

STATE OF NEW YORK

1179

2025-2026 Regular Sessions

IN SENATE

January 8, 2025

Introduced by Sens. MAYER, MAY, KRUEGER -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, the state finance law and the tax law, in relation to enacting the "New York long term care trust act" and establishing the New York long term care trust program

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "New York long term care trust act".

3 § 2. The public health law is amended by adding a new article 36-B to
4 read as follows:

ARTICLE 36-B

NEW YORK LONG TERM CARE TRUST PROGRAM

Section 3670. Definitions.

8 3671. Program established.

9 3672. Long term care trust commission.

10 3673. Long term care trust advisory panel.

11 3674. Qualified individuals; determination.

12 3675. Eligible beneficiaries; determination.

13 3676. Reimbursement for services and supports.

14 3677. Individual premium contributions.

15 3678. Appeals and appeal hearings.

16 3679. Waivers.

17 § 3670. Definitions. As used in this article, the following terms
18 shall have the following meanings, unless the context clearly requires
19 otherwise:

20 1. "Fund" means the long term care trust fund established pursuant to
21 section ninety-nine-ss of the state finance law.

22 2. "Approved service" means long term care services and supports
23 including, but not limited to:

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

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1 (a) adult day services, including social adult day services, enriched
2 social adult day services, and adult day health care;
3 (b) care transition coordination;
4 (c) adaptive equipment and technology;
5 (d) environmental modification;
6 (e) personal emergency response system;
7 (f) home safety evaluation;
8 (g) respite services providing temporary substitute care to relieve
9 unpaid relative or non-relative caregivers;
10 (h) home delivered meals;
11 (i) transportation;
12 (j) services or supports for persons with dementia, Alzheimer's diag-
13 nosis, or other cognitive impairments;
14 (k) education and consultation for current or prospective caregivers;
15 (l) care by a qualified family member;
16 (m) professional services, including but not limited to services
17 provided by a physician, physician's assistant, registered nurse,
18 licensed practical nurse, or occupational, physical, or speech therapist
19 or any other health care professional licensed under title eight of the
20 education law acting within their scope of practice;
21 (n) services that assist paid and unpaid relative or non-relative
22 caregivers caring for eligible individuals, including training for
23 informal caregivers and other individuals providing care who are not
24 otherwise employed as long term care workers under section thirty-six
25 hundred fourteen of this chapter;
26 (o) home care services as defined in section thirty-six hundred two of
27 this chapter;
28 (p) assisted living services, including enhanced assisted living or
29 special needs assisted living services;
30 (q) adult care facility services;
31 (r) nursing home services; and
32 (s) any other long term care services as defined in paragraph (b) of
33 subdivision one of section three hundred sixty-seven-f of the social
34 services law or otherwise designated as such in law or regulations by
35 the department.

36 3. "Benefit unit" means the maximum daily benefit the department is
37 authorized to pay a long term care services and supports provider as
38 reimbursement for providing an approved service or services to an eligi-
39 ble beneficiary, which amount shall initially be two hundred dollars,
40 and which shall be adjusted annually by the advisory panel in accordance
41 with the provisions of section thirty-six hundred seventy-three of this
42 article.

43 4. "Commission" means the long term care trust commission established
44 pursuant to section thirty-six hundred seventy-two of this article.

45 5. "Advisory panel" or "panel" means the long term care trust advisory
46 panel established pursuant to section thirty-six hundred seventy-three
47 of this article.

48 6. "Eligible beneficiary" means a qualified individual as defined in
49 subdivision sixteen of this section who:

50 (a) was not disabled before the age of eighteen;
51 (b) has been assessed by the department as needing the minimum level
52 of assistance with activities of daily living necessary to receive bene-
53 fits pursuant to section thirty-six hundred seventy-five of this arti-
54 cle;
55 (c) has not exhausted the lifetime benefit limit as defined in subdi-
56 vision eleven of this section; and

1 (d) does not have in effect an exemption granted pursuant to subdivi-
2 sion six of section thirty-six hundred seventy-seven of this article.

3 7. "Employee" means any person engaged in employment as such term is
4 defined in section five hundred eleven of the labor law.

5 8. "Employer" shall have the same meaning as defined in section five
6 hundred twelve of the labor law.

7 9. "Employment" shall have the same meaning as defined in section five
8 hundred eleven of the labor law.

9 10. "Long term care services and supports provider" or "long term care
10 provider" means an individual or entity authorized to provide long term
11 care services as defined in paragraph (b) of subdivision one of section
12 three hundred sixty-seven-f of the social services law, including but
13 not limited to a nursing facility licensed under article twenty-eight of
14 this chapter; a home care services agency, certified home health agency
15 or long term home health care program, as defined in section thirty-six
16 hundred two of this chapter; an adult day health care program in accord-
17 ance with regulations of the department; a home care services worker as
18 defined in section thirty-six hundred thirteen of this chapter; a
19 personal care provider licensed or qualified to provide services in this
20 state or in any other state or local agency; a qualified family member
21 as defined in subdivision fifteen of this section, and such other indi-
22 viduals or entities that are authorized by law or regulations of this
23 state or any other state or local agency to provide such services.

24 11. "Lifetime benefit limit", or "lifetime limit" means the dollar
25 equivalent of three hundred sixty-five benefit units paid by the depart-
26 ment on behalf of an eligible beneficiary over the course of such eligi-
27 ble individual's lifetime.

28 12. "Premium contributions" or "premiums" means the payments an
29 employee or self-employed individual is required to contribute to the
30 program pursuant to section thirty-six hundred seventy-seven of this
31 article.

32 13. "Private long term care insurance coverage" means a contract for
33 insurance which meets the requirements of section one thousand one
34 hundred seventeen of the insurance law.

35 14. "Program" means the New York long term care trust program estab-
36 lished pursuant to section thirty-six hundred seventy-one of this arti-
37 cle.

38 15. "Qualified family member" means a relative of an eligible benefi-
39 ciary who meets the educational or training requirements established by
40 the department or the department of education for providing long term
41 care services and supports and is authorized by law or regulation to
42 receive payments from the state.

43 16. (a) "Qualified individual" means an individual who:

44 (i) is age eighteen or older; and

45 (ii) has paid premium contributions pursuant to section thirty-six
46 hundred seventy-seven of this article for a period equivalent to either:

47 (1) a total of ten years during the course of such individual's life-
48 time;

49 (2) a total of three years within the six years immediately preceding
50 such individual's application for benefits under section thirty-six
51 hundred seventy-five of this article; or

52 (3) for an individual who has not met the ten-year requirement under
53 clause one of this subparagraph, who shall have reached the age of
54 fifty-five before January first of the year in which premium collections
55 begin, at least one year. Such individual may receive one-tenth of the
56 maximum number of benefit units available under section thirty-six

1 hundred seventy-five of this article for each year of premium payments.
2 Nothing in this clause shall prohibit such an individual, who meets the
3 conditions of clause two of this subparagraph, from receiving the maxi-
4 mum number of benefit units available under section thirty-six hundred
5 seventy-five of this article.

