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

5933

2015-2016 Regular Sessions

I N S E N A T E

June 12, 2015

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 and part A of chapter 56 of the laws of 2013 relating to establishing the home and community-based care work group, in relation to regulatory alignment of home care services delivered under contract with managed care plans

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

Section 1. Section 57-c of part A of chapter 56 of the laws of 2013, relating to establishing the home and community-based care work group, as amended by section 27-h of part C of chapter 60 of the laws of 2014, is amended to read as follows:

S 57-c. Home and community based care workgroup. The commissioner of health shall convene a home and community based care workgroup to examine and make recommendations on issues which include, but are not limited to:

a. State and federal regulatory requirements and related policy guidelines (including the applicability of the federal conditions of participation);

b. Efficient home and community based care delivery, including telehealth and hospice services;

c. Alignment of functions between managed care entities and home and community based providers; and

d. Best practice for clean claims and related dispute resolution.

The workgroup shall be 11 members. The members of the workgroup shall [including] INCLUDE providers, plans and representatives of consumers and direct caregivers with relevant expertise.

The commissioner of health, or his or her designee shall chair the workgroup and department of health and other executive agencies and offices shall provide relevant data and other information as is necessary for the group to perform its duties.

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

LBD10838-01-5

The commissioner of health shall convene this workgroup by May 15, 2014 and the group shall issue periodic reports with recommendations by March 1, 2014, September 1, 2014 and February 28, 2015.

THE COMMISSIONER SHALL CONSIDER THE RECOMMENDATIONS OF THE WORKGROUP, AND SHALL BE AUTHORIZED TO TAKE SUCH STEPS AS NECESSARY TO EXPEDITIOUSLY IMPLEMENT SUCH RECOMMENDATIONS, INCLUDING BY WAIVER AUTHORITY PROVIDED UNDER SECTIONS 3623 AND 4403-F OF THE PUBLIC HEALTH LAW, AND SUBSEQUENTLY, AND TO THE EXTENT NECESSARY, BY ADOPTION OF CONFORMING REGULATORY CHANGES ON AN EMERGENCY BASIS.

S 2. The public health law is amended by adding a new section 3623 to read as follows:

S 3623. REGULATORY ALIGNMENT OF HOME CARE SERVICES DELIVERED UNDER CONTRACT WITH MANAGED CARE PLANS. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE COMMISSIONER IS AUTHORIZED TO WAIVE RULES AND REGULATIONS OF THE DEPARTMENT FOR SERVICES PROVIDED UNDER THIS ARTICLE THROUGH CONTRACTS WITH PAYORS UNDER SECTION FORTY-FOUR HUNDRED THREE-F OF THIS CHAPTER OR SECTION THREE HUNDRED SIXTY-FOUR-J OF THE SOCIAL SERVICES LAW, WHERE SUCH WAIVERS ARE NECESSARY TO ELIMINATE DUPLICATION AND TO PROMOTE EFFICIENCY, COORDINATION AND CLARITY IN THE PROCEDURES FOR THE DELIVERY OF SUCH SERVICES, AND WHEN THE HEALTH, SAFETY AND GENERAL WELFARE OF PATIENTS WILL NOT BE IMPAIRED AS A RESULT OF SUCH WAIVER.

S 3. Subparagraph (i) of paragraph (a) of subdivision 7 of section 4403-f of the public health law, as amended by section 41-b of part H of chapter 59 of the laws of 2011, is amended to read as follows:

(i) The commissioner shall promulgate regulations to implement this section and to ensure the quality, appropriateness and cost-effectiveness of the services provided by managed long term care plans. The commissioner may waive rules and regulations of the department, including but not limited to, those pertaining to duplicative requirements concerning record keeping, boards of directors, staffing and reporting, when such waiver will promote the efficient delivery of appropriate, quality, cost-effective services, OR WHEN SUCH WAIVERS ARE NECESSARY TO COORDINATE WITH THE COMMISSIONER'S WAIVERS ISSUED UNDER SECTION THIRTY-SIX HUNDRED TWENTY-THREE OF THIS CHAPTER, and when the health, safety and general welfare of enrollees will not be impaired as a result of such waiver. In order to achieve managed long term care plan system efficiencies and coordination and to promote the objectives of high quality, integrated and cost effective care, the commissioner may establish a single coordinated surveillance process, allow for a comprehensive quality improvement and review process to meet component quality requirements, and require a uniform cost report. The commissioner shall require managed long term care plans to utilize quality improvement measures, based on health outcomes data, for internal quality assessment processes and may utilize such measures as part of the single coordinated surveillance process.

S 4. This act shall take effect immediately; provided that the amendments to section 4403-f of the public health law, made by section three of this act shall not affect the repeal of such section and shall be deemed repealed therewith.