

STATE OF NEW YORK

5485

2019-2020 Regular Sessions

IN SENATE

May 2, 2019

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law and the social services law, in relation to automatic enrollment and recertification simplification for Medicaid eligible recipients

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Paragraph (b) of subdivision 7 of section 4403-f of the
2 public health law is amended by adding a new subparagraph (iii) to read
3 as follows:

4 (iii) Where a person determined eligible for Medicaid ("Medicaid
5 recipient") has been determined by the commissioner or his or her desig-
6 nee to require community-based long term care services for more than one
7 hundred twenty days, and the Medicaid recipient has not selected and
8 enrolled in a managed long term care plan prior to any expiration date
9 of such determination of need for long term care, after being provided
10 with information to make an informed choice, the commissioner shall
11 assign the recipient to a managed long term care plan, taking into
12 account consistency with any prior community-based direct care workers
13 having recently served the recipient, quality performance criteria,
14 capacity, and geographic accessibility. The commissioner may assign
15 participants pursuant to such criteria on a weighted basis. A recipient
16 assigned to a managed long term care plan under this subparagraph shall
17 be deemed to have been determined to be in need for long term care
18 services for more than one hundred twenty days and eligible to be
19 enrolled in a managed long term care plan.

20 § 2. Paragraph (b) of subdivision 2 of section 366-a of the social
21 services law, as added by section 51 of part A of chapter 1 of the laws
22 of 2002, is amended to read as follows:

23 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
24 sion, an applicant or recipient may attest to the amount of his or her

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

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1 accumulated resources, unless such applicant or recipient is seeking
2 medical assistance payment for long term care services for the first
3 time. A recipient who has already provided documentation of resources
4 may attest to the amount of accumulated resources if it has remained the
5 same or is less than the amount originally documented. For purposes of
6 this paragraph, long term care services shall mean care, treatment,
7 maintenance, and services described in paragraph (b) of subdivision [4]
8 one of section three hundred sixty-seven-f of this title, with the
9 exception of short term rehabilitation, as defined by the commissioner
10 of health.

11 § 3. Paragraph (d) of subdivision 5 of section 366-a of the social
12 services law, as amended by section 12 of part D of chapter 56 of the
13 laws of 2013, is relettered paragraph (e) and three new paragraphs (f),
14 (g) and (h) are added to read as follows:

15 (f) Notwithstanding paragraph (b) of subdivision two of this section
16 and paragraphs (a), (b), (c) and (d) of this subdivision, the following
17 recipients will be recertified automatically, unless there has been a
18 finding of lack of eligibility for Medicaid:

19 (i) enrollees in Medicaid managed long term care plans as defined in
20 section forty-four hundred three-f of the public health law;

21 (ii) enrollees in Medicaid managed care plans as defined in section
22 three hundred sixty-four-j of this title who receive personal care
23 services pursuant to paragraph (e) of subdivision two of section three
24 hundred sixty-five-a of this title or consumer directed personal assist-
25 ance services pursuant to section three hundred sixty-five-f of this
26 title;

27 (iii) enrollees receiving Medicaid in the Aged, Blind and Disabled
28 category who receive fixed income from the Social Security Adminis-
29 tration (SSA); and

30 (iv) Medicare Savings Program (MSP) recipients who have a fixed income
31 from the Social Security Administration (SSA).

32 (g) Nothing in paragraph (e) of this subdivision should be construed
33 to alter a Medicaid recipient's obligation to inform the public welfare
34 district of changes in income or other factors that might impact eligi-
35 bility pursuant to subdivision four of this section.

36 (h) Upon a finding of lack of eligibility, recipients identified in
37 paragraph (e) of this subdivision will be entitled to notice and hearing
38 rights as provided in section twenty-two of this chapter.

39 § 4. This act shall take effect on the one hundred eightieth day after
40 it shall have become a law; provided that the amendments to paragraph
41 (b) of subdivision 7 of section 4403-f of the public health law made by
42 section one of this act shall be subject to the expiration and reversion
43 of such paragraph and shall expire and be deemed repealed therewith and
44 provided further that such amendments shall not affect the repeal of
45 such section and shall expire and be deemed repealed therewith. Effec-
46 tive immediately, the commissioner of health shall make regulations and
47 take other actions reasonably necessary to implement this act on that
48 date.