S T A T E O F N E W Y O R K

S. 8169 A. 11439

S E N A T E - A S S E M B L Y

June 14, 2010

IN SENATE -- Introduced by COMMITTEE ON RULES -- (at request of the Governor) -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

IN ASSEMBLY -- Introduced by COMMITTEE ON RULES -- (at request of the Governor) -- read once and referred to the Committee on Ways and Means

AN ACT to amend the mental hygiene law, in relation to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene; and providing for the repeal of such provisions upon expiration therof (Part A); to amend chapter 119 of the laws of 2007, directing the commissioner of mental health to study, evaluate and report on the unmet mental health service needs of traditionally underserved populations, in relation to extending the date for reporting (Part B); in relation to authorizing the office of mental health to close patient wards and establish transitional placement programs, notwithstanding the provisions of section 7.17 or section 41.55 of the mental hygiene law; to amend chapter 62 of the laws of 2003 amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to the effectiveness thereof; to amend the mental hygiene law, in relation to community mental health support and workforce reinvestment program; and repealing certain provisions of the mental hygiene law relating thereto (Part C); in relation to the recovery of exempt income by the office of mental health for community residences and family-based treatment programs (Part D); to amend the mental hygiene law, in relation to unified services; and repealing certain provisions of such law relating thereto (Part E); to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to foregoing such adjustment during the 2010-2011 state fiscal year (Part F); to amend chapter 119 of the laws of 1997, relating to authorizing the department of health to establish certain payments to general hospitals in relation thereto (Part G); and to increase Medicaid payments to providers through managed care

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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organizations and provide equivalent fees through an ambulatory patient group methodology relating thereto (Part H); to amend chapter 405 of the laws of 1999 amending the real property tax law relating to improving the administration of the school tax relief (STAR) program, in relation to the lottery game of Quick Draw (Part I); to amend chapter 349 of the laws of 1982 amending the multiple dwelling law relating to legalization of interim multiple dwellings in cities over one million, in relation to the effectiveness thereof; to amend the multiple dwelling law, in relation to owner obligations (Part J); to authorize certain deposits and transfers (Part K); and to amend the executive law and part E of chapter 109 of the laws of 2010 amending the executive law relating to reimbursement for expenditures made by the office of children and family services, in relation to reimbursements and authorizing the transfer of certain funds (Part L)

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. This act enacts into law major components of legislation which are necessary to implement the state fiscal plan for the 2010-2011 state fiscal year. Each component is wholly contained within a Part identified as Parts A through L. The effective date for each particular provision contained within such Part is set forth in the last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Part in which it is found. Section three of this act sets forth the general effective date of this act.

PART A

Section 1. Section 29.23 of the mental hygiene law is amended to read as follows:

S 29.23 Powers with respect to property of [patients] PERSONS RECEIVING SERVICES.

The commissioner may authorize the directors of department facilities, to receive or obtain funds or other personal property, excepting jewelry, due or belonging to a [patient] PERSON RECEIVING SERVICES FROM SUCH FACILITY who has no [committee] GUARDIAN AUTHORIZED TO RECEIVE SUCH FUNDS OR PROPERTY, up to an amount or value not exceeding [five] TWENTY-FIVE thousand dollars; and also from a [committee] GUARDIAN upon his discharge when the final order so provides where the balance remaining in the hands of such [committee] GUARDIAN does not exceed such amount. Such personal property, excepting jewelry, other than moneys shall be retained by the director for the benefit of the [patient] PERSON for whom received until sold as hereinafter provided. Such funds and the proceeds of the sale of other personal property so received shall be placed to the credit of the [patient] PERSON for whom received and disbursed on the order of the director, to provide, in the first instance, for luxuries, comforts, and necessities for such [patient] PERSON, including burial expenses[, and, if funds are thereafter available, for the support of such patient] AND SUCH DIRECTOR SHALL BE AUTHORIZED TO SEEK TO PLACE, TO THE EXTENT PERMISSIBLE BY LAW, FUNDS IN EXCESS OF THE APPROPRIATE ELIGIBILITY LEVEL FOR GOVERNMENT BENEFITS, INTO A QUALIFYING MEDICAID EXCEPTION TRUST, INCLUDING A SPECIAL NEEDS

TRUST, OR SIMILAR DEVICE. THE DIRECTOR OF A DEPARTMENT FACILITY SHALL ENSURE THAT THE TREATMENT TEAM MEET WITH, AND DETERMINE THE CURRENT AND FUTURE PERSONAL NEEDS OF, THE PERSON RECEIVING SERVICES. FOR PURPOSES OF THIS SECTION, A TREATMENT TEAM IS ONE THAT IS RESPONSIBLE FOR THE FOLLOWING, INCLUDING BUT NOT LIMITED TO, CLINICAL ASSESSMENTS, TREATMENT PLAN DEVELOPMENT, ANY NECESSARY DISCHARGE PLANNING, AND PERSONAL EXPENDITURE PLANNING. The commissioner may authorize directors, on behalf of any such [patient] PERSON, to give receipts, execute releases and other documents required by law or court order, to endorse checks and drafts, and to convert personal property excepting jewelry into money by sale for an adequate consideration, and to execute bills of sale or to permit such [patient] PERSON to do so, in order that the proceeds may be deposited to the credit of such [patient] PERSON in accordance with the provisions of this section.

Whenever, under the provisions of this section, the commissioner shall authorize the director of a facility in the department to receive moneys or other personal property excluding jewelry belonging to a [patient] PERSON which are on deposit in any bank or other institution or which are due to the person from any person or agency, such bank, institution, person, or agency shall, upon the written request of the director, forthwith turn over to such director from such moneys or personal property the amount or value hereinbefore specified. Any moneys received by the director of such facility shall be deposited by him in such bank or trust company as shall be designated by the comptroller, except that the commissioner may, in his discretion, invest so much thereof as he may deem advisable in bonds issued by the United States government or any of its agencies.

Moneys belonging to a [patient] PERSON received by the director of such facility pursuant to law shall be received by him in his official capacity as such director and such receipt shall be deemed an exercise or performance by him of a power and duty duly conferred by this section. IN THE EVENT THAT A DIRECTOR OF A DEPARTMENT FACILITY RECEIVES A WINDFALL PAYMENT ON BEHALF OF A PERSON WHICH, IN COMBINATION WITH OTHER FUNDS HELD ON BEHALF OF SUCH PERSON, WOULD CAUSE SUCH PERSON TO BECOME INELIGIBLE FOR GOVERNMENT BENEFITS, SUCH DIRECTOR SHALL, TO THE EXTENT PERMISSIBLE BY LAW, APPLY THE FUNDS IN EXCESS OF THE APPROPRIATE ELIGIBILITY LEVEL TO THE PERSON'S PERSONAL NEEDS OR SEEK TO PLACE SUCH EXCESS FUNDS INTO A QUALIFYING MEDICAID EXCEPTION TRUST, INCLUDING A SPECIAL NEEDS TRUST, OR SIMILAR DEVICE. FOR PURPOSES OF THIS SECTION, A WINDFALL PAYMENT SHALL MEAN A ONE-TIME PAYMENT SUCH AS A GIFT, AN INHERITANCE, LOTTERY WINNINGS, OR COURT-ORDERED JUDGMENT OR SETTLEMENT.