6 (b) For the purposes of paragraph (a) of this subdivision, a "year"
7 shall equal no less than five hundred hours of paid work.

8 17. "Wages" means all remuneration paid by an employer to an employee
9 with respect to employment during any calendar year. "Wages" does not
10 include benefits paid for by the employer such as health insurance or
11 disability insurance.

12 § 3671. Program established. 1. There is hereby established the "New
13 York long term care trust program" to provide long term care services
14 and supports benefits for eligible beneficiaries regardless of income or
15 resources in accordance with the provisions of this article. The
16 department shall implement and administer such program in coordination
17 with the office of temporary and disability assistance, the office of
18 mental health, the state office for the aging, the department of taxa-
19 tion and finance and the department of labor as set forth in this
20 section.

21 2. The department shall:

22 (a) Receive applications for benefits and perform initial and continu-
23 ing eligibility determinations for long term care services and supports
24 benefits in accordance with section thirty-six hundred seventy-five of
25 this article;

26 (b) Monitor the use of benefit units by each eligible beneficiary to
27 verify that such individual's lifetime benefit limit has not been
28 exhausted;

29 (c) Establish and maintain standards for all long term care services
30 and supports provided pursuant to this article;

31 (d) Establish requirements for a uniform system of audits and reports
32 to review the quality and availability of long term care services and
33 supports furnished pursuant to this article to ensure that the program
34 is administered in the best interests of program beneficiaries;

35 (e) Establish schedules of rates, payments, reimbursements and other
36 charges and standards and procedures relating to payments of benefits to
37 registered long term care services and supports providers pursuant to
38 section thirty-six hundred seventy-six of this article; including proce-
39 dures for auditing payments and recoupment of improper payments;

40 (f) Establish plans for the coordination of long term care services
41 and supports benefits under this article for eligible beneficiaries who
42 are funded through Medicaid or receiving other long term care services
43 and supports, including through Medicare, private long term care insur-
44 ance coverage, or other programs;

45 (g) Establish standards and procedures relating to contractual
46 arrangements between long term care providers and the department;

47 (h) Develop and maintain a registry of long term care services and
48 supports providers that meet the minimum qualifications established by
49 the commission pursuant to section thirty-six hundred seventy-two of
50 this article, in accordance with subdivision three of section thirty-six
51 hundred seventy-six of this article; and

52 (i) Provide consultative services to long term care providers in order
53 to assist them: to qualify for payments under the provisions of this
54 article; in providing information needed to determine such payments; and
55 in establishing and maintaining such fiscal records as may be necessary

1 for the proper and efficient administration of long term care services
2 and supports.

3 3. Prior to or on the first of January next succeeding two years after
4 the effective date of this article, the department shall, in consulta-
5 tion with the department of labor, the department of taxation and
6 finance, the state office for the aging, the office of temporary and
7 disability assistance, and any other department or agency it deems rele-
8 vant, develop and maintain such programs and processes as shall be
9 necessary to determine and keep records regarding the applicability of
10 premium contribution requirements of section thirty-six hundred seven-
11 ty-seven of this article to employees and self-employed individuals.
12 The department shall thereafter monitor individual premium contributions
13 and make eligibility determinations pursuant to sections thirty-six
14 hundred seventy-four and thirty-six hundred seventy-five of this arti-
15 cle.

16 § 3672. Long term care trust commission. 1. The long term care trust
17 commission is hereby established to make recommendations to all relevant
18 departments and agencies to ensure the adequacy of benefits provided
19 under the program and to maintain the solvency and sustainability of the
20 fund.

21 2. The commission shall consist of a total of fifteen voting members
22 and ten nonvoting members as follows:

23 (a) six voting members representing the legislature, to be appointed
24 as follows:

25 (i) two members appointed by the speaker of the assembly;

26 (ii) two members appointed by the temporary president of the senate;

27 (iii) one member appointed by the minority leader of the assembly;

28 (iv) one member appointed by the minority leader of the senate; and

29 (b) nine members to be appointed by the governor, all of whom shall be
30 voting members, which shall include:

31 (i) the commissioner, or such commissioner's designee;

32 (ii) the director of the state office for the aging, or such direc-
33 tor's designee;

34 (iii) the commissioner of taxation and finance, or such commissioner's
35 designee;

36 (iv) the commissioner of the department of labor, or such commission-
37 er's designee;

38 (v) the superintendent of financial services, or such superinten-
39 dent's designee;

40 (vi) the state long term care ombudsman, or such ombudsman's designee;

41 (vii) and three additional members with relevant expertise in the
42 field of long term care; and

43 (c) ten nonvoting members:

44 (i) one of whom shall be a representative of local programs for the
45 aging, to be appointed by the director of the state office for the
46 aging;

47 (ii) one of whom shall be a representative of a home care association
48 that represents caregivers that provide services to private pay and
49 Medicaid clients, to be appointed by the commissioner;

50 (iii) one of whom shall be a representative of a union representing
51 long term care workers, to be appointed by the commissioner of the
52 department of labor;

53 (iv) one of whom shall be a representative of an organization repres-
54 enting retired persons, to be appointed by the director of the state
55 office for the aging;

1 (v) one of whom shall be a representative of an association represent-
2 ing skilled nursing facilities and assisted living providers, to be
3 appointed by the commissioner;

4 (vi) one of whom shall be a representative of an association repres-
5 enting adult family home providers, to be appointed by the commissioner;

6 (vii) two of whom shall be individuals receiving long term care
7 services and supports, or their designees, or representatives of consum-
8 ers receiving long term care services and supports under the program,
9 one of whom shall have been self-employed, to be appointed by the state
10 long term care ombudsman;

11 (viii) one of whom shall be an individual who is paying the premium
12 established under section thirty-six hundred seventy-seven of this arti-
13 cle, or, prior to such section becoming effective, will pay such premi-
14 um, and who is not employed by a long term care services and supports
15 provider, to be appointed by the commissioner of the department of
16 financial services; and

17 (ix) one of whom shall be a representative of an organization of
18 employers whose members are required to collect the premium established
19 under section thirty-six hundred seventy-seven of this article, or prior
20 to such section becoming effective, will be required to collect such
21 premium, to be appointed by the commissioner of the department of labor.

