

CHAPTER 126

(HB 95)

AN ACT relating to state agencies.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) *As used in this section:*

- (a) *"Department" means the Department for Medicaid Services;*
- (b) *"Evidence-based best practices" means the integration of the best available research with clinical expertise in the context of patient characteristics and patient and family caregiver preferences;*
- (c) *"Qualified medical provider" means a credentialed and enrolled Medicaid-participating healthcare provider, hospital, rural health center, or licensed home health agency as defined in KRS 216.935; and*
- (d) *"Telemonitoring services" means services that require scheduled remote monitoring of data related to a patient's health where the monitoring is conducted at the patient's place of residence or other site determined by the department.*

(2) *Not later than July 1, 2017, the department shall establish a pilot project in which it creates coverage provisions and reimbursement criteria for telemonitoring services based on evidence-based best practices provided by a qualified medical provider or a community action agency as defined in KRS 273.410.*

(3) *In order to effectuate the pilot project, the department may:*

- (a) *Submit a state plan amendment, waiver, or waiver amendment for approval to the Centers for Medicare and Medicaid Services in order to provide coverage for medically necessary telemonitoring services performed for a Medicaid beneficiary;*
- (b) *Request funding from the General Assembly to support telemonitoring services rendered by a qualified medical provider or a community action agency under this section;*
- (c) *Ensure that clinical information gathered by a qualified medical provider or a community action agency while providing telemonitoring services is shared with the patient's treating health care professionals; and*
- (d) *Promulgate administrative regulations in accordance with KRS Chapter 13A for the implementation and administration of this section.*

➔Section 2. KRS 273.443 is amended to read as follows:

(1) Any funds made available under the federal act shall be used by each grantee of the funds:

- (a) To provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem;
- (b) To provide activities designed to assist low-income participants including the elderly poor:
 1. To secure and retain meaningful employment;
 2. To attain an adequate education;
 3. *To access adequate health care;*
 4. To make better use of available income;
 - 5.~~{4}~~ To obtain and maintain adequate housing and a suitable living environment;
 - 6.~~{5}~~ To obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing and employment related assistance;
 - 7.~~{6}~~ To remove obstacles and solve problems which block the achievement of self-sufficiency;

~~8.7.~~ To achieve greater participation in the affairs of the community; and

~~9.8.~~ To make more effective use of other programs related to the purposes of KRS 273.405 to 273.453;

- (c) To coordinate and establish linkages between governmental and other social programs to assure the effective delivery of such services to low-income individuals;
 - (d) To encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community;
 - (e) To develop, promote or otherwise encourage economic development activities which result in assisting low-income persons to become economically productive members of their community;
 - (f) To provide education, counseling and technical assistance on compliance with equal opportunity legislation for individuals and community organizations, both public and private.
- (2) In addition to required services and activities to be provided with funds made available under the federal act, these funds may be used to provide on an emergency basis for the provision of such supplies and services to meet immediate essential needs of low-income persons including the elderly poor.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 273.410 TO 273.453 IS CREATED TO READ AS FOLLOWS:

A community action agency may participate in the pilot project established in Section 1 of this Act. The state administering agency shall work with the Department for Medicaid Services to effectuate the pilot project if community action agencies are deemed participating providers.

➔Section 4. The General Assembly hereby confirms Executive Order 2015-386, dated June 16, 2015, to the extent that it is not otherwise confirmed or superseded by this Act, which reorganizes the Cabinet for Health and Family Services by:

(1) Renaming the Division of General Accounting to be the Division of Accounting and Procurement Services within the Office of Administrative and Technology Services, Office of the Secretary;

(2) Establishing the Division of Medicaid Systems within the Office of Administrative and Technology Services, Office of the Secretary;

(3) Establishing the Division of Strategic Services within the Office of Administrative and Technology Services, Office of the Secretary;

(4) Abolishing the Division of Procurement Services within the Office of Administrative and Technology Services, Office of the Secretary and transferring all personnel, records, files, equipment, and funds to the Division of General Accounting within the Office of Administrative and Technology Services, Office of the Secretary;

(5) Abolishing the Division of Infrastructure and User Support within the Office of Administrative and Technology Services, Office of the Secretary and transferring all personnel, records, files, equipment, and funds to the Commonwealth Office of Technology;

(6) Renaming within the Department for Medicaid Services as follows: the Division of Administrative and Financial Management is renamed the Division of Fiscal Management, the Division of Medical Management is renamed the Division of Program Quality and Outcomes, the Division of Member Services is renamed the Division of Provider and Member Services, and the Division of Provider Operations is renamed the Division of Policy and Operations;

(7) Abolishing the Division of Information Systems within the Department for Medicaid Services and transferring all personnel, records, files, equipment, and funds to the Office of Administrative and Technology Services within the Office of the Secretary; and

(8) Abolishing the Division of Healthcare Facilities Management and transferring all personnel, records, files, equipment, and funds to the Department for Medicaid Services.

Signed by Governor April 13, 2016.