



## **Home Care Accessibility and Efficiency Improvement Act**

### **HCA-EIA Section Summary**

#### **Title of Bill**

§ 1. Enacts the “Home Care Accessibility and Efficiency Improvement Act” (HCA-EIA)

#### **Assessment and Access Improvements for Cost Savings**

§ 2. Establishes a common assessment/electronic data set and patient placement system to streamline, increase accuracy and efficiency, and rationalize patient assessment and placement in home and community based care based on the most appropriate and cost-effective service for the patient.

This section also requires an examination of alternate methods of improving the reimbursement system based on the new assessment, with the goal of determining whether alternate methods of reimbursement for home care would result in improved: adequacy of payment; patient access; quality of care and performance incentives; recruitment and retention of personnel; provider financial stability; working capital for the home care clinical and information technology infrastructure; cost-effectiveness; and other essential elements (such alternative methods would provide for weighted reimbursement levels according to severity and complexity of patient needs).

§ 3. Strengthens the long-standing statutory mechanism to divert patients from premature and unnecessary institutionalization by building up, monitoring and enforcing the identification, evaluation and referral of patients for home care who are otherwise eligible for nursing home placement; establishes performance and fiscal targets related thereto.

§ 4. Provides for program access and greater cost-effectiveness of coordinated long term care in conjunction with new assessment and placement system by creating cost cap flexibility in the LTHHCP.

§ 5. Increases program efficiency by changing the LTHHCP minimum reassessment interval from every 120 days to 180 days.

§ 5-a. Directs the Commissioner of Health to study and report to the legislature on the feasibility, appropriateness and cost-effectiveness of eliminating local district involvement in the assessment and authorization of home care services, considering the evolution of a new assessment system, new reimbursement methodology, cost-savings to Medicaid from eliminating duplication of effort, streamlined and improved access to care for patients, and other factors. Directs the Commissioner to establish and enforce local district performance standards in the interim.

## **Standards for More Effective Operation, Efficiency (Medicaid Savings), Access and Accountability**

§ 6. Requires the establishment of performance standards for local social services districts relating to their duties for assessing and authorizing home care services, to ensure: timeliness; avoidance of hospital/nursing home discharge delays or placements; consistency with state requirements; and, in the case of personal care, to establish goals for appropriateness and cost-effectiveness of authorized services.

§ 7. (Related to §6) Establishes Medical Assistance Savings Targets based on achievement of local social services district performance goals in nursing home diversion and in managing personal care program services for appropriateness and cost-effectiveness.

§ 8. Establishes local social services district benchmarks for personal care hours and utilization to promote efficiency, accessibility and standardization.

§ 9-10 Establishes statutory accountability, transparency, quality and efficiency standards for contracts between CHHAs/LTHHCPs/AHCPs and LHCSAs.

## **Additional Innovations for Cost-Savings/Cost-Effectiveness**

§ 11. Establishes a Targeted Intervention to Patients with High Cost/Service Use initiative to facilitate the most appropriate and cost-effective care for the concentration of patients who proportionally utilize the most services and generate the highest costs; allows for override of statutory and regulatory obstacles to facilitate placement and care in the most appropriate and cost-effective manner.

§ 12. Increases efficiency and flexibility in the use of health personnel by allowing nurses to orient and utilize aides in home health agencies to the same scope of patient care as aides in consumer directed care.

§ 13. Establishes a Home Telehealth Medicaid Cost-Efficiency Initiative that will be applied in techniques and to targeted populations to specifically reduce or offset the need for more costly Medical Assistance services.

§ 14. Establishes a Low Vision Assessment/Intervention Program to incorporate low vision assessment as part of the patient assessment process and referral/intervention as part of the plan of care, for the purpose of optimizing patient functioning and safety, and reducing risk of accidents, injury and preventable high cost health services utilization.

§ 15-16. Establishes a Federal-State Medicare Shared Cost Savings Partnership Program.

§ 17. Allows RN prefills of up to a 15 day supply of meds (compared to the current 8 day supply).

## **Reforms that Yield Medicaid Offsets**

§ 18. Creates an assigned risk mechanism to provide for LTC insurance access for persons who currently cannot access the voluntary LTC insurance market in order to facilitate private LTC financing and reduce dependence on Medicaid.

§ 19. Modernizes the commercial insurance coverage benefit for home care to improve access to private coverage and reduce dependence on Medicaid.

§ 20. Modernizes the Blue Cross insurance coverage benefit for home care to improve access to private coverage and reduce dependence on Medicaid.

## **Collaboration for Improved Efficiency, Access and Service Delivery**

§ 21. Permits LTHHCP/Hospice collaboration for the care of patients.

§ 22. Preserves and fosters choice and efficiency in the care of self-directed consumers, eliminates system conflicts and maximizes the use of resources by permitting the collaborative care of self-directing consumers by home care agencies and consumer directed personal assistance program providers.

§ 23. Permits collaboration to enable providers under dual waivers/case management to jointly serve patients.

§ 24. Permits MLTCs to voluntarily contract with LTHHCPs for the provision of home and community-based services.

§ 25-28. Permits managed care patients to voluntarily access LTHHCP services and/or LTHHCP patients to voluntarily access managed care.

## **Regulatory Reform, Relief and Efficiency Opportunities**

§ 29-30. Establishes access to the Health Workforce Occupation Development and Workplace Demonstration Program for CHHAs, LTHHCPs and LHCSAs, which will allow for provider-specific innovation and regulatory relief for purposes of staffing efficiency, enhancement, etc.

§ 31. Promotes State regulatory responsiveness and flexibility in system development and operation by creating Certificate of Need priorities and flexibility for specified home care purposes, and also encourages the evolution of multilevel providers/networks for continuity and efficiency of care.

§ 32. Establishes a Rural Home Health Flexibility Program to foster home health services development and access in rural areas.

## **Effective Date**

§ 33. Establishes an immediate effective date, except for the provisions related to CHHA/LTHHCP/LHCSA contracting and insurance benefit reforms.

*(Updated 3/6/09)*