

8168

I N S E N A T E

July 15, 2016

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

AN ACT to amend the public health law, in relation to enacting the "home health information and clinical technology act"

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "home health information and clinical technology act".
3 S 2. The public health law is amended by adding a new section 3623 to
4 read as follows:
5 S 3623. HOME HEALTH INFORMATION AND CLINICAL TECHNOLOGY. 1. THE
6 COMMISSIONER, IN CONSULTATION WITH REPRESENTATIVES OF HOME CARE PROVID-
7 ERS, MANAGED CARE PLANS, STATEWIDE ASSOCIATIONS REPRESENTATIVE OF HOME
8 CARE, AND OTHER STAKEHOLDERS ENGAGED IN THE DEVELOPMENT AND COLLABORA-
9 TIVE USE OF HEALTH INFORMATION TECHNOLOGY IN HOME CARE, SHALL DEVELOP A
10 HEALTH INFORMATION AND CLINICAL TECHNOLOGY INFRASTRUCTURE SUPPORT
11 PROGRAM FOR THE HOME CARE SYSTEM. SUCH PROGRAM SHALL SEEK TO:
12 (A) PROMOTE QUALITY, ACCESSIBILITY, CARE MANAGEMENT, INNOVATION AND
13 COST-EFFECTIVENESS IN CARE;
14 (B) SUPPORT STATE GOALS FOR HOME CARE PARTICIPATION IN INTEGRATED CARE
15 MODELS UNDER THIS CHAPTER AND THE SOCIAL SERVICES LAW INCLUDING, BUT NOT
16 LIMITED TO, MEDICAID MANAGED CARE, MANAGED LONG TERM CARE, DELIVERY
17 SYSTEM REFORM INCENTIVE PAYMENT PROGRAMS, VALUE BASED PAYMENT MODELS,
18 FULLY INTEGRATED DUALS ADVANTAGE PLANS, HEALTH HOMES, PATIENT-CENTERED
19 MEDICAL HOMES, ACCOUNTABLE CARE ORGANIZATIONS, AND HOSPITAL-HOME
20 CARE-PHYSICIAN COLLABORATION PROGRAMS; AND
21 (C) FACILITATE HOME CARE PARTICIPATION IN REGIONAL HEALTH INFORMATION
22 ORGANIZATIONS.
23 2. THE PROGRAM SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING
24 COMPONENTS:
25 (A) CAPITAL GRANTS. SUBJECT TO THE AVAILABILITY OF FUNDS THEREFOR, THE
26 COMMISSIONER SHALL BE AUTHORIZED TO MAKE AVAILABLE AND, UPON THE
27 APPROVAL OF THE DIRECTOR OF THE BUDGET, TO PROVIDE STATE GRANTS TO
28 CERTIFIED HOME HEALTH AGENCIES, LICENSED HOME CARE SERVICES AGENCIES AND

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

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1 LONG HOME HEALTH CARE PROGRAMS FOR CLINICAL AND HEALTH INFORMATION TECH-
2 NOLOGY. SUCH GRANTS SHALL BE PROVIDED PURSUANT TO AN APPLICATION PROCESS
3 DEVELOPED BY THE COMMISSIONER, IN CONSULTATION WITH REPRESENTATIVES OF
4 THE PROVIDERS, MANAGED CARE PLANS AND THE OTHER ENTITIES SPECIFIED IN
5 SUBDIVISION ONE OF THIS SECTION;

6 (B) TECHNOLOGY ADJUSTMENT TO EPISODIC PAYMENT SYSTEM. THE COMMISSIONER
7 IS AUTHORIZED TO PROVIDE A TECHNOLOGY ADJUSTMENT FOR CERTIFIED HOME
8 HEALTH AGENCIES AND CONTRACTED LICENSED HOME CARE SERVICES AGENCIES
9 UNDER THE EPISODIC PAYMENT SYSTEM ESTABLISHED PURSUANT TO SUBDIVISION
10 THIRTEEN OF SECTION THIRTY-SIX HUNDRED FOURTEEN OF THIS ARTICLE. SUCH
11 ADJUSTMENT MAY BE MADE AS EITHER A STATEWIDE BASE PRICE ADJUSTMENT OR AN
12 ADD-ON TO THE EPISODIC RATE, AS THE COMMISSIONER DEEMS APPROPRIATE, TO
13 SUPPORT THE PURPOSES OF THIS SECTION. THE COMMISSIONER IS AUTHORIZED TO
14 ALSO ADJUST, FOR SAID PURPOSES, THE PAYMENT RATES FOR LONG TERM HOME
15 HEALTH CARE PROGRAM PROVIDERS;

16 (C) TECHNOLOGY ADJUSTMENT UNDER MANAGED CARE. THE COMMISSIONER IS
17 AUTHORIZED TO PROVIDE A TECHNOLOGY ADJUSTMENT TO MANAGED CARE AND
18 MANAGED LONG TERM CARE PREMIUMS ESTABLISHED PURSUANT TO SECTION THREE
19 HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW AND SECTION FORTY-FOUR
20 HUNDRED THREE-F OF THIS CHAPTER. SUCH ADJUSTMENT SHALL BE IN AMOUNTS
21 WHICH ARE IN ADDITION TO OTHER PAYMENTS TO MANAGED CARE ORGANIZATIONS
22 AND PLANS, AND SHALL BE PROVIDED FOR HEALTH INFORMATION AND CLINICAL
23 TECHNOLOGY SUPPORT FOR HOME CARE PROVIDERS DELIVERING OR MANAGING
24 SERVICES UNDER CONTRACT WITH SUCH PLANS, AND SHALL PROMOTE THE PURPOSES
25 OF THIS SECTION;

