

6658

2009-2010 Regular Sessions

I N A S S E M B L Y

March 11, 2009

Introduced by M. of A. SCHIMMINGER, DelMONTE -- Multi-Sponsored by -- M.
of A. HOOPER, J. RIVERA, N. RIVERA, TOWNS -- read once and referred to
the Committee on Health

AN ACT to amend the social services law, in relation to requiring the
state to pay medicare part A premiums for persons eligible for medi-
care part A and medical assistance and to require local commissioners
of social services to appeal denial of medicare coverage before
approving medical assistance coverage for long term care

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

1 Section 1. Subdivisions 1 and 2 of section 364-i of the social
2 services law, as amended by chapter 693 of the laws of 1996, are amended
3 to read as follows:
4 1. An individual, upon application for medical assistance, shall be
5 presumed eligible for such assistance for a period of sixty days from
6 the date of transfer from a general hospital, as defined in section
7 twenty-eight hundred one of the public health law to a certified home
8 health agency [or long term home health care program], as defined in
9 section thirty-six hundred two of the public health law, or to a hospice
10 as defined in section four thousand two of the public health law, or to
11 a residential health care facility as defined in section twenty-eight
12 hundred one of the public health law, if the local department of social
13 services determines that the applicant meets each of the following
14 criteria: (a) the applicant is receiving acute care in such hospital;
15 (b) a physician certifies that such applicant no longer requires acute
16 hospital care, but still requires medical care which can be provided by
17 a certified home health agency, [long term home health care program,]
18 hospice or residential health care facility; (c) the applicant or his OR
19 HER representative states that the applicant does not have insurance
20 coverage for the required medical care and that such care cannot be
21 afforded; (d) it reasonably appears that the applicant is otherwise

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

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1 eligible to receive medical assistance; (e) it reasonably appears that
2 the amount expended by the state and the local social services district
3 for medical assistance in a certified home health agency, [long term
4 home health care program,] hospice or residential health care facility,
5 during the period of presumed eligibility, would be less than the amount
6 the state and the local social services district would expend for
7 continued acute hospital care for such person; and (f) such other deter-
8 minative criteria as the commissioner shall provide by rule or regu-
9 lation. If a person has been determined to be presumptively eligible for
10 medical assistance, pursuant to this subdivision, and is subsequently
11 determined to be ineligible for such assistance, the commissioner, on
12 behalf of the state and the local social services district shall have
13 the authority to recoup from the individual the sums expended for such
14 assistance during the period of presumed eligibility.

15 2. Payment for up to sixty days of care for services provided under
16 the medical assistance program shall be made for an applicant presumed
17 eligible for medical assistance pursuant to subdivision one of this
18 section provided, however, that such payment shall not exceed sixty-five
19 percent of the rate payable under this title for services provided by a
20 certified home health agency, [long term home health care program,]
21 hospice or residential health care facility. Notwithstanding any other
22 provision of law, no federal financial participation shall be claimed
23 for services provided to a person while presumed eligible for medical
24 assistance under this program until such person has been determined to
25 be eligible for medical assistance by the local social services
26 district. During the period of presumed medical assistance eligibility,
27 payment for services provided persons presumed eligible under this
28 program shall be made from state funds. Upon the final determination of
29 eligibility by the local social services district, payment shall be made
30 for the balance of the cost of such care and services provided to such
31 applicant for such period of eligibility and a retroactive adjustment
32 shall be made by the department to appropriately reflect federal finan-
33 cial participation and the local share of costs for the services
34 provided during the period of presumptive eligibility. Such federal and
35 local financial participation shall be the same as that which would have
36 occurred if a final determination of eligibility for medical assistance
37 had been made prior to the provision of the services provided during the
38 period of presumptive eligibility. In instances where an individual who
39 is presumed eligible for medical assistance is subsequently determined
40 to be ineligible, the cost for services provided to such individual
41 shall be reimbursed in accordance with the provisions of section three
42 hundred sixty-eight-a of this [article] TITLE. Provided, however, if
43 upon audit the department determines that there are subsequent determi-
44 nations of ineligibility for medical assistance in at least fifteen
45 percent of the cases in which presumptive eligibility has been granted
46 in a local social services district, payments for services provided to
47 all persons presumed eligible and subsequently determined ineligible for
48 medical assistance shall be divided equally by the state and the
49 district.

