

Senate 6058, Assembly 9558, A BUDGET BILL, AN ACT to amend the state finance law, in relation to appropriations to the Alzheimer's disease assistance fund; to amend the public health law, in relation to the patient health information and quality improvement act...

Page 13, Line 4, strike out ", " and insert "and"

Page 13, Lines 5-7, strike out "and for multiple source drugs for which no specific upper limit has been established by the federal centers for medicare and medicaid services"

Page 15, Line 3 after "for" and before "approval" insert "initial"

Page 15, Line 3, after "and" and before "reapproval" insert "triennial"

Page 15, Line 6 after "and" and before "reapproval" insert "triennial"

Page 15, Line 8, after "and" insert "triennial".

Page 15, Line 11, strike out "this title" and insert "title two-A of article twenty five of the public health law"

Page 15, Line 11, strike out "in this section" and insert "herein"

Page 15, Line 26 after "or" and before "reapproval" insert "triennial"

Page 15 Line 27 after "and" and before "early" insert "/or"

Page 15, Lines 28-30 strike out "proof that the applicant has a commitment from a municipality or an approved early intervention provider that the municipality or" and insert "either a statement from the municipality in which the applicant intends to provide services that there is a need for such services within the municipality or a commitment from an approved early intervention provider currently under contract with a municipality that the"

Page 15, Line 33, after "by" and before "a" insert "the municipality's statement of need or"

Page 15, Line 33, after "intent" and before "as" insert "from an approved provider"

Page 15, Line 33, strike out "in this section" and insert "herein"

Page 15 Line 43 strike out "two" and insert "three"

Page 15 Line 44 strike out "and 7" and insert ", 7 and 8"

Page 16      between lines  
10 and 11 insert

"8. Notwithstanding any inconsistent law, rule or regulation, effective on and after July first, two thousand four, home and community-based individual/collateral visit shall mean the provision by appropriate qualified personnel of early intervention services to an eligible child and/or parent or parents or other designated caregiver at the child's home or other natural setting in which children under three years of age are typically found (including day car centers, other than those located at the same premises as the early intervention provider, and family day care homes). The definitions of basic and extended visits as established in regulation are hereby eliminated and the rate for home and community-based individual/collateral visits shall be determined annually by the commissioner in accordance with section 69-4.30 of title 10 of the New York codes, rules and regulations. The billing limits set forth in regulation, as applicable to basic and extended visits or as may be amended, shall continue to apply to home and community-based individual/collateral visits defined by this section."

Page 17,      Line 6,

after "." and before "The" insert

"If a parental fee obligation has not been suspended or forgiven pursuant to subdivision(4)of this section and the parental fee has not been paid to the municipality, the municipality shall notify the parents that nonpayment of the parental fee shall result in the suspension of early intervention services. If a parent was denied a suspension, reduction or forgiveness of the parental fee obligation pursuant to subdivision (4) of this section, and the parent is pursuing due process rights as provided in said subdivision, early intervention services shall not be suspended pending resolution of the due process. If after notification by the municipality, the parental fee is not paid, the municipality shall suspend the early intervention services effective thirty days from the date of the notice, except those services set forth in subdivision (1) of this section for which no parental fee may be charged. The municipality shall notify the early intervention service providers of the suspension of services. A provider of early intervention services shall be paid for approved services rendered until such time as the provider is notified by the municipality that the early intervention services have been suspended. Upon payment or agreement between the municipality and parent for payment of the outstanding parental fees,

the municipality shall notify the early intervention providers that the child and family may resume receiving early intervention services as set forth in the individualized family services plan (IFSP).6. "

Page 17, Lines 12-27

strike out

"Notwithstanding any inconsistent law, rule or regulation, effective on and after July first, two thousand four, home and community-based individual/collateral visit shall mean the provision by appropriate qualified personnel of early intervention services to an eligible child and/or parent or parents or other designated caregiver at the child's home or other natural setting in which children under three years of age are typically found (including day car centers, other than those located at the same premises as the early intervention provider, and family day care homes). The definitions of basic and extended visits as established in regulation are hereby eliminated and the rate for home and community0based individual/collateral visits shall be determined annually by the commissioner in accordance with section 69-4.30 of title 10 of the New York codes, rules and regulations. The billing limits set forth in regulation, as applicable to basic and extended visits or as may be amended, shall continue to apply to home and community-based individual/collateral visits defined by this section."

