S T A T E O F N E W Y O R K

10696

I N A S S E M B L Y

June 13, 2016

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Gottfried) -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to quality innovation and improvement through home care

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The public health law is amended by adding a new section 3623 to read as follows:

S 3623. PROGRAM FOR QUALITY INNOVATION AND IMPROVEMENT THROUGH HOME CARE. 1. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, AND SUBJECT TO APPROPRIATED AMOUNTS, THE COMMISSIONER, UPON THE APPROVAL OF THE DIRECTOR OF THE BUDGET, SHALL PROVIDE GRANTS DIRECTLY, OR IN THE FORM OF SUPPLEMENTAL RATE PAYMENTS, FOR THE PURPOSE OF SUPPORTING A PROGRAM OF HEALTH CARE QUALITY INNOVATION AND IMPROVEMENT THROUGH HOME CARE.

ELIGIBLE ENTITIES FOR SUCH PAYMENTS SHALL INCLUDE: CERTIFIED HOME HEALTH AGENCIES; LONG TERM HOME HEALTH CARE PROGRAMS; LICENSED HOME CARE SERVICES AGENCIES; MANAGED LONG TERM CARE PLANS UNDER SECTION FORTY-FOUR HUNDRED THREE-F OF THIS CHAPTER FOR INITIATIVES WITH CONTRACTED HOME CARE AGENCIES; AND MANAGED CARE PLANS UNDER SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW FOR INITIATIVES WITH CONTRACTED HOME CARE AGENCIES.

2. SUCH PROGRAM SHALL INCLUDE, BUT NOT LIMITED TO:

(A) ADDRESSING SIGNIFICANT PUBLIC HEALTH PROBLEMS AND GOALS THROUGH HOME CARE, INCLUDING FALLS PREVENTION, HEALTH CARE DISPARITIES, SEPTICEMIA EARLY IDENTIFICATION AND INTERVENTION, CARDIOVASCULAR HEALTH, PRESSURE ULCER PREVENTION, AND OTHER;

(B) ADVANCES IN CARE MANAGEMENT AND CARE TRANSITIONS THROUGH HOME CARE PARTNERSHIP WITH HOSPITALS, PHYSICIANS, HEALTH PLANS, BEHAVIORAL HEALTH PROVIDERS, NURSING HOMES AND/OR OTHER SECTORS, AS WELL AS FOR COORDINATION OF PRIMARY, CHRONIC AND BEHAVIORAL HEALTH CARE SERVICE PLANNING, DELIVERY AND CARE MANAGEMENT;

(C) IMPLEMENTATION OF COMPREHENSIVE QUALITY MEASUREMENT AND IMPROVEMENT TOOLS IN HOME CARE, INCLUDING, BUT NOT LIMITED TO THE INTEGRATION

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

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OF THESE TOOLS INTO HOME CARE ELECTRONIC RECORDS AND REPORTING SYSTEMS, AND ASSOCIATED ADAPTATION OF SOFTWARE AND CONNECTIVITY TO ANALYTICAL SYSTEMS; SUCH TOOLS SHALL PROMOTE AND FACILITATE COMPREHENSIVE QUALITY MONITORING, IMPROVEMENT AND INNOVATION, CONTINUOUS SELF-AUDIT, AND PRIORITY BENCHMARKING AND ALIGNMENT AND OF HOME CARE WITH MANAGED CARE, HOSPITALS, PRIMARY CARE AND INTEGRATED CARE MODELS;

(D) HOME CARE AGENCY STAFF TRAINING IN QUALITY AND SPECIALTY CARE PRACTICE AND/OR CARE MANAGEMENT TECHNIQUES;

(E) TECHNOLOGY-BASED APPROACHES TO ENHANCE PATIENT CARE;

(F) POPULATION HEALTH IMPROVEMENT THROUGH POPULATION STUDIES, AGENCY SERVICE ANALYTICS, STAFF TRAINING IN POPULATION CARE COORDINATION, AND OTHER, CONDUCTED BY HOME CARE AGENCIES;

(G) INCREASED INCORPORATION OF EVIDENCED BASED CARE PRACTICES THROUGH ADOPTION AND USE OF CLINICAL GUIDELINES, CLINICAL PATHWAYS, AND/OR OTHER BEST PRACTICE, BY HOME CARE AGENCIES; AND/OR

(H) OTHER INITIATIVES TO PROMOTE IMPROVED PATIENT OUTCOMES, PATIENT SATISFACTION, SERVICE COORDINATION OR ACCESS THROUGH HOME CARE, AS THE COMMISSIONER MAY APPROVE.

3. THE COMMISSIONER, IN CONSULTATION WITH REPRESENTATIVES OF HOME CARE PROVIDERS, MANAGED CARE PLANS AND STATEWIDE ASSOCIATIONS REPRESENTATIVE OF SUCH PROVIDERS AND PLANS, SHALL ESTABLISH A PROCESS FOR PROVIDER AND MANAGED CARE PLAN APPLICATION PROJECT SCORING, AND FOR APPROVAL OF PAYMENTS UNDER THIS SECTION. IF FEDERAL FINANCIAL PARTICIPATION IS UNAVAILABLE, THEN THE NON-FEDERAL SHARE OF AWARDS MADE PURSUANT TO THIS SUBDIVISION MAY BE MADE AS STATE GRANTS.

S 2. This act shall take effect immediately.