THIS SECTION SHALL NOT APPLY TO ANY FEDERAL OR STATE BENEFITS RECEIVED BY THE DIRECTOR AS REPRESENTATIVE PAYEE, WHICH BENEFITS SHALL BE HANDLED IN ACCORDANCE WITH SECTION 33.07 OF THIS TITLE AND REGULATIONS PROMULGATED THEREUNDER.

S 2. The section heading and subdivision (e) of section 33.07 of the mental hygiene law, subdivision (e) as added by chapter 709 of the laws of 1986, are amended and four new subdivisions (f), (g), (h) and (i) are added to read as follows:

Care and custody of the personal property of [patients] PERSONS RECEIVING SERVICES.

(e) A mental hygiene facility [which] DIRECTOR WHO is a representative payee for a [patient] PERSON pursuant to designation by the social security administration or [which] OTHER FEDERAL AGENCY AND WHO assumes management responsibility over the funds of [a patient] SUCH PERSON, INCLUDING BENEFITS FOR WHICH THERE IS A STATE SHARE, shall maintain such

funds in a fiduciary capacity to the [patient] PERSON; PROVIDED THAT THE APPLICATION OF SUCH FUNDS TO THE COST OF CARE AND TREATMENT OF SUCH PERSON SHALL NOT, IN AND OF ITSELF, BE A VIOLATION OF SUCH FIDUCIARY OBLIGATION IF SUCH DIRECTOR ACTS IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS. The commissioners of mental health [and], mental retardation and developmental disabilities, AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES shall [develop standards] PROMULGATE REGULATIONS regarding the management AND PROTECTION of [patient] SUCH funds IN COLLABORATION WITH PERSONS RECEIVING SERVICES, ADVOCACY GROUPS REPRESENTING PERSONS RECEIVING SERVICES AND FAMILIES OF SUCH PERSONS, AND MENTAL HYGIENE LEGAL SERVICE. SUCH REGULATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, THE USE OF MEDICAID EXCEPTION TRUSTS, INCLUDING SPECIAL NEEDS TRUSTS OR SIMILAR DEVICES, NOTICE REQUIREMENTS TO QUALIFIED PERSONS AS DEFINED BY SECTION 33.16 OF THIS ARTICLE REGARDING THE INTENT OF THE FACILITY DIRECTOR TO APPLY TO BE THE PERSON'S REPRESENTATIVE PAYEE, AND THE APPROPRIATE ESTABLISHMENT AND MAINTENANCE OF A DISCHARGE ACCOUNT FOR FUTURE NEEDS.

IN THE EVENT THAT A DIRECTOR OF A DEPARTMENT FACILITY RECEIVES A LUMP SUM RETROACTIVE PAYMENT OF A FEDERAL OR STATE BENEFIT ON BEHALF OF A PERSON IN THE DIRECTOR'S CAPACITY AS REPRESENTATIVE PAYEE AND THE RECEIPT OF SUCH FUNDS WOULD, IN COMBINATION WITH OTHER FUNDS HELD ON BEHALF OF SUCH PERSON, MAKE THE PERSON INELIGIBLE FOR GOVERNMENT BENEFITS, SUCH DIRECTOR SHALL, TO THE EXTENT PERMISSIBLE BY LAW, APPLY THE FUNDS IN EXCESS OF THE APPROPRIATE ELIGIBILITY LEVEL TO THE PERSON'S PERSONAL NEEDS OR SEEK TO PLACE SUCH EXCESS FUNDS INTO A QUALIFYING MEDICAID EXCEPTION TRUST, INCLUDING A SPECIAL NEEDS TRUST, OR SIMILAR DEVICE; PROVIDED, HOWEVER, THAT, FOR PURPOSES OF THIS SECTION, THE TERM "LUMP SUM RETROACTIVE PAYMENT" SHALL NOT APPLY TO ANY PAYMENT THAT EXCEEDS THE EXPECTED MONTHLY RECURRING AMOUNT WHERE SUCH EXCESS IS DUE TO A DELAY IN PROCESSING AN APPLICATION, CHANGING A REPRESENTATIVE PAYEE OR SIMILAR ADMINISTRATIVE DELAY. THE DIRECTOR OF A DEPARTMENT FACILITY SHALL ENSURE THAT THE TREATMENT TEAM MEET WITH, AND DETERMINE THE CURRENT AND FUTURE PERSONAL NEEDS OF, THE PERSON RECEIVING SERVICES. FOR PURPOSES OF THIS SECTION, A TREATMENT TEAM IS ONE THAT IS RESPONSIBLE FOR THE FOLLOWING, INCLUDING BUT NOT LIMITED TO, CLINICAL ASSESSMENTS, TREATMENT PLAN DEVELOPMENT, ANY NECESSARY DISCHARGE PLANNING, AND PERSONAL EXPENDITURE PLANNING.

(F) THE COMMISSIONERS OF MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, AND ALCOHOLISM AND SUBSTANCE ABUSE SERVICES SHALL POST ON THE OFFICES' RESPECTIVE WEBSITES, IN A PROMINENT LOCATION, THE APPLICABLE STANDARDS, REGULATIONS AND/OR POLICIES ESTABLISHED PURSUANT TO THIS SECTION.

(G) UPON REQUEST BY A PERSON RECEIVING SERVICES FROM A DEPARTMENT FACILITY, HIS OR HER GUARDIAN, QUALIFIED PERSONS, AS DEFINED BY SECTION 33.16 OF THIS ARTICLE, OR OTHER LEGALLY AUTHORIZED REPRESENTATIVE, THE DIRECTOR OF SUCH FACILITY SHALL, ON A QUARTERLY BASIS, MAKE A STATEMENT OF DEPOSITS AND DISBURSEMENTS FROM THE PERSONAL ACCOUNT OF THE PERSON RECEIVING SERVICES AVAILABLE FOR REVIEW.

