, NO.76), IS AMENDED TO READ:

6 SECTION 704.3. PROVIDER SUBMISSIONS.--(A) FOR FISCAL YEARS  
7 2013-2014, 2014-2015, 2015-2016 [AND], 2016-2017, 2017-2018,  
8 2018-2019 AND 2019-2020, A PROVIDER SHALL SUBMIT DOCUMENTATION  
9 OF ITS COSTS OF PROVIDING SERVICES; AND THE DEPARTMENT SHALL USE  
10 SUCH DOCUMENTATION, TO THE EXTENT NECESSARY, TO SUPPORT THE  
11 DEPARTMENT'S CLAIM FOR FEDERAL FUNDING AND FOR STATE  
12 REIMBURSEMENT FOR ALLOWABLE DIRECT AND INDIRECT COSTS INCURRED  
13 IN THE PROVISION OF OUT-OF-HOME PLACEMENT SERVICES.

14 \* \* \*

15 SECTION 7. SECTION 774 OF THE ACT IS AMENDED BY ADDING A  
16 SUBSECTION TO READ:

17 Section 774. Adoption Opportunity Payments and  
18 Reimbursement.--\* \* \*

19 (d) The amount of the adoption subsidy provided by the local  
20 authority may be appealed to the department by the child  
21 applying for or receiving adoption assistance or a person acting  
22 on behalf of the child. The appeal shall be conducted in  
23 accordance with sections 403 and 423.

24 ~~Section 2. This act shall take effect in 60 days.~~ <--

25 SECTION 8. SECTION 805-A OF THE ACT IS AMENDED BY ADDING <--  
26 SUBSECTIONS TO READ:

27 SECTION 805-A. ADMINISTRATION.--\* \* \*

28 (C) THE ASSESSMENT IMPLEMENTED UNDER THIS ARTICLE SHALL BE  
29 REMITTED ELECTRONICALLY IN PERIODIC SUBMISSIONS AS SPECIFIED BY  
30 THE DEPARTMENT NOT TO EXCEED FIVE TIMES PER YEAR.

1 (D) A NURSING FACILITY SHALL REPORT THE TOTAL ASSESSMENT  
2 AMOUNT OWED ON FORMS AND IN ACCORDANCE WITH INSTRUCTIONS  
3 PRESCRIBED BY THE DEPARTMENT. THE NURSING FACILITY SHALL REMIT  
4 THE TOTAL ASSESSMENT AMOUNT OWED BY THE DUE DATE SPECIFIED BY  
5 THE DEPARTMENT, WHICH SHALL NOT BE PRIOR TO THIRTY (30) DAYS  
6 FROM THE DATE OF THE SECOND NOTICE PUBLISHED PURSUANT TO  
7 SUBSECTION (A).

8 SECTION 9. SECTION 807-A OF THE ACT IS REPEALED:

9 [SECTION 807-A. CALCULATION.--USING THE ASSESSMENT RATES  
10 IMPLEMENTED BY THE SECRETARY PURSUANT TO SECTION 805-A(A), EACH  
11 NURSING FACILITY SHALL CALCULATE THE ASSESSMENT AMOUNT IT OWES  
12 FOR A CALENDAR QUARTER ON A FORM SPECIFIED BY THE DEPARTMENT AND  
13 SHALL SUBMIT THE FORM AND THE AMOUNT OWED TO THE DEPARTMENT NO  
14 LATER THAN THE LAST DAY OF THAT CALENDAR QUARTER OR THIRTY (30)  
15 DAYS FROM THE DATE OF THE SECOND NOTICE PUBLISHED PURSUANT TO  
16 SECTION 805-A(A), WHICHEVER IS LATER. A NURSING FACILITY'S  
17 CALCULATION OF THE ASSESSMENT AMOUNT OWED IN ANY QUARTER IS  
18 SUBJECT TO VERIFICATION BY THE DEPARTMENT PURSUANT TO SECTION  
19 808-A.]

20 SECTION 10. THE ACT IS AMENDED BY ADDING AN ARTICLE TO READ:

21 ARTICLE VIII-J

22 AMBULATORY SURGICAL CENTER DATA COLLECTION

23 SECTION 801-J. DEFINITIONS.

24 THE FOLLOWING WORDS AND PHRASES WHEN USED IN THIS ARTICLE  
25 SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS SECTION UNLESS THE  
26 CONTEXT CLEARLY INDICATES OTHERWISE:

27 "AMBULATORY SURGICAL CENTER." AN AMBULATORY SURGICAL  
28 FACILITY WHICH IS A MEDICARE CERTIFIED AMBULATORY SURGICAL  
29 CENTER AS DEFINED IN 42 CFR 416.2 (RELATING TO DEFINITIONS).

