

STATE OF NEW YORK

7812

IN SENATE

February 24, 2020

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the social services law, in relation to school-based health centers for purposes of managed care programs under medicaid

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 1 of section 364-j of the social services law
2 is amended by adding two new paragraphs (w) and (w-1) to read as
3 follows:

4 (w) "School-based health center". A clinic licensed under article
5 twenty-eight of the public health law or sponsored either fully or
6 partially by a facility licensed under article twenty-eight of the
7 public health law or where such sponsorship is dually shared with a
8 facility licensed under article thirty-one of the mental hygiene law
9 which provides primary and preventive care which may include but is not
10 limited to health maintenance, well-child care, diagnosis and treatment
11 of injury and acute illness, diagnosis and management of chronic
12 disease, behavioral services, vision care, dental care, and nutritional
13 or other enhanced services to children and adolescents, any of which may
14 be provided by referral, within an elementary, secondary or prekindergarten
15 public school setting.

16 (w-1) "Sponsoring organization". A facility licensed under article
17 twenty-eight of the public health law which acts as the sponsor for a
18 school-based health center, which such sponsorship may be dually shared
19 with a facility licensed under article thirty-one of the mental hygiene
20 law.

21 § 2. Section 364-j of the social services law is amended by adding a
22 new subdivision 4-a to read as follows:

23 4-a. (a) Medical assistance services and supplies provided by a
24 school-based health center may be provided and paid for other than by a
25 managed care provider. In such case, the services and supplies shall be
26 paid in accordance with applicable reimbursement methodologies, which
27 shall mean:

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (i) for a school-based health center that is sponsored by a federally
2 qualified health center, rates of reimbursement and requirements in
3 accordance with those mandated by 42 U.S.C. Secs. 1396a(bb),
4 1396b(m)(2)(A)(ix) and 1936a(a)(13)(C); and

5 (ii) for a school-based health center that is sponsored by an entity
6 licensed pursuant to article twenty-eight of the public health law that
7 is not a federally qualified health center or is a federally qualified
8 health center that chooses not to receive reimbursement pursuant to
9 subparagraph (i) of this paragraph, rates of reimbursement at the fee
10 for service rate for such services and supplies in effect on the effec-
11 tive date of this subparagraph for the ambulatory patient group rate for
12 the applicable service and supply and in accordance with any future
13 adjustments made to such rates by the department of health.

14 (b) This subdivision shall not preclude a school-based health center
15 or sponsoring organization from choosing to provide medical assistance
16 services and supplies through managed care providers.

17 (c) The school-based health center or sponsoring organization and the
18 managed care provider shall enter into a standard memorandum of under-
19 standing, which shall be developed by the commissioner for the purpose
20 of promoting the delivery of coordinated health care and participation
21 in quality improvement initiatives. The commissioner shall periodically
22 share enrollment, encounter, and any other data the commissioner deter-
23 mines necessary with each enrolled participant's medicaid managed care
24 provider to allow the exchange of such data between medicaid managed
25 care providers and school-based health centers for the purpose of this
26 paragraph and facilitating enrollee access to services and improving
27 coordination and quality of care.

28 § 3. This act shall take effect on the one hundred eightieth day after
29 it shall have become a law; provided that the amendments to section
30 364-j of the social services law made by sections one and two of this
31 act shall not affect the repeal of such section and shall expire and be
32 deemed repealed therewith. Effective immediately, the commissioner of
33 health shall make regulations and take other actions reasonably neces-
34 sary to implement this act on its effective date.