

# STATE OF NEW YORK

5046--A

2017-2018 Regular Sessions

## IN ASSEMBLY

February 6, 2017

Introduced by M. of A. GOTTFRIED -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

5 § 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 care-  
20 physician collaboration programs; and

21 (c) facilitate home care participation in regional health information  
22 organizations.

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

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1     2. The program shall include, but not be limited to, the following  
2 components:

3     (a) Capital grants. Subject to the availability of funds therefor, the  
4 commissioner shall be authorized to make available and, upon the  
5 approval of the director of the budget, to provide state grants to  
6 certified home health agencies, licensed home care services agencies and  
7 longterm home health care programs for clinical and health information  
8 technology. Such grants shall be provided pursuant to an application  
9 process developed by the commissioner, in consultation with represen-  
10 tatives of the providers, managed care plans and the other entities  
11 specified in subdivision one of this section;

12     (b) Technology adjustment to episodic payment system. The commissioner  
13 is authorized to provide a technology adjustment for certified home  
14 health agencies and contracted licensed home care services agencies  
15 under the episodic payment system established pursuant to subdivision  
16 thirteen of section thirty-six hundred fourteen of this article. Such  
17 adjustment may be made as either a statewide base price adjustment or an  
18 add-on to the episodic rate, as the commissioner deems appropriate, to  
19 support the purposes of this section. The commissioner is authorized to  
20 also adjust, for said purposes, the payment rates for long term home  
21 health care program providers;

22     (c) Technology adjustment under managed care. The commissioner is  
23 authorized to provide a technology adjustment to managed care and  
24 managed long term care premiums established pursuant to section three  
25 hundred sixty-four-j of the social services law and section forty-four  
26 hundred three-f of this chapter. Such adjustment shall be in amounts  
27 which are in addition to other payments to managed care organizations  
28 and plans, and shall be provided for health information and clinical  
29 technology support for home care providers delivering or managing  
30 services under contract with such plans, and shall promote the purposes  
31 of this section;

32     (d) Technology support under the department's health workforce initi-  
33 atives. The commissioner shall consider opportunities for clinical and  
34 health information technology support within the department's initi-  
35 atives and funding for health workforce recruitment, training, retention  
36 and development. The commissioner shall seek to include such support for  
37 technology when deemed to further the purposes of this section and the  
38 specific workforce initiative, and to the extent allowable under such  
39 workforce funding. Workforce initiatives under this section shall  
40 include, but not be limited to, workforce funding authorized under the  
41 state's section eleven hundred fifteen waiver to the federal social  
42 security act for the state's medical assistance program;

43     (e) Technology incentive under managed care quality incentive  
44 payments. On and after April first, two thousand eighteen, the commis-  
45 sioner shall establish additional quality incentive payments to managed  
46 care and managed long term care plans, respectively, pursuant to section  
47 three hundred sixty-four-j of the social services law and section  
48 forty-four hundred three-f of this chapter, based on evidence of plan  
49 support for home care clinical and health information technology  
50 consistent with the purposes of this section. Such amounts shall be in  
51 addition to any other payments made to a managed care organization or  
52 plan, and support shall be evidenced in a plan's contracts and payments  
53 to home care providers and/or through other metrics identified by the  
54 commissioner in consultation with representatives of managed care organ-  
55 izations and plans;

1     (f) Technology support under the delivery system reform incentive  
2 payment program. The commissioner shall include a contingency to funding  
3 awarded to performing providers systems under the delivery system reform  
4 incentive payment program such that the performing provider system  
5 demonstrates to the satisfaction of the commissioner that it provides  
6 programmatic and fiscal support for health information technology capac-  
7 ity for home care providers within such system's network, consistent  
8 with the purposes of this section.

9     (g) Health care reform act technology funding. Notwithstanding any  
10 inconsistent provision of this chapter or the rules and regulations of  
11 the department, the commissioner, subject to the approval of the direc-  
12 tor of the budget, is authorized to redirect undistributed funds an  
13 aggregate annual amount of up to one hundred million dollars for the  
14 support of paragraphs (a), (b) and (c) of this subdivision.

15     3. The provisions of this section shall be implemented in a manner in  
16 collaboration with and consistent with the goals of the delivery system  
17 reform incentive payment program and other technology initiatives under-  
18 taken by the state.

19     § 3. This act shall take effect immediately.