

STATE OF NEW YORK

4973

2019-2020 Regular Sessions

IN SENATE

April 3, 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 social services law and the public health law, in relation to needs assessment and rate adequacy for medicaid

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

1 Section 1. Section 365-a of the social services law is amended by
2 adding a new subdivision 10 to read as follows:

3 10. For any determination of the amount, nature and manner of provid-
4 ing assistance under this article for which an assessment tool is used,
5 the department, in consultation with the independent actuary, represen-
6 tatives of medical assistance recipients, representatives of the managed
7 care programs, representatives of long term care providers and other
8 interested parties, shall evaluate existing assessment tools and develop
9 additional professionally and statistically valid assessment tools to be
10 used to assist in determining the amount, nature and manner of services
11 and care needs of individuals which shall involve consideration of vari-
12 ables including but not limited to physical and behavioral functioning;
13 activities of daily living and instrumental activities of daily living;
14 family, social or geographic determinants of health; primary or second-
15 ary diagnoses of cognitive impairment or mental illness; and other
16 appropriate conditions or factors.

17 § 2. Paragraphs (c) of subdivision 18 of section 364-j of the social
18 services law, as added by sections 40-c and 55 of part B of chapter 57
19 of the laws of 2015, are amended to read as follows:

20 (c) (i) In setting such reimbursement methodologies, the department
21 shall consider costs borne by the managed care program to ensure actuar-
22 ially sound and adequate rates of payment to ensure quality of care for
23 its enrollees and shall comply with all applicable federal and state
24 laws and regulations, including, but not limited to, those relating to
25 wages, labor, and actuarial soundness.

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

LBD04193-01-9

1 ~~[(c)]~~ (ii) The department ~~[of health]~~ shall require the independent
2 actuary selected pursuant to paragraph (b) of this subdivision to
3 provide a complete actuarial memorandum, along with all actuarial
4 assumptions made and all other data, materials and methodologies used in
5 the development of rates, to managed care providers thirty days prior to
6 submission of such rates to the centers for medicare and medicaid
7 services for approval. Managed care providers may request additional
8 review of the actuarial soundness of the rate setting process and/or
9 methodology.

10 (iii) In fulfilling the requirements of this paragraph, the department
11 shall establish separate rate cells or risk adjustments to reflect the
12 costs of care for specific high-need enrollees in managed care provid-
13 ers. The commissioner shall make any necessary amendments to the state
14 plan for medical assistance under section three hundred sixty-three-a of
15 this title, and submit any applications for waivers of the federal
16 social security act, as may be necessary to ensure federal financial
17 participation. As used in this subparagraph and subparagraph (iv) of
18 this paragraph, "managed care provider" shall mean a managed care
19 provider operating on a full capitation basis or a managed long term
20 care plan operating under section forty-four hundred three-f of the
21 public health law; and "long term care entity" shall mean a home care
22 services agency under article thirty-six of the public health law, a
23 fiscal intermediary in the consumer directed personal assistance
24 program, other long term care provider authorized under a home and
25 community based waiver administered by the department or the office for
26 people with developmental disabilities. The high-need rate cells or
27 risk adjustments established in accordance with this subparagraph shall
28 be consistent with subdivision ten of section three hundred sixty-five-a
29 of this title and include, but shall not be limited to:

30 (A) individuals enrolled with a managed care provider, who remain in
31 the community and who daily receive live-in twenty-four hour personal
32 care or home health services or twelve hours or more of personal care,
33 home health services or home and community support services;

34 (B) such other individuals who, based on the assessment of their care
35 needs, their diagnosis or other factors, are determined to present espe-
36 cially high needs related to factors that would influence the delivery
37 (including but not limited to home location) or their use of services,
38 as may be identified by the department.

39 (iv) Any contract for services under this title by a managed care
40 provider with a long term care entity shall ensure that resources made
41 available by the payer under such contract will support the recruitment,
42 hiring, training and retention of a qualified workforce capable of
43 providing quality care, including compliance with all applicable federal
44 and state laws and regulations, including, but not limited to, those
45 relating to wages and labor. A managed care provider with a long term
46 care entity shall report its method of compliance with this subdivision
47 to the department as a component of cost reports required under section
48 forty-four hundred three-f of the public health law.

49 (v) A long term care entity that contracts with a managed care provid-
50 er shall annually submit written certification to the department as a
51 component of cost reports required under section thirty-six hundred
52 twelve of the public health law and sections three hundred sixty-five-a
53 and three hundred sixty-seven-g of this title, as applicable, as to how
54 it applied the amounts paid in compliance with this subdivision to
55 support the recruitment, hiring, training and retention of a qualified

workforce capable of providing quality care and consistent with section three hundred sixty-five-a of this title.