Page 23, Line 41,

After "including" and before "outpatient", insert "clinic services and"

Page 31, Line 1,

After "(ii)" strike out "two" and insert "three"

Page 31, Line 1,

After "[sixty-seven]" strike out "thirty-three" and insert "sixteen"

Page 31, Lines 1 and 2,

After "[six]" strike out "seven hundred seventy-five thousand"

Page 31, Line 4,

After "[fifty-six]" strike out "thirty" and insert "fifty-seven"

Page 31, Lines 4 and 5,

After "million" strike out "[eight hundred]nine hundred twenty-five thousand"

Page 33, Between lines 25 and 26,

Insert  
 "§ 35-a. Paragraph (nn) of subdivision 1 of section 2807-v of the public health law, as added by section 17 of part A3 of chapter 62 of the laws of 2003, is amended to read as follows:(nn) Funds shall be deposited by the commissioner, within amounts appropriated, and

the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, health care services account, for purposes related to adult home initiatives for [medicaid eligible] residents, including, but not limited to, Medicaid eligible residents, of residential facilities licensed pursuant to section four hundred sixty-b of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

(i) up to four million dollars for the period January first, two thousand three through December thirty-first, two thousand three;

(ii) up to six million dollars for the period January first, two thousand four through December thirty-first, two thousand four; and

(iii) up to four million dollars for the period January first, two thousand five through June thirtieth, two thousand five."

Page 46,      Between lines  
43 and 44

Insert

"§13-a. Paragraph (a) of subdivision 3 of section 2807-d of the public health law, as amended by chapter 41 of the laws of 1992, is amended to read as follows:

(a) for general hospitals, all monies received for or on account of inpatient hospital service, outpatient service, emergency service, referred ambulatory service and ambulatory surgical service, or other hospital or health-related services, excluding subject to the provisions of subdivision twelve of this section distributions from bad debt and charity care regional pools, primary health care services regional pools, bad debt and charity care for financially distressed hospitals statewide pools and bad debt and charity care and capital statewide pools created in accordance with section twenty-eight hundred seven-c of this article and the components of rates of payment or charges related to the allowances provided in accordance with subdivisions fourteen, fourteen-b and fourteen-c, the adjustment provided in accordance with subdivision fourteen-a, the adjustment provided in accordance with subdivision fourteen-d, the adjustment for health maintenance organization reimbursement rates provided in accordance with subdivision two-a, the adjustment for [commerical] commercial insurer reimbursement rates provided in accordance with paragraph (i) of subdivision eleven or, if effective, the adjustment provided in accordance with subdivision fifteen of section twenty-eight hundred seven-c of this article or the adjustment provided in accordance with section eighteen of chapter two hundred sixty-six of

the laws of nineteen hundred eighty-six as amended and physician practice or faculty practice plan revenue received by a general hospital based on discrete billings for private practicing physician services [and], revenue received by a general hospital from a public hospital pursuant to an affiliation agreement contract for the delivery of health care services to such public hospital, revenue received by a general hospital pursuant to sections eleven, twelve, thirteen and fourteen of part A of chapter 1 of the laws of two thousand two, and revenue received by a general hospital pursuant to sections thirteen and fourteen of part B of chapter 1 of the laws of two thousand two;"