50 S 2. Subdivisions 1 and 2 of section 364-i of the social services law,
51 as added by chapter 626 of the laws of 1987, are amended to read as
52 follows:

53 1. An individual, upon application for medical assistance, shall be
54 presumed eligible for such assistance for a period of sixty days from
55 the date of transfer from a general hospital, as defined in section
56 twenty-eight hundred one of the public health law to a certified home

1 health agency [or long term home health care program], as defined in
2 section thirty-six hundred two of the public health law, if the local
3 department of social services determines that the applicant meets each
4 of the following criteria: (a) the applicant is receiving acute care in
5 such hospital; (b) a physician certifies that such applicant no longer
6 requires acute hospital care, but still requires medical care which can
7 be provided by a certified home health agency [or a long term home
8 health care program]; (c) the applicant or his OR HER representative
9 states that the applicant does not have insurance coverage for the
10 required medical care and that such care cannot be afforded; (d) it
11 reasonably appears that the applicant is otherwise eligible to receive
12 medical assistance; (e) it reasonably appears that the amount expended
13 by the state and the local social services district for medical assist-
14 ance in a certified home health agency [or long term home health care
15 program], during the period of presumed eligibility, would be less than
16 the amount the state and the local social services district would expend
17 for continued acute hospital care for such person; and (f) such other
18 determinative criteria as the commissioner shall provide by rule or
19 regulation. If a person has been determined to be presumptively eligible
20 for medical assistance, pursuant to this subdivision, and is subsequent-
21 ly determined to be ineligible for such assistance, the commissioner, on
22 behalf of the state and the local social services district shall have
23 the authority to recoup from the individual the sums expended for such
24 assistance during the period of presumed eligibility.

25 2. Payment for up to sixty days of care for services provided under
26 the medical assistance program shall be made for an applicant presumed
27 eligible for medical assistance pursuant to subdivision one of this
28 section provided, however, that such payment shall not exceed sixty-five
29 percent of the rate payable under this title for services provided by a
30 certified home health agency [or a long term home health care program].
31 Notwithstanding any other provision of law, no federal financial partic-
32 ipation shall be claimed for services provided to a person while
33 presumed eligible for medical assistance under this program until such
34 person has been determined to be eligible for medical assistance by the
35 local social services district. During the period of presumed medical
36 assistance eligibility, payment for services provided persons presumed
37 eligible under this program shall be made from state funds. Upon the
38 final determination of eligibility by the local social services
39 district, payment shall be made for the balance of the cost of such care
40 and services provided to such applicant for such period of eligibility
41 and a retroactive adjustment shall be made by the department to appro-
42 priately reflect federal financial participation and the local share of
43 costs for the services provided during the period of presumptive eligi-
44 bility. Such federal and local financial participation shall be the same
45 as that which would have occurred if a final determination of eligibil-
46 ity for medical assistance had been made prior to the provision of the
47 services provided during the period of presumptive eligibility. In
48 instances where an individual who is presumed eligible for medical
49 assistance is subsequently determined to be ineligible, the cost for
50 services provided to such individual shall be reimbursed in accordance
51 with the provisions of section three hundred sixty-eight-a of this
52 [article] TITLE. Provided, however, if upon audit the department deter-
53 mines that there are subsequent determinations of ineligibility for
54 medical assistance in at least fifteen percent of the cases in which
55 presumptive eligibility has been granted in a local social services
56 district, payments for services provided to all persons presumed eligi-

1 ble and subsequently determined ineligible for medical assistance shall
2 be divided equally by the state and the district.

3 S 3. Paragraph (d) of subdivision 2 of section 365-f of the social
4 services law, as added by chapter 81 of the laws of 1995, is amended to
5 read as follows:

6 (d) meets such other criteria, as may be established by the commis-
7 sioner, which are necessary to effectively implement the objectives of
8 this section. SUCH CRITERIA SHALL INCLUDE, BUT NOT BE LIMITED TO, A
9 REQUIREMENT THAT ANY PERSON WHO IS ELIGIBLE FOR, OR REASONABLY APPEARS
10 TO MEET THE CRITERIA OF ELIGIBILITY FOR, BENEFITS UNDER SUBCHAPTER XVIII
11 OF THE FEDERAL SOCIAL SECURITY ACT SHALL BE REQUIRED TO APPLY FOR AND
12 FULLY UTILIZE SUCH BENEFITS IN ACCORDANCE WITH THIS CHAPTER TO DEFRAY
13 THE COSTS OF THE PROGRAM. IF SUCH PERSON APPLIES FOR SUCH BENEFITS UNDER
14 SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S
15 APPLICATION THEREFOR IS DENIED, SUCH PERSON MUST APPEAL SUCH DENIAL OR
16 PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF.
17 IF SUCH PERSON RECEIVES SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE
18 FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S CONTINUING RECEIPT THEREOF
19 IS TERMINATED, SUCH PERSON MUST APPEAL SUCH TERMINATION OR PERMIT THE
20 LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF.

