

REGULATORY AGENDA

Department of Health

The following rules are under consideration for submission as a Notice of Proposed Rulemaking during the calendar year January 2006:

DESCRIPTION OF THE RULE SUBJECT MATTER

Title 9 NYCRR (Executive)

9600.4(c) Provision of Information By The EPIC Program - Enable the provision of information to OTDA by EPIC regarding participants who are enrolled in the Medicare Prescription Drug Card Program, thereby assisting these participants to receive an enhanced medical deduction in the calculation of food stamp benefits.

Title 10 NYCRR (Health)

2.1 and 2.5 Reportable Communicable Diseases - Addition of vibriosis, Vancomycin-intermediate resistant Staphylococcus aureus (VISA), Vancomycin-resistant Staphylococcus aureus (VRSA), Shiga toxin-producing Escherichia coli (STEC), transmissible spongiform encephalopathy (TSE), and varicella as reportable diseases.

2.14 Communicable Diseases - Rabies regulations will be updated to be consistent with changes enacted to the Public Health Law in December 2002. The regulations will provide new definitions, and clarification of requirements for reporting, authorization of treatment, release of information, confinement and observation, exceptions to euthanasia and testing, and animal vaccinations.

2.19 Reporting Cases or Suspect Cases of Communicable Disease by Laboratories - Utilization of the Electronic Clinical Laboratory Reporting System (ECLRS) by laboratories to meet their public health reporting requirements for Communicable Disease reporting.

2.58 Communicable Diseases - Regulations will be updated to extend to all reptiles rather than being limited to turtles, to reflect current understanding of potential sources of disease. Regulations will be revised to include a requirement for pet shops to provide written warnings at the point of sale, and to specify warnings posted at display sites where reptiles are not for sale but may be handled by the public.

5-1 Public Water Systems - Amend to incorporate mandatory federal regulations to improve control of microbial pathogens (LT2ESWTR) while limiting risks associated with the formation of and exposure to disinfection byproducts (Stage 2 D/DBP); revising the provisions applicable to variances and exceptions; updating provisions pertaining to control of lead and copper in public water supply systems; and updating and clarifying specific code references.

5-1 Public Water Systems - Revise to incorporate mandatory federal regulations revising the maximum contaminant level for arsenic and requirements for new source contaminant monitoring; and update and clarify specific code provisions and references.

5-1 Public Water Systems - Amend to incorporate mandatory federal regulations to protect against microbial pathogens in drinking water from ground water sources.

5-6 Bottled and Bulk Water Standards - Modify to be consistent with FDA standards.

6-1 Swimming Pools - Update pool design standards reflecting new technologies and amend regulations for supervision and safety requirements.

6-3 Recreational Aquatic Spray Grounds - Create a new Subpart that will contain regulations for Recreational Aquatic Spray Grounds that use re-circulated water. The regulations will contain design and operational standards to ensure patron health and safety. Facilities must obtain a permit to operate from the local health department having jurisdiction.

7-1 Temporary Residences - Amend to remove campground specific requirements contained in 7-1.60, which are now contained in a separate Subpart 7-3. Amend and update fire safety requirements to reflect statewide applicability of the Uniform Fire Prevention and Building Code to new construction.

7-2 Children's Camp - Amend Camp Aquatic Director qualifications contained in Section 7-2.5 (e) and Camp Health Director qualifications in 7-2.8 to clarify and update minimum experience, certification, and training needed to hold the position.

7-4 Mass Gatherings - Create new Subpart to include the provisions for mass gatherings currently included as part of Subpart 7-1. Revise various sections to better address crowd control, camping and installation and maintenance of services and facilities.

7-5 Agricultural Fairgrounds - Modify requirements for the size of campsites and separation distances between camping units at agricultural fairgrounds.

8 Nuisances - Modify to address current needs/concerns of local health departments.

11 Qualifications of Public Health Personnel - This section of the Code provides job titles and minimum job qualifications for local health department personnel. The Code, last updated in 1979, will be updated to ensure that minimum qualifications for the positions of public health director, public health nurse, health educator, and environmental health titles are appropriate to meet the infrastructure needs of effective local public health systems.

