*** § 3615. State aid to certified home health agencies.** 1. State aid shall be provided to certified home health agencies to assist in developing and ensuring their capacity to meet community need. Funds for such aid shall be made available each year in an amount equal to twenty-five cents per capita of the population within each health systems agency region, as established pursuant to article twenty-nine of this chapter, or two hundred thousand dollars, whichever is greater. Two million five hundred thousand dollars shall be for the state's share of payments provided pursuant to subdivision five of section thirty-six hundred fourteen of this article. The remaining amount shall be for purposes of providing grants pursuant to this section and sections thirty-six hundred seven and thirty-six hundred nine of this article.

2. For purposes of funding grants pursuant to sections thirty-six hundred seven and thirty-six hundred nine of this article and grants pursuant to this section, the commissioner shall allocate the proportion of funds among the health systems agency regions using the last preceding federal census or other census data approved by the comptroller.

3. Such annual funds allocated to each health systems agency region shall be made available for grants to applicants within each such region which are determined eligible and approved by the commissioner pursuant to the provisions of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article.

4. In order to be considered eligible for receipt of a grant pursuant to this section, a certified home health agency shall submit an application to the department. Such application shall demonstrate, to the satisfaction of the commissioner, that the agency:

(a) received a certificate of approval pursuant to the provisions of section thirty-six hundred eight of this article at least two years prior to the date of the application and that such certificate has not been revoked or annulled subsequent to its receipt and is not limited as of the time of application;

(b) shall utilize grant funds to provide home care services to persons whose residence is in an area which, due to location, is more costly to

serve, or persons whose conditions require a more intensive level of home care than typically provided in a visit;

(c) shall undertake reasonable efforts to maintain financial support from public and community contributed funding sources;

(d) shall make every reasonable effort to collect payments for services from third party insurance payers, governmental payers and self-paying patients;

(e) shall have professional assistance available on a seven day per week, twenty-four hour per day basis;

(f) shall establish a reasonable relationship between costs and charges, or establish charges at approximate cost; and

(g) has no other available financial resources to serve the populations as identified in paragraph (b) of this subdivision.

5. For the purpose of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article, a grant applicant shall submit a copy of its application to the health systems agency in whose region the applicant is located.

6. For the purpose of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article, each health systems agency shall convene an advisory group with representatives from, but not limited to, local departments of health, including those organized and unorganized as county and part-county health districts, social services districts, offices for the aging, certified home health agencies, and consumers of home health agency services. Such advisory group, after considering recommendations from persons involved in or knowledgeable about home care services delivered in that region, shall, consistent with state and regional health plans, identify priority regional and local needs for the purposes identified in this section and sections thirty-six hundred seven and thirty-six hundred nine of this article. The health systems agency shall provide to the commissioner the recommendations of the advisory group regarding which grant applications meet regional and local needs, as well as the advisory group's prioritization of applications.

7. For the purposes of this section and sections thirty-six hundred

seven and thirty-six hundred nine of this article, the commissioner shall approve applications for grants which meet the requirements of this section pursuant to which the application is submitted and rules and regulations adopted pursuant thereto. In approving such applications, the commissioner shall take into prime consideration the recommendations of the advisory group convened by the health systems agency in whose region the applicants are located and also take into consideration other applications submitted by the same applicant for grants submitted pursuant to such sections. The commissioner shall notify each advisory group and each applicant in writing of his approval or disapproval and, if disapproval, shall state the reasons for disapproval.

8. Grants approved for the purposes of this section may be made each year for up to a two-year period or until the costs for such services provided by virtue of receipt of the grant are included in rates of payment, whichever is sooner. Certified home health agencies which receive grants pursuant to this section may reapply for grants and may be approved if the applicant satisfies the requirements of subdivision four of this section and rules and regulations adopted pursuant to this section.

9. In the event that a public certified home health agency is approved for a grant, pursuant to this section, funds provided under the grant shall not reduce the amount of aid otherwise reimbursable to such agency pursuant to article six of this chapter.

10. The commissioner is authorized to promulgate such rules and regulations, as are necessary to carry out the provisions of this section. Such rules and regulations may include, but not be limited to, minimum and maximum grant levels.

11. Recipients of grants shall submit to the commissioner reports on the use of grants provided under this section at such times and in such format as the commissioner may prescribe.