22 3. Each appointed member shall serve for a term of two years,
23 provided, however that the initial members appointed pursuant to para-
24 graph (c) of subdivision two of this section shall be appointed to stag-
25 gered terms not to exceed four years. Initial appointments to the
26 commission shall be made no later than sixty days after the effective
27 date of this section.

28 4. The commissioner, or such commissioner's designee, shall serve as
29 chair of the commission. Meetings of the commission shall be at the call
30 of the chair, provided, however, that the initial meeting of the commis-
31 sion shall be held no later than thirty days after initial appointments
32 are made pursuant to subdivision two of this section. A majority of the
33 voting members shall constitute a quorum of the commission, and the
34 affirmative vote of sixty percent of the members voting shall be neces-
35 sary for any action to be taken by the commission. Notwithstanding any
36 contrary provision of this section, a majority of the members identified
37 in paragraphs (a) and (b) of subdivision two of this section shall
38 constitute a quorum for the purposes of approving the annual report
39 required under subdivision eight of this section.

40 5. Members of the commission shall serve without compensation but
41 shall be reimbursed for reasonable and necessary expenses incurred in
42 the performance of their duties. The commission may employ staff as
43 needed, prescribe their duties, and fix their compensation within
44 amounts appropriated for the commission.

45 6. The commission shall hold its first meeting no later than thirty
46 days after initial appointments have been made pursuant to subdivision
47 three of this section and shall immediately begin development of
48 proposals for the implementation and eventual operation of the program.
49 The commission shall examine the laws and regulations of the state and
50 consult with health care providers, consumers, and other stakeholders
51 and make such recommendations as are necessary to conform the laws and
52 regulations of the state with the purposes of this article, including,
53 but not limited to:

54 (a) the establishment of procedures to be used by the department in
55 determining if an individual is:

1 (i) a qualified individual under section thirty-six hundred seventy-
2 four of this article; and

3 (ii) an eligible beneficiary under section thirty-six hundred seven-
4 ty-five of this article;

5 (b) the establishment of minimum qualifications for the registration
6 of long term care services and supports providers with the department
7 pursuant to section thirty-six hundred seventy-one of this article;

8 (c) the establishment of maximum allowable payments for approved
9 services, in consultation with affected stakeholders, which (i) shall
10 not be lower than Medicaid payments for comparable services, including
11 limitations based on dollar amount, duration, or number of visits and
12 (ii) shall be sufficient to ensure that long term care providers who are
13 individuals receive at least the greater of (1) one hundred fifty
14 percent of the minimum wage required under section six hundred fifty-two
15 of the labor law or any otherwise applicable wage rule or order under
16 article nineteen of the labor law which is otherwise applicable for home
17 care aides as defined in section thirty-six hundred fourteen-c of this
18 chapter, or (2) the wage otherwise required by law to be paid to home
19 care aides as defined in section thirty-six hundred fourteen-c of this
20 chapter;

21 (d) recommendations to the advisory panel for the annual adjustment of
22 the benefit unit in accordance with sections thirty-six hundred seventy
23 and thirty-six hundred seventy-three of this article; and

24 (e) recommendations as to the adoption, amendment or repeal of any
25 rules, regulations or policies the commission deems necessary to improve
26 the operation of the program and maintain solvency.

27 7. The commission shall monitor program administrative expenses over
28 time, and such expenses shall not exceed seven and one-half percent of
29 expenditures.

30 (a) Beginning on the fifteenth of November occurring one year after
31 the effective date of this article, and annually thereafter, the commis-
32 sion shall submit an actuarial report to the governor and to the chairs
33 of the senate finance committee and the assembly ways and means commit-
34 tee. Such report shall include an actuarial report of the projected
35 solvency and financial status of the program, anticipated agency spend-
36 ing and anticipated administrative expenses in the implementation and
37 initial operation of the program.

38 (b) For the annual report due on November fifteenth of the year occur-
39 ring five years after the effective date of this article, the commission
40 shall include its recommendations for a method of calculating future
41 agency administrative expenses to limit such expenses while providing
42 sufficient funds to adequately operate the program.

43 8. Beginning on the thirty-first of December occurring five years
44 after the effective date of this article, and annually thereafter, the
45 commission shall submit a report to the legislature on the program,
46 which shall include but not be limited to the following:

47 (a) projected and actual program participation;

48 (b) adequacy of premium rates;

49 (c) fund balances;

50 (d) benefits paid;

51 (e) demographic information on program participants, including, but
52 not limited to, age, gender, race, ethnicity, geographic distribution by
53 county, legislative district, and employment sector; and

54 (f) the extent to which the operation of the program has resulted in
55 savings to the Medicaid program by avoiding costs that would have other-
56 wise been the responsibility of the state.

1 § 3673. Long term care trust advisory panel. 1. The long term care
2 trust advisory panel is hereby established. The advisory panel shall
3 consist of each of the members of the commission identified in para-
4 graphs (b) and (c) of subdivision two of section thirty-six hundred
5 seventy-two of this article, all of whom shall be voting members.

6 2. It shall be the duty of the advisory panel to:

7 (a) determine annual adjustments to the benefit unit as defined in
8 subdivision three of section thirty-six hundred seventy of this article;

9 (b) review the adequacy of benefits provided under this article; and

10 (c) make recommendations to the commission to ensure the solvency of
11 the trust fund.

12 3. The commissioner and the commissioner of the department of taxation
13 and finance shall serve as co-chairs of the advisory panel. The advisory
14 panel shall meet at least once annually to determine adjustments to the
15 benefit unit. Additional meetings of the advisory panel shall be at the
16 call of the chair. A majority of the voting members of the advisory
17 panel shall constitute a quorum of the panel, and the affirmative vote
18 of sixty percent of the panel members voting shall be necessary for any
19 action to be taken by the advisory panel. The advisory panel may adopt
20 rules for the conduct of meetings, including provisions for meetings and
21 voting to be conducted by telephonic, video, or other conferencing proc-
22 ess in accordance with all relevant provisions of article seven of the
23 public officers law.

24 4. (a) In determining adjustments to the benefit unit, the advisory
25 panel shall review the commission's actuarial audit and valuation of the
26 trust account, any recommendations by the commission, and data pertain-
27 ing to economic indicators, program costs, and sustainability. Such
28 data shall include, but not be limited to, data regarding inflation,
29 regional differences in costs of living and costs of long term care
30 services and supports, and wages of individuals who are long term care
31 services and supports providers.

32 (b) The advisory panel may, to the extent the panel deems appropriate,
33 determine that adjustments to the benefit unit shall vary by region in
34 the event that such a determination is necessary to accomplish the
35 purposes of this article.