14-1, 14-2, 14-4, 14-5 Food Protection - Modify requirements and create a more user-friendly document; exempt certain operators and rescind certain provisions, address legislative mandate regarding food worker training courses.

16 Ionizing Radiation - Add/amend requirements for standards for decommissioning, reporting, transportation, definitions and human research to be compatible with federal regulations and replace outdated requirements. Clarify the requirements for reporting of misadministrations. Revise reporting requirements to be consistent with NYPORTS. Update quality assurance requirements. Update equipment requirements for dental x-ray facilities. Includes basic quality control requirements for dental x-ray films, and requirements for computed tomography units used for maxillofacial and/or dental examinations.

17 Mobile Home Parks - Update regulations and consider revision.

19 Limited Testing Site Directors - Establish qualifications for

directors of clinical laboratories that limit their services to CLIA-designated waived tests and provider-performed microscopic procedures; and establish qualifications for directors of clinical laboratories that limit forensic toxicology services to use of Department-waived initial testing methods.

34 Health Care Practitioner Referrals and Laboratory Business Practices - Technical amendments to align with federal compensation arrangement exceptions.

52-11 Nontransplant Anatomic Banks - Establish standards for acquisition and use of whole bodies, body segments, organs and tissues for research and educational purposes.

53 Drinking Water State Revolving Fund - Revise scoring criteria to accommodate priority ranking to residential housing served by private wells into agreement with criteria for existing water supply systems and promote projects intended to improve PWS security against terrorism/vandalism.

55-2 Environmental Laboratories - Technical revisions to ELAP program standards to ensure consistency, where applicable, with national consensus standards promulgated by NELAP.

57 Rabies - Obsolete administrative requirements for dogs at large in rabies designated areas will be removed, and replaced with regulations to clarify administrative issues for reporting, cost responsibility, and reimbursement of rabies expenses.

58-1 Clinical Laboratories - Reorganize and consolidate existing requirements for clarity, codify QA, PT and other requirements to align with federal CLIA standards; establish standards for tracking and referral of critical agent specimens; establish standards for laboratory verification of technical and clinical validity of analytical methods; establish permit qualifications and record keeping standards for laboratories that limit their services to CLIA-designated waived tests and provider-performed microscopic procedures; establish standards for multiple-site permits; and establish work standards applicable to automated examinations of Pap smears.

58-2 Blood Banks - Technical amendments for collection, processing, testing, and storage of blood and blood components; labeling of blood specimens intended for pre-transfusion testing; and equipment calibration, temperature and record keeping requirements. Amend qualifications of cytopheresis collection site staff, and lower blood donation level to 16 years with parental/guardian consent.

58-4 Direct Access Testing - Establish record keeping and reporting standards for direct access testing, a business model for clinical laboratories authorized by Chapter 572 of the Laws of 2002.

59 Chemical Analyses Of Blood, Urine, Breath Or Saliva For Alcoholic Content - Technical amendments to provisions for breath alcohol testing to simplify enforcement of Vehicle and Traffic Law; codify list of approved ignition interlock devices and delete references to expired pilot program; and codify NHTSA model specifications for device certification.

60-1.1 WIC Program Violations & Hearings - Modify provisions related to WIC food vendor enrollment criteria, violations & sanctions and WIC participant violations & sanctions. These changes are required to conform with federal changes in 7 CFR 246 establishing nationally uniform vendor and participant violations & sanctions for the WIC program.

63.11 HIV Laboratory Reporting - Expand laboratory test reporting to include viral load and CD4 test results and HIV drug residence testing.

66-1.1 thru 66-1.10 and 66-2.1 through 66-2.9 Immunizations - Various regulatory changes are proposed to delete obsolete technical information, update immunization recommendations, revise language related to medical exemptions and to the annual school immunization survey requirements, and ensure consistency in regulations.

