

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.