36 (c) In the absence of the required vote necessary to take action to
37 adjust the benefit unit prior to November fifteenth, the advisory panel
38 shall adjust such benefit unit for the succeeding year as of January
39 first of such year as necessary to reflect any change in the "current
40 cost of living index figure" based upon the Consumer Price Index as
41 issued by the bureau of labor statistics of the United States depart-
42 ment of labor since November fifteenth of the prior year.

43 5. The members of the advisory panel shall receive no compensation but
44 shall be reimbursed for travel and other expenses actually and necessar-
45 ily incurred in the performance of their duties.

46 § 3674. Qualified individuals; determination. 1. The department shall,
47 in coordination with the department of labor, and the department of
48 taxation and finance, develop and maintain a record of all individuals
49 subject to the premium requirements pursuant to section thirty-six
50 hundred seventy-seven of this article.

51 2. No later than the first of January occurring two years after the
52 effective date of this article, the department shall, in accordance with
53 subdivision one of this section and the cooperative agreement entered
54 into pursuant to subdivision six-c of section one hundred seventy-one-a
55 of the tax law, as added by chapter five hundred forty-five of the laws
56 of nineteen hundred seventy-five develop and maintain a record of:

1 (a) all individuals subject to the premium requirements of section
2 thirty-six hundred seventy-seven of this article; and

3 (b) every employer required to collect and remit premiums from employ-
4 ee wages pursuant to subdivision two of section thirty-six hundred
5 seventy-seven of this article.

6 3. The department shall monitor individual premium contributions paid
7 and individual hours worked for the purposes of determining and verify-
8 ing whether an individual is a qualified individual as defined in subdivi-
9 sion sixteen of section thirty-six hundred seventy of this article.

10 4. The department shall, in cooperation with the department of labor,
11 and the department of taxation and finance, monitor compliance by
12 employers subject to the collection and reporting requirements set forth
13 in section thirty-six hundred seventy-seven of this article, article
14 eighteen of the labor law, and articles eight and twenty-two of the tax
15 law; and collect, monitor, maintain, and dispose of any other informa-
16 tion that the department, in consultation with the department of labor,
17 the commissioner of taxation and finance, and the commission, shall deem
18 relevant and necessary to comply with the reporting, monitoring, admin-
19 istering, or evaluation responsibilities required pursuant to this arti-
20 cle or otherwise necessary to accomplish the purposes of this article.

21 5. The department, in consultation with the department of labor, and
22 the commissioner of taxation and finance, shall establish procedures to
23 monitor individual premium contributions and verify benefit eligibility
24 pursuant to section thirty-six hundred seventy-five of this article.

25 6. The department, in consultation with the department of labor and
26 the commissioner of taxation and finance, shall publish and distribute
27 educational materials about the program to inform employees, employers
28 and members of the public of their rights and obligations under this
29 article and the benefits available under the program.

30 § 3675. Eligible beneficiaries; determination. 1. Beginning on January
31 first of the year occurring five years after the effective date of this
32 article, and thereafter, approved long term care services and supports
33 benefits shall be available, without regard to income or resources, for
34 eligible beneficiaries who are assessed by the department as needing
35 assistance with at least two activities of daily living, or for individ-
36 uals with a dementia or Alzheimer's diagnosis, assessed as needing at
37 least supervision with more than one activity of daily living in accord-
38 ance with the provisions of this section.

39 2. Any qualified individual, or any person authorized by law to act on
40 behalf of a qualified individual, may apply for long term care benefits
41 provided under this article by filing an application therefor with the
42 department in writing, by telephone, online, or by any other manner
43 approved by the commissioner for such purpose.

44 3. (a) Upon receipt of such application, the department or its agent
45 shall verify that the applicant is a qualified individual as defined in
46 subdivision sixteen of section thirty-six hundred seventy of this arti-
47 cle, and upon such verification, shall perform an eligibility determi-
48 nation, which shall include an assessment of whether the applicant needs
49 assistance with at least two activities of daily living, or for individ-
50 uals with a dementia or Alzheimer's diagnosis, at least supervision with
51 more than one activity of daily living, defined and determined by using
52 an evidence based validated assessment instrument approved by the
53 commissioner and in accordance with regulations of the department and
54 any applicable state and federal laws by an independent assessor, of
55 which such independent assessor may be, subject to approval by the
56 commissioner, a licensed health care provider selected by the applicant.

1 (b) The department shall complete the eligibility determination
2 required pursuant to paragraph (a) of this subdivision or any subsequent
3 redetermination of eligibility under this article and decide whether the
4 applicant is eligible for benefits within forty-five days of the date of
5 a completed application for benefits.

6 (c) Notwithstanding any contrary provision of this subdivision, the
7 department shall develop expedited procedures for determining eligibil-
8 ity for an applicant with an immediate need for long term care services
9 and supports whereby a final eligibility determination shall be made
10 within seven days of the date of a completed application for benefits.

11 4. The department shall notify the applicant of the results of the
12 department's eligibility determination, and, where such applicant is
13 found to be an eligible beneficiary, the amount of benefit units avail-
14 able and the date on which such benefit units shall become payable for
15 approved services on behalf of the eligible beneficiary, which shall be
16 the date of the application, or subject to applicable department regu-
17 lations, such earlier date as may be deemed reasonable based on the
18 needs of the beneficiary. Where such applicant is found ineligible, the
19 department shall notify the applicant of the reasons therefor and shall
20 advise such applicant of the applicant's right to appeal such determi-
21 nation pursuant to section thirty-six hundred seventy-nine of this arti-
22 cle.

23 5. (a) All continuing benefits under this article shall be subject to
24 reconsideration and redetermination as frequently as the department
25 deems necessary to ensure that each person receiving benefits under this
26 article continues to be in need of long term care services and supports
27 and has not exhausted the lifetime benefit limit. The department may
28 conduct any investigation it may deem necessary or required to effectuate
29 the purposes of this subdivision.

30 (b) The department shall develop a simplified statewide recertif-
31 ication form for use in redetermining eligibility under this article.

32 6. (a) An eligible beneficiary shall receive benefits through the
33 program in the form of a benefit unit payable by the department to a
34 registered long term care provider for approved services and supports in
35 an amount determined by the advisory panel pursuant to section thirty-
36 six hundred seventy-three of this article. If the value of services
37 provided to an eligible beneficiary on a single date is less than the
38 benefit unit, only the portion of the benefit unit that is actually paid
39 on such beneficiary's behalf shall be taken into consideration when
40 calculating the balance of such person's lifetime benefit limit. The
41 balance of the benefit unit not expended on such date shall remain
42 available to the eligible beneficiary for use in accordance with para-
43 graph (b) of this subdivision or until otherwise exhausted pursuant to
44 this article.