(H) THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES AND MENTAL HYGIENE LEGAL SERVICE SHALL COLLABORATIVELY REVIEW, AT LEAST ANNUALLY, THE MANAGEMENT OF FUNDS WHICH A DEPARTMENT FACILITY DIRECTOR RECEIVES AS A REPRESENTATIVE PAYEE OR OF FUNDS RECEIVED PURSUANT TO SECTION 29.23 OF THIS TITLE. IN SUCH REVIEW, THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SHALL MAKE AVAILABLE FINAL FEDERAL REVIEWS REGARDING FACILITY DIRECTORS' HANDLING OF FEDERAL BENEFITS AND OTHER RELATED DOCUMENTS TO AID THE PROPER CONDUCT OF SUCH REVIEW.

(I) THE OFFICE OF MENTAL HEALTH AND THE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SHALL, BY THE FIFTEENTH DAY OF DECEMBER OF EACH YEAR, COMMENCING ON DECEMBER FIFTEENTH, TWO THOUSAND ELEVEN, SUBMIT AND PUBLISH ON ITS OFFICIAL WEBSITE, A REPORT TO THE GOVERNOR, SPEAKER OF THE ASSEMBLY, TEMPORARY PRESIDENT OF THE SENATE, CHAIR OF THE ASSEMBLY COMMITTEE ON MENTAL HEALTH, AND THE CHAIR OF THE SENATE COMMITTEE ON MENTAL HEALTH, DETAILING HOW PERSONS' FEDERAL BENEFITS ARE BEING UTILIZED.

S 3. This act shall take effect immediately; and shall expire and be deemed repealed June 30, 2014.

PART B

Section 1. Section 1 of chapter 119 of the laws of 2007 directing the commissioner of mental health to study, evaluate and report on the unmet mental health needs of traditionally underserved populations, is amended to read as follows:

Section 1. The commissioner of mental health shall study, evaluate and report on the unmet mental health service needs of traditionally underserved populations. Such study and evaluation shall identify those populations with high rates of unmet mental health service needs, including but not limited to: racial and ethnic minorities, persons with limited English proficiency, persons with unmet housing needs, high-risk demographic populations (children, adolescents, young adults and the elderly), persons with criminal justice contact, and those lacking sufficient mental health care coverage. Such commissioner shall report, on or before October 1, [2010] 2011, his or her findings and recommendations to improve service delivery to these populations, including an analysis of promising practices that support cultural and linguistic competence in the provision of mental health services in the state. Such report shall be submitted to the governor, the temporary president of the senate, the speaker of the assembly, the chair of the senate committee on mental health and developmental disabilities and the chair of the assembly committee on mental health.

S 2. This act shall take effect immediately.

PART C

Section 1. (a) Notwithstanding the provisions of subdivision (e) of section 7.17 or section 41.55 of the mental hygiene law, or any other law to the contrary, the office of mental health is authorized in state fiscal year 2010-11 to reduce adult inpatient capacity in the aggregate by no more than 250 beds through closure of wards not to exceed 175 beds, or through conversion of such beds to transitional placement programs, provided, however, that nothing in this section shall be interpreted as restricting the ability of the office of mental health to reduce inpatient bed capacity beyond 250 beds in state fiscal year 2010-11, but such reductions shall be subject to the provisions of subdivision (e) of section 7.17 and section 41.55 of the mental hygiene law. Determinations concerning the closure of such wards in fiscal year 2010-11 shall be made by the office of mental health based on data related to inpatient census, indicating nonutilization or under utilization of beds, and the efficient operation of facilities. Determinations concerning the conversion of such wards to transitional placement programs in fiscal year 2010-11 shall be made by the office of mental health based upon the identification of patients who have received inpa-

tient care and who are clinically determined to be appropriate for a less restrictive level of mental health treatment. The office of mental health shall provide notice to the legislature as soon as possible, but no later than two weeks prior to the anticipated closure or conversion of wards pursuant to this act.

(b) For the purposes of this act, the term "transitional placement program" shall be defined to include, but not be limited to, a supervised residential program that provides outpatient services, treatment and training, and which supports the transition of patients to more integrated community settings.

S 2. Section 7 of part R2 of chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, as amended by section 1 of part E of chapter 58 of the laws of 2004, is amended to read as follows:

S 7. This act shall take effect immediately and shall expire March 31, [2010] 2013 when upon such date the provisions of this act shall be deemed repealed.

S 3. Subdivision (e) of section 41.55 of the mental hygiene law, as amended by section 1 of part N1 of chapter 63 of the laws of 2003, is amended to read as follows:

(e) The amount of community mental health support and workforce reinvestment funds for the office of mental health shall be determined in the annual budget and shall include the amount of actual state operations general fund appropriation reductions, including personal service savings and other than personal service savings directly attributed to each child and adult non-geriatric inpatient bed closure. For the purposes of this section a bed shall be considered to be closed upon the elimination of funding for such beds in the executive budget. The appropriation reductions as a result of inpatient bed closures shall be no less than seventy thousand dollars per bed on a full annual basis, as annually recommended by the commissioner, subject to the approval of the director of the budget, in the executive budget request prior to the fiscal year for which the executive budget is being submitted. [The commissioner shall report to the governor, the temporary president of the senate and the speaker of the assembly no later than October first, two thousand three, and annually thereafter, with an explanation of the methodologies used to calculate the per bed closure savings.] The methodologies USED TO CALCULATE THE PER BED CLOSURE SAVINGS shall be developed by the commissioner and the director of the budget. In no event shall the full annual value of community mental health support and workforce reinvestment programs attributable to beds closed as a result of net inpatient census decline exceed the twelve month value of the office of mental health state operations general fund reductions resulting from such census decline. Such reinvestment amount shall be made available in the same proportion by which the office of mental health's state operations general fund appropriations are reduced each year as a result of child and adult non-geriatric inpatient bed closures due to census decline.

S 4. Subdivisions (h) and (l) of section 41.55 of the mental hygiene law are REPEALED and subdivisions (i), (j), (k), and (m) are relettered subdivisions (h), (i), (j) and (k).

S 5. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010, provided that the amendments to section 41.55 of the mental hygiene law made by sections three and four of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART D

Section 1. The office of mental health is authorized to recover funding from community residences and family-based treatment providers licensed by the office of mental health, consistent with contractual obligations of such providers, and notwithstanding any other inconsistent provision of law to the contrary, in an amount equal to 50 percent of the income received by such providers which exceeds the fixed amount of annual Medicaid revenue limitations, as established by the commissioner of mental health. Recovery of such excess income shall be for the following fiscal periods: for programs in counties located outside of the city of New York, the applicable fiscal periods shall be January 1, 2003 through December 31, 2009; and for programs located within the city of New York, the applicable fiscal periods shall be July 1, 2003 through June 30, 2010.