67-1 Lead Screening and Follow-up - Amendments would clarify the current regulation that follow-up (case management) services are required for all children regardless of age, not just for children under

six as some counties have practiced. We also propose reducing the capillary blood lead level at which a result must be confirmed by venous test from 15 mcg/dL to 10 mcg/dL, which is consistent with CDC guidance and our forthcoming case management guidelines.

67-2 Lead Poisoning Control - Revise and update regulation to be consistent with federal regulations and guidelines on environmental assessment and abatement.

67-3 Reporting of Blood Lead Levels - Amendments would require all laboratories to transition to electronic reporting over a specified time period; would expand the number of fields required on a laboratory report; and would tighten accountability for labs and physicians in reporting to improve compliance. All of these changes would help counties coordinate follow-up for children with elevated lead levels and would strengthen our capacity for meaningful analysis of surveillance data to target our screening promotion efforts.

69-1 Newborn Screening - Expand the Department's Newborn Screening Panel to include tests for Krabbe disease, an inborn error of metabolism.

69-4 Early Intervention Program - Regulations need to be reviewed and updated to be consistent with recently enacted changes to the Public Health Law. Conforming regulations will address new requirements related to transition procedures for children aging-out of the Early Intervention Program; procedures for IFSP amendments; collection of insurance information and social security numbers from parents for eligible children; establishment of standards for evaluators, service coordinators, and providers of early intervention services; approval and periodic re-approval of evaluators, service coordinators, and providers of early intervention services who meet Department standards; Department auditing procedures; and, fiscal management and claiming standards.

69-4 Early Intervention Program - Include standards for behavioral aids, approval of providers, and reimbursement methodology to deliver for delivery of behavioral therapies to children with autism.

69-4 Early Intervention Program - Amend regulations to include or clarify programmatic and reimbursement requirements for the program, including at a minimum the following: criteria for eligibility and ongoing eligibility; criteria for referral of children at risk for disability; criteria and procedures for sanctioning and disqualification of evaluators, service coordinators, and providers of early intervention services; health and safety standards to be maintained by service providers; requirements for documentation of records and record retention; mediation and impartial hearing procedures; service taxonomy definitions; and, billing rules for early intervention services.

69-4 Early Intervention Services - Include a reimbursement methodology for paraprofessionals that deliver behavioral therapies to children with autism.

74 Approval of Realty Subdivisions - Revise/update standards for realty subdivision design and plan approval, including water quality standards for proposed on site water systems.

Appendix 75A Wastewater Treatment Standards - Individual Household Systems - revise/update design standards to address clarification and new technology.

77.3 Funeral Directing, Undertaking and Embalming - Registered residents - Responsibilities of sponsor.

77.5 Funeral Establishments - Prohibit the recovery of tissue within a funeral establishment and not allow non-transplant anatomical banks to operate within such establishments.

80 Controlled Substances - Emergency amendments are required to create a new Section 80.138 - Opioid Overdose Prevention Programs, pursuant to Chapter 413 of the Laws of 2005. Chapter 413 created a new NYS Public Health Law Section 3309 authorizing opioid overdose prevention programs effective April 1, 2006. Regulations will describe such features as the application process, program requirements, training and record keeping/reporting.

80 and 94 Inpatient Medical Orders - Amend the requirement that requires written medical orders by registered physician's assistants to be countersigned by the supervising physician within 24 hours to be consistent with a recent change in the Public Health Law; Section 3703.

80 and 910 Serialized Official New York State Prescription Form - All prescriptions written in New York State must be written on an official NYS prescription form beginning on April 19, 2006.

86-1.62 and 86-1.63 Hospital Reimbursement - Update the All Patient Diagnostic Related Groups (AP-DRGs) patient classification system that will be used for 2006 inpatient hospital rates. The amendments will change the existing list of DRGs; modify the ICD-9 codes listed in the Congenital Malformations Registry; and, compute new service intensity weights (SIWs), non-Medicare length of stay trimpoints, and average lengths of stay for each DRG.

86-2 Updating Criteria for Determining Nursing Home Hospital-Based Status - Eliminate regulations referencing the creation of hospital-based nursing homes since the federal government no longer makes that distinction.

