Department of Health

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DAL: DHCBS 17-07; DHDTC 17-17
Subject: RMI – Post-Acute Care
PHL §2805-x Hospital-Homecare-Physician Collaboration Law

Dear Colleagues:

This DAL provides background and guidance related to Public Health Law §2805-x, New York's Hospital-Homecare-Physician Collaboration law which was enacted as part of Chapter 57 of the Laws of 2015. This initiative aligns with goals established by the Delivery System Reform Incentive Payment (DSRIP) program, the State's Health Improvement Model (SIM), and other key health reforms.

The purpose of the Hospital-Homecare-Physician Collaboration law is to facilitate innovation in hospital, home care agency, and physician collaboration in meeting the community's health care needs. Under the public health law, the definition of hospitals includes nursing homes. The collaboratives include hospitals (nursing homes), home care agencies, and physician practices models, and may further include payors and other providers along the continuum, including hospice programs. Eligible home care agencies may include licensed home care services agencies (LHCSAs) including those associated with Assisted Living Programs, long term home health care programs, and certified home health agencies. Nursing home participation may include the adult day health care programs that they operate. The law provides a framework for collaboration to improve:

- patient care access;
- patient health outcomes;
- cost-effectiveness in the use of health care services; and
- community population health.

The collaborative initiatives outlined in the law include, but are not limited to, the following:

- New Models of Integrated or Collaborative Care and Care Management
- Care Transitions
- Clinical Pathways – guidance of patients' progress, outcome goals, and effective health service use
- Prevention
- House-calls
- Telehealth Monitoring and Management of Patient Conditions; Promotion of Self-Care and Management; Consultations with Health Care Professionals to Avoid Emergency Department Visits and Hospital Admissions
- Avoidance of Hospital Readmissions
- Avoidance of Emergency Room Visits
- Bundled Payment and Other Alternative Payment Arrangements

For example, a Physician-Homecare agency collaborative may include home care services agencies and physician models working together to appropriately facilitate partnering for primary care, public health, and/or medical management activities to improve care transitions from hospital to home or hospital to assisted living. Similarly, a hospital-nursing home-home care collaborative may engage those providers in supporting successful transitions from the hospital to the nursing home for short-term rehab and from the nursing home to home care and adult day health care for extended rehab and long-term care. To accomplish the collaborative's goals, the collaborative may require regulatory waivers or specific policy changes applicable to certain activities such as, but not limited to, in-home post-surgical visits, pre-op workups, maternal child visits, in-home evaluation of patients, health education, and immunizations. Under PHL 2805-x, the regulatory and procedural layers ordinarily applicable to the home care services agency could be streamlined and potentially eliminated. The improved care transition will improve patient access, health outcomes, and cost effectiveness.

Other areas of collaboration outlined in the law include recruitment, training and retention of hospital/home care direct care staff in high need geographic or clinical areas, and collaboratives for the care and management of special needs, high-risk and high cost patients.

All projects are required to receive prior approval from the Department, however many of the cross-continuum collaboratives cited above may proceed under existing regulations and do not require waivers. It is only necessary to submit a request for a waiver if a collaborative arrangement would be impeded by a state regulation policy or procedure.

A proposed project must include, at a minimum, two of the entities mentioned in the law (home care services agencies, hospitals, physicians); and if the project involves delivery of services in the home, <u>must</u> include a home care services agency. Hospitals, physicians, nursing homes, and home care services agencies wishing to submit requests for a Departmental waiver under the provisions PHL §2805-x should submit their request along with a written narrative that explains the suggested project and timeline. The narrative must include the specific regulations, policies or procedures that the applicant is seeking a waiver from, as well as a proposed timeframe for implementation. Please be very specific in your requests.

The narrative must also include a proposed end date for the waiver and an evaluation plan. The maximum project period will be 5 years; however, the Department will consider projects of a shorter duration. The Department will review each waiver regulation request to ensure it does not violate federal or State statutes and does not jeopardize patient safety. The Department must be notified of each project and approve waiver requests prior to commencement. The Department reserves the right to remove a waiver for reasons including, but not limited to: failure to notify the Department of material changes to the project, findings related to adverse outcomes, quality, patient safety or violation of statute policies or regulations.

Request for waivers should be directed to Mark Kissinger at Mark.Kissinger@health.ny.gov.

We encourage all relevant providers to evaluate this authority and direct any questions in writing to Mark.Kissinger@health.ny.gov.

Sincerely,

Daniel B. Sheppard
Deputy Commissioner
Office of Primary Care and Health Systems Management