§ 3612. Powers and duties of commissioner and state hospital review and planning council. 1. The commissioner shall have the power to conduct periodic inspections of facilities of certified home health agencies, providers of long term home health care programs and of providers of AIDS home care programs with respect to the fitness and adequacy of equipment, personnel, rules and bylaws, standards of service and medical care, system of accounts, records, and the adequacy of financial resources and sources of future revenues.

2. The commissioner shall have the power to conduct periodic inspections of licensed home care services agencies with respect to the standards of service and care, qualifications of personnel and the clinical records maintained by such agency.

3. Any organization which provides or makes available any home care services to the public in this state, in any organized program developed or rendered under its auspices or provided under contract with any such organization, shall submit annually to the commissioner a complete description of its operation, including name, address, location or principal place of business, ownership, identification of administrative personnel responsible for home care services programs, the nature and extent of such programs, and such other information as the commissioner shall require. For certified home health agencies and licensed home care services agencies such annual report shall include reports on the type, frequency and reimbursement for services provided, including reimbursement from federal and state governmental agencies. The commissioner shall determine the form and content of the information compiled and the annual date for submission of such information. The commissioner shall require certified home health agencies to provide all information necessary to a licensed home care services agency sub-contracting with such certified home health agency, to allow such licensed home care services agency to file its annual report. The commissioner shall make such information available to the appropriate governmental agencies of the state, the counties and the city of New York so as to make known the availability of home care services to provide data for planning for health needs of the people of the state. This information shall be available to the public and to the health

systems agencies.

4. The commissioner shall establish within the department a unit for home care services to assist him in carrying out the provisions of this article.

5. The public health and health planning council, by a majority vote of its members, shall adopt and amend rules and regulations, subject to the approval of the commissioner, to effectuate the provisions and purposes of this article with respect to certified home health agencies, providers of long term home health care programs and providers of AIDS home care programs, including, but not limited to, (a) the establishment of requirements for a uniform statewide system of reports and audits relating to the quality of services provided and their utilization and costs; (b) establishment by the department of schedules of rates, payments, reimbursements, grants and other charges; (c) standards and procedures relating to certificates of approval and authorization to provide long term home health care programs and AIDS home care programs; (d) uniform standards for quality of care and services to be provided by certified home health agencies, providers of long term home health care programs and providers of AIDS home care programs; (e) requirements for minimum levels of staffing, taking into consideration the size of the agency, provider of a long term home health care program or provider of an AIDS home care program, the type of care and service provided, and the special needs of the persons served; (f) standards and procedures relating to contractual arrangements between home care services agencies; (g) requirements for the establishment of plans for the coordination of home care services and discharge planning for former patients or residents of facilities under the regulatory jurisdiction of the department, the departments of social services or mental hygiene, the board of social welfare, or the office for the aging; (h) requirements for uniform review of the appropriate utilization of services; and (i) requirements for minimum qualifications and standards of training for personnel as appropriate. The commissioner may propose rules and regulations and amendments thereto for consideration by the council.

6. The commissioner shall adopt rules and regulations for licensed home care services agencies which establishes a cap on administrative and general costs for such agencies equal to the cap on administrative and general costs applied to certified home health agencies in accordance with subdivision seven of section thirty-six hundred fourteen of this article.

7. The commissioner shall adopt and may amend rules and regulations to effectuate the provisions and purposes of this article as to licensed home care services agencies with regard to (a) uniform standards for quality of care and services to be provided and (b) the establishment of a uniform statewide system of reports relating to the quality of services offered.

8. (a) The commissioner may require a health home or licensed home care services agency to report on the costs incurred by the health home or licensed home care services agency in rendering health care services to Medicaid beneficiaries. The department of health may specify the frequency and format of such reports, determine the type and amount of information to be submitted, and require the submission of supporting documentation, provided, however, that the department shall provide no less than ninety calendar days' notice before such reports are due.

(b) If the department determines that the cost report submitted by a provider is inaccurate or incomplete, the department shall notify the provider in writing and advise the provider of the correction or additional information that the provider must submit. The provider must submit the corrected or additional information within thirty calendar days from the date the provider receives the notice.

(c) The department shall grant a provider an additional thirty calendar days to submit the original, corrected or additional cost report when the provider, prior to the date the report is due, submits a written request to the department for an extension and establishes to the department's satisfaction that the provider cannot submit the report by the date due for reasons beyond the provider's control.

(d) All reports shall be certified by the owner, administrator, chief executive officer, or public official responsible for the operation of the provider. The cost report form shall include a certification form,

which shall specify who must certify the report.