

# STATE OF NEW YORK

8337

## IN SENATE

May 15, 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 social services law, in relation to the determination of eligibility for medical assistance benefits

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

1 Section 1. Clause (vi) of subparagraph 1 of paragraph (e) of subdivi-  
2 sion 5 of section 366 of the social services law, as amended by section  
3 13 of part MM of chapter 56 of the laws of 2020, is amended to read as  
4 follows:

5 (vi) "look-back period" means the sixty-month period immediately  
6 preceding the date that an institutionalized individual is both institu-  
7 tionalized and has applied for medical assistance, or in the case of a  
8 non-institutionalized individual, subject to federal approval, for  
9 transfers made on or after October first, two thousand twenty, the thir-  
10 ty-month period immediately preceding the date that such non-institu-  
11 tionalized individual applies for medical assistance coverage of long  
12 term care services. Nothing herein precludes a review of eligibility for  
13 retroactive authorization for medical expenses incurred during the three  
14 months prior to the month of application for medical assistance.

15 § 2. Clauses (iii) and (iv) of subparagraph 4 of paragraph (e) of  
16 subdivision 5 of section 366 of the social services law, as added by  
17 section 26-a of part C of chapter 109 of the laws of 2006, are amended  
18 and a new clause (v) is added to read as follows:

19 (iii) a satisfactory showing is made that: (A) the individual or the  
20 individual's spouse intended to dispose of the assets either at fair  
21 market value, or for other valuable consideration; or (B) the assets  
22 were transferred exclusively for a purpose other than to qualify for  
23 medical assistance; or (C) all assets transferred for less than fair  
24 market value have been returned to the individual or used on the indi-  
25 vidual's behalf; or

26 (iv) denial of eligibility would cause an undue hardship, such that  
27 application of the transfer of assets provision would deprive the indi-  
28 vidual of medical care such that the individual's health or life would

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

LBD16397-01-0

1 be endangered, or would deprive the individual of food, clothing, shel-  
2 ter, or other necessities of life. The commissioner of health shall  
3 develop a hardship waiver process which shall include a timely process  
4 for determining whether an undue hardship waiver will be granted and a  
5 timely process under which an adverse determination can be appealed. The  
6 commissioner of health shall provide notice of the hardship waiver proc-  
7 ess in writing to those individuals who are required to comply with the  
8 transfer of assets provision under this section. If such an individual  
9 is an institutionalized individual, the facility in which he or she is  
10 residing shall be permitted to file an undue hardship waiver application  
11 on behalf of such individual with the consent of the individual or the  
12 personal representative of the individual[-]; or

13 (v) The transfer was to a family member or informal caregiver before  
14 the current period of institutional status, or before the application  
15 for Medicaid for non-institutional long-term care services, and all the  
16 following conditions are met:

17 (A) the transfer is in exchange for care services the family member or  
18 informal caregiver provided to the client or the client's spouse;

19 (B) the client or the client's spouse had a documented need for the  
20 care services provided by the family member or informal caregiver;

21 (C) the fair market value of the asset transferred is comparable to  
22 the fair market value of the care services provided; and

23 (D) the time for which care services are claimed is reasonable based  
24 on the kind of services provided.

25 § 3. Subparagraph 5 of paragraph (e) of subdivision 5 of section 366  
26 of the social services law, as added by section 26-a of part C of chap-  
27 ter 109 of the laws of 2006, is amended to read as follows:

28 (5) Any transfer made by an individual or the individual's spouse  
29 under subparagraph three of this paragraph shall cause the person to be  
30 ineligible for services for a period equal to the total, cumulative  
31 uncompensated value of all assets transferred during or after the look-  
32 back period, divided by the average monthly costs of nursing facility  
33 services provided to a private patient for a given period of time at the  
34 time of application, as determined pursuant to the regulations of the  
35 department. For purposes of this subparagraph, the average monthly costs  
36 of nursing facility services to a private patient for a given period of  
37 time at the time of application shall be presumed to be one hundred  
38 twenty percent of the average medical assistance rate of payment as of  
39 the first day of January of each year for nursing facilities within the  
40 region where the applicant resides, as established pursuant to paragraph  
41 (b) of subdivision sixteen of section twenty-eight hundred seven-c of  
42 the public health law. The period of ineligibility shall begin the first  
43 day of a month during or after which assets have been transferred for  
44 less than fair market value, or, (i) for institutionalized individuals,  
45 the first day the otherwise eligible individual is receiving services  
46 for which medical assistance coverage would be available based on an  
47 approved application for such care but for the provisions of subpara-  
48 graph three of this paragraph, whichever is later, and which does not  
49 occur in any other periods of ineligibility under this paragraph, or  
50 (ii) for non-institutionalized individuals, the first day the otherwise  
51 eligible individual is functionally eligible for services for which  
52 medical assistance would be available based on an approved application  
53 for such care but for the provisions of subparagraph three of this para-  
54 graph, whichever is later, and which does not occur in any other periods  
55 of ineligibility under this paragraph.

1 § 4. Subdivision 12 of section 366-a of the social services law, as  
2 added by section 36-c of part B of chapter 57 of the laws of 2015, is  
3 amended to read as follows:

4 12. The commissioner shall develop expedited procedures for determin-  
5 ing medical assistance eligibility for any medical assistance applicant  
6 with an immediate need for personal care or consumer directed personal  
7 assistance services pursuant to paragraph (e) of subdivision two of  
8 section three hundred sixty-five-a of this title or section three  
9 hundred sixty-five-f of this title, respectively. Such procedures shall  
10 require that a final eligibility determination be made within seven days  
11 of the date of a [~~complete~~] medical assistance application that shall be  
12 complete, except that a non-institutionalized individual applicant may  
13 attest that no transfers of assets were made within the look-back period  
14 under subdivision five of section three hundred sixty-six of this title;  
15 provided the non-institutionalized individual applicant shall submit  
16 complete documentation of assets during the look-back period within  
17 thirty days of the date the application was filed.

18 § 5. This act shall take effect October 1, 2020; provided, however,  
19 that if the amendments made to clause (vi) of subparagraph 1 of para-  
20 graph (e) of subdivision 5 of section 366 of the social services law by  
21 section 13 of part MM of chapter 56 of the laws of 2020 shall not have  
22 taken effect on or before such date then section one of this act shall  
23 take effect on the same date and in the same manner as such chapter of  
24 the laws of 2020 takes effect.