§ 367-f. Partnership for long term care program. 1. Definitions. As used in this section: (a) "Medicaid extended coverage" shall mean eligibility for medical assistance (i) without regard to the resource requirements of section three hundred sixty-six of this title, or in the case of an individual covered under an insurance policy or certificate described in subdivision two of this section that provided a residential health care facility benefit less than two years in duration, without consideration of an amount of resources equivalent to the value of benefits received by the individual under such policy or certificate, as determined under the rules of the partnership for long-term care program; (ii) without regard to the recovery of medical assistance from the estates of individuals and the imposition of liens on the homes of persons pursuant to section three hundred sixty-nine of this title, with respect to resources exempt from consideration pursuant to subparagraph (i) of this paragraph; provided, however, that nothing in this section shall prevent the imposition of a lien or recovery against property of an individual on account of medical assistance incorrectly paid; and (iii) based on an income eligibility standard for married couples equal to the amount of the minimum monthly maintenance needs allowance defined in paragraph (h) of subdivision two of section three hundred sixty-six-c of this title, and for single individuals equal to one-half of such amount; provided, however, that the commissioner of health shall not be required to implement the provisions of this subparagraph if the use of such income eligibility standards will result in a loss of federal financial participation in the costs of Medicaid extended coverage furnished in accordance with subparagraphs (i) and (ii) of this paragraph.

(b) "Long term care services" shall include, but not be limited to care, treatment, maintenance, and services: provided in a nursing facility licensed under article twenty-eight of the public health law; provided by a home care services agency, certified home health agency or long term home health care program, as defined in section thirty-six hundred two of the public health law; provided by an adult day health care program in accordance with regulations of the department of health; or provided by a personal care provider licensed or regulated by any other state or local agency; and such other services for which medical assistance is otherwise available under this chapter which are

designated as long term care services in law or regulations of the department of health.

2. Notwithstanding any inconsistent provision of this chapter or any other law to the contrary, the partnership for long term care program shall provide Medicaid extended coverage to a person receiving long term care services if there is federal participation pursuant to such treatment and such person: (a) is or was covered by an insurance policy or certificate providing coverage for long term care which meets the applicable minimum benefit standards of the superintendent of financial services and other requirements for approval of participation under the program; and, (b) has exhausted the coverage and benefits as required by the program.

3. Notwithstanding any inconsistent provision of this chapter or any other law to the contrary, the commissioner of health, in consultation with the superintendent of financial services and the director of the budget, may enter into reciprocal agreements with other states which administer partnership for long term care programs under which purchasers of policies in those states with comparable benefits to policies available in this state shall be eligible for Medicaid extended coverage in this state so long as purchasers of policies in this state with comparable benefits to policies available in such state or states shall be eligible for Medicaid extended coverage in such state or states.