S 2. This act shall take effect immediately.

PART E

Section 1. Paragraph 1 of subdivision (a) of section 9.60 of the mental hygiene law, as amended by chapter 158 of the laws of 2005, is amended to read as follows:

(1) "assisted outpatient treatment" shall mean categories of outpatient services which have been ordered by the court pursuant to this section. Such treatment shall include case management services or assertive community treatment team services to provide care coordination, and may also include any of the following categories of services: medication; periodic blood tests or urinalysis to determine compliance with prescribed medications; individual or group therapy; day or partial day programming activities; educational and vocational training or activities; alcohol or substance abuse treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for persons with a history of alcohol or substance abuse; supervision of living arrangements; and any other services within a local [or unified] services plan developed pursuant to article forty-one of this chapter, prescribed to treat the person's mental illness and to assist the person in living and functioning in the community, or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization.

S 2. Paragraph 2 of subdivision (b) of section 31.27 of the mental hygiene law, as added by chapter 723 of the laws of 1989, is amended to read as follows:

(2) The commissioner of mental health shall require that each comprehensive psychiatric emergency program submit a plan. The plan must be approved by the commissioner prior to the issuance of an operating certificate pursuant to this article. Each plan shall include: (i) a description of the program's catchment area; (ii) a description of the program's psychiatric emergency services, including crisis intervention services, crisis outreach services, crisis residence services, extended observation beds, and triage and referral services, whether or not

provided directly or through agreement with other providers of services; (iii) agreements or affiliations with hospitals, as defined in section 1.03 of this chapter, to receive and admit persons who require inpatient psychiatric services; (iv) agreements or affiliations with general hospitals to receive and admit persons who have been referred by the comprehensive psychiatric emergency program and who require medical or surgical care which cannot be provided by the comprehensive psychiatric emergency program; (v) a description of local resources available to the program to prevent unnecessary hospitalizations of persons, which shall include agreements with local mental health, health, substance abuse, alcoholism or alcohol abuse, mental retardation and developmental disabilities, or social services agencies to provide appropriate services; (vi) a description of the program's linkages with local police agencies, emergency medical services, ambulance services, and other transportation agencies; (vii) a description of local resources available to the program to provide appropriate community mental health services upon release or discharge, which shall include case management services and agreements with state or local mental health and other human service providers; (viii) written criteria and guidelines for the development of appropriate discharge planning for persons in need of post emergency treatment or services[,]; (ix) a statement indicating that the program has been included in an approved local [or unified] services plan developed pursuant to article forty-one of this chapter for each local government located within the program's catchment area; and (x) any other information or agreements required by the commissioner.

S 3. Subdivision (d) of section 33.13 of the mental hygiene law, as amended by chapter 408 of the laws of 1999, is amended to read as follows:

(d) Nothing in this section shall prevent the electronic or other exchange of information concerning patients or clients, including identification, between and among (i) facilities or others providing services for such patients or clients pursuant to an approved local [or unified] services plan, as defined in article forty-one of this chapter, or pursuant to agreement with the department, and (ii) the department or any of its licensed or operated facilities. Furthermore, subject to the prior approval of the commissioner of mental health, hospital emergency services licensed pursuant to article twenty-eight of the public health law shall be authorized to exchange information concerning patients or clients electronically or otherwise with other hospital emergency services licensed pursuant to article twenty-eight of the public health law and/or hospitals licensed or operated by the office of mental health; provided that such exchange of information is consistent with standards, developed by the commissioner of mental health, which are designed to ensure confidentiality of such information. Additionally, information so exchanged shall be kept confidential and any limitations on the release of such information imposed on the party giving the information shall apply to the party receiving the information.

S 4. Subdivision (d) of section 33.13 of the mental hygiene law, as amended by chapter 912 of the laws of 1984, is amended to read as follows:

(d) Nothing in this section shall prevent the exchange of information concerning patients or clients, including identification, between (i) facilities or others providing services for such patients or clients pursuant to an approved local [or unified] services plan, as defined in article forty-one, or pursuant to agreement with the department and (ii) the department or any of its facilities. Information so exchanged shall

be kept confidential and any limitations on the release of such information imposed on the party giving the information shall apply to the party receiving the information.

S 5. The article heading of article 41 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

LOCAL [AND UNIFIED] SERVICES

S 6. The second undesignated paragraph and closing paragraph of section 41.01 of the mental hygiene law, as amended by chapter 978 of the laws of 1977, are amended to read as follows:

[In order to further the development, for each community in this state, of a unified system for the delivery of such services, this article gives to a local governmental unit the opportunity to participate in the state-local development of such services by means of a unified services plan. Such a plan is designed to be a mechanism whereby the department, department facilities, and local government can jointly plan for and deliver unified services to meet the needs of the consumers of such services. The unified services system will strengthen state and local partnership in the determination of the need for and the allocation of services and more easily provide for the most effective and economical utilization of new and existing state, local governmental, and private resources to provide services. A uniform ratio of state and local government responsibility for financing services under a unified services plan is established by this article to eliminate having the types of services provided in a community be determined by the local government's share of the cost of a particular program rather than the needs of the community.

It] EFFECTIVE IMPLEMENTATION OF THIS ARTICLE requires the direction and administration, by each local governmental unit, of a local comprehensive planning process for its geographic area in which all providers of services shall participate and cooperate in the provision of all necessary information. It also initiates a planning effort involving the state, local governments and other providers of service for the purpose of promoting continuity of care through the development of integrated systems of care and treatment for the mentally ill, mentally retarded and developmentally disabled, and for those suffering from the diseases of alcoholism and substance abuse.

S 7. Subdivisions 4 and 14 of section 41.03 of the mental hygiene law are REPEALED, and subdivisions 5, 6, 7, 8, 9, 10, 11, 12, 13 and 15 of such section, such section as renumbered by chapter 978 of the laws of 1977, are renumbered subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13.

S 8. Subdivision 5 of section 41.03 of the mental hygiene law, as amended by chapter 588 of the laws of 1973 and as renumbered by section seven of this act, is amended to read as follows:

5. "local governmental unit" means the unit of local government given authority in accordance with this chapter by local government to provide local [or unified] services.

S 9. Subdivision (b) of section 41.04 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

(b) Guidelines for the operation of local [and unified] services plans and financing shall be adopted only by rule or regulation. Such rules and regulations shall be submitted at least twenty-one days prior to the effective date thereof to the New York state conference of local mental hygiene directors for comment thereon; provided, however, if a commissioner finds that the public health, welfare or safety requires the

prompt adoption of rules and regulations, he may dispense with such submission prior to the effective date thereof but, in such case, such commissioner shall submit such rules and regulations to the conference as soon as possible for their review within sixty days after the effective date thereof.