86-2.10 and 86-2.15 Behavioral Intervention Services - Establish a distinct Medicaid payment rate for nursing facilities that operate a discrete unit to care for individuals with neurobehavioral challenges (identified as behavioral intervention step-down units) that no longer require the intensity of the secure specialized behavioral units already in regulation.

86-4.9 Units of Service, Social Work Services in Article 28 Federally Qualified Health Centers (FQHCs) - Allows Medicaid to reimburse for off-site primary care and the services of certified social workers for both individual or group psychotherapy in the FQHC settings. This amendment is required due to recent changes in federal law.

87.22 and 400.22 Increase Department of Health Fees for the Operational Period - Increase the annual fee charged during the operational period from .2% to .3% for hospital and nursing home mortgages financed under Article 28A and Article 28B of the Public Health Law.

89 Practice of X-ray Technology - Update obsolete language, establish certificate and standards for radiographers who inject contrast media, and add definition of "fusion imaging."

96 Licensure and Practice of Nursing Home Administration - Refine and streamline the existing regulations and ensure their consistency with the policies and directives of the Board of Examiners of Nursing Home Administrators.

98-1 Health Maintenance Organization (HMO) - The regulation will be revised to create a uniform process for the handling of service authorizations and complaints and appeals to comply with federal regulations. The proposed revisions will synchronize the requirements for a service authorization/utilization review process and grievance process with those found in federal regulations. The proposed revisions will change timeframes for responding to a service authorization request and resolving a complaint or appeal, add new definitions, and identify notice requirements for both processes.

98-2 External Appeals of Adverse Determinations - Amend the existing regulation to establish new and revised standards and procedures for the external appeal process and to clarify the requirements for external appeal agents.

128 New York City Watershed Rules - Amend to incorporate regulations intended to protect NYC's Watersheds including the various reservoirs and tributaries by providing various limitations on activities and construction.

405.7 Language Assistance Services/Patients' Rights - Strengthen the communication provisions for persons who do not speak English or speak it well and update the Patients' Bill of Rights to conform to the Public Health Law.

405.8 Incident Reporting - Update the Department's New York Patient Occurrence Reporting and Tracking System (NYPORTS) provisions for hospitals to reflect current practice.

405.9, 405.19 (revised) and new Part 722 - Standards for Hospital-based Sexual Assault Forensic Examiner (SAFE) Programs - Public Health Law 2805-i 4-b requires the Commissioner to designate qualified hospitals as sites of Sexual Assault Forensic Examiner (SAFE) Programs. On October 1, 2003, legislation was signed that requires hospitals to provide to sexual assault patients, upon request, prophylaxis against pregnancy. The regulatory proposal will include:

- Requirements of hospitals providing services to patients who have been sexually assaulted;

- Operating standards for SAFE programs;

- New standards for patient care at all hospitals consistent with statute; and,

- Appropriate cross-references with existing hospital admission and discharge as well as emergency service standards.

These regulations are currently at GORR.

405.3 (Hospitals), 415.26 (Nursing Homes), 751.6 (Treatment Center and Diagnostic Center Operations), 763.13 (Certified Home Health Agencies, Licensed Home Care Service Agencies, and AIDS Health Care Programs), 766.1 (Licensed Home Care Services Agencies), 793.5 (Hospice Operations) - Regulations for personnel in these facilities include the requirement for an annual tuberculosis assessment. Current regulations specify a "ppd (Mantoux) skin test for tuberculosis prior to employment or affiliation and no less than every year thereafter for negative findings. Positive findings shall require appropriate clinical follow-up but no repeat skin test..." These regulations will be updated to permit the use of FDA-approved blood assays for the detection of latent TB infection, as an alternative to the skin test.

415 Neurobehavioral Step Down Unit - Establish new nursing home regulations for a specialized program for nursing home residents requiring less restrictive behavioral interventions than provided in a discrete neurobehavioral unit. A neurobehavioral step down unit shall mean a discrete unit with a planned combination of services with staffing, equipment and physical facilities designed to serve individuals whose behavior cannot be managed in a RHCF without presenting as an undue risk or threat to self or others, but whose behavior does not require the program and services of a discrete neurobehavioral unit.