45 (b) Notwithstanding any contrary provision of this article, an eligi-
46 ble beneficiary may receive benefits in excess of the benefit unit as
47 defined in subdivision three of section thirty-six hundred seventy of
48 this article, for services provided on a single date, provided that such
49 eligible beneficiary has not exhausted the lifetime benefit limit. In no
50 event shall a person receive benefits under this article after such
51 person's lifetime benefit limit has been exhausted.

52 7. The department shall develop procedures to monitor each eligible
53 beneficiary's use of benefit units and shall notify eligible benefici-
54 aries of the balance of benefit units remaining within a reasonable time
55 after approved services are rendered.

1 8. Notwithstanding any contrary provision of law, benefits paid on
2 behalf of an individual pursuant to this article shall not be considered
3 income or resources for the purposes of any determinations of eligibil-
4 ity for any other state program or benefit, including but not limited to
5 medical assistance, any state or federal program, Medicaid, or any other
6 means-tested program or benefit.

7 9. Notwithstanding any contrary provision of law, nothing in this
8 article shall be construed to create an entitlement for any individual
9 to receive, or require the state or any department or agency thereof to
10 provide, case management services, including, but not limited to, case
11 management services under title eleven of article five of the social
12 services law.

13 § 3676. Reimbursement for services and supports. 1. Beginning on
14 January first of the year occurring five years after the effective date
15 of this article, the department shall reimburse registered long term
16 care providers for approved services rendered to eligible beneficiaries
17 in accordance with this article. Reimbursement for services provided
18 pursuant to this section shall be paid to registered long term care
19 providers at such times and in such manner as the department may
20 prescribe, provided however, such payments shall be made no less than
21 quarterly.

22 2. The department may reimburse qualified family members for providing
23 approved personal care services in the same manner as reimbursements are
24 paid to an individual provider, whether directly, through a licensed
25 home care agency, or through a third option if recommended by the
26 commission and adopted by the department.

27 3. (a) The department shall develop and maintain a registry of long
28 term care providers in accordance with subdivision two of section thir-
29 ty-six hundred seventy-one of this article, and in consultation with the
30 commission, shall establish standards and procedures for:

31 (i) registration with the department pursuant to this section; and
32 (ii) the suspension, revocation, or termination of a provider's regis-
33 tration or other limitation on the provider's authorization to provide
34 services under the program where it is determined that:

35 (A) the provider is incompetent;

36 (B) the provider has exhibited a course of conduct which is inconsis-
37 ent with program standards and regulations;

38 (C) the provider has willfully failed to comply with program standards
39 and regulations; or

40 (D) the provider has been the subject of more than three complaints to
41 the long term care ombudsman program and/or to the department, the
42 nature of which may have resulted in serious harm to the beneficiary,
43 and which have been investigated and determined to be founded.

44 (b) Prior to or on the first of January next succeeding five years
45 after the effective date of this article and thereafter, all information
46 in the registry developed and maintained pursuant to this subdivision,
47 including any and all records relating to actions taken pursuant to
48 subparagraph (ii) of paragraph (a) of this subdivision shall be readily
49 accessible on the department's website by the public.

50 4. A long term care services and supports provider which employs or
51 contracts with one or more individuals performing approved services
52 shall pay such individuals no less than the greater of (a) one hundred
53 fifty percent of the minimum wage required under section six hundred
54 fifty-two of the labor law or any otherwise applicable wage rule or
55 order under article nineteen of the labor law which is otherwise appli-
56 cable for home care aides as defined in section thirty-six hundred four-

1 teen-c of this chapter, or (b) the wage otherwise required by law to be
2 paid to home care aides as defined in section thirty-six hundred four-
3 teen-c of this chapter.

4 § 3677. Individual premium contributions. 1. Beginning January first,
5 of the year occurring two years after the effective date of this arti-
6 cle, every employee, and every self-employed individual, unless other-
7 wise exempt, shall contribute to the cost of providing long term care
8 benefits under this article by payment of the premium assessed pursuant
9 to this section. The initial premium contribution rate and any adjust-
10 ments to such rate shall be set by the commission, at the lowest amount
11 necessary to maintain the actuarial solvency of the long term care
12 services and supports trust fund, in accordance with recognized insur-
13 ance principles and in a manner designed to limit fluctuations in such
14 rate.

15 (a) The initial premium contribution rate shall be set no later than
16 September thirtieth of the year occurring one year after the effective
17 date of this article and shall become applicable to each employee's
18 wages paid or self-employed individual's income earned on and after
19 January first of the year beginning two years after the effective date
20 of this article.

21 (b) Beginning January first of the year occurring four years after the
22 effective date of this article, and biennially thereafter, the commis-
23 sion shall make such adjustments to the premium contribution rate, if
24 necessary, to ensure that such rate continues to be set at the lowest
25 amount necessary to maintain the actuarial solvency of the long term
26 care services and supports trust fund, in accordance with recognized
27 insurance principles and in a manner designed to limit fluctuations in
28 the premium rate.

29 2. (a) Notwithstanding any other provision of law, every employer is
30 authorized to collect from its employees, the premium assessed under
31 subdivision one of this section, through payroll deductions and remit
32 the amounts so collected to the department of taxation and finance in
33 accordance with the provisions of section four hundred seventy-four of
34 the tax law.

35 (b) When collecting employee premiums through payroll deductions, the
36 employer shall act as the agent of its employees and shall remit all
37 such amounts to the department of taxation and finance as required by
38 subparagraph (D) of paragraph four of subsection (a) of section six
39 hundred seventy-four of the tax law.

40 3. Premiums shall be collected at the same time and in the same or
41 substantially similar manner as the assessment, collection, and report-
42 ing procedures used for the withholding of tax pursuant to title five of
43 article twenty-two of the tax law or, in the case of an individual who
44 is self-employed, including a sole proprietor, independent contractor,
45 member of a limited liability company or limited liability partnership,
46 or other self-employed person, at the same time and in the same or
47 substantially similar manner as the assessment, collection, and report-
48 ing procedures used for the payment of tax pursuant to part four of
49 article twenty-two of the tax law.

50 4. The department, in coordination with the department of labor and
51 the department of taxation and finance shall promulgate rules for deter-
52 mining the hours worked and the wages of self-employed individuals.

53 5. The department of taxation and finance shall deposit all premiums
54 collected under this section in the long term care trust fund estab-
55 lished pursuant to section ninety-nine-ss of the state finance law.

1 6. If the premiums established in this section are changed, the
2 commission shall notify each individual subject to this section by mail
3 that such person's premiums have changed.