S 10. Subdivisions (a) and (c) of section 41.07 of the mental hygiene law, as amended by chapter 588 of the laws of 1973 and such section as renumbered by chapter 978 of the laws of 1977, are amended to read as follows:

(a) Local governmental units may provide local [or unified] services and facilities directly or may contract for the provision of those services by other units of local or state government, by voluntary agencies, or by professionally qualified individuals.

(c) Local governments may provide joint local [or unified] services and facilities through agreements, made pursuant to law, which may provide either that one local government provide and supervise these services for other local governments or that a joint board or a joint local department be established to administer these services for the populations of all contracting local governments.

S 11. Subdivision (f) of section 41.10 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

(f) The conference shall have the following powers:

1. To review and comment upon rules or regulations proposed by any of the offices of the department for the operation of local [and unified] service plans and programs. Comments on rules or regulations approved by the conference shall be given to the appropriate commissioner or commissioners for review and consideration; and

2. To propose rules or regulations governing the operation of the local [and unified] services programs, and to forward such proposed rules or regulations to the appropriate commissioner or commissioners for review and consideration.

S 12. Subdivisions (a) and (b) of section 41.11 of the mental hygiene law, as amended by section 5 of part R2 of chapter 62 of the laws of 2003, are amended to read as follows:

(a) In all local governments with a population less than one hundred thousand, community services boards, at the option of the local government, shall have either nine or fifteen members appointed by the local government. In all other local governments, a community services board shall have fifteen members appointed by the local government.

Whenever practicable at least one member shall be a licensed physician and one member shall be a certified psychologist and otherwise at least two members shall be licensed physicians, such members to have demonstrated an interest in the field of services for the mentally disabled. The other members shall represent the community interest in all the problems of the mentally disabled and shall include representatives from community agencies for the mentally ill, the mentally retarded and developmentally disabled, and those suffering from alcoholism and substance abuse. The community services board shall have separate subcommittees for mental health, mental retardation and developmental disabilities, and alcoholism or, at the discretion of the local government, alcoholism and substance abuse. Each separate subcommittee shall have no more than nine members appointed by the local government, except that each subcommittee for mental health shall have no more than eleven members appointed by the local government. Three of each such subcommittee shall be members of the board. Each separate subcommittee shall be composed of persons who have demonstrated an interest in the field of

services for the particular class of mentally disabled and shall include former patients, parents or relatives of such mentally disabled persons and community agencies serving the particular class of mentally disabled, except that each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness. Each separate subcommittee shall advise the community services board and the director of community services regarding the exercise of all policy-making functions vested in such board or director, as such functions pertain to the field of services for the particular class of mentally disabled individuals represented by such subcommittee. In addition, each subcommittee for mental health shall be authorized to annually evaluate the local services plan [or the unified services plan, as appropriate], and shall be authorized to report on the consistency of such [plans] PLAN with the needs of persons with serious mental illness, including children and adolescents with serious emotional disturbances. Any such report shall be forwarded annually to the community services board and the director of community services and a copy shall also be sent to the commissioner prior to the submission of the local services plan [or unified services plan. Provided], PROVIDED, however, that the provisions of this paragraph shall not apply to cities of over a million in population.

(b) In cities of over a million a community services board shall consist of fifteen members to be appointed by the mayor. There shall be at least two residents of each county within such cities on the board. At least one shall be a licensed physician and at least one shall be a certified psychologist. The other members shall represent the community interest in all of the problems of the mentally disabled and shall include representatives from community agencies for the mentally ill, the mentally retarded and developmentally disabled, and those suffering from alcoholism and substance abuse. The community services board shall have separate subcommittees for mental health, mental retardation and developmental disabilities, and alcoholism or, at the discretion of the local government, alcoholism and substance abuse. Each separate subcommittee shall have no more than nine members appointed by the local government, except that each subcommittee for mental health shall have no more than eleven members appointed by the local government. Three members of each such subcommittee shall be members of the board. Each separate subcommittee shall be composed of persons who have demonstrated an interest in the field of services for the particular class of mentally disabled and shall include former patients, parents or relatives of such mentally disabled persons and community agencies serving the particular class of mentally disabled, except that each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and two members who are parents or relatives of persons with mental illness. Each separate subcommittee shall advise the community services board and the director of community services regarding the exercise of all policy-making functions vested in such board or director, as such functions pertain to the field of services for the particular class of mentally disabled individuals represented by such subcommittee. In addition, each subcommittee for mental health shall be authorized to annually evaluate the local services plan [or the unified services plan, as appropriate], and shall be authorized to report on the consistency of such [plans] PLAN with the needs of persons with serious mental illness, including children and adolescents with serious emotional disturbances. Any such report shall

be forwarded annually to the community services board and the director of community services, and a copy shall also be sent to the commissioner prior to the submission of the local services plan [or unified services plan].

S 13. Paragraphs 5, 6, 7 and 12 of subdivision (a) of section 41.13 of the mental hygiene law, paragraphs 5 and 7 as amended by chapter 588 of the laws of 1973, paragraph 6 as amended by chapter 746 of the laws of 1986, paragraph 12 as amended by chapter 24 of the laws of 1985 and such section as renumbered by chapter 978 of the laws of 1977, are amended to read as follows:

5. submit annually to the department for its approval and subsequent state aid, a report of long range goals and specific intermediate range plans as modified since the preceding report, along with a local services plan [or unified services plan] for the next local fiscal year.

6. have the power, with the approval of local government, to enter into contracts for the provision of services, including the provision of community support services, and the construction of facilities [including contracts executed pursuant to subdivision (e) of section 41.19 of this article and have the power, when necessary, to approve construction projects].

7. establish procedures for execution of the local services plan [or the unified services plan] as approved by the local government and the commissioner, including regulations to guide the provision of services by all organizations and individuals within its program.

12. seek the cooperation and cooperate with other aging, public health and social services agencies, public and private, in advancing the program of local [or unified] services.

S 14. Section 41.14 of the mental hygiene law is REPEALED.

S 15. Subdivisions (a), (b), (c) and (e) of section 41.15 of the mental hygiene law, subdivisions (a), (c) and (e) as amended by chapter 978 of the laws of 1977 and subdivision (b) as amended by chapter 707 of the laws of 1988, are amended to read as follows:

(a) Net operating costs of programs incurred pursuant to [either] an approved local services plan [or an approved unified services plan] in accordance with the regulations of the commissioner or commissioners of the office or offices of the department having jurisdiction of the services and approved by the commissioner or commissioners of the office or offices of the department having jurisdiction of the services shall be eligible for state aid.

