



Hospice & Palliative Care Association of NYS

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HPCANYS 2019 Legislative Priorities

Advance Care Planning: Last year, in his State of the State message, Governor Cuomo pledged to initiate a statewide ACP campaign, to include public outreach and education, engagement and encouragement of New Yorkers of all ages to complete ACP documents. We support empowering the public with the knowledge, so that they can choose what is right for them.

OUR ASK: *The State of NY fund a public education ACP campaign for \$5 Million over the next 2 years.*

Criminal History Record Check Funding/Reimbursement: Effective April 1, 2018, hospice workers who provide direct care or supervision of patients became subject to a criminal history record check (CHRC) as a condition of employment and hospices were also added to the list of providers that would be reimbursed for the additional cost associated with this requirement. *DOH has not created a mechanism for hospices to be reimbursed for this mandated cost.* Reimbursement must not be an addition to the Medicaid rate because of the minimal Medicaid hospice volume.

OUR ASK: *The legislature direct DOH to create a mechanism for payment of these funds to hospice programs, and require payment of funds to all eligible provides within 45 days of receipt and approval of the invoice.*

Emergency Medicaid Payment for Hospice: New York State's Medicaid for the Treatment of an Emergency Medical Condition helps eligible, undocumented and temporary immigrant New Yorkers pay for medical costs when an individual needs immediate medical attention for a serious health issue. As hospice is not a covered service, the only option available for an individual eligible for Emergency Medicaid who is terminally ill would be in a hospital setting, rather than at home or in a hospice residence, which are more appropriate and preferable settings.

OUR ASK: *Include Hospice Care as an approved reason for Emergency Medicaid Payment.*

Health Care Facility Transformation Programs Funds: The Executive Budget proposes an allocation of up to \$300 million of the \$525 million from SFY 2018-2019 funds to fund applications which were already submitted – but not granted– under Phase II of the program. Hospice organizations were not included in Phase I or II but are now included in Phase III. Transferring Phase III money will decrease the ability of the hospices, in great need of facility transformation money, to access those funds.

OUR ASK: *Programs that were not allowed to apply in Phase II receive preference for selection in Phase III.*

Access to Palliative Care for All New Yorkers: Research has shown that palliative care improves patient satisfaction and clinical outcomes. California is the only state with an approved and funded Palliative Care Benefit.

OUR ASK: *Conform the definition of palliative care throughout New York statues and fund a study to create a palliative care benefit and payment structure for Medicaid recipients.*

Medicaid Managed Long Term Care and Hospice: Patients enrolled in hospice cannot access services of MLTCP without first dis-enrolling from hospice. This process can take up to 6 weeks. During this time, patients are left without hospice care or MLTCP services.

OUR ASK: *That the state remove this barrier through plan redesign/ waiver and allow individuals eligible for MLTCP who enroll in hospice first to be able to enroll in MLTCP without dis-enrolling from hospice.*

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