700, 717, 790, 791 and 794 Hospice Residence Dual Certification - Authorize the dual certification of up to two beds in a hospice residence, and update and clarify certain standards contained in the hospice residence regulations.

708 Appropriateness Review - Amend Trauma Designation Centers. Add a new section to designate regional trauma centers as Coordinating Centers to take on regional leadership roles. Modify existing trauma designation standards and update provisions to conform to the 2005 Emergency Medical, Trauma Care and Disaster Preparedness Act.

711, 712, 713, 715 and 716 Medical Facility Construction - Revision of the Medical Facilities Construction Code.

750-759 Treatment Center and Diagnostic Center Operation - Update to reflect changes since last major review. Update the Department's New York Patient Occurrence Reporting and Tracking System (NYPORTS) provisions for Diagnostic and Treatment Centers to reflect current practice.

763 and 766 Reporting Requirements for Licensed Home Care Services Agencies -To implement recent statutory changes to PHL which require licensed home care services agencies to submit annual cost reports and comply with the annual administrative and general cost requirements applied to certified home health agencies.

767 Home Medical Equipment - Create new Part to include provisions for licensing and oversight of Home Medical Equipment providers, pursuant to newly enacted statute.

800 Emergency Medical Services - General - Use and application by members of the public of automatic external defibrillators. Use and application of epinephrine auto-injectors in an emergency situation. Codify regulatory requirements for Advance Life Support First Response Agencies. Codify regulatory requirements for Basic Life Support Providers. Make updates to EMS certification and training regulations. Establish a new section on the mobilization and/or sharing of resources in the event of a declared disaster.

1000.1 Physician Profiling Definitions - Modify this regulation to define physician membership other than "board certification". The amendments will provide definitions and requirements for physician information posted under the field "membership" on the physician profiling system.

1000.3 Malpractice Awards, Judgements, and Settlements - A physician has 30 days within which to appeal the disclosure of the settlement information in the instance where – physician has 2 or fewer settlements. The regulation would clarify the circumstances under which a physician may be granted an extension because of physical incapacitation, etc.

1000.5 Physician Profiling Updating Self-Reported Information - Add the requirement that physicians must notify the department at least annually if there are no changes in profile information.

Article 4A of PHL - Body Piercing and Tattooing - The law requires a permit to perform body piercing and tattooing and the establishment of a permit fund. Rules and regulations to be promulgated will include guidance on infection control practices to prevent the transmission of diseases, especially bloodborne pathogens, sterilization and disinfection of equipment, as well as administration and enforcement of the law.

N/A PHL 461 Tattoo and Body Piercing - Chapter 562 of the laws of 2001 amends Section 461. The law requires permits to perform body piercing and tattooing and establishes a tattoo and body piercing regulation and permit fund. The regulations will include guidance on infection control practices to prevent the transmission of diseases, especially blood-borne pathogens. The guidelines set forth on sterilization and disinfection will be consistent with the Association for the Advancement of Medical Instrumentation guidelines as well.

Article 35-A of PHL - Ultraviolet Radiation Devices, Tanning Facilities - The law requires a license to operate a tanning facility. It also provides for the promulgation of rules and regulations establishing standards for cleanliness, hygiene and safety of such operations, as well as administration and enforcement of the law.

Title 18 NYCRR (Social Services)

311.3(a)(2) District of Fiscal Responsibility for Medicaid - Revise the regulation to conform with Chapter 150 of the Laws of 2001 which requires that when a recipient of Medical Assistance moves from one district to another within the State and continues to be eligible, the "from" district remains responsible for providing Medicaid for the month in which the move takes place and for the month following the month of move.

360 Medicaid Buy-In Program for Working People with Disabilities - Medicaid eligibility requirements for working people with disabilities.

