STATE OF NEW YORK

1587

2021-2022 Regular Sessions

IN ASSEMBLY

January 11, 2021

Introduced by M. of A. GOTTFRIED, CARROLL, RAMOS, PAULIN, SIMON,
 SEAWRIGHT, DICKENS, CAHILL, ABINANTI -- read once and referred to the
 Committee on Health

AN ACT to amend the social services law, in relation to school-based health centers for purposes of managed care programs under medicaid

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

- Section 1. Subdivision 1 of section 364-j of the social services law 2 is amended by adding two new paragraphs (w) and (w-1) to read as 3 follows:
- (w) "School-based health center". A clinic licensed under article 5 twenty-eight of the public health law or sponsored either fully or partially by a facility licensed under article twenty-eight of the public health law or where such sponsorship is dually shared with a 8 facility licensed under article thirty-one of the mental hygiene law 9 which provides primary and preventive care which may include but is not 10 limited to health maintenance, well-child care, diagnosis and treatment of injury and acute illness, diagnosis and management of chronic 11 12 disease, behavioral services, vision care, dental care, and nutritional 13 or other enhanced services to children and adolescents, any of which may 14 be provided by referral, within an elementary, secondary or prekinder-15 garten public school setting.
- 16 (w-1) "Sponsoring organization". A facility licensed under article
 17 twenty-eight of the public health law which acts as the sponsor for a
 18 school-based health center, which such sponsorship may be dually shared
 19 with a facility licensed under article thirty-one of the mental hygiene
 20 law.
- 21 § 2. Section 364-j of the social services law is amended by adding a 22 new subdivision 4-a to read as follows:
- 23 <u>4-a. (a) Medical assistance services and supplies provided by a</u> 24 <u>school-based health center may be provided and paid for other than by a</u>

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

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34 35 managed care provider. In such case, the services and supplies shall be paid in accordance with applicable reimbursement methodologies, which shall mean:

- (i) for a school-based health center that is sponsored by a federally qualified health center, rates of reimbursement and requirements in accordance with those mandated by 42 U.S.C. Secs. 1396a(bb), 1396b(m)(2)(A)(ix) and 1396a(a)(13)(C); and
- 8 (ii) for a school-based health center that is sponsored by an entity 9 licensed pursuant to article twenty-eight of the public health law that is not a federally qualified health center or is a federally qualified 10 11 health center that chooses not to receive reimbursement pursuant to subparagraph (i) of this paragraph, rates of reimbursement at the fee 12 13 for service rate for such services and supplies in effect on the effec-14 tive date of this subparagraph for the ambulatory patient group rate for 15 the applicable service and supply and in accordance with any future adjustments made to such rates by the department of health. 16
 - (b) This subdivision shall not preclude a school-based health center or sponsoring organization from choosing to provide medical assistance services and supplies through managed care providers.
 - (c) This paragraph applies where a managed care provider includes as an enrollee a student who is eligible to be served by a school-based health center, regardless of whether the school-based health center or sponsoring organization chooses to provide medical assistance services and supplies through the managed care provider. The school-based health center or sponsoring organization and the managed care provider shall enter into a standard memorandum of understanding, which shall be developed by the commissioner for the purpose of promoting the delivery of coordinated health care and participation in quality improvement initiatives. The commissioner shall periodically share enrollment, encounter, and any other data the commissioner determines necessary with each enrolled participant's medicaid managed care provider to allow the exchange of such data between medicaid managed care providers and school-based health centers for the purpose of this paragraph and facilitating enrollee access to services and improving coordination and quality of care.
- § 3. This act shall take effect on the one hundred eightieth day after it shall have become a law; provided that the amendments to section 36 364-j of the social services law made by sections one and two of this act shall not affect the repeal of such section and shall expire and be deemed repealed therewith. Effective immediately, the commissioner of health shall make regulations and take other actions reasonably necessary to implement this act on its effective date.