

STATE OF NEW YORK

5662--A

2017-2018 Regular Sessions

IN SENATE

April 24, 2017

Introduced by Sen. VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to medical assistance payments for care in hospice residences

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 4012 of the public health law is amended by adding
2 a new subdivision 5 to read as follows:

3 5. (a) Medicaid payments to hospice residences shall be in an amount
4 equal to ninety-four percent of the weighted average medical assistance
5 fee for service rate reimbursed to residential health care facilities
6 located in the managed long term care region that the hospice residence
7 is located. Such average medical assistance rate shall be inclusive of
8 specialty units, the room and board furnished by the hospice residence,
9 cash receipts assessments and the case mix of the residential health
10 care facilities located in the managed long term care region that such
11 hospice is located. Such average medical assistance rate shall also be
12 inclusive of an efficiency factor of 1.1 multiplied by such weighted
13 average rate; recruitment and retention monies; and any adjustments made
14 for minimum wage, as such adjustments are applied to the residential
15 health care facilities located in the managed long term care region in
16 which the hospice residence is located.

17 (b) Under no circumstances shall the rates established pursuant to
18 this subdivision be less than the rates established for hospice resi-
19 dences in effect on the effective date of this subdivision and managed
20 care organizations shall reimburse hospice residences the rate estab-
21 lished pursuant to this subdivision for a period of at least five years
22 from the date hospice residents are transitioned to managed care. Such
23 reimbursement shall be known as the hospice residence benchmark rate.

24 § 2. This act shall take effect January 1, 2018.

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

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