21 S 4. Subparagraph 1 of paragraph (b) of subdivision 2 of section 366
22 of the social services law, as amended by chapter 638 of the laws of
23 1993 and designated by chapter 170 of the laws of 1994, is amended to
24 read as follows:

25 (1) In establishing standards for determining eligibility for and
26 amount of such assistance, the department shall take into account only
27 such income and resources, in accordance with federal requirements, as
28 are available to the applicant or recipient and as would not be required
29 to be disregarded or set aside for future needs, and there shall be a
30 reasonable evaluation of any such income or resources. The department
31 shall not consider the availability of an option for an accelerated
32 payment of death benefits or special surrender value pursuant to para-
33 graph one of subsection (a) of section one thousand one hundred thirteen
34 of the insurance law, or an option to enter into a viatical settlement
35 pursuant to the provisions of article seventy-eight of the insurance
36 law, as an available resource in determining eligibility for an amount
37 of such assistance, provided, however, that the payment of such benefits
38 shall be considered in determining eligibility for and amount of such
39 assistance. There shall not be taken into consideration the financial
40 responsibility of any individual for any applicant or recipient of
41 assistance under this title unless such applicant or recipient is such
42 individual's spouse or such individual's child who is under twenty-one
43 years of age. In determining the eligibility of a child who is categori-
44 cally eligible as blind or disabled, as determined under regulations
45 prescribed by the social security act for medical assistance, the income
46 and resources of parents or spouses of parents are not considered avail-
47 able to that child if [she/he] HE OR SHE does not regularly share the
48 common household even if the child returns to the common household for
49 periodic visits. In the application of standards of eligibility with
50 respect to income, costs incurred for medical care, whether in the form
51 of insurance premiums or otherwise, shall be taken into account. Any
52 person who is eligible for, or reasonably appears to meet the criteria
53 of eligibility for, benefits under [title] SUBCHAPTER XVIII of the
54 federal social security act shall be required to apply for and fully
55 utilize such benefits in accordance with this chapter. IN THE CASE OF A
56 PERSON WHO IS RECEIVING OR SEEKING LONG TERM CARE, BENEFITS UNDER

1 SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT SHALL BE FULLY
2 UTILIZED IN ACCORDANCE WITH THIS CHAPTER TO DEFRAY THE COSTS OF SUCH
3 LONG TERM CARE. IF SUCH PERSON APPLIES FOR SUCH BENEFITS UNDER SUBCHAP-
4 TER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S APPLICA-
5 TION THEREFOR IS DENIED, SUCH PERSON MUST APPEAL SUCH DENIAL OR PERMIT
6 THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF. IF
7 SUCH PERSON RECEIVES SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL
8 SOCIAL SECURITY ACT AND SUCH PERSON'S CONTINUING RECEIPT THEREOF IS
9 TERMINATED, SUCH PERSON MUST APPEAL SUCH TERMINATION OR PERMIT THE LOCAL
10 SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF.

11 S 5. Subparagraph (v) of paragraph b of subdivision 6-a of section 366
12 of the social services law, as amended by chapter 627 of the laws of
13 2004, is amended to read as follows:

14 (v) meet such other criteria as may be established by the commissioner
15 of health as may be necessary to administer the provision of this subdivi-
16 sion in an equitable manner. SUCH CRITERIA SHALL INCLUDE, BUT NOT BE
17 LIMITED TO, A REQUIREMENT THAT ANY PERSON WHO IS ELIGIBLE FOR, OR
18 REASONABLY APPEARS TO MEET THE CRITERIA OF ELIGIBILITY FOR, BENEFITS
19 UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT SHALL BE
20 REQUIRED TO APPLY FOR AND FULLY UTILIZE SUCH BENEFITS IN ACCORDANCE WITH
21 THIS CHAPTER TO DEFRAY THE COSTS OF THE PROGRAM. IF SUCH PERSON APPLIES
22 FOR SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY
23 ACT AND SUCH PERSON'S APPLICATION THEREFOR IS DENIED, SUCH PERSON MUST
24 APPEAL SUCH DENIAL OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO
25 ON HIS OR HER BEHALF. IF SUCH PERSON RECEIVES SUCH BENEFITS UNDER
26 SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S
27 CONTINUING RECEIPT THEREOF IS TERMINATED, SUCH PERSON MUST APPEAL SUCH
28 TERMINATION OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS
29 OR HER BEHALF.

