STATE OF NEW YORK

7460

2021-2022 Regular Sessions

IN SENATE

October 22, 2021

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

AN ACT to amend chapter 53 of the laws of 2021, enacting the aid to localities budget, in relation to medical assistance administration; to amend part H of chapter 59 of the laws of 2011 amending the public health law relating to general hospital inpatient reimbursement for annual rates, in relation to the across the board reduction of 2021

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

Section 1. Section 1 of chapter 53 of the laws of 2021, enacting the aid to localities budget, is amended by repealing the items hereinbelow set forth in brackets and by adding to such section the other items underscored in this section.

MEDICAL ASSISTANCE ADMINISTRATION PROGRAM 2,868,800,000

General Fund
Local Assistance Account - 10000

For reimbursement of local administrative expenses for medical assistance programs and for state administration of medical assistance programs, notwithstanding section 153 of the social services law, to include the performance of eligibility and enrollment determinations by the state or third-party entities designated by the state to perform such services.

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

LBD13411-03-1

Notwithstanding any provision of law to the contrary, subject to the approval of the director of budget, up to $23,000,000 of the amount appropriated herein shall be available for the purpose of providing payments to local social services districts for medical assistance administration claims that exceed an administrative ceiling established by the commissioner of health.

Notwithstanding any inconsistent provision of law and subject to the approval of the director of budget, moneys hereby appropriated may be increased or decreased by transfer or interchange between these appropriated amounts and appropriations of the medical assistance administration program, the medical assistance program, and the office of health insurance programs. Funding authority from this account used for state administration of the medical assistance program may be transferred to state operations appropriations within the aforementioned programs at amounts agreed upon by the commissioner of health, and the New York state division of the budget.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 50 percent for the period April 1, 2021 to March 31, 2022 and the remaining amount for the period April 1, 2022 to March 31, 2023.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2021 through March 31, 2022, shall not exceed $23,531,327,000 except as provided below and state share medicaid spending, in the aggregate, for the period April 1, 2022 through March 31, 2023, shall not exceed $25,587,116,000, but in no event

shall department of health state funds medicaid spending for the period April 1, 2021 through March 31, 2023 exceed $49,118,443,000 provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan program. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as determined by the commissioner of health, incurred both prior to and subsequent to such assessment for each such period, and if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent

amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the need to maintain safety net services in underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such adjustment to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the adjustment.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to paragraph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and

rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements, notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

The money hereby appropriated is available for payment of liabilities heretofore and hereafter accrued and shall be available to the department net of disallowances, refunds, reimbursements, and credits.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange or transfer, with any appropriation of the department of health, and may be increased or decreased by transfer or suballocation between these appropriated amounts and

appropriations of the office of mental health, the office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, the state office for the aging, the office of the medicaid inspector general, and office of children and family services with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2021-2022 and $373,000,000 in state fiscal year 2022-2023 to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an

interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2021-22 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2021-22, and (ii) appropriation for this item covering fiscal year 2021-22 set forth in chapter 53 of the laws of 2020 (26963) 1,090,100,000

Special Revenue Funds - Federal
Federal Health and Human Services Fund
Medicaid Administration Transfer Account - 25107

For reimbursement of local administrative expenses of medical assistance programs and for state administration of medical assistance programs provided pursuant to title XIX of the federal social security act or its successor program. Notwithstanding section 153 of the social services law, to include the performance of eligibility and enrollment determinations by the state or third-party entities designated by the state to perform such services.

Notwithstanding any inconsistent provision of law and subject to the approval of the director of budget, moneys hereby appropriated may be increased or decreased by transfer or interchange between these appropriated amounts and appropriations of the medical assistance administration program, the medical assistance program, and the office of health insurance programs. Funding authority from this account used for state administration of the medical assistance program may be transferred to state operations appropriations within the aforementioned programs at amounts agreed upon by the commissioner of health, and the New York state division of the budget.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain

in full force and effect in accordance, in the aggregate, with the following schedule: not more than 50 percent for the period April 1, 2021 to March 31, 2022; and the remaining amount for the period April 1, 2022 to March 31, 2023.

