

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 medicare 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 ASSEMBLY, 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.

LBD06787-01-9

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.