(b) Long range goals, intermediate range plans, and annual plans shall meet requirements for comprehensive services set for each local government by the commissioners of the offices of the department after taking into consideration local needs and available resources. These services shall be concerned with diagnosis, care, treatment, social and vocational rehabilitation, community residential services licensed by the department of mental hygiene, research, consultation and public education, education and training of personnel, control and prevention of mental disabilities, and the general furtherance of mental capability and health. As part of the local services [or unified services plans] PLAN required to establish eligibility for state aid in accordance with the provisions herein, each local governmental unit shall submit a five-year plan and annual implementation plans and budgets which shall reflect local needs and resources, including the needs and resources available for the provision of community support services, and the role of facilities in the department in the provision of required services. [If the local government has developed community services assessments

and plans pursuant to subdivision four of section four hundred nine-d and paragraph (b) of subdivision three of section four hundred twenty-three of the social services law covering the same time period covered by the five year plan and annual implementation plans and budgets required by this subdivision, then the five year plan and annual implementation plans and budget shall include those portions of the community services assessments and plans relating to the provision of mental health, alcoholism and substance abuse services and an estimate of funds to be made available by the social services district for the provision or purchase of these services.]

(c) Subject to regulations for special circumstances as established by the commissioner or commissioners of the office or offices of the department having jurisdiction of the services, no annual plan or intermediate range plan of the local governmental unit shall be approved unless it indicates that reasonable efforts are being made to extend or improve local [or unified] services in each succeeding local fiscal year in accordance with the statewide long range goals and objectives of the department for the development and integration of state, regional, and local services for the mentally disabled.

(e) Capital costs incurred by a local government or by a voluntary agency, pursuant to [either] an approved local services plan [or an approved unified services plan] and in accordance with the regulations of the commissioner or commissioners of the office or offices of the department having jurisdiction of the services and with the approval of the commissioner or commissioners having jurisdiction of the services, shall be eligible for state aid pursuant to the provisions of this article. Capital costs incurred by a voluntary agency shall be eligible for state aid only if incurred pursuant to an agreement between the voluntary agency and the local governmental unit where the construction is located. Such agreement shall contain the approval by the local governmental unit of such construction and an agreement by such unit to include the program of the voluntary agency in its plans and proposals.

S 16. Subdivisions (b), (c), (d) and paragraph 2 of subdivision (e) of section 41.16 of the mental hygiene law, as added by chapter 978 of the laws of 1977, paragraph 1 of subdivision (b) as amended by chapter 55 of the laws of 1992 and subdivision (c) as amended by chapter 99 of the laws of 1999, are amended to read as follows:

(b) In accordance with regulations established by the commissioner or commissioners of the offices of the department having jurisdiction of the services, which shall provide for prompt action on proposed local services [and unified services] plans, each local governmental unit shall:

1. establish long range goals and objectives consistent with statewide goals and objectives developed pursuant to section 5.07 of this chapter and develop or annually update the local services [or unified services] plan of the local governmental unit or units listing providers, estimated costs and proposed utilization of state resources, including facilities and manpower, which shall be used in part to formulate statewide comprehensive plans for services.

2. submit one local services plan [or a unified services plan] to the single agent of the department jointly designated by the commissioners of the offices of the department annually for approval by the commissioner or commissioners of the office or offices of the department having jurisdiction of the services.

(c) A local services plan [or unified services plan] shall be developed, in accordance with the regulations of the commissioner or commis-

sioners of the office or offices of the department having jurisdiction of the services by the local governmental unit or units which shall direct and administer a local comprehensive planning process for its geographic area, consistent with statewide goals and objectives established pursuant to section 5.07 of this chapter. The planning process shall involve the directors of any department facilities, directors of hospital based mental health services, directors of community mental health centers, consumers, consumer groups, voluntary agencies, other providers of services, and local correctional facilities and other local criminal justice agencies. The local governmental unit, or units, shall determine the proposed local services plan [or unified services plan] to be submitted for approval. If any provider of services including facilities in the department, or any representative of the consumer or community interests within the local planning process, disputes any element of the proposed plan for the area which it serves, the objection shall be presented in writing to the director of the local governmental unit. If such dispute cannot be resolved to the satisfaction of all parties, the director shall determine the plan to be submitted. If requested and supplied by the objecting party, a written objection to the plan shall be appended thereto and transmitted to the single agent of the department jointly designated by the commissioners.

(d) Each commissioner of an office in the department shall review the portion of the local services plan [or unified services plan] submitted over which his office has jurisdiction and approve or disapprove such plan in accordance with the procedures of subdivision (e) [hereof] OF THIS SECTION.

2. A commissioner of an office of the department shall not disapprove any portion of the local services plan [or unified services plan] without providing the local governmental unit an opportunity to be heard regarding the proposed disapproval and to propose any modification of the plan. Pending the resolution of any dispute over approval of a portion of the plan, by final determination of the commissioner having jurisdiction over the services, new programs proposed shall not be implemented and programs previously implemented shall continue to be funded at existing levels. If a portion of the plan is disapproved, the commissioner of the office having jurisdiction over such portion shall notify the local governmental unit in writing stating reasons for such action.

S 17. Sections 41.19, 41.21 and 41.23 of the mental hygiene law are REPEALED.

S 18. Subdivision (d) of section 41.36 of the mental hygiene law, as amended by chapter 262 of the laws of 1992, is amended to read as follows:

(d) Each local governmental unit shall include in its annual local [or unified services] plan a review of existing community residential facilities providing reimbursable services and a recommendation of anticipated needs for the development of such facilities, consistent with the needs of the mentally retarded and developmentally disabled within the jurisdiction of the local governmental unit.

S 19. Subdivision (b) of section 41.39 of the mental hygiene law, as amended by chapter 515 of the laws of 1992, is amended to read as follows:

(b) Notwithstanding any other provisions of this article, income realized by a voluntary not-for-profit agency from industrial contracts entered into pursuant to its operation of a sheltered workshop shall be matched dollar for dollar by an office of the department of mental

hygiene through direct contract with the agency provided that no part of the expenses of such sheltered workshop are claimed through a contract with the local governmental unit which is receiving funding for reimbursement of such expenses from the same office of the department provided that such sheltered workshop is operating in accordance with an approved local [or unified] services plan. In no event shall any combination of income including state aid exceed the total cost of operation of such sheltered workshop.