The money hereby appropriated is available for payment of liabilities heretofore and hereafter accrued and shall be available to the department net of disallowances, refunds, reimbursements, and credits.

The amounts appropriated herein may be available for costs associated with a common benefit identification card, and subject to the approval of the director of the budget, these funds may be transferred to the credit of the state operations account medicaid management information systems program.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange, with any appropriation of the department of health, and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the office of mental health, the office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance, office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, the state office for the aging, the office of the medicaid inspector general, and office of children and family services with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2021-2022 and $373,000,000 in state fiscal year 2022-2023 to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit speci-~~

~~fied herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction plan.~~]

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2021-22 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2021-22, and (ii) appropriation for this item covering fiscal year 2021-22 set forth in chapter 53 of the laws of 2020 (26993) 1,261,300,000

MEDICAL ASSISTANCE PROGRAM 176,134,709,000

General Fund
Local Assistance Account - 10000

For the medical assistance program, including administrative expenses, for local social services districts, and for medical care rates for authorized child care agencies.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 48 percent for the period April 1, 2021 to March 31, 2022; and the remaining amount for the period April 1, 2022 to March 31, 2023.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2021 through March 31, 2022, shall not exceed $23,531,327,000 except as provided below and state share medicaid spending, in the aggregate, for the period April 1, 2022 through March 31, 2023, shall not exceed $25,587,116,000, but in no event shall department of health state funds medicaid spending for the period April 1, 2021 through March 31, 2023 exceed $49,118,443,000. Provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan program. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall

assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as defined by the commissioner, incurred both prior to and subsequent to such assessment for each such period, and if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for

non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the need to maintain safety net services in underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such adjustment to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the adjustment.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to paragraph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is

necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying or discontinuing medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements, notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan

pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

The money hereby appropriated is to be available for payment of aid heretofore accrued or hereafter accrued to municipalities, and to providers of medical services pursuant to section 367-b of the social services law, and for payment of state aid to municipalities and to providers of family care where payment systems through the fiscal intermediaries are not operational.

Notwithstanding any inconsistent provision of law to the contrary, funds may be used by the department for outside legal assistance on issues involving the federal government, the conduct of preadmission screening and annual resident reviews required by the state's medicaid program, computer matching with insurance carriers to insure that medicaid is the payer of last resort and activities related to the management of the pharmacy benefit available under the medicaid program.

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an

interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any inconsistent provision of law, funding made available by these appropriations shall support direct salary costs and related fringe benefits within the medical assistance program associated with any minimum wage increase that takes effect during the timeframe of these appropriations, pursuant to section 652 of the labor law. Each eligible organization in receipt of funding made available by these appropriations may be required to submit written certification, in such form and at such time the commissioner may prescribe, attesting to the total amount of funds used by the eligible organization, how such funding will be or was used for purposes eligible under these appropriations and any other reporting deemed necessary by the commissioner. The amounts appropriated herein may include advances to organizations authorized to receive such funds to accomplish this purpose.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange or transfer, with any appropriation of the department of health and the office of medicaid inspector general and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the department of health state purpose account, the office of mental health, office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, and office of children and family services, the office of medicaid inspector general, and the state office for the aging with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the

chairman of the senate finance committee and the chairman of the assembly ways and means committee.

Notwithstanding any inconsistent provision of law to the contrary, the moneys hereby appropriated may be used for payments to the centers for medicaid and medicare services for obligations incurred related to the pharmaceutical costs of dually eligible medicare/medicaid beneficiaries participating in the medicare drug benefit authorized by P.L. 108-173.

Notwithstanding any inconsistent provision of law, the moneys hereby appropriated shall not be used for any existing rates, fees, fee schedule, or procedures which may affect the cost of care and services provided by personal care providers, case managers, health maintenance organizations, out of state medical facilities which provide care and services to residents of the state, providers of transportation services, that are altered, amended, adjusted or otherwise changed by a local social services district unless previously approved by the department of health and the director of the budget.