- Page 47, Line 30, Strike out "150" and insert "120"
- Page 47, Line 43, Strike out "150" and insert "120"
- Page 47, Line 47, Strike out "150" and insert "120"
- Page 59, Lines 43 thru 56, After "§40." Strike out "lines 43-56" and insert "Intentionally Omitted"
- Page 60, Lines 1 thru 17, Strike out "lines 1-17"
- Page 60, Lines 18 thru 37, After "§41." strike out "lines 18-37" and insert "Intentionally Omitted"
- Page 60, Line 48, After "the" and before "department", insert "["
- Page 60, Line 48, After "department" and before "in", insert "commissioner of health."
- Page 66, Line 51, After "program" and before ",", insert ".["
- Page 66, Line 52, After "the" and before "commissioner", insert "] The"
- Page 66, Line 52, After "health" and before "may", insert "["
- Page 66, Line 54, After "and" and before "assure", insert "] with respect to HIV special needs plans shall"
- Page 69, Lines 54 and 55, Strike out "referred to in paragraph (c) of this subdivision" and insert "operated in compliance with applicable provisions of article twenty-eight of the public health law"
- Page 70, Line 10, After ";", insert "provided, however, that nothing herein shall be construed as limiting the care and services of clinical psychologists or audiologists provided in a federally qualified health center, in a clinic facility that is organized to provide as its principal mission ongoing and long-term rehabilitation therapy to individuals with developmental disabilities, or in an outpatient program"

licensed by the office of mental retardation and developmental disabilities under article 16, the office of mental health under article 31, and the office of alcoholism and substance abuse services under article 32 of the mental hygiene law. "

Page 74,      Between lines  
                  19 and 20

Insert

"§69. Paragraph (b) of subdivision 1 of section 212 of chapter 474 of the laws of 1996, as added by section 9 of part Z2 of chapter 62 of the laws of 2003, is amended to read as follows:

(b) Notwithstanding any inconsistent provision of law or regulation to the contrary, for state fiscal year periods beginning April 1, 2003 and ending March 31, 2005, the department of health is authorized to pay public general hospitals, as defined in subdivision 10 of section 2801 of the public health law, operated by the state of new York or by the state university of New York or by a county, or by a city with a population of over one million persons, of the state of new York, and those public general hospitals located in the county of Erie, the county of Westchester or the county Nassau, additional payments for inpatient hospital services as medical assistance payments pursuant to title 11 of article 5 of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act in medical assistance pursuant to the federal laws and regulations governing disproportionate share payments to hospitals up to 175 percent of each such public general hospital's medical assistance and uninsured patient losses after all other medical assistance, including disproportionate share payments to such public general hospital, based initially on reported 2000 reconciled data. Such payments for the period ending March 31, 2004 and March 31, 2005 shall be further reconciled to actual reported 2003 and 2004 data respectively, provided however, that for public general hospitals located in a city with a population of over one million persons, other than hospitals operated by the state of New York or the state university of New York, such payments for the period ending March 31, 2004, shall be further reconciled to actual reported 2003 or 2004 data and such payments for the period ending March 31, 2005 shall be further reconciled to actual reported 2004 or 2005 data and further provided that such payments for all eligible hospitals shall be reduced to the extent such payments would result in the exceeding of the disproportionate share allotment limit as set forth in subdivision (f) of section 1923 of the federal

social security act, provided, however, that such reduction shall be based on each hospital's proportionate share of the sum of all such payments that would be made without regard to such allotment limit. Such payment may be added to rates of payment or made as aggregate payments to an eligible public general hospital.

§70. Paragraph (e) of subdivision 12 of section 2808 of the public health law, as amended by section 7 of part Z2 of chapter 62 of the laws of 2003, is amended to read as follows:

(e) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Erie, the county of Nassau and the county of Westchester, but excluding public residential health care facilities operated by a town or city within a county, in an aggregate amount of up to \$991.5 million in additional payments each state fiscal year for the period beginning April first, two thousand through March thirty-first two thousand four."

Page 74, Line 20	Strike out "69" and insert "71"
Page 74, Line 29	Strike out "70" and insert "72"
Page 74, Line 40	Strike out "71" and insert "73"
Page 74, Line 46	Strike out "72" and insert "74"
Page 75, Line 5,	After "thirty-one" and before "of", insert ", thirty-three, thirty-four and thirty-five"
Page 75, Lines 35 and 36	After "sixty;" strike out "and" and insert "11. sections sixty-nine and seventy of this act shall be deemed to have been in full force and effect on and after January 1, 2004; and"
Page 75, Line 36	Strike out "11" and insert "12"