360 Family Health Plus (FHP) program - Implements the FHP program.

360 Medicaid Managed Care Program - Replace the existing regulations to conform with changes authorized by Chapter 165 of the Laws of 1991, Chapter 649 of the Laws of 1996 and Chapters 433 and 436 of the Laws of 1997. The proposed regulations will clarify provisions of law, provide clearer guidance regarding marketing and enrollment in the Medicaid managed care/Family Health Plus

programs, add fair hearing rights and requirements specific to Medicaid managed care/Family Health Plus, require providers to accept payment from a managed care plan as payment in full, add provider prohibitions specific to the Medicaid managed care/Family Health Plus programs and establish billing timeframes (that mirror the Medicaid billing timeframes) for Medicaid enrolled providers who treat a Medicaid managed care or Family Health Plus enrollee but who do not have a contract with the enrollee's managed care plan.

360-2.3(c) Attestation of Resources for Medicaid - Revise regulation to conform with HCRA 2001 allowing Medicaid applicants/recipients to attest to resources if they do not need long term care services.

360-3.2(j) Conditions of Eligibility - Implements citizenship/alien status requirements of eligibility for Medicaid.

360-3.3, 3.7, 4.1, 4.7, 4.8 Eligibility Requirements for PCAP, Infants and Children Aged 6 through 18 - Updates the Medicaid levels and poverty levels for pregnant women and infants to be covered up to 200% FPL.

360-4.4 Transfer under the NYS Partnership for Long-Term Care - If transfer is made within a look-back period, the amount of transfer will be used in the calculation of protected assets under the dollar for dollar Partnership.

360-4.6(a)(2)(xxv) Interest/Dividend Income Exclusion - Provides for the exclusion of most interest/dividend income for SSI-related individuals.

360-4.6 (2)(a)(xxvi) and 360-4.6 (b)(2)(x) Education-Related Income and Resource Exclusion - Provides for the disregard of gifts used for tuition, fees, or other necessary educational expenses as countable income, and, for nine months, as countable resources for SSI-related individuals.

360-4.6(b)(2)(v) and 360-4.6(b)(2)(ix) Resource Exclusion - Provides for a resource exclusion period of nine months for retroactive SSI and Social Security benefit payments, federal child tax credit payments, and federal earned income tax credit payments for SSI-related individuals.

360-4.10(a)(7) and 360-4(b)(4) Higher Personal Needs Allowance (PNA) for Persons Receiving Home and Community-Based Services and for Non-Institutional PACE Participants - Changes the personal needs allowance (PNA) amount that is given to spousal cases where the "institutionalized spouse" is receiving waiver or PACE services in the community.

360-5.5 Examination - The reference to 18 NYCRR 595.3(b) is inaccurate. The fiscal regulations were changed in 1988. This appears to have been an oversight at that time.

360-5.9(a) Trial Work Period - Revises the threshold amounts for counting a month toward a 9-month trial work period.

360-6.7 Managed Care - This section will be repealed and its provisions will be modified and consolidated with a new Part 360. The provisions describe the standards and processes by which managed care enrollees may disenroll from a managed care organization and will be revised to reflect Chapter 649 of the Laws of 1996 and Chapter 433 of the Laws of 1997.

360-7.2 Medicaid Program as Payment of Last Resort - Clarification of the definition of third party by adding the words "or entity."

360-7.3(c)(1) of Title 18 NYCRR and Part 85.13 of Title 10 NYCRR Use of Health, Hospital or Accident Insurance & Physically Handicapped Children's Program - Eliminates the dual prior approval for certain services for Medicaid eligible children.

360-7.5 Reimbursement of Paid Medical Expenses - Amendments required as a result of litigation concerning reimbursement to Medicaid recipients for expenses that should have been paid by the Medicaid program.

360-7.7 Payment of Medicare Coinsurance - Amend the regulation to indicate that Medicaid will reimburse providers 20% of the

Medicare Part B coinsurance for dually eligible Medicare/Medicaid recipients in instances where what Medicare pays exceeds the Medicaid fee.

360-7.11 Revision to Medicaid Recoveries - Lowers the age for estate recoveries and includes the category of undue hardship as required by federal regulations.