Notwithstanding any inconsistent provision of law to the contrary, funds shall be made available to the commissioner of the office of mental health or the commissioner of the office of addiction services and supports, in consultation with the commissioner of health and approved by the director of the budget, and consistent with appropriations made therefor, to implement allocation adjustment developed by each such commissioner which shall describe mental health or substance use disorder services that should be developed to meet service needs resulting from the reduction of inpatient behavioral health services provided under the medicaid program, by programs licensed pursuant to article 31 or 32 of the mental hygiene law. Such programs may include programs that are licensed pursuant to both article 31 of the mental hygiene law and article 28 of the public health law, or certified under both article 32 of the mental hygiene law and article 28 of the public health law.

Notwithstanding any inconsistent provision of law, the moneys hereby appropriated may be available for payments associated with the resolution by settlement agreement or

judgment of rate appeals and/or litigation where the department of health is a party. [~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2021-2022 and $373,000,000 in state fiscal year 2022-2023 and to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

For services and expenses of the medical assistance program including hospital inpatient services and general hospitals that are safety-net providers that evince severe financial distress, pursuant to criteria determined by the commissioner, shall be eligible for awards for amounts appropriated herein, to enable such providers to maintain operations and vital services while establishing long term solutions to achieve sustainable health services.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2021-22 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2021-22, and (ii) appropriation for this item covering fiscal year 2021-22 set forth in chapter 53 of the laws of 2020 (26947) 1,310,688,000

Special Revenue Funds - Other
HCRA Resources Fund
Medical Assistance Account - 20804

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following sched-

ule: not more than 51 percent for the period April 1, 2021 to March 31, 2022; and the remaining amount for the period April 1, 2022 to March 31, 2023.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2021 through March 31, 2022, shall not exceed $23,531,327,000 except as provided below and state share medicaid spending, in the aggregate, for the period April 1, 2022 through March 31, 2023, shall not exceed $25,587,116,000, but in no event shall department of health state funds medicaid spending for the period April 1, 2021 through March 31, 2023 exceed $49,118,443,000 provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as determined by the commissioner of health, incurred both prior to and subsequent to such assessment for each such period, and

if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the need to maintain safety net services in

underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such plan to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the plan.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to paragraph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that

creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements, notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment

implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

For the purpose of making payments, the money hereby appropriated is available for payment of aid heretofore accrued or hereafter accrued, to providers of medical care pursuant to section 367-b of the social services law, and for payment of state aid to municipalities and the federal government where payment systems through fiscal intermediaries are not operational, to reimburse such providers for costs attributable to the provision of care to patients eligible for medical assistance. Notwithstanding any inconsistent provision of law, the moneys hereby appropriated may be increased or decreased by interchange or transfer with any appropriation of the department of health with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2021-2022 and $373,000,000 in state fiscal year 2022-2023 to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction plan. For services and expenses of the medical assistance program.~~]

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2021-22 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2021-22, and (ii) appropriation for this item covering fiscal year 2021-22 set forth in chapter 53 of the laws of 2020 (29800) 7,930,179,000

MEDICAL ASSISTANCE ADMINISTRATION PROGRAM

General Fund
Local Assistance Account - 10000

The appropriation made by chapter 53, section 1, of the laws of 2020, as amended by chapter 53, section 1, of the laws of 2021, is hereby amended and reappropriated to read:

For reimbursement of local administrative expenses for medical assistance programs and for state administration of medical assistance programs, notwithstanding section 153 of the social services law, to include the performance of eligibility and enrollment determinations by the state or third-party entities designated by the state to perform such services.

Notwithstanding any provision of law to the contrary, subject to the approval of the director of budget, up to $23,000,000 of the amount appropriated herein shall be available for the purpose of providing payments to local social services districts for medical assistance administration claims that exceed an administrative ceiling established by the commissioner of health.

Notwithstanding any inconsistent provision of law and subject to the approval of the director of budget, moneys hereby appropriated may be increased or decreased by transfer or interchange between these appropriated amounts and appropriations of the medical assistance administration program, the medical assistance program, and the office of health insurance programs. Funding authority from this account used for state administration of the medical assistance program may be transferred to state operations appropriations within the aforementioned programs at amounts agreed upon by the commissioner of health, and the New York state division of the budget.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 50 percent for the period April 1, 2020 to March 31, 2021; and the remaining amount for the period April 1, 2021 to September 15, 2022.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2020 through March 31, 2021, shall not exceed $23,606,772,000 except as provided below and state share medicaid spending, in the aggregate,

