

# STATE OF NEW YORK

1791

2019-2020 Regular Sessions

## IN SENATE

January 16, 2019

Introduced by Sen. RIVERA -- 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 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. Section 3622 of the public health law, as renumbered by section  
4 22 of part C of chapter 58 of the laws of 2004, is renumbered section  
5 3623 and a new section 3622 is added to read as follows:

6 § 3622. Home health information and clinical technology. 1. The  
7 commissioner, in consultation with representatives of home care provid-  
8 ers, managed care plans, statewide associations representative of home  
9 care, and other stakeholders engaged in the development and collabora-  
10 tive use of health information technology in home care, shall develop a  
11 health information and clinical technology infrastructure support  
12 program for the home care system. Such program shall seek to:

13 (a) promote quality, accessibility, care management, innovation and  
14 cost-effectiveness in care;

15 (b) support state goals for home care participation in integrated care  
16 models under this chapter and the social services law including, but not  
17 limited to, medicaid managed care, managed long term care, delivery  
18 system reform incentive payment programs, value based payment models,  
19 fully integrated duals advantage plans, health homes, patient-centered  
20 medical homes, accountable care organizations, and hospital-home care-  
21 physician collaboration programs; and

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

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

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

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

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

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

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

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

54    (f) Technology support under the delivery system reform incentive  
55 payment program. The commissioner shall include a contingency to funding  
56 awarded to performing providers systems under the delivery system reform

1 incentive payment program such that the performing provider system  
2 demonstrates to the satisfaction of the commissioner that it provides  
3 programmatic and fiscal support for health information technology capac-  
4 ity for home care providers within such system's network, consistent  
5 with the purposes of this section.

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

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

16 § 3. This act shall take effect immediately.