

ATTACHMENT III
FAMILY HEALTH PLUS LEGISLATION
TITLE 11-D

41 FAMILY HEALTH PLUS PROGRAM

42 SECTION 369-EE. FAMILY HEALTH PLUS PROGRAM.

43 S 369-EE. FAMILY HEALTH PLUS PROGRAM. 1. DEFINITIONS. (A) "FAMILY
44 HEALTH INSURANCE PLAN" MEANS THE WRITTEN UNDERTAKING OF AN APPROVED
45 ORGANIZATION TO PROVIDE COVERAGE OF HEALTH CARE SERVICES TO ELIGIBLE
46 INDIVIDUALS UNDER THIS TITLE.

47 (B) "ELIGIBLE ORGANIZATION" MEANS AN INSURER LICENSED PURSUANT TO
48 ARTICLE THIRTY-TWO OR FORTY-TWO OF THE INSURANCE LAW, A CORPORATION OR
49 AN ORGANIZATION UNDER ARTICLE FORTY-THREE OF THE INSURANCE LAW, OR AN
50 ORGANIZATION CERTIFIED UNDER ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH
51 LAW, INCLUDING PROVIDERS CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED
52 THREE-E OF SUCH ARTICLE.

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1 (C) "APPROVED ORGANIZATION" MEANS AN ELIGIBLE ORGANIZATION WHICH HAS
2 BEEN APPROVED BY THE COMMISSIONER TO UNDERWRITE A FAMILY HEALTH INSUR-
3 ANCE PLAN.

4 (D) "PERIOD OF ELIGIBILITY" MEANS THAT PERIOD COMMENCING ON THE FIRST
5 DAY OF THE MONTH FOLLOWING THE DATE WHEN THE INDIVIDUAL (I) HAS BEEN
6 DETERMINED ELIGIBLE FOR HEALTH CARE COVERAGE UNDER THIS TITLE AND (II)
7 HAS ENROLLED IN A FAMILY HEALTH INSURANCE PLAN, AND ENDING ON THE LAST
8 DAY OF THE MONTH IN WHICH AN INDIVIDUAL CEASES TO BE ELIGIBLE.

9 (E) "HEALTH CARE SERVICES" MEANS THE FOLLOWING SERVICES AND SUPPLIES
10 AS DEFINED BY THE COMMISSIONER IN CONSULTATION WITH THE SUPERINTENDENT
11 OF INSURANCE:

12 (I) THE SERVICES OF PHYSICIANS, NURSE PRACTITIONERS, AND OTHER RELATED
13 PERSONNEL WHICH ARE PROVIDED ON AN OUTPATIENT OR INPATIENT BASIS;

14 (II) INPATIENT HOSPITAL SERVICES PROVIDED BY A GENERAL HOSPITAL, A
15 FACILITY OPERATED BY THE OFFICE OF MENTAL HEALTH UNDER SECTION 7.17 OF
16 THE MENTAL HYGIENE LAW, A FACILITY ISSUED AN OPERATING CERTIFICATE

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17 PURSUANT TO THE PROVISIONS OF ARTICLE TWENTY-THREE OR THIRTY-ONE OF THE 18
MENTAL HYGIENE LAW;

19 (III) LABORATORY TESTS;

20 (IV) DIAGNOSTIC X-RAYS;

21 (V) PRESCRIPTION DRUGS;

22 (VI) DURABLE MEDICAL EQUIPMENT;

23 (VII) RADIATION THERAPY, CHEMOTHERAPY, AND HEMODIALYSIS;

24 (VIII) EMERGENCY ROOM SERVICES;

25 (IX) INPATIENT AND OUTPATIENT MENTAL HEALTH AND ALCOHOL AND SUBSTANCE
26 ABUSE SERVICES, AS DEFINED BY THE COMMISSIONER;

27 (X) PREHOSPITAL EMERGENCY MEDICAL SERVICES FOR THE TREATMENT OF AN
28 EMERGENCY MEDICAL CONDITION WHEN SUCH SERVICES ARE PROVIDED BY AN AMBU-
29 LANCE SERVICE;

30 (XI) EMERGENCY, PREVENTIVE AND ROUTINE DENTAL CARE, TO THE EXTENT
31 OFFERED BY A FAMILY HEALTH INSURANCE PLAN DESCRIBED IN THIS SECTION,
32 EXCEPT ORTHODONTIA AND COSMETIC SURGERY;

33 (XII) EMERGENCY, PREVENTIVE AND ROUTINE VISION CARE;

34 (XIII) SPEECH AND HEARING SERVICES;

35 (XIV) DIABETIC SUPPLIES AND EQUIPMENT; AND

36 (XV) SERVICES PROVIDED TO MEET THE REQUIREMENTS OF 32 U.S.C. 1396D (R)

37 (5).