for the period April 1, 2021 through September 15, 2022, shall not exceed $23,531,327,000, but in no event shall department of health state funds medicaid spending for the period April 1, 2020 through September 15, 2022 exceed $47,138,099,000 provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan program. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as determined by the commissioner of health, incurred both prior to and subsequent to such assessment for each such period, and if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the

need to maintain safety net services in underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such adjustment to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the adjustment.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to paragraph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements,

notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

The money hereby appropriated is available for payment of aid heretofore accrued or hereafter accrued to municipalities, and to providers of medical services pursuant to section 367-b of the social services law.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange or transfer, with any appropriation of the department of health, and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the office of mental health, the office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, the state office for the aging, the office of the medicaid inspector general, and office of children and family services with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2020-2021 and $373,000,000 in state fiscal year 2021-2022 to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering fiscal year 2020-21 set forth in chapter 53 of the laws of 2019 (26963) ... 1,090,100,000 ..... (re. $1,090,100,000)

Special Revenue Funds - Federal
Federal Health and Human Services Fund
Medicaid Administration Transfer Account - 25107

The appropriation made by chapter 53, section 1, of the laws of 2020, as amended by chapter 53, section 1, of the laws of 2021, is hereby amended and reappropriated to read:

For reimbursement of local administrative expenses of medical assistance programs and for state administration of medical assistance programs provided pursuant to title XIX of the federal social security act or its successor program. Notwithstanding section 153 of the social services law, to include the performance of eligibility and enrollment determinations by the state or third-party entities designated by the state to perform such services.

Notwithstanding any inconsistent provision of law and subject to the approval of the director of budget, moneys hereby appropriated may be increased or decreased by transfer or interchange between these appropriated amounts and appropriations of the medical assistance administration program, the medical assistance program, and the office of health insurance programs. Funding authority from this account used for state administration of the medical assistance program may be transferred to state operations appropriations within the aforementioned programs at amounts agreed upon by the commissioner of health, and the New York state division of the budget.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 50 percent for the period April 1, 2020 to March 31, 2021; and the remaining amount for the period April 1, 2021 to September 15, 2022.

The moneys hereby appropriated are to be available for payment of aid heretofore accrued or hereafter accrued to municipalities, and to providers of medical services pursuant to section 367-b of the social services law.

The amounts appropriated herein may be available for costs associated with a common benefit identification card, and subject to the approval of the director of the budget, these funds may be transferred to the credit of the state operations account medicaid management information systems program.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange, with any appropriation of the department of health, and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the office of mental health, the office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance, office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, the state office for the aging, the office of the medicaid inspector general, and office of children and family services with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2020-2021 and $373,000,000 in state fiscal year 2021-2022 to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction plan.~~]

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering fiscal year 2020-21 set forth in chapter 53 of the laws of 2019

(26993) ... 1,261,300,000 ..... (re. $1,261,300,000)

MEDICAL ASSISTANCE PROGRAM

General Fund
Local Assistance Account - 10000

The appropriation made by chapter 53, section 1, of the laws of 2020, as amended by chapter 53, section 1, of the laws of 2021, is hereby amended and reappropriated to read:

For the medical assistance program, including administrative expenses, for local social services districts, and for medical care rates for authorized child care agencies.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 49 percent for the period April 1, 2020 to March 31, 2021; and the remaining amount for the period April 1, 2021 to September 15, 2022.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2020 through March 31, 2021, shall not exceed $23,606,772,000 except as provided below and state share medicaid spending, in the aggregate, for the period April 1, 2021 through September 15, 2022, shall not exceed $23,531,327,000, but in no event shall department of health state funds medicaid spending for the period April 1, 2020 through September 15, 2022 exceed $47,138,099,000. Provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases, and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan program. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as defined by the commissioner, incurred both prior to and subsequent to such assessment for each such period, and if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the need to maintain safety net services in underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such adjustment to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the adjustment.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to

paragraph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying or discontinuing medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements, notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

The money hereby appropriated is to be available for payment of aid heretofore accrued or hereafter accrued to municipalities, and to providers of medical services pursuant to section 367-b of the social services law, and for payment of state aid to municipalities and to providers of family care where payment systems through the fiscal intermediaries are not operational.