* NB Effective until June 30, 2029

* § 3615. State grants to certified home health agencies. 1. State

grants shall be provided to certified home health agencies to assist in developing and ensuring their capacity to meet community need. Funds for such grants shall be made available each year in an amount equal to twenty-five cents per capita of the population within each health systems agency region, as established pursuant to article twenty-nine of this chapter, or two hundred thousand dollars, whichever is greater.

2. The commissioner shall allocate the proportion of funds among the health systems agency regions using the last preceding federal census or other census data approved by the comptroller.

3. Seventy-five percent of such annual funds allocated to each health systems agency region shall be made available for grants to certified home health agencies within each such region which are determined eligible and approved by the commissioner pursuant to this section. Twenty-five percent of such annual funds allocated to each health systems agency region shall be made available for grants to applicants within each such region which are determined eligible and approved by the commissioner pursuant to the provisions of sections thirty-six hundred seven and thirty-six hundred nine of this article. Notwithstanding such percentages, in the event that grants approved under either percentage category are less than the amount available pursuant to such percentage, the remaining amount shall be added to and deemed available for the purposes of the other percentage amount.

4. In order to be considered eligible for receipt of a grant pursuant to this section, a certified home health agency shall submit an application to the department. Such application shall demonstrate, to the satisfaction of the commissioner, that the agency:

(a) received a certificate of approval pursuant to the provisions of section thirty-six hundred eight of this article at least two years prior to the date of the application and that such certificate has not been revoked or annulled subsequent to its receipt and is not limited as of the time of application;

(b) shall utilize grant funds to provide home care services to persons of low income who are not otherwise eligible for government sponsored programs or not covered by insurance, persons whose residence is in an

area which, due to location, is more costly to serve, or persons whose conditions require a more intensive level of home care than typically provided in a visit;

(c) shall undertake reasonable efforts to maintain financial support from public and community contributed funding sources;

(d) shall make every reasonable effort to collect payments for services from third party insurance payers, governmental payers and self-paying patients;

(e) shall have professional assistance available on a seven day per week, twenty-four hour per day basis;

(f) shall establish a reasonable relationship between costs and charges, or establish charges at approximate cost; and

(g) has no other available financial resources to serve the populations as identified in paragraph (b) of this subdivision.

5. For the purpose of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article, a grant applicant shall submit a copy of its application to the health systems agency in whose region the applicant is located.

6. For the purpose of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article, each health systems agency shall convene an advisory group with representatives from, but not limited to, local departments of health, including those organized and unorganized as county and part-county health districts, social services districts, offices for the aging, certified home health agencies, and consumers of home health agency services. Such advisory group, after considering recommendations from persons involved in or knowledgeable about home care services delivered in that region, shall, consistent with state and regional health plans, identify priority regional and local needs for the purposes identified in this section and sections thirty-six hundred seven and thirty-six hundred nine of this article. The health systems agency shall provide to the commissioner the recommendations of the advisory group regarding which grant applications meet regional and local needs, as well as the advisory group's prioritization of applications.

7. For the purposes of this section and sections thirty-six hundred seven and thirty-six hundred nine of this article, the commissioner shall approve applications for grants which meet the requirements of this section pursuant to which the application is submitted and rules and regulations adopted pursuant thereto. In approving such applications, the commissioner shall take into consideration the recommendations of the advisory group convened by the health systems agency in whose region the applicants are located and also take into consideration other applications submitted by the same applicant for grants submitted pursuant to such sections. The commissioner shall notify each applicant in writing of his approval or disapproval and, if disapproval, shall state the reasons for disapproval.

8. Grants approved for the purposes of this section may be made each year for up to a two-year period or until the costs for such services provided by virtue of receipt of the grant are included in rates of payment, whichever is sooner. Certified home health agencies which receive grants pursuant to this section may reapply for grants and may be approved if the applicant satisfies the requirements of subdivision four of this section and rules and regulations adopted pursuant to this section.

9. In the event that a public certified home health agency is approved for a grant, pursuant to this section, funds provided under the grant shall not reduce the amount of aid otherwise reimbursable to such agency pursuant to article six of this chapter.

10. The commissioner is authorized to promulgate such rules and regulations, in consultation with the state council on home care services, as are necessary to carry out the provisions of this section. Such rules and regulations may include, but not be limited to, minimum and maximum grant levels.

11. Recipients of grants shall submit to the commissioner reports on the use of grants provided under this section at such times and in such format as the commissioner may prescribe.

* NB Effective June 30, 2029