§ 3. Subparagraph (ii) of paragraph (a) and paragraph (g) of subdivision 7 and subdivision 8 of section 4403-f of the public health law, subparagraph (ii) of paragraph (a) of subdivision 7 as amended by section 43 of part C of chapter 60 of the laws of 2014, paragraph (g) of subdivision 7 as amended by section 41-b of part H of chapter 59 of the laws of 2011, subparagraph (i) of paragraph (g) of subdivision 7 as amended by section 1 of part GGG of chapter 59 of the laws of 2017, subparagraph (iii) of paragraph (g) of subdivision 7 as amended by section 54 of part A of chapter 56 of the laws of 2013 and subdivision 8 as amended by section 21 of part B of chapter 59 of the laws of 2016, are amended to read as follows:

(ii) Notwithstanding any inconsistent provision of the social services law to the contrary, the commissioner shall, pursuant to regulation, determine whether and the extent to which the applicable provisions of the social services law or regulations relating to approvals and authorizations of, and utilization limitations on, health and long term care services reimbursed pursuant to title XIX of the federal social security act, including, but not limited to, fiscal assessment requirements, are inconsistent with the flexibility necessary for the efficient administration of managed long term care plans and such regulations shall provide that such provisions shall not be applicable to enrollees or managed long term care plans, provided that such determinations are consistent with applicable federal law and regulation, and subject to the provisions of ~~[subdivision]~~ subdivisions eight and ten of section three hundred sixty-five-a and paragraph (c) of subdivision eighteen of section three hundred sixty-four-j of the social services law.

(g) (i) Managed long term care plans and demonstrations may enroll eligible persons in the plan or demonstration upon the completion of a comprehensive assessment ~~[that shall include, but not be limited to, an evaluation of the medical, social, cognitive, and environmental needs]~~ of each prospective enrollee in such program consistent with section three hundred sixty-five-a of the social services law. This assessment shall also serve as the basis for the development and provision of an appropriate plan of care for the enrollee. Upon approval of federal waivers pursuant to paragraph (b) of this subdivision which require medical assistance recipients who require community-based long term care services to enroll in a plan, and upon approval of the commissioner, a plan may enroll an applicant who is currently receiving home and community-based services and complete the comprehensive assessment within thirty days of enrollment provided that the plan continues to cover transitional care until such time as the assessment is completed.

(ii) The assessment shall be completed by a representative of the managed long term care plan or demonstration, in consultation with the prospective enrollee's health care practitioner as necessary. The commissioner shall prescribe the forms on which the assessment shall be made.

(iii) The enrollment application shall be submitted by the managed long term care plan or demonstration to the entity designated by the department prior to the commencement of services under the managed long term care plan or demonstration. Enrollments conducted by a plan or demonstration shall be subject to review and audit by the department or a contractor selected pursuant to paragraph (d) of this subdivision.

(iv) Continued enrollment in a managed long term care plan or demonstration paid for by government funds shall be based upon a comprehen-

1 sive assessment [~~of the medical, social and environmental needs~~] of the
2 recipient of the services consistent with section three hundred sixty-
3 five-a of this social services law. Such assessment shall be performed
4 at least every six months by the managed long term care plan serving the
5 enrollee. The commissioner shall prescribe the forms on which the
6 assessment will be made.

7 8. Payment rates for managed long term care plan enrollees eligible
8 for medical assistance. The commissioner shall establish payment rates
9 for services provided to enrollees eligible under title XIX of the
10 federal social security act. Such payment rates shall be subject to
11 approval by the director of the division of the budget and shall reflect
12 savings to both state and local governments when compared to costs which
13 would be incurred by such program if enrollees were to receive compara-
14 ble health and long term care services on a fee-for-service basis in the
15 geographic region in which such services are proposed to be provided.
16 Payment rates shall be risk-adjusted to take into account the character-
17 istics of enrollees, or proposed enrollees, including, but not limited
18 to: frailty, disability level, health and functional status, age,
19 gender, the nature of services provided to such enrollees, and other
20 factors as determined by the commissioner. The risk adjusted premiums
21 may also be combined with disincentives or requirements designed to
22 mitigate any incentives to obtain higher payment categories. In setting
23 such payment rates, the commissioner shall consider costs borne by the
24 managed care program to ensure actuarially sound and adequate rates of
25 payment to ensure quality of care and shall comply with all applicable
26 laws and regulations, state and federal, including [~~regulations as to~~],
27 but not limited to, those relating to wages, labor and actuarial sound-
28 ness [~~for medicaid managed care~~].

29 § 4. Subparagraph (i) of paragraph (g) of subdivision 7 of section
30 4403-f of the public health law, as added by section 65-c of part A of
31 chapter 57 of the laws of 2006 and such paragraph as relettered by
32 section 20 of part C of chapter 58 of the laws of 2007, is amended to
33 read as follows:

34 (i) Managed long term care plans and demonstrations may enroll eligi-
35 ble persons in the plan or demonstration upon the completion of a
36 comprehensive assessment [~~that shall include, but not be limited to, an~~
37 ~~evaluation of the medical, social and environmental needs~~] of each
38 prospective enrollee in such program consistent with section three
39 hundred sixty-five-a of the social services law. This assessment shall
40 also serve as the basis for the development and provision of an appro-
41 priate plan of care for the prospective enrollee.

42 § 5. This act shall take effect immediately; provided that sections
43 two and three of this act shall take effect April 1, 2020; and provided,
44 further that:

45 a. the amendments to section 364-j of the social services law made by
46 section two of this act shall not affect the repeal of such section and
47 shall be deemed repealed therewith;

48 b. the amendments to section 4403-f of the public health law made by
49 section three of this act shall not affect the repeal of such section
50 and shall be deemed repealed therewith; and

51 c. the amendments to subparagraph (i) of paragraph (g) of subdivision
52 7 of section 4403-f of the public health law made by section three of
53 this act shall not affect the expiration and reversion of such subpara-
54 graph, pursuant to subdivision (i) of section 111 of part H of chapter
55 59 of the laws of 2011, as amended, when upon such date the provisions
56 of section four of this act shall take effect.