Notwithstanding any inconsistent provision of law to the contrary, funds may be used by the department for outside legal assistance on issues involving the federal government, the conduct of preadmission screening and annual resident reviews required by the state's medicaid program, computer matching with insurance carriers to insure that medicaid is the payer of last resort and activities related to the management of the pharmacy benefit available under the medicaid program.

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any inconsistent provision of law, funding made available by these appropriations shall support direct salary costs and related fringe benefits within the medical assistance program associated with any minimum wage increase that takes effect during the timeframe of these appropriations, pursuant to section 652 of the labor law. Each eligible organization in receipt of funding made available by these appropriations may be required to submit written certification, in such form and at such time the commissioner may prescribe, attesting to the total amount of funds used by the eligible organization, how such funding will be or was used for purposes eligible under these appropriations and any other reporting deemed necessary by the commissioner. The amounts appropriated herein may include advances to organizations authorized to receive such funds to accomplish this purpose.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange or transfer, with any appropriation of the department of health and the office of medicaid inspector general and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the department of health state purpose account, the office of mental health, office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance office of temporary and disability assistance, the department of corrections and community supervision, the office of information technology services, the state university of New York, and office of children and family services, the office of medicaid inspector general, and the state office for the aging with the approval of the director of the budget, who shall file such approval with the department of audit and control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

Notwithstanding any inconsistent provision of law to the contrary, the moneys hereby appropriated may be used for payments to the centers

for medicaid and medicare services for obligations incurred related to the pharmaceutical costs of dually eligible medicare/medicaid beneficiaries participating in the medicare drug benefit authorized by P.L. 108-173.

Notwithstanding any inconsistent provision of law, the moneys hereby appropriated shall not be used for any existing rates, fees, fee schedule, or procedures which may affect the cost of care and services provided by personal care providers, case managers, health maintenance organizations, out of state medical facilities which provide care and services to residents of the state, providers of transportation services, that are altered, amended, adjusted or otherwise changed by a local social services district unless previously approved by the department of health and the director of the budget.

Notwithstanding any inconsistent provision of law to the contrary, funds shall be made available to the commissioner of the office of mental health or the commissioner of the office of addiction services and supports, in consultation with the commissioner of health and approved by the director of the budget, and consistent with appropriations made therefor, to implement allocation adjustment developed by each such commissioner which shall describe mental health or substance use disorder services that should be developed to meet service needs resulting from the reduction of inpatient behavioral health services provided under the medicaid program, by programs licensed pursuant to article 31 or 32 of the mental hygiene law. Such programs may include programs that are licensed pursuant to both article 31 of the mental hygiene law and article 28 of the public health law, or certified under both article 32 of the mental hygiene law and article 28 of the public health law.

Notwithstanding any inconsistent provision of law, the moneys hereby appropriated may be available for payments associated with the resolution by settlement agreement or judgment of rate appeals and/or litigation where the department of health is a party.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2020-2021 and $373,000,000 in state fiscal year 2021-2022 and to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

For services and expenses of the medical assistance program including hospital inpatient services and general hospitals that are safetynet providers that evince severe financial distress, pursuant to criteria determined by the commissioner, shall be eligible for awards for amounts appropriated herein, to enable such providers to maintain operations and vital services while establishing long term solutions to achieve sustainable health services.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and

replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering fiscal year 2020-21 set forth in chapter 53 of the laws of 2019 (26947) ... 1,283,031,000 ..... (re. $1,283,031,000)

Special Revenue Funds - Federal
Federal Health and Human Services Fund
Medicaid Direct Account - 25106

The appropriation made by chapter 53, section 1, of the laws of 2020, as amended by chapter 53, section 1, of the laws of 2021, is hereby amended and reappropriated to read:

For services and expenses for the medical assistance program, including administrative expenses for local social services districts, pursuant to title XIX of the federal social security act or its successor program.

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 51 percent for the period April 1, 2020 to March 31, 2021; and the remaining amount for the period April 1, 2021 to September 15, 2022.