4 7. (a)(i) Notwithstanding any contrary provision of this section, the
5 following individuals may apply for an exemption from the premium
6 contributions required under subdivision one of this section, as
7 provided in this subdivision:

8 (1) an individual who has maintained private long term care insurance
9 coverage on an uninterrupted basis beginning no later than January first
10 of the year in which this article takes effect;

11 (2) a veteran of the United States military who has been rated by the
12 United States department of veterans' affairs as having a service-con-
13 ected disability of seventy percent or greater;

14 (3) a spouse or registered domestic partner of an active duty service
15 member in the United States armed forces whether or not deployed or
16 stationed within or outside of the state of New York;

17 (4) an employee who holds a nonimmigrant visa for temporary workers,
18 as recognized by federal law, and is employed by an employer in the
19 state of New York; or

20 (5) an individual who maintains a permanent address outside of the
21 state of New York as the individual's primary location of residence.

22 (ii) Such request for an exemption shall be made in such form and in
23 such manner as the department shall prescribe for such purpose no later
24 than one year after the effective date of this article.

25 (iii) The department shall review each request for an exemption
26 submitted pursuant to subparagraph (i) of this paragraph, and upon a
27 determination that the individual satisfies the requirements in accord-
28 ance with this paragraph, the department shall issue notice to such
29 individual of such individual's exemption from paying premium contrib-
30 utions beginning thirty days after the issuance of such notice of
31 exemption.

32 (iv) An exemption issued to an individual pursuant to this subdivision
33 shall relieve such individual's employer, if any, of the duty to collect
34 premiums pursuant to subdivisions two and three of this section,
35 provided, however, that the individual shall have first given proper
36 notice of such exemption to the employer, including a copy of such
37 exemption, together with any additional materials the department may
38 require. No such employer shall be liable to an individual for continu-
39 ing to collect premium contributions in the event that the individual
40 fails to provide the notice of exemption to such employer in accordance
41 with this subparagraph.

42 (b) (i) If an individual who has been issued an exemption from paying
43 premium contributions pursuant to paragraph (a) of this subdivision due
44 to having maintained private long term care insurance coverage on an
45 uninterrupted basis ceases to hold private long term care insurance
46 coverage, such individual shall notify the department and such individ-
47 ual's employer, if any, of the termination of such private long term
48 care insurance coverage within thirty days of such termination. Such
49 notice shall be in writing and submitted in such form and in such manner
50 as the department shall prescribe for such purpose, and shall state
51 whether the individual intends to obtain private long term care insur-
52 ance coverage within ninety days following the cessation of coverage. If
53 the individual subsequently obtains long term care insurance coverage
54 within such ninety-day period, the individual shall so notify the
55 department and the individual's employer, if any.

1 (ii) In the event that an individual described in subparagraph (i) of
2 this paragraph ceases to hold private long term care insurance coverage
3 for a period of more than ninety days, the exemption from paying premium
4 contributions issued pursuant to this subdivision shall be automatically
5 and permanently revoked and such individual shall thereafter be respon-
6 sible for the payment of all premium contributions required pursuant to
7 subdivision one of this section and shall no longer be eligible for any
8 new exemption under this subdivision. The individual shall be responsi-
9 ble for notifying the department and their employer, if any, in the
10 event of such cessation of coverage for more than ninety days. Any
11 premium contributions not paid after such date shall be subject to such
12 reasonable monetary penalties and interest as shall be determined by the
13 department and may levy an additional premium for the remainder of the
14 period of coverage.

15 (c) An individual receiving an exemption pursuant to paragraph (a) of
16 this subdivision, shall forfeit any and all rights to receive benefits
17 under this article and shall in no event be an eligible beneficiary
18 under this article while such exemption is in effect.

19 (d) An employer of an individual whose exemption is revoked in accord-
20 ance with this subdivision shall not be held liable for a failure to
21 collect premium contributions to the extent such employer was not aware
22 of such cessation of coverage and did not have reason to be aware of
23 such cessation of coverage, provided that such exemption from liability
24 shall terminate when such employer becomes so aware.

25 (e) If an individual who has been issued a notice of exemption from
26 paying premium contributions on the basis of a status listed in clauses
27 two through five of subparagraph (i) of paragraph (a) of this subdivi-
28 sion, has a change of status which would render them otherwise subject
29 to the requirements of subdivision one of this section, such individual
30 shall be obligated to so inform the department and their employer, if
31 any, within thirty days. The exemption from paying premium contributions
32 issued pursuant to this subdivision shall be discontinued and such indi-
33 vidual shall thereafter be responsible for the payment of all premium
34 contributions.

35 8. (a) Beginning on January first of the year occurring five years
36 after the effective date of this article, an employee or self-employed
37 individual who relocates outside of the state may elect to continue
38 participation in the program by continuing to contribute premiums to the
39 long-term care services and supports trust fund if:

40 (i) The employee or self-employed individual has been assessed premi-
41 ums for at least three years in which the employee or self-employed
42 individual has worked at least five hundred hours in each of those years
43 in the state; and

44 (ii) The employee or self-employed individual notifies the department
45 and the department of taxation and finance within one year of establish-
46 ing a primary residence outside of the state that the employee or self-
47 employed individual is no longer a resident of the state and elects to
48 continue participation in the program.

49 (b) Out-of-state participants must report their wages or self-employ-
50 ment earnings to the department of taxation and finance according to
51 procedures as established by regulations of the department of taxation
52 and finance. An out-of-state participant must submit documentation to
53 the department of taxation and finance whether or not the out-of-state
54 participant earned wages or self-employment earnings, as applicable,
55 during the applicable reporting period. When an out-of-state participant
56 reaches the age of sixty-seven, the participant is no longer required to

1 provide the documentation of their wages or self-employment earnings,
2 but if the participant earns wages or self-employment earnings, the
3 participant must submit reports of those wages or self-employment earn-
4 ings and remit the required premiums to the department of taxation and
5 finance.

6 (c) Out-of-state participants must provide documentation of wages and
7 self-employment earnings earned at the time that they report their wages
8 or self-employment earnings to the department of taxation and finance
9 which shall transmit such information to the department of health for
10 purposes of determining ongoing coverage of out-of-state participants
11 under the program.

12 (d) The department of health may cancel elective coverage if the out-
13 of-state participant fails to make required payments or submit reports.
14 The department of taxation and finance may collect due and unpaid premi-
15 ums and may levy an additional premium for the remainder of the period
16 of coverage. The cancellation must be effective no later than thirty
17 days from the date of the notice in writing advising the out-of-state
18 participant of the cancellation.