S 20. Paragraph 2 of subdivision (e), paragraph 6 of subdivision (f), and subdivisions (g), (h) and (i) of section 41.47 of the mental hygiene law, as added by chapter 746 of the laws of 1986, are amended to read as follows:

(2) The commissioner shall establish revenue goals for services, provided, however, the commissioner may approve local [or unified] services plans or may enter into direct contracts with providers of services which substitute alternative revenue goals for individual providers of services based upon appropriate documentation and justification, as required by the commissioner.

(6) the extent to which the community support services authorized by the contract are consistent and integrated with the applicable local [or unified] services plan of the area to be served; and

(g) The commissioner may enter into a direct contract for the provision of community support services when the commissioner determines, after the approval of the local [or unified] services plan and the allocation of state aid therefore, that such direct contract is necessary to assure that additional community support services are available to persons who are functionally disabled as a result of mental illness and are eligible for community support services. Before entering into a direct contract with a provider located within the geographic area of a local governmental unit which receives state aid for community support services pursuant to this section, the commissioner shall notify the local governmental unit and give the director of the local governmental unit an opportunity to appeal the need for such direct contract. Such appeals shall be informal in nature and the rules of evidence shall not apply.

(h) In order to qualify for one hundred percent state aid pursuant to this section in any local fiscal year local governmental units shall assure that the local tax levy share of expenditures for net operating costs pursuant to an approved local services plan for services provided to mentally ill persons pursuant to section 41.18 of this article[, when applicable,] shall be equal to or greater than the local tax levy share of such expenditures under an approved local services plan in the last complete local fiscal year preceding the effective date of this section, [and when applicable, such local tax levy share of net operating costs for local governmental units submitting unified services plans pursuant to section 41.23 of this article, as adjusted to reflect changes in the rate of state reimbursement for approved expenditures, shall be equal to or greater than the local tax levy share of the net operating costs for expenditures under the approved unified services plan in the last complete local fiscal year preceding the effective date of this section,] provided, however, any such required maintenance of expenditures under this subdivision for local governmental units may be reduced to reflect the local governmental share of revenue applicable to increased payments made by governmental agencies pursuant to title eleven of article five of the social services law, which are a result of increased efficiencies in the collection of such revenue and which

represent an increased proportion of the total local [or unified] services operating costs from the prior local fiscal year. The commissioner shall be authorized to reduce payments made to local governmental units pursuant to this article, in the following local fiscal year, for failure to maintain expenditures in accordance with this subdivision.

(i) The provisions of subdivision (h) of this section shall not apply to a local governmental unit in any local fiscal year in which the total amount of state aid granted to the local governmental unit for net operating costs under section 41.18 [or section 41.23] of the article is less than such amount of state aid granted in the local fiscal year preceding the effective date of this section, or in any local fiscal year in which the total amount of state aid granted to the local governmental unit under this section, plus the total amount of direct contracts entered into between the commissioner and providers of services for the provision of community support services to eligible residents of such local governmental unit, shall be less than the total amount of such aid and direct contracts in the first local fiscal year following the effective date of this section.

S 21. Subdivision 4 of section 41.49 of the mental hygiene law, as added by chapter 499 of the laws of 1988, is amended to read as follows:

4. Notwithstanding any other provision of this article, in order to qualify for one hundred percent state aid pursuant to this section, local governmental units shall assure that local contributions for expenditures in any local fiscal year for local [or unified] services provided to mentally ill persons made pursuant to this article, as applicable, shall be equal to or greater than the amount expended by such local governmental unit in the last complete local fiscal year preceding the effective date of this section. The commissioner shall be authorized to reduce payments made to local governmental units which have received grants pursuant to this section, in the following local fiscal year, for failure to maintain expenditures in accordance with this subdivision.

S 22. Subdivision (d) of section 41.53 of the mental hygiene law, as amended by chapter 223 of the laws of 1992, is amended to read as follows:

(d) No such grant will be awarded unless the community residence is consistent with the local services plan [or the unified services plan, as appropriate], pursuant to this article.

S 23. This act shall take effect July 1, 2010; provided, however, that the amendments to sections 9.60 and 31.27 of the mental hygiene law made by sections one and two of this act shall not affect the repeal of such sections and shall be deemed repealed therewith; the amendments to subdivision (d) of section 33.13 of the mental hygiene law made by section three of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 18 of chapter 408 of the laws of 1999, as amended when upon such date the provisions of section four of this act shall take effect; and the amendments to subdivisions (a) and (b) of section 41.11 of the mental hygiene law made by section twelve of this act shall not affect the expiration of such subdivisions and shall be deemed to expire therewith.

PART F

Section 1. Subdivisions 3-b and 3-c of section 1 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, subdivision 3-b as

amended by section 1 of part D of chapter 19 of the laws of 2010, subdivision 3-c as amended by section 1 of part L of chapter 58 of the laws of 2009, are amended to read as follows:

3-b. Notwithstanding any inconsistent provision of law, beginning April 1, 2009 and ending [upon enactment of legislation constituting the 2010-2011 budget] MARCH 31, 2011, the commissioners shall not include a COLA for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

3-c. Notwithstanding any inconsistent provision of law, beginning April 1, [2010] 2011 and ending March 31, [2013] 2014, the commissioners shall develop the COLA under this section using the actual U.S. consumer price index for all urban consumers (CPI-U) published by the United States department of labor, bureau of labor statistics for the twelve month period ending in July of the budget year prior to such state fiscal year, for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

S 2. Section 4 of part C of chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, as amended by section 7 of part F of chapter 497 of the laws of 2008, is amended to read as follows:

S 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2006; provided section one of this act shall expire and be deemed repealed April 1, [2012] 2014; provided, further, that sections two and three of this act shall expire and be deemed repealed December 31, 2009.

S 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010; provided, however, that the amendments to section 1 of part C of chapter 57 of the laws of 2006 made by section one of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART G

Section 1. Subdivision 6 of section 1 of chapter 119 of the laws of 1997 relating to authorizing the department of health to establish certain payments to general hospitals, as amended by section 1 of part S2 of chapter 62 of the laws of 2003, is amended to read as follows:

6. Payment limitations set forth in [paragraph] SUBDIVISION 2 of this section related to costs incurred by general hospitals in providing services to uninsured patients and patients eligible for medical assistance pursuant to title 11 of article 5 of the social services law shall, for state fiscal [year periods commencing April 1, 1997 through March 31, 2002, be based initially on reported 1995 reconciled data as further reconciled to actual reported 1997, 1998, 1999, 2000 and 2001 reconciled data, respectively. Such payment limitations for state fiscal year periods commencing April 1, 2002 through March 31, 2006, shall be based initially on reported 2000 reconciled data as further reconciled to actual reported 2002, 2003, 2004 and 2005 reconciled data, respectively] YEARS BEGINNING ON AND AFTER APRIL 1, 2010, BE BASED INITIALLY ON REPORTED RECONCILED DATA FROM THE BASE YEAR TWO YEARS PRIOR TO THE PAYMENT YEAR, AND FURTHER RECONCILED TO ACTUAL REPORTED DATA FROM SUCH PAYMENT YEAR. The payments may be made as quarterly aggregate payments to an eligible general hospital.