The moneys hereby appropriated are to be available for payment of aid heretofore accrued or hereafter accrued to municipalities, and to providers of medical services pursuant to section 367-b of the social services law, and for payment of state aid to municipalities and to providers of family care where payment systems through the fiscal intermediaries are not operational.

Notwithstanding any inconsistent provision of law, funding made available by these appropriations shall support direct salary costs and related fringe benefits within the medical assistance program associated with any minimum wage increase that takes effect during the timeframe of these appropriations, pursuant to section 652 of the labor law. Each eligible organization in receipt of funding made available by these appropriations may be required to submit written certification, in such form and at such time the commissioner may prescribe, attesting to the total amount of funds used by the eligible organization, how such funding will be or was used for purposes eligible under these appropriations and any other reporting deemed necessary by the commissioner. The amounts appropriated herein may include advances to organizations authorized to receive such funds to accomplish this purpose.

Notwithstanding any other provision of law, the money hereby appropriated may be increased or decreased by interchange or transfer, with any appropriation of the department of health and the office of medicaid inspector general and may be increased or decreased by transfer or suballocation between these appropriated amounts and appropriations of the office of mental health, office for people with developmental disabilities, the office of addiction services and supports, the department of family assistance office of temporary and disability assistance, office of children and family services, the department of financial services, department of corrections and community supervision, the office of information technology services, the state university of New York, and the state office for the aging with the approval of the director of the budget, who shall file such approval with the department of audit and

control and copies thereof with the chairman of the senate finance committee and the chairman of the assembly ways and means committee.

Notwithstanding any inconsistent provision of law, in lieu of payments authorized by the social services law, or payments of federal funds otherwise due to the local social services districts for programs provided under the federal social security act or the federal food stamp act, funds herein appropriated, in amounts certified by the state commissioner of temporary and disability assistance or the state commissioner of health as due from local social services districts each month as their share of payments made pursuant to section 367-b of the social services law may be set aside by the state comptroller in an interest-bearing account in order to ensure the orderly and prompt payment of providers under section 367-b of the social services law pursuant to an estimate provided by the commissioner of health of each local social services district's share of payments made pursuant to section 367-b of the social services law.

Notwithstanding any inconsistent provision of law to the contrary, funds shall be made available to the commissioner of the office of mental health or the commissioner of the office of addiction services and supports, in consultation with the commissioner of health and approved by the director of the budget, and consistent with appropriations made therefor, to implement allocation adjustment developed by each such commissioner which shall describe mental health or substance use disorder services that should be developed to meet service needs resulting from the reduction of inpatient behavioral health services provided under the Medicaid program, by programs licensed pursuant to article 31 or 32 of the mental hygiene law. Such programs may include programs that are licensed pursuant to both article 31 of the mental hygiene law and article 28 of the public health law, or certified under both article 32 of the mental hygiene law and article 28 of the public health law.

Notwithstanding any inconsistent provision of law, the moneys hereby appropriated may be available for payments associated with the resolution by settlement agreement or judgment of rate appeals and/or litigation where the department of health is a party.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2020-2021 and $373,000,000 in state fiscal year 2021-2022 and to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

For services and expenses of the medical assistance program including hospital inpatient services.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering

fiscal year 2020-21 set forth in chapter 53 of the laws of 2019 (26947) ... 13,628,958,000 ..... (re. $13,628,958,000)

Special Revenue Funds - Other
Miscellaneous Special Revenue Fund
Medical Assistance Account - 22187

The appropriation made by chapter 53, section 1, of the laws of 2020, as amended by chapter 53, section 1, of the laws of 2021, is hereby amended and reappropriated to read:

Notwithstanding section 40 of the state finance law or any other law to the contrary, all medical assistance appropriations made from this account shall remain in full force and effect in accordance, in the aggregate, with the following schedule: not more than 49 percent for the period April 1, 2020 to March 31, 2021; and the remaining amount for the period April 1, 2021 to September 15, 2022.