360-7.12 Co-Payments by Recipients - Revise the regulation to conform with recently enacted statutory changes to Medicaid co-payments that eliminates the pharmacy co-payment exemption for managed care recipients, and increases the pharmacy co-payment \$.50 to \$1.00 for generic drugs, \$2.00 to \$3.00 for brand name drugs, and the annual cap from \$100 to \$200.

360-11 Medicaid Managed Care - This section describes the standards and processes by which special needs populations may obtain specialty care services with the Medicaid managed care program. It will be repealed because it was made obsolete by passage of Chapter 649 of the Laws of 1996 which authorized the development of Special Needs Plans (SNPs) for these populations.

485, 486, 487, 488 and 490 - Consolidating and streamlining provisions relating to adult homes, enriched housing programs and residences for adults, to reflect recent past legislative and regulatory initiatives and the changing environments of these types of facilities. Provide clarification and consistency to residents, operators and the public with regards to adult care facilities.

487, 488 and 490 Temperature Standards for Adult Care Facilities - To implement the provisions of recently enacted statute with respect to an allowable temperature in all areas occupied by residents of adult homes, enriched housing programs and residences for adults.

495 Medications Management in Adult Care Facilities - To assure resident health and safety in ACFs by clarifying current regulatory authority for medication assistance, through focused initiatives relating to the procurement, storage, assistance/recording, and disposal of pharmaceuticals. Creates new Part to apply uniformly to adult homes, enriched housing programs and residences for adults.

496 Assisted Living Residences, Enhanced Assisted Living, Special Needs Assisted Living - Create new Part to carry out the requirements of newly enacted statute requiring licensure of assisted living residences. Additionally provides standards and guidelines pertaining to new certificate classifications of enhanced and special needs assisted living.

501 Consumer Directed Personal Assistance Program - New regulations for operation of Consumer Directed Personal Assistance Programs (CDPAP) under the State Medicaid program.

501.23 Home Health Services-Prior Approval - Regulations will be developed to require prior approval of home health services for persons defined as long term users, pursuant to an initiative enacted into law in the 2003-04 budget.

505.3 Pharmacy - Amends the regulation to identify Medicaid reimbursement associated with the reasonable administrative costs incurred by 340B covered entities or an authorized contract pharmacy when billing Medicaid at 340B prices.

505.8 of Title 18 NYCRR and 85.33 of Title 10 NYCRR Private Duty Nursing Services - Standardize policies regarding the provision of private duty nursing services. The need for this regulation is dependent on whether this service is eliminated in this year's State budget.

505.11 Speech Pathologists - Amend regulations to conform with State Education requirement allowing equivalently certified and educated individuals to provide speech services in schools.

505.14 Personal Care - The regulation must be updated to remove content which is no longer supported in statute or was successfully challenged in litigation and to move it from Title 18 to Title 10.

505.31(d)(e)(1) of Title 18 NYCRR and Part 85.39 of Title 10 NYCRR Audiology, Hearing Aid Services and Products - Eliminates

the designation of the Physically Handicapped Children's Program speech and hearing centers as only providers of hearing assessments to Medicaid eligible children.

506.4 of Title 18 NYCRR and Part 85.45 of Title 10 NYCRR Orthodontic Care - Eliminates the Physically Handicapped Children's Program sole review role in the area of orthodontia; removes the reference to panel orthodontists; and updates the qualifications for orthodontists and eligibility criteria for these services.

507 Health Supervision and Medical Care for Children - Places in regulation Medicaid payment standards for foster care agencies' Medicaid per diems.

508 Child Teen Health Program - Updates the medical standards and periodicity schedule for examinations to coincide with those recently issued by the American Academy of Pediatrics and revises the activities to be performed by the local departments of social services in light of managed care.

511.10, 511.11, 511.12, 511.15, 505.2, 505.3, 505.7 Utilization Thresholds - This would reduce Medicaid recipient utilization threshold levels to better prevent abuse and over utilization of Medicaid services by recipients. Recipient rights including advance notice and the right to an administrative hearing have been maintained.

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