

UPDATE ON PHHPC RETREAT RECOMMENDATIONS AND DISCUSSION ITEMS

August 2, 2018

RECOMMENDATION	STATUS/COMMENTS
Nursing Home Quality	
<p>Incorporate quality measures into nursing home Character & Competence determinations</p>	<p>In progress.</p> <ul style="list-style-type: none"> • Establishment applicants who operate facilities with overall CMS star ratings of 1 and 2 are being asked to address how they will improve quality at the homes. • The Department is working to identify and develop quality metrics that can be objectively and uniformly applied by PHHPC to C&C determinations in addition to the more narrow “recurrent” deficiencies standard.
<p>Nursing Home Quality Legislation</p>	<p>Legislation introduced (S.8394-A and A.10139).</p> <ul style="list-style-type: none"> • Independent quality monitor for serious or habitual violations. • Enhanced disclosure of familial interests in corporations providing services to facility. • Increases monetary penalties for violations that result in serious harm to residents or repeat violations. • Advanced notification of intent to sell real property of facility and repayment of undepreciated value of capital assets paid by Medicaid.
<p>Align CON with Health Across All Policies--Incorporate the Prevention Agenda/Public Health in Hospital CON determinations</p>	<p>Implemented</p> <ul style="list-style-type: none"> • Effective this PHHPC cycle, CON applications for hospital establishment and construction projects will include information about the applicant’s activities which advance Prevention Agenda goals and community public health needs.
<p>LHCSA Reforms</p>	<ul style="list-style-type: none"> • Statute enacted with SFY 2019 Budget: <ul style="list-style-type: none"> ○ Established 2-year moratorium on LHCSA establishment approvals. ○ Authorized Department to issue licensure regulations that incorporated public need and financial feasibility (after moratorium). ○ Required LHCSAs to report and register annually.

<p>Age Friendly New York</p>	<ul style="list-style-type: none"> • Governor’s 2018 State of the State included a multi-part proposal to support the needs of a modern aging population. <ul style="list-style-type: none"> ○ Established a Long-Term Care Planning Council. ○ Agencies to consider impact of policies and procurement on health aging. ○ 50% of health systems to be age friendly within next 3 years.
<p>Modernize Statute, Policies and Regulations to Align with Health System Transformation</p>	<p>Instituted Regulatory Modernization Initiative (RMI) process. Round 1 conducted September 2017 through December 2017.</p>
<p>Telehealth (Round 1)</p>	<ul style="list-style-type: none"> • Statute enacted in SFY 2019 State Budget eliminated barriers to telehealth delivery by allowing Medicaid re-imburement for primary care services regardless of where the patient is located (Implementation guidelines to be included in August 2018 Medicaid Update) • DOH, OMH and OASAS development joint guidance for consumers, providers and insurers (est. release this Fall)
<p>Integrated Primary and Behavioral Health Services (Round 1)</p>	<ul style="list-style-type: none"> • Statute enacted in SFY 2019 State Budget eliminated volume thresholds which will allow providers to more easily integrate primary care, mental health and substance use services. • DOH, OMH and OASAS are developing new regulations to allow providers to more readily offer integrated services-with a streamlined licensure and approval process and standard requirements across all relevant State agencies. • DOH, OMH and OASAS have convened an Integrated Care Billing Workgroup to address the barriers providers are facing regarding receiving payment for integrated care.
<p>Post-Acute Care Management Models (Round 1)</p>	<ul style="list-style-type: none"> • Community Paramedicine. SFY 2019 Executive Budget proposal to authorize EMTs to perform duties in non-emergency situations not enacted. Exploring regulatory options. • PHL 2805-X Demonstration Projects. Guidance issued in December 2017 inviting proposals for innovative projects involving collaborations between hospitals, home care agencies and physicians.

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<p>Cardiac Services (Round 1)</p>	<ul style="list-style-type: none"> • Regulatory amendments to increase flexibility to authorize PCI services are under development (4Q CY 2018). • Further research necessary before amending Cardiac Surgery regulations (1Q CY 2019).
<p>Off Campus Emergency Departments (Round 1)</p>	<ul style="list-style-type: none"> • DOH will continue to allow only Off-Campus Emergency Departments affiliated with a hospital system. • DOH will continue to utilize its current standards for review of Off-Campus Emergency Departments without creating a new need methodology. • Flexibility to account for unique local factors will be factored into DOH’s decision-making process.
<p>Procedural Diagnostic and Treatment Centers (Round 2)</p>	<ul style="list-style-type: none"> • Develop oversight framework for procedural and surgical services performed in a D&TC (A28) settings. • Convene RMI Workgroup by 1Q CY 2019.
<p>Eliminate financial feasibility reviews for provider applicants that demonstrate financial stability</p>	<p>DOH is evaluating whether to allow applicants to submit verification of a bond rating in the A category or better (Moody’s, S&P or Fitch), for the most recent three consecutive years, and for this bond rating to be deemed satisfaction of the statutory review criteria for the capability and financial feasibility of the proposed project. The proposal would apply to both Establishment and/or Construction applications, and would place an upper limit on the total project cost for construction projects.</p>
<p>Eliminate CON for primary care construction projects</p>	<p>Legislation introduced (S.8395/A.11170).</p>
<p>Eliminate CON for all facility construction projects that do not reflect changes in services</p>	<p>Legislation introduced (S.8395/A.11170).</p>