Notwithstanding section 40 of the state finance law or any provision of law to the contrary, subject to federal approval, department of health state funds medicaid spending, excluding payments for medical services provided at state facilities operated by the office of mental health, the office for people with developmental disabilities and the office of addiction services and supports and further excluding any payments which are not appropriated within the department of health, in the aggregate, for the period April 1, 2020 through March 31, 2021, shall not exceed $23,606,772,000 except as provided below and state share medicaid spending, in the aggregate, for the period April 1, 2021 through September 15, 2022, shall not exceed $23,531,327,000, but in no event shall department of health state funds medicaid spending for the period April 1, 2020 through September 15, 2022 exceed $47,138,099,000 provided, however, such aggregate limits may be adjusted by the director of the budget to account for any changes in the New York state federal medical assistance percentage amount established pursuant to the federal social security act, increases in provider revenues, reductions in local social services district payments for medical assistance administration, minimum wage increases and beginning April 1, 2012 the operational costs of the New York state medical indemnity fund, pursuant to chapter 59 of the laws of 2011, and state costs or savings from the essential plan. Such projections may be adjusted by the director of the budget to account for increased or expedited department of health state funds medicaid expenditures as a result of a natural or other type of disaster, including a governmental declaration of emergency.

The director of the budget, in consultation with the commissioner of health, shall assess on a quarterly basis known and projected medicaid expenditures by category of service and by geographic region, as determined by the commissioner of health, incurred both prior to and subsequent to such assessment for each such period, and if the director of the budget determines that such expenditures are expected to cause medicaid spending for such period to exceed the aggregate limit specified herein for such period, the state medicaid director, in consultation with the director of the budget and the commissioner of health, shall develop a medicaid savings allocation adjustment to limit such spending to the aggregate limit specified herein for such period.

Such medicaid savings allocation adjustment shall be designed, to reduce the expenditures authorized by the appropriations herein in compliance with the following guidelines: (1) reductions shall be made in compliance with applicable federal law, including the provisions of the Patient Protection and Affordable Care Act, Public Law No. 111-148, and the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 (collectively "Affordable Care Act") and any subsequent amendments thereto or regulations promulgated thereunder; (2) reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval, including waiver authority, to implement the provisions of the medicaid savings allocation adjustment that meets the other criteria set forth herein; (3) reductions shall be made in a manner that maximizes federal financial participation, to the extent practicable, including any federal financial participation that is available or is reasonably expected to become available, in the discretion of the commissioner, under the Affordable Care Act; (4) reductions shall be made uniformly among categories of services and geographic regions of the state, to the extent practicable, and shall be made uniformly within a category of service, to the extent practicable, except where the commissioner determines that there are sufficient grounds for non-uniformity, including but not limited to: the extent to which specific categories of services contributed to department of health medicaid state funds spending in excess of the limits specified herein; the need to maintain safety net services in underserved communities; or the potential benefits of pursuing innovative payment models contemplated by the Affordable Care Act, in which case such grounds shall be set forth in the medicaid savings allocation adjustment; and (5) reductions shall be made in a manner that does not unnecessarily create administrative burdens to medicaid applicants and recipients or providers.

The commissioner shall seek the input of the legislature, as well as organizations representing health care providers, consumers, businesses, workers, health insurers, and others with relevant expertise, in developing such medicaid savings allocation adjustment, to the extent that all or part of such adjustment, in the discretion of the commissioner, is likely to have a material impact on the overall medicaid program, particular categories of service or particular geographic regions of the state.

(a) The commissioner shall post the medicaid savings allocation adjustment on the department of health's website and shall provide written copies of such plan to the chairs of the senate finance and the assembly ways and means committees at least 30 days before the date on which implementation is expected to begin.

(b) The commissioner may revise the medicaid savings allocation adjustment subsequent to the provisions of notice and prior to implementation but needs to provide a new notice pursuant to subparagraph (i) of this paragraph only if the commissioner determines, in his or her discretion, that such revisions materially alter the plan.

Notwithstanding the provisions of paragraphs (a) and (b) of this subdivision, the commissioner need not seek the input described in paragraph (a) of this subdivision or provide notice pursuant to

para- graph (b) of this subdivision if, in the discretion of the commissioner, expedited development and implementation of a medicaid savings allocation adjustment is necessary due to a public health emergency.