19 (e) The department of taxation and finance shall:

20 (i) Adopt standards by rule for the manner and timing of reporting and
21 documentation submission for out-of-state participants. The department
22 must consider user experience with the wage and self-employment earnings
23 reporting process and the document submission process and regularly
24 update the standards to minimize the procedural burden on out-of-state
25 participants and support the accurate reporting of wages and self-em-
26 ployment earnings at the time of the payment of premiums;

27 (ii) Collect premiums from out-of-state participants who elect to
28 continue participation in the program; and

29 (iii) Verify the wages or self-employment earnings as reported by an
30 out-of-state participant.

31 (f) For the purposes of this section, "wages" includes remuneration
32 for services performed within or without or both within and without this
33 state.

34 (g) Entities providing services to an eligible beneficiary outside the
35 state may not discriminate based upon race, gender, age, or preexisting
36 condition.

37 (h) An employee who relocates out of state may elect to opt out of
38 coverage by no longer reporting wages to the department of taxation and
39 finance rather than become an out-of-state participant in the program.

40 § 3678. Appeals and appeal hearings. 1. Any applicant or recipient, or
41 any individual authorized to act on behalf of any such applicant or
42 recipient, and any long term care provider may appeal to the department
43 from determinations of department officials or failures to make determi-
44 nations upon grounds specified in subdivision four of this section. The
45 department shall review the appeal de novo and give such person or enti-
46 ty an opportunity for an appeal hearing. The department may also, on its
47 own motion, review any decision made or any case in which a decision has
48 not been made by the department official within the time specified by
49 law or regulations of the department. The department may make such addi-
50 tional investigation as it may deem necessary, and the commissioner
51 shall make such determination as is justified and in accordance with
52 applicable law.

53 2. Regarding any appeal pursuant to this section, with or without an
54 appeal hearing, the commissioner may designate and authorize one or more
55 appropriate members of such commissioner's staff to consider and decide
56 such appeals. Any staff member so designated shall be authorized to

1 decide such appeals on behalf of the commissioner with the same force
2 and effect as if the commissioner had made such decisions. Appeal hear-
3 ings shall be held on behalf of the commissioner by members of their
4 staff who are employed for such purposes or who have been designated and
5 authorized by the commissioner.

6 3. Persons entitled to appeal to the department pursuant to this
7 section must include:

8 (a) applicants for or recipients of long term care benefits under the
9 program;

10 (b) long term care services and supports providers; and

11 (c) such other persons as the commissioner may deem to be entitled to
12 an opportunity for an appeal hearing.

13 4. An applicant, beneficiary, long term care provider, or individual
14 denied an exemption, shall have the right to appeal at least the follow-
15 ing issues:

16 (a) an eligibility determination made in accordance with section thir-
17 ty-six hundred seventy-five of this article, including:

18 (i) an initial determination as to whether the applicant is a quali-
19 fied individual;

20 (ii) an initial determination as to whether the applicant is an eligi-
21 ble beneficiary, including whether:

22 (A) the applicant needs assistance with at least two activities of
23 daily living, or for individuals with a dementia or Alzheimer's diagno-
24 sis, needs at least supervision with more than one activity of daily
25 living; and/or

26 (B) the applicant has exhausted the lifetime benefit limit;

27 (iii) a continuing eligibility determination or redetermination with
28 respect to a beneficiary pursuant to subdivision five of section thir-
29 ty-six hundred seventy-five of this article;

30 (b) a failure by the department to provide timely written notice of
31 any eligibility determination made in accordance with this article, this
32 chapter, or any other applicable law; and

33 (c) a determination with respect to a long term care provider, includ-
34 ing:

35 (i) suspension, revocation, limitation or annulment of qualification
36 for participation as a provider under the program;

37 (ii) disputes relating to payments and reimbursements for approved
38 services; and

39 (iii) any other determination the commissioner deems subject to
40 appeal.

41 (d) a determination to deny an exemption from contributing to the
42 fund.

43 5. The department may, subject to the discretion of the commissioner,
44 promulgate such regulations, consistent with federal or state law, as
45 may be necessary to implement the provisions of this section.

46 6. Regarding every decision of an appeal pursuant to this section, the
47 department shall inform every party, and their representative, if any,
48 of the availability of judicial review and the time limitation to pursue
49 future review.

50 7. The department shall include notice of the right to appeal as
51 provided by subdivision four of this section and instructions regarding
52 how to file an appeal in any eligibility determination issued to the
53 applicant or enrollee in accordance with applicable law. Such notice
54 shall include:

55 (a) an explanation of the applicant or enrollee's appeal rights;

1 (b) a description of the procedures by which the applicant or enrollee
2 may request an appeal;

3 (c) information on the applicant or enrollee's right to represent
4 themselves, or to be represented by legal counsel or another represen-
5 tative; and

6 (d) an explanation of the circumstances under which the appellant's
7 eligibility may be maintained or reinstated pending an appeal decision.

8 § 3679. Waivers. Notwithstanding any contrary provision of law, the
9 commissioner shall, to the extent necessary, develop and submit any
10 appropriate waivers, including, but not limited to, those authorized
11 pursuant to sections eleven hundred fifteen and nineteen hundred fifteen
12 of the federal social security act, or successor provisions, and any
13 other waivers necessary to achieve the purposes of high quality, inte-
14 grated, and cost effective care and integrated financial eligibility
15 policies under the medical assistance program or pursuant to title XVIII
16 of the federal social security act. Copies of such original waiver
17 applications shall be provided to the chair of the senate finance
18 committee and the chair of the assembly ways and means committee simul-
19 taneously with their submission to the federal government.

20 § 3. The state finance law is amended by adding a new section 99-ss to
21 read as follows:

22 § 99-ss. Long term care trust fund. 1. There is hereby established in
23 the joint custody of the comptroller and the commissioner of taxation
24 and finance a special fund to be known as the "long term care trust
25 fund".

26 2. Such fund shall consist of all moneys collected by the department
27 of taxation and finance pursuant to section thirty-six hundred seventy-
28 seven of the public health law. Any interest earned by the investment of
29 moneys in such fund shall be added to such fund, become a part of such
30 fund, and be used for the purpose of such fund.

31 3. Moneys of such fund shall only be used for the purposes established
32 under article thirty-six-B of the public health law and expenses of the
33 state in administering the long term care trust program as defined ther-
34 ein. In no event may expenditures be used to supplant existing state or
35 local programs which fund the provision of approved services.

36 4. The moneys of the fund shall be paid out on the audit and warrant
37 of the comptroller on vouchers certified and approved by the commis-
38 ioner of the department of health.

