

# STATE OF NEW YORK

7523

## IN SENATE

January 23, 2020

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

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

24 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-  
25 sion, an applicant or recipient may attest to the amount of his or her  
26 accumulated resources, unless such applicant or recipient is seeking  
27 medical assistance payment for long term care services for the first

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

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

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

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

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

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

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

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

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

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

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