For purposes of this section, a public health emergency is defined as: (i) a disaster, natural or otherwise, that significantly increases the immediate need for health care personnel in an area of the state; (ii) an event or condition that creates a widespread risk of exposure to a serious communicable disease, or the potential for such widespread risk of exposure; or (iii) any other event or condition determined by the commissioner to constitute an imminent threat to public health.

Nothing in this paragraph shall be deemed to prevent all or part of such medicaid savings allocation adjustment from taking effect retroactively to the extent permitted by the federal centers for medicare and medicaid services.

In accordance with the medicaid savings allocation adjustment, the commissioner of the department of health shall reduce department of health state funds medicaid spending by the amount of the projected overspending through, actions including, but not limited to modifying or suspending reimbursement methods, including but not limited to all fees, premium levels and rates of payment, notwithstanding any provision of law that sets a specific amount or methodology for any such payments or rates of payment; modifying medicaid program benefits; seeking all necessary federal approvals, including, but not limited to waivers, waiver amendments; and suspending time frames for notice, approval or certification of rate requirements, notwithstanding any provision of law, rule or regulation to the contrary, including but not limited to sections 2807 and 3614 of the public health law, section 18 of chapter 2 of the laws of 1988, and 18 NYCRR 505.14(h).

The department of health shall prepare a quarterly report that sets forth: (a) known and projected department of health medicaid expenditures as described in subdivision (1) of this section, and factors that could result in medicaid disbursements for the relevant state fiscal year to exceed the projected department of health state funds disbursements in the enacted budget financial plan pursuant to subdivision 3 of section 23 of the state finance law, including spending increases or decreases due to: enrollment fluctuations, rate changes, utilization changes, MRT investments, and shift of beneficiaries to managed care; and variations in offline medicaid payments; and (b) the actions taken to implement any medicaid savings allocation adjustment implemented pursuant to subdivision (4) of this section, including information concerning the impact of such actions on each category of service and each geographic region of the state. Each such quarterly report shall be provided to the chairs of the senate finance and the assembly ways and means committees and shall be posted on the department of health's website in a timely manner.

[~~Notwithstanding any provision of law to the contrary, the director of the budget, in consultation with the commissioner of health, may use a payment reduction plan to make across-the-board reductions to the department of health state funds medicaid spending by $373,000,000 for state fiscal year 2020-2021 and $373,000,000 in state fiscal year 2021-2022 and to limit such spending to the aggregate limit specified herein, or reduce the aggregate limit specified herein to~~

~~provide a reduction to the state's financial plan. Reductions shall be made in a manner that complies with the state medicaid plan approved by the federal centers for medicare and medicaid services, provided, however, that the commissioner of health is authorized to submit any state plan amendment or seek other federal approval to implement the provisions of the medicaid payment reduction adjustment.~~]

For the purpose of making payments to providers of medical care pursuant to section 367-b of the social services law, and for payment of state aid to municipalities and the federal government where payment systems through fiscal intermediaries are not operational, to reimburse the provision of care to patients eligible for medical assistance.

For services and expenses of the medical assistance program including nursing home, personal care, certified home health agency, long term home health care program and hospital services.

Notwithstanding any provision of law to the contrary, the portion of this appropriation covering fiscal year 2020-21 shall supersede and replace any duplicative (i) reappropriation for this item covering fiscal year 2020-21, and (ii) appropriation for this item covering fiscal year 2020-21 set forth in chapter 53 of the laws of 2019 (29846) ... 1,898,000,000 ..... (re. $1,898,000,000)

§ 2. Subdivision (a) of section 90 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws, relating to general hospital inpatient reimbursement for annual rates, is amended by adding a new paragraph 3 to read as follows:

(3) Notwithstanding any other provision of law to the contrary, for the state fiscal year beginning April 1, 2019 and ending on March 31, 2020, all Medicaid payments made for services provided on and after January 1, 2020 through March 31, 2020 shall be increased a uniform one percent in state fiscal year 2019-20. For the state fiscal years beginning April 1, 2020 and ending on March 31, 2022, all Medicaid payments made for services provided on and after April 1, 2020 through March 31, 2022 shall be increased a uniform one and one-half percent in state fiscal years 2020-21 and 2021-22 and each state fiscal year thereafter.

§ 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided, however that section two of this act shall be deemed to have been in full force and effect on and after April 1, 2019.