S 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010; provided, however, that the amendments to subdivision 6 of section 1 of chapter

119 of the laws of 1997 made by section one of this act shall not affect the expiration of such section and shall be deemed to expire therewith.

PART H

Section 1. Notwithstanding any contrary provision of law, the commissioner of mental health is authorized, subject to the approval of the director of the budget, to transfer to the commissioner of health state funds to be utilized as the state share for the purpose of increasing payments under the medicaid program to managed care organizations licensed under article 44 of the public health law or under article 43 of the insurance law. Such managed care organizations shall utilize such funds for the purpose of reimbursing hospital-based and free-standing clinics licensed pursuant to article 28 of the public health law, pursuant to article 31 of the mental hygiene law or pursuant to both such provisions of law for outpatient mental health services, as determined by the commissioner of health in consultation with the commissioner of mental health, provided to medicaid eligible outpatients. Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health or by the office of mental health for rate-setting purposes; provided, however, that the increase to such fees that shall result from the provisions of this section shall not, in the aggregate and as determined by the commissioner of health in consultation with the commissioner of mental health, be greater than the increased funds made available pursuant to this section. The commissioner of health may, in consultation with the commissioner of mental health, promulgate regulations, including emergency regulations, as are necessary to implement the provisions of this section.

S 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010.

PART I

Section 1. Section 1 of part J of chapter 405 of the laws of 1999, amending the real property tax law relating to improving the administration of the school tax relief (STAR) program, as amended by chapter 89 of the laws of 2010, is amended to read as follows:

Section 1. Notwithstanding the provisions of article 5 of the general construction law, the provisions of the tax law amended by sections 94-a, 94-d and 94-g of chapter 2 of the laws of 1995 are hereby revived and shall continue in full force and effect as they existed on March 31, 1999 through [June 18] JUNE 25, 2010, when upon such date they shall expire and be repealed. Sections 1, 2, 3, 4, and 5, and such part of section 10 of chapter 336 of the laws of 1999 as relates to providing for the effectiveness of such sections 1, 2, 3, 4 and 5 shall be nullified in effect on the effective date of this section, except that the amendments made to: paragraph (2) of subdivision a of section 1612 of the tax law by such section 1; and subdivision b of section 1612 of the tax law by such section 2; and the repeal of section 152 of chapter 166 of the laws of 1991 made by such section 5 shall continue to remain in effect.

S 2. This act shall take effect immediately.

PART J

Section 1. Section 3 of chapter 349 of the laws of 1982, amending the multiple dwelling law relating to the legalization of interim multiple dwellings in cities over one million, as amended by chapter 89 of the laws of 2010, is amended to read as follows:

S 3. Effective date and termination. This act shall take effect immediately. The provisions of this act and all regulations, orders and requirements thereunder shall terminate at the close of the calendar day [June 18] JUNE 25, 2010.

S 2. Paragraph (v) of subdivision 1 of section 284 of the multiple dwelling law, as amended by chapter 89 of the laws of 2010, is amended to read as follows:

(v) An owner of an interim multiple dwelling who has not complied with the requirements of paragraph (i), (ii), (iii) or (iv) of this subdivision by the effective date of this paragraph as provided in chapter eighty-five of the laws of two thousand two shall hereafter be deemed in compliance with this subdivision provided that such owner filed an alteration application by September first, nineteen hundred ninety-nine, took all reasonable and necessary action to obtain an approved alteration permit by March first, two thousand, achieves compliance with the standards of safety and fire protection set forth in article seven-B of this chapter for the residential portions of the building by June first, two thousand ten or within twelve months from obtaining an approved alteration permit whichever is later, and takes all reasonable and necessary action to obtain a certificate of occupancy as a class A multiple dwelling for the residential portions of the building or structure by June [eighteenth] TWENTY-FIFTH, two thousand ten or within one month from achieving compliance with the aforementioned standards for the residential portions of the building, whichever is later.

S 3. This act shall take effect immediately; provided however, that the amendments to paragraph (v) of subdivision 1 of section 284 of the multiple dwelling law made by section three of this act shall not affect the repeal of such section and shall be deemed repealed therewith, pursuant to section 3 of chapter 349 of the laws of 1982, as amended.

PART K

Section 1. Notwithstanding any law to the contrary, and in accordance with section 4 of the state finance law, the comptroller is hereby authorized and directed to transfer, upon request of the director of the budget, up to $360,000 from any of the office of temporary and disability assistance and department of health special revenue federal funds to the miscellaneous special revenue fund (339), welfare inspector general administrative reimbursement account (WW).

S 2. This act shall take effect immediately.

PART L

Section 1. Paragraph (c) of subdivision 6 of section 529 of the executive law, as amended by section 1 of part E of chapter 109 of the laws of 2010, is amended to read as follows:

(c) The commissioner of the office of children and family services, subject to the approval of the director of the budget and certification to the chairs of the senate finance and assembly ways and means committees, may establish a single per diem rate for all office facilities or may establish separate rates as may be appropriate to reflect the differentials in cost of specific office programs [including making any

adjustments to the costs included in determining such rates to reflect any changes in federal funding made available to the office or to social services districts for such costs].

S 2. Section 3 of Part E of chapter 109 of the laws of 2010 amending the executive law relating to reimbursement for expenditures made by the office of children and family services, is amended to read as follows:

S 3. Notwithstanding any law to the contrary, and in accordance with section 4 of the state finance law, the comptroller is hereby authorized and directed to transfer, upon request of the director of the budget, on or before March 31, 2011, up to [$27,000,000] $69,000,000 from the miscellaneous special revenue fund (339), youth facility per diem account (YF), to the general fund.

S 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010; provided, however, that the provisions of section one of this act shall apply to all per diems established by the office of children and family services for office programs for the 2002 calendar year and thereafter; provided further, however, that the amendments to paragraph (c) of subdivision 6 of section 529 of the executive law made by section one of this act shall not affect the expiration of such paragraph and shall be deemed to expire therewith.

S 2. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

S 3. This act shall take effect immediately provided, however, that the applicable effective dates of Parts A through L of this act shall be as specifically set forth in the last section of such Parts.