39 § 4. The state finance law is amended by adding a new section 8-d to
40 read as follows:

41 § 8-d. Additional duties of the comptroller; long term care trust
42 program. 1. Beginning on and after the effective date of this section,
43 the comptroller shall provide all necessary assistance, including audit-
44 ing and actuarial services to the long term care trust commission estab-
45 lished pursuant to section thirty-six hundred seventy-two of the public
46 health law and in accordance with all relevant provisions of article
47 thirty-six-B of the public health law, the tax law, the labor law, and
48 this chapter.

49 2. Beginning on November fifteenth of the year occurring four years
50 after the effective date of this section, and biennially thereafter, the
51 comptroller shall perform an actuarial audit and valuation of the long
52 term care trust fund established pursuant to section ninety-nine-ss of
53 this chapter. Such biennial audit and valuation shall be prepared and
54 published in conjunction with the annual report prepared by the long
55 term care trust commission pursuant to subdivision seven of section
56 thirty-six hundred seventy-two of the public health law, and shall be

1 submitted to the long term care trust advisory panel and the legisla-
2 ture. Such audit and valuation shall include, but not be limited to
3 recommendations regarding actions necessary to maintain the solvency of
4 the fund; options for adjustments to the benefit unit, approved
5 services, or both, to the extent necessary to eliminate unfunded actuar-
6 ially accrued liability and maintain solvency.

7 3. The comptroller shall perform such additional or more frequent
8 actuarial audits and valuations of the long term care trust fund upon
9 request of the advisory panel pursuant to section thirty-six hundred
10 seventy-three of the public health law.

11 4. The comptroller shall, not later than November fifteenth of the
12 year occurring ten years after the effective date of this section,
13 conduct a comprehensive evaluation of the long term care trust program
14 and shall submit a report, including a conclusion and recommendations
15 for improvement to the legislature regarding:

16 (a) program operations, including the performance of the long term
17 care trust commission established in section thirty-six hundred seven-
18 ty-two of the public health law;

19 (b) the financial status of the program, including solvency, the value
20 of the benefit provided, and the financial balance of program benefits
21 to costs; and

22 (c) the overall efficacy of the program, based on the established
23 goals under article thirty-six-B of the public health law including, but
24 not limited to:

25 (i) delaying middle class families' need to spend to poverty to
26 receive Medicaid funded long term care;

27 (ii) strengthening the state economy through improving workforce
28 participation;

29 (iii) reducing the caseload and expenditures of the state Medicaid
30 program on long term care; and

31 (iv) obtaining shared savings through a Medicaid demonstration waiver,
32 or the impact of any waiver entered into pursuant to section thirty-six
33 hundred seventy-nine of the public health law.

34 § 5. Section 171-a of the tax law, as added by chapter 545 of the laws
35 of 1978, is amended by adding a new subdivision 6-c to read as follows:

36 (6-c) Notwithstanding any provision of law to the contrary and not
37 later than January first of the year beginning one year after the effec-
38 tive date of this subdivision, the commissioner shall enter into a coop-
39 erative agreement with the department of health, and the department of
40 labor to allow the information obtained by the department pursuant to
41 subdivision one of this section and section one hundred seventy-one-h of
42 this article to be made available to such departments, or other individ-
43 uals designated by the commissioners of such departments, for the
44 purposes of determining and verifying whether a person is a "qualified
45 individual" for the purposes of section thirty-six hundred seventy-seven
46 of the public health law, or for other purposes deemed appropriate by
47 the commissioners of health and labor, consistent with the provisions of
48 article thirty-six-B of the public health law, the state finance law,
49 and the labor law, with respect to which such departments have report-
50 ing, monitoring, administering, or evaluating responsibilities.

51 § 6. Paragraph (e), subparagraph (iv) of paragraph (f) and paragraph
52 (g) of subdivision 4 of section 171-h of the tax law, paragraph (e) and
53 subparagraph (iv) of paragraph (f) as amended by chapter 214 of the laws
54 of 1998, paragraph (g) as amended by chapter 398 of the laws of 1997,
55 are amended and a new paragraph (h) is added to read as follows:

1 (e) conduct matches with the office of temporary and disability
2 assistance, the department of health, and the department of labor to
3 verify individuals' eligibility for the various programs specified under
4 section one thousand one hundred thirty-seven (b) of the social security
5 act and for other public assistance programs authorized by state law,
6 and for the purposes of administering state employment security
7 programs, and for the purposes of administering the long term care trust
8 program, and with the workers' compensation board for the purpose of
9 administering workers' compensation programs;

10 (iv) include such other matters as the parties to such agreement shall
11 deem necessary to carry out the provisions of this section; [~~and~~]

12 (g) furnish to the national directory of new hires, on a quarterly
13 basis, extracts of the reports required under paragraph six of
14 subsection (a) of section three hundred three of the federal social
15 security act to be made to the secretary of labor concerning wages and
16 unemployment compensation paid to individuals, by such dates, and in
17 such manner as the secretary of health and human services shall specify
18 by regulations. The [~~state~~] department of labor shall, consistent with
19 the authority contained in paragraph e of subdivision three of section
20 five hundred thirty-seven of the labor law, disclose to the state direc-
21 tory of new hires, such wage and unemployment compensation information
22 as may be necessary to allow such state directory to comply with the
23 provisions of this paragraph[~~+~~]; and

24 (h) on or before January first of the year beginning two years after
25 the effective date of this paragraph, enter into written agreements with
26 the commissioners of health and labor on behalf of the departments of
27 health and labor respectively, which shall:

28 (i) provide for the disclosure of information obtained from the
29 reports required to be submitted pursuant to this section to such
30 departments and board for the purposes set forth in this section;

31 (ii) specify the frequency with which the department shall furnish
32 information obtained from such reports to such office, departments, and
33 board, which shall be within one business day after the date the infor-
34 mation is entered into the state directory of new hires;

35 (iii) set forth the procedure for reimbursement of the department by
36 such office, departments, and board subject to the approval of the
37 director of the budget for the additional costs of carrying out the
38 provisions of this section; and

39 (iv) include such other matters as the parties to such agreement shall
40 deem necessary to carry out the provisions of this section.

41 § 7. Paragraph 4 of subsection (a) of section 674 of the tax law is
42 amended by adding a new subparagraph (D) to read as follows:

43 (D) The provisions of article thirty-six-B of the public health law
44 relating to administration of the state's long term care trust program
45 shall apply to the department's duties under this chapter relating to
46 employee premium information, contributions and payments.

47 § 8. Severability. If any provision or application of this act shall
48 be held to be invalid, or to violate or be inconsistent with any appli-
49 cable federal law or regulation, that shall not affect other provisions
50 or applications of this act which can be given effect without that
51 provision or application; and to that end, the provisions and applica-
52 tions of this act are severable.

53 § 9. This act shall take effect immediately.