5535

2015-2016 Regular Sessions

IN SENATE

May 14, 2015

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

AN ACT to amend the public health law, in relation to the transition of traumatic brain injury waiver and nursing home transition and diversion waiver program services to Medicaid managed care programs

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

- Section 1. Paragraph (b) of subdivision 7 of section 4403-f of the public health law is amended by adding a new subparagraph (v-a) to read as follows:
- (V-A) NOTWITHSTANDING SUBPARAGRAPH (V) OF THIS PARAGRAPH, NO PERSON RECEIVING SERVICES UNDER THE TRAUMATIC BRAIN INJURY WAIVER OR NURSING HOME TRANSITION AND DIVERSION WAIVER MAY BE REQUIRED TO ENROLL IN A MANAGED CARE OR MANAGED LONG TERM CARE PROGRAM BEFORE APRIL FIRST, TWO THOUSAND SEVENTEEN; AND PROVIDED FURTHER THAT THE COMMISSIONER SHALL CONVENE A WORK GROUP TO DEVELOP RECOMMENDATIONS ON TRANSITION OF THESE WAIVER SERVICES TO MANAGED CARE. MEMBERSHIP OF THE WORK GROUP SHALL INCLUDE PAYERS, CONSUMER REPRESENTATIVES AND PROVIDERS OF SUCH SERVICES, AND THE CHAIRS OF THE ASSEMBLY AND SENATE HEALTH COMMITTEES. IN DEVELOPING RECOMMENDATIONS ON TRANSITIONING THESE POPULATIONS TO A MANAGED CARE ENVIRONMENT, THE WORK GROUP SHALL CONSIDER:

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- (1) TRACKING OF LEGACY WAIVER POPULATIONS TO ENSURE CONTINUED ACCESS TO COMMUNITY-BASED SERVICES AND IDENTIFY AGGREGATE COSTS OF CARE;
- (2) ONGOING TRACKING AND IDENTIFICATION OF PEOPLE WITH A DIAGNOSIS OF A BRAIN INJURY AND SIMILAR POPULATIONS TO ENSURE THAT NECESSARY COMMUNITY-BASED SERVICES WILL BE PROVIDED TO THESE POPULATIONS AND IDENTIFY AGGREGATE COSTS OF CARE;
- 21 (3) HOW CONTINUITY OF SERVICES WILL BE ACCOMPLISHED BEYOND AN INITIAL 22 TRANSITION PERIOD OF NINETY DAYS;
- 23 (4) ENSURING ACCESS TO A QUALIFIED WORKFORCE, EXPERIENCED WORKING WITH 24 THESE POPULATIONS;

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

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11 12 (5) DEVELOPMENT OF ACTUARIALLY SOUND CAPITATION REFLECTING THE HIGH ACUITY OF THESE POPULATIONS; AND

(6) DEVELOPMENT OF ANNUAL REPORTING BY THE COMMISSIONER ON, AMONG OTHER THINGS, AGGREGATE COSTS OF CARE FOR THESE POPULATIONS AND WHETHER THE TRANSITION OF THESE POPULATIONS IN MANAGED CARE HAS INCREASED UTILIZATION OF NURSING HOME OR OTHER INSTITUTIONALIZED CARE.

THE RECOMMENDATIONS OF SUCH WORK GROUP SHALL BE DUE TO THE COMMISSION-ER AND THE LEGISLATURE ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND SIXTEEN. TO THE EXTENT THE DEPARTMENT'S FINAL IMPLEMENTATION PLAN DOES NOT REFLECT ONE OR MORE RECOMMENDATIONS OF THE WORK GROUP, THE COMMISSIONER SHALL PROVIDE A WRITTEN EXPLANATION FOR SUCH OMISSION OR VARIATION.

13 S 2. This act shall take effect immediately; provided however, that 14 the amendments to paragraph (b) of subdivision 7 of section 4403-f of 15 the public health law made by section one of this act shall not affect 16 the repeal of such section and shall be deemed repealed therewith.