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I N S E N A T E

May 12, 2016

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 quality innovation and improvement through home care

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

- 1 Section 1. The public health law is amended by adding a new section
2 3623 to read as follows:
3 S 3623. PROGRAM FOR QUALITY INNOVATION AND IMPROVEMENT THROUGH HOME
4 CARE. 1. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, AND
5 SUBJECT TO APPROPRIATED AMOUNTS, THE COMMISSIONER, UPON THE APPROVAL OF
6 THE DIRECTOR OF THE BUDGET, SHALL PROVIDE GRANTS DIRECTLY, OR IN THE
7 FORM OF SUPPLEMENTAL RATE PAYMENTS, FOR THE PURPOSE OF SUPPORTING A
8 PROGRAM OF HEALTH CARE QUALITY INNOVATION AND IMPROVEMENT THROUGH HOME
9 CARE.
10 ELIGIBLE ENTITIES FOR SUCH PAYMENTS SHALL INCLUDE: CERTIFIED HOME
11 HEALTH AGENCIES; LONG TERM HOME HEALTH CARE PROGRAMS; LICENSED HOME CARE
12 SERVICES AGENCIES; MANAGED LONG TERM CARE PLANS UNDER SECTION FORTY-FOUR
13 HUNDRED THREE-F OF THIS CHAPTER FOR INITIATIVES WITH CONTRACTED HOME
14 CARE AGENCIES; AND MANAGED CARE PLANS UNDER SECTION THREE HUNDRED
15 SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW FOR INITIATIVES WITH CONTRACTED
16 HOME CARE AGENCIES.
17 2. SUCH PROGRAM SHALL INCLUDE, BUT NOT LIMITED TO:
18 (A) ADDRESSING SIGNIFICANT PUBLIC HEALTH PROBLEMS AND GOALS THROUGH
19 HOME CARE, INCLUDING FALLS PREVENTION, HEALTH CARE DISPARITIES, SEPTICE-
20 MIA EARLY IDENTIFICATION AND INTERVENTION, CARDIOVASCULAR HEALTH, PRES-
21 SURE ULCER PREVENTION, AND OTHER;
22 (B) ADVANCES IN CARE MANAGEMENT AND CARE TRANSITIONS THROUGH HOME CARE
23 PARTNERSHIP WITH HOSPITALS, PHYSICIANS, HEALTH PLANS, BEHAVIORAL HEALTH
24 PROVIDERS, NURSING HOMES AND/OR OTHER SECTORS, AS WELL AS FOR COORDI-
25 NATION OF PRIMARY, CHRONIC AND BEHAVIORAL HEALTH CARE SERVICE PLANNING,
26 DELIVERY AND CARE MANAGEMENT;
27 (C) IMPLEMENTATION OF COMPREHENSIVE QUALITY MEASUREMENT AND IMPROVE-
28 MENT 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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1 OF THESE TOOLS INTO HOME CARE ELECTRONIC RECORDS AND REPORTING SYSTEMS,
2 AND ASSOCIATED ADAPTATION OF SOFTWARE AND CONNECTIVITY TO ANALYTICAL
3 SYSTEMS; SUCH TOOLS SHALL PROMOTE AND FACILITATE COMPREHENSIVE QUALITY
4 MONITORING, IMPROVEMENT AND INNOVATION, CONTINUOUS SELF-AUDIT, AND
5 PRIORITY BENCHMARKING AND ALIGNMENT AND OF HOME CARE WITH MANAGED CARE,
6 HOSPITALS, PRIMARY CARE AND INTEGRATED CARE MODELS;
7 (D) HOME CARE AGENCY STAFF TRAINING IN QUALITY AND SPECIALTY CARE
8 PRACTICE AND/OR CARE MANAGEMENT TECHNIQUES;
9 (E) TECHNOLOGY-BASED APPROACHES TO ENHANCE PATIENT CARE;
10 (F) POPULATION HEALTH IMPROVEMENT THROUGH POPULATION STUDIES, AGENCY
11 SERVICE ANALYTICS, STAFF TRAINING IN POPULATION CARE COORDINATION, AND
12 OTHER, CONDUCTED BY HOME CARE AGENCIES;
13 (G) INCREASED INCORPORATION OF EVIDENCED BASED CARE PRACTICES THROUGH
14 ADOPTION AND USE OF CLINICAL GUIDELINES, CLINICAL PATHWAYS, AND/OR OTHER
15 BEST PRACTICE, BY HOME CARE AGENCIES; AND/OR
16 (H) OTHER INITIATIVES TO PROMOTE IMPROVED PATIENT OUTCOMES, PATIENT
17 SATISFACTION, SERVICE COORDINATION OR ACCESS THROUGH HOME CARE, AS THE
18 COMMISSIONER MAY APPROVE.
19 3. THE COMMISSIONER, IN CONSULTATION WITH REPRESENTATIVES OF HOME CARE
20 PROVIDERS, MANAGED CARE PLANS AND STATEWIDE ASSOCIATIONS REPRESENTATIVE
21 OF SUCH PROVIDERS AND PLANS, SHALL ESTABLISH A PROCESS FOR PROVIDER AND
22 MANAGED CARE PLAN APPLICATION PROJECT SCORING, AND FOR APPROVAL OF
23 PAYMENTS UNDER THIS SECTION. IF FEDERAL FINANCIAL PARTICIPATION IS
24 UNAVAILABLE, THEN THE NON-FEDERAL SHARE OF AWARDS MADE PURSUANT TO THIS
25 SUBDIVISION MAY BE MADE AS STATE GRANTS.
26 S 2. This act shall take effect immediately.