26 (D) TECHNOLOGY SUPPORT UNDER THE DEPARTMENT'S HEALTH WORKFORCE INITI-
27 ATIVES. THE COMMISSIONER SHALL CONSIDER OPPORTUNITIES FOR CLINICAL AND
28 HEALTH INFORMATION TECHNOLOGY SUPPORT WITHIN THE DEPARTMENT'S INITI-
29 ATIVES AND FUNDING FOR HEALTH WORKFORCE RECRUITMENT, TRAINING, RETENTION
30 AND DEVELOPMENT. THE COMMISSIONER SHALL SEEK TO INCLUDE SUCH SUPPORT FOR
31 TECHNOLOGY WHEN DEEMED TO FURTHER THE PURPOSES OF THIS SECTION AND THE
32 SPECIFIC WORKFORCE INITIATIVE, AND TO THE EXTENT ALLOWABLE UNDER SUCH
33 WORKFORCE FUNDING. WORKFORCE INITIATIVES UNDER THIS SECTION SHALL
34 INCLUDE, BUT NOT BE LIMITED TO, WORKFORCE FUNDING AUTHORIZED UNDER THE
35 STATE'S SECTION ELEVEN HUNDRED FIFTEEN WAIVER TO THE FEDERAL SOCIAL
36 SECURITY ACT FOR THE STATE'S MEDICAL ASSISTANCE PROGRAM;

37 (E) TECHNOLOGY INCENTIVE UNDER MANAGED CARE QUALITY INCENTIVE
38 PAYMENTS. ON AND AFTER APRIL FIRST, TWO THOUSAND SEVENTEEN, THE COMMIS-
39 SIONER SHALL ESTABLISH ADDITIONAL QUALITY INCENTIVE PAYMENTS TO MANAGED
40 CARE AND MANAGED LONG TERM CARE PLANS, RESPECTIVELY, PURSUANT TO SECTION
41 THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW AND SECTION
42 FORTY-FOUR HUNDRED THREE-F OF THIS CHAPTER, BASED ON EVIDENCE OF PLAN
43 SUPPORT FOR HOME CARE CLINICAL AND HEALTH INFORMATION TECHNOLOGY
44 CONSISTENT WITH THE PURPOSES OF THIS SECTION. SUCH AMOUNTS SHALL BE IN
45 ADDITION TO ANY OTHER PAYMENTS MADE TO A MANAGED CARE ORGANIZATION OR
46 PLAN, AND SUPPORT SHALL BE EVIDENCED IN A PLAN'S CONTRACTS AND PAYMENTS
47 TO HOME CARE PROVIDERS AND/OR THROUGH OTHER METRICS IDENTIFIED BY THE
48 COMMISSIONER IN CONSULTATION WITH REPRESENTATIVES OF MANAGED CARE ORGAN-
49 IZATIONS AND PLANS;

50 (F) TECHNOLOGY SUPPORT UNDER THE DELIVERY SYSTEM REFORM INCENTIVE
51 PAYMENT PROGRAM. THE COMMISSIONER SHALL INCLUDE A CONTINGENCY TO FUNDING
52 AWARDED TO PERFORMING PROVIDERS SYSTEMS UNDER THE DELIVERY SYSTEM REFORM
53 INCENTIVE PAYMENT PROGRAM SUCH THAT THE PERFORMING PROVIDER SYSTEM
54 DEMONSTRATES TO THE SATISFACTION OF THE COMMISSIONER THAT IT PROVIDES
55 PROGRAMMATIC AND FISCAL SUPPORT FOR HEALTH INFORMATION TECHNOLOGY CAPAC-

1 ITY FOR HOME CARE PROVIDERS WITHIN SUCH SYSTEM'S NETWORK, CONSISTENT
2 WITH THE PURPOSES OF THIS SECTION.

3 (G) HEALTH CARE REFORM ACT TECHNOLOGY FUNDING. NOTWITHSTANDING ANY
4 INCONSISTENT PROVISION OF THIS CHAPTER OR THE RULES AND REGULATIONS OF
5 THE DEPARTMENT, THE COMMISSIONER, SUBJECT TO THE APPROVAL OF THE DIREC-
6 TOR OF THE BUDGET, IS AUTHORIZED TO REDIRECT UNDISTRIBUTED FUNDS AN
7 AGGREGATE ANNUAL AMOUNT OF UP TO ONE HUNDRED MILLION DOLLARS FOR THE
8 SUPPORT OF PARAGRAPHS (A), (B) AND (C) OF THIS SUBDIVISION.

9 3. THE PROVISIONS OF THIS SECTION SHALL BE IMPLEMENTED IN A MANNER IN
10 COLLABORATION WITH AND CONSISTENT WITH THE GOALS OF THE DELIVERY SYSTEM
11 REFORM INCENTIVE PAYMENT PROGRAM AND OTHER TECHNOLOGY INITIATIVES UNDER-
12 TAKEN BY THE STATE.

13 S 3. This act shall take effect immediately.