30 "AMBULATORY SURGICAL FACILITY." A FACILITY OR PORTION OF A

1 FACILITY LICENSED AS AN AMBULATORY SURGICAL FACILITY UNDER 28  
2 PA. CODE PT. IV SUBPT. F (RELATING TO AMBULATORY SURGICAL  
3 FACILITIES).

4 "ANNUAL FINANCIAL DATA REPORT." THE FINANCIAL, UTILIZATION  
5 AND PAYOR DATA REPORT SUBMITTED ANNUALLY TO THE HEALTH CARE COST  
6 CONTAINMENT COUNCIL BY AN AMBULATORY SURGICAL CENTER.

7 SECTION 802-J. SUBMISSION OF ANNUAL FINANCIAL DATA REPORTS.

8 AN AMBULATORY SURGICAL CENTER THAT IS IN OPERATION OR BEGINS  
9 OPERATION, OR AN AMBULATORY SURGICAL FACILITY THAT BECOMES AN  
10 AMBULATORY SURGICAL CENTER, ON OR AFTER JULY 1, 2017, SHALL  
11 SUBMIT ANNUAL FINANCIAL DATA REPORTS TO THE HEALTH CARE COST  
12 CONTAINMENT COUNCIL AS SPECIFIED BY THE COUNCIL.

13 SECTION 11. REPEALS ARE AS FOLLOWS:

14 (1) THE GENERAL ASSEMBLY DECLARES THAT THE REPEAL UNDER  
15 PARAGRAPH (2) IS NECESSARY TO EFFECTUATE THE ADDITION OF  
16 SECTION 216 OF THE ACT.

17 (2) THE ACT OF DECEMBER 8, 1959 (P.L.1718, NO.632) IS  
18 REPEALED.

19 SECTION 12. THE ADDITION OF SECTION 216 OF THE ACT IS A  
20 CONTINUATION OF THE ACT OF DECEMBER 8, 1959 (P.L.1718, NO.632).  
21 THE FOLLOWING APPLY:

22 (1) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, ALL  
23 ACTIVITIES INITIATED UNDER THE ACT OF DECEMBER 8, 1959  
24 (P.L.1718, NO.632) SHALL CONTINUE AND REMAIN IN FULL FORCE  
25 AND EFFECT AND MAY BE COMPLETED UNDER SECTION 216 OF THE  
26 ACT. ORDERS, REGULATIONS, RULES AND DECISIONS WHICH WERE MADE  
27 UNDER THE ACT OF DECEMBER 8, 1959 (P.L.1718, NO.632) AND  
28 WHICH ARE IN EFFECT ON THE EFFECTIVE DATE OF THIS SECTION  
29 SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL REVOKED, VACATED  
30 OR MODIFIED UNDER SECTION 216 OF THE ACT. CONTRACTS AND

1 OBLIGATIONS ENTERED INTO UNDER THE ACT OF DECEMBER 8, 1959  
2 (P.L.1718, NO.632) ARE NOT AFFECTED NOR IMPAIRED BY THE  
3 REPEAL OF THE ACT OF DECEMBER 8, 1959 (P.L.1718, NO.632).

4 (2) EXCEPT AS SET FORTH IN PARAGRAPH (3), ANY DIFFERENCE  
5 IN LANGUAGE BETWEEN SECTION 216 OF THE ACT AND THE ACT OF  
6 DECEMBER 8, 1959 (P.L.1718, NO.632) IS NOT INTENDED TO CHANGE  
7 NOR AFFECT THE LEGISLATIVE INTENT, JUDICIAL CONSTRUCTION OR  
8 ADMINISTRATION AND IMPLEMENTATION OF THE ACT OF DECEMBER 8,  
9 1959 (P.L.1718, NO.632).

10 (3) PARAGRAPH (2) DOES NOT APPLY TO THE FOLLOWING  
11 PROVISIONS:

12 (I) THE DELETION OF THE TERM "WIDOW" AND ADDITION OF  
13 THE TERM "SURVIVING SPOUSE."

14 (II) THE LIMITATION ON THE RECEIPT OF BENEFITS IN  
15 SECTION 216(A) OF THE ACT.

16 SECTION 13. THIS ACT SHALL TAKE EFFECT AS FOLLOWS:

17 (1) THE ADDITION OF SECTION 490 OF THE ACT SHALL TAKE  
18 EFFECT DECEMBER 31, 2017.

19 (2) THE ADDITION OF SECTION 774(D) OF THE ACT SHALL TAKE  
20 EFFECT IN 60 DAYS.

21 (3) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT  
22 IMMEDIATELY.