30 S 6. Subparagraph (viii) of paragraph b of subdivision 9 of section
31 366 of the social services law, as added by chapter 170 of the laws of
32 1994, is amended to read as follows:

33 (viii) meet such other criteria as may be established by the commis-
34 sioner of mental health, in conjunction with the commissioner, as may be
35 necessary to administer the provisions of this subdivision in an equita-
36 ble manner, including those criteria established pursuant to paragraph e
37 of this subdivision. SUCH CRITERIA SHALL INCLUDE, BUT NOT BE LIMITED TO,
38 A REQUIREMENT THAT ANY PERSON WHO IS ELIGIBLE FOR, OR REASONABLY APPEARS
39 TO MEET THE CRITERIA OF ELIGIBILITY FOR, BENEFITS UNDER SUBCHAPTER XVIII
40 OF THE FEDERAL SOCIAL SECURITY ACT SHALL BE REQUIRED TO APPLY FOR AND
41 FULLY UTILIZE SUCH BENEFITS IN ACCORDANCE WITH THIS CHAPTER TO DEFRAY
42 THE COSTS OF THE PROGRAM. IF SUCH PERSON APPLIES FOR SUCH BENEFITS UNDER
43 SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S
44 APPLICATION THEREFOR IS DENIED, SUCH PERSON MUST APPEAL SUCH DENIAL OR
45 PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF.
46 IF SUCH PERSON RECEIVES SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE
47 FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S CONTINUING RECEIPT THEREOF
48 IS TERMINATED, SUCH PERSON MUST APPEAL SUCH TERMINATION OR PERMIT THE
49 LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF.

50 S 7. The social services law is amended by adding a new section 366-i
51 to read as follows:

52 S 366-I. LONG TERM CARE; OTHER CASES. IN ALL CASES NOT OTHERWISE
53 PROVIDED FOR IN THIS TITLE OF A PERSON WHO IS RECEIVING OR SEEKING LONG
54 TERM CARE, BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURI-
55 TY ACT SHALL BE FULLY UTILIZED IN ACCORDANCE WITH THIS CHAPTER TO DEFRAY
56 THE COSTS OF SUCH LONG TERM CARE. IF SUCH PERSON APPLIES FOR SUCH BENE-

1 FITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH
2 PERSON'S APPLICATION THEREFOR IS DENIED, SUCH PERSON MUST APPEAL SUCH
3 DENIAL OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR
4 HER BEHALF. IF SUCH PERSON RECEIVES SUCH BENEFITS UNDER SUBCHAPTER
5 XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S CONTINUING
6 RECEIPT THEREOF IS TERMINATED, SUCH PERSON MUST APPEAL SUCH TERMINATION
7 OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER
8 BEHALF.

9 S 8. Subdivision 3 of section 367-a of the social services law is
10 amended by adding a new paragraph (e) to read as follows:

11 (E) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION OR OF
12 ANY OTHER LAW, FOR ANY PERSON WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE AND
13 FOR MEDICARE UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT,
14 THE COST OF THE PREMIUM FOR MEDICARE PART A SHALL BE BORNE BY THE STATE.

15 S 9. Subdivision 7 of section 367-c of the social services law, as
16 added by chapter 895 of the laws of 1977 and renumbered by chapter 854
17 of the laws of 1987, is amended to read as follows:

18 7. No social services district shall make payments pursuant to [title]
19 SUBCHAPTER XIX of the federal Social Security Act for benefits available
20 under [title] SUBCHAPTER XVIII of such act without documentation that
21 [title] SUBCHAPTER XVIII claims have been filed and denied. UPON SUCH
22 DENIAL, SUCH PERSON MUST APPEAL SUCH DENIAL OR PERMIT THE LOCAL SOCIAL
23 SERVICES OFFICIAL TO DO SO ON HIS OR HER BEHALF. IF SUCH PERSON RECEIVES
24 SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT
25 AND SUCH PERSON'S CONTINUING RECEIPT THEREOF IS TERMINATED, SUCH PERSON
26 MUST APPEAL SUCH TERMINATION OR PERMIT THE LOCAL SOCIAL SERVICES OFFI-
27 CIAL TO DO SO ON HIS OR HER BEHALF.

28 S 10. Subdivision 3 of section 367-e of the social services law, as
29 added by chapter 622 of the laws of 1988, is amended to read as follows:

30 3. The commissioner shall apply for any waivers, including home and
31 community based services waivers pursuant to section nineteen hundred
32 fifteen-c of the social security act, necessary to implement AIDS home
33 care programs. Notwithstanding any inconsistent provision of law but
34 subject to expenditure limitations of this section, the commissioner,
35 subject to the approval of the state director of the budget, may author-
36 ize the utilization of medical assistance funds to pay for services
37 provided by AIDS home care programs in addition to those services
38 included in the medical assistance program under section three hundred
39 sixty-five-a of this [chapter] TITLE, so long as federal financial
40 participation is available for such services. Expenditures made under
41 this subdivision shall be deemed payments for medical assistance for
42 needy persons and shall be subject to reimbursement by the state in
43 accordance with the provisions of section three hundred sixty-eight-a of
44 this [chapter] TITLE. ANY PERSON WHO IS ELIGIBLE FOR, OR REASONABLY
45 APPEARS TO MEET THE CRITERIA OF ELIGIBILITY FOR, BENEFITS UNDER SUBCHAP-
46 TER XVIII OF THE FEDERAL SOCIAL SECURITY ACT SHALL BE REQUIRED TO APPLY
47 FOR AND FULLY UTILIZE SUCH BENEFITS IN ACCORDANCE WITH THIS CHAPTER TO
48 DEFRAY THE COSTS OF THE PROGRAM. IF SUCH PERSON APPLIES FOR SUCH BENE-
49 FITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH
50 PERSON'S APPLICATION THEREFOR IS DENIED, SUCH PERSON MUST APPEAL SUCH
51 DENIAL OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR
52 HER BEHALF. IF SUCH PERSON RECEIVES SUCH BENEFITS UNDER SUBCHAPTER
53 XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH PERSON'S CONTINUING
54 RECEIPT THEREOF IS TERMINATED, SUCH PERSON MUST APPEAL SUCH TERMINATION
55 OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO DO SO ON HIS OR HER
56 BEHALF.

1 S 11. Subdivision 2 of section 367-f of the social services law, as
2 added by chapter 659 of the laws of 1997, is amended to read as follows:
3 2. Notwithstanding any inconsistent provision of this chapter or any
4 other law to the contrary, the partnership for long term care program
5 shall provide Medicaid extended coverage to a person receiving long term
6 care services if there is federal participation pursuant to such treat-
7 ment and such person: (a) is or was covered by an insurance policy or
8 certificate providing coverage for long term care which meets the appli-
9 cable minimum benefit standards of the superintendent of insurance and
10 other requirements for approval of participation under the program; and,
11 (b) has exhausted the coverage and benefits as required by the program.
12 ANY SUCH PERSON WHO IS RECEIVING MEDICAL ASSISTANCE AND WHO IS ELIGIBLE
13 FOR, OR REASONABLY APPEARS TO MEET THE CRITERIA OF ELIGIBILITY FOR,
14 BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT SHALL
15 BE REQUIRED TO APPLY FOR AND FULLY UTILIZE SUCH BENEFITS IN ACCORDANCE
16 WITH THIS CHAPTER TO DEFRAY THE COSTS OF THE PROGRAM. IF SUCH PERSON
17 APPLIES FOR SUCH BENEFITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL
18 SECURITY ACT AND SUCH PERSON'S APPLICATION THEREFOR IS DENIED, SUCH
19 PERSON MUST APPEAL SUCH DENIAL OR PERMIT THE LOCAL SOCIAL SERVICES OFFI-
20 CIAL TO DO SO ON HIS OR HER BEHALF. IF SUCH PERSON RECEIVES SUCH BENE-
21 FITS UNDER SUBCHAPTER XVIII OF THE FEDERAL SOCIAL SECURITY ACT AND SUCH
22 PERSON'S CONTINUING RECEIPT THEREOF IS TERMINATED, SUCH PERSON MUST
23 APPEAL SUCH TERMINATION OR PERMIT THE LOCAL SOCIAL SERVICES OFFICIAL TO
24 DO SO ON HIS OR HER BEHALF.
25 S 12. This act shall take effect on the one hundred twentieth day
26 after it shall have become a law; provided that the commissioner of
27 health is authorized to promulgate any and all rules and regulations and
28 take any other measures necessary to implement this act on its effective
29 date on or before such date; and provided further that the amendments to
30 subdivisions 1 and 2 of section 364-i of the social services law made by
31 section one of this act shall be subject to the expiration and reversion
32 of such section pursuant to section 2 of chapter 693 of the laws of
33 1996, as amended, when upon such date the provisions of section two of
34 this act shall take effect.