38 (F) "MANAGED CARE PROVIDER" SHALL HAVE THE MEANING SET FORTH IN
39 SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS ARTICLE.

40 (G) "MINOR CHILD" MEANS, FOR PURPOSES OF THIS TITLE, A CHILD UNDER THE
41 AGE OF TWENTY-ONE.

42 (H) "COMMISSIONER" FOR PURPOSES OF THIS TITLE SHALL MEAN THE COMMIS-
43 SIONER OF HEALTH.

44 2. ELIGIBILITY. (A) A PERSON IS ELIGIBLE TO RECEIVE HEALTH CARE
45 SERVICES PURSUANT TO THIS TITLE IF HE OR SHE:

46 (I) RESIDES IN NEW YORK STATE AND IS AT LEAST AGE NINETEEN, BUT UNDER
47 SIXTY-FIVE YEARS OF AGE;

48 (II) IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE UNDER TITLE ELEVEN OF THIS

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49 ARTICLE SOLELY DUE TO INCOME OR RESOURCES OR IS ELIGIBLE FOR MEDICAL
50 ASSISTANCE UNDER TITLE ELEVEN OF THIS ARTICLE ONLY THROUGH THE APPLICA-
51 TION OF EXCESS INCOME TOWARD THE COSTS OF MEDICAL CARE AND SERVICES
52 PURSUANT TO SUBDIVISION TWO OF SECTION THREE HUNDRED SIXTY-SIX OF TITLE
53 ELEVEN OF THIS ARTICLE;

54 (III) DOES NOT HAVE EQUIVALENT HEALTH CARE COVERAGE UNDER INSURANCE OR
55 EQUIVALENT MECHANISMS, AS DEFINED BY THE COMMISSIONER IN CONSULTATION
56 WITH THE SUPERINTENDENT OF INSURANCE;

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1 (IV) (A) WAS NOT COVERED BY A GROUP HEALTH PLAN BASED UPON HIS OR HER
2 EMPLOYMENT OR A FAMILY MEMBER'S EMPLOYMENT, AS DEFINED BY THE COMMIS-
3 SIONER IN CONSULTATION WITH THE SUPERINTENDENT OF INSURANCE, DURING THE
4 SIX MONTH PERIOD PRIOR TO THE DATE OF THE APPLICATION UNDER THIS TITLE,
5 EXCEPT IN THE CASE OF:

6 I) LOSS OF EMPLOYMENT DUE TO FACTORS OTHER THAN VOLUNTARY SEPARATION;

7 (II) DEATH OF A FAMILY MEMBER WHICH RESULTS IN TERMINATION OF THE
8 APPLICANT'S COVERAGE UNDER THE GROUP HEALTH PLAN;

9 (III) CHANGE TO A NEW EMPLOYER THAT DOES NOT PROVIDE AN OPTION FOR
10 COMPREHENSIVE HEALTH BENEFITS COVERAGE;

11 (IV) CHANGE OF RESIDENCE SO THAT NO EMPLOYER-BASED COMPREHENSIVE
12 HEALTH BENEFITS COVERAGE IS AVAILABLE;

13 (V) DISCONTINUATION OF COMPREHENSIVE HEALTH BENEFITS COVERAGE TO ALL
14 EMPLOYEES OF THE APPLICANT'S EMPLOYER;

15 (VI) EXPIRATION OF THE COVERAGE PERIODS ESTABLISHED BY COBRA OR THE
16 PROVISIONS OF SUBSECTION (M) OF SECTION THREE THOUSAND TWO HUNDRED TWEN-
17 TY-ONE, SUBSECTION (K) OF SECTION FOUR THOUSAND THREE HUNDRED FOUR AND
18 SUBSECTION (E) OF SECTION FOUR THOUSAND THREE HUNDRED FIVE OF THE INSUR-
19 ANCE LAW;

20 (VII) TERMINATION OF COMPREHENSIVE HEALTH BENEFITS COVERAGE DUE TO
21 LONG-TERM DISABILITY;

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22 (VIII) LOSS OF EMPLOYMENT DUE TO NEED TO CARE FOR A CHILD OR DISABLED
23 HOUSEHOLD MEMBER OR RELATIVE; OR

24 (IX) REDUCTION IN WAGES OR HOURS OR AN INCREASE IN THE COST OF COVER-
25 AGE SO THAT COVERAGE IS NO LONGER AFFORDABLE OR AVAILABLE.

26 (B) THE IMPLEMENTATION OF THIS SUBPARAGRAPH SHALL TAKE EFFECT ONLY
27 UPON THE COMMISSIONER`S FINDING THAT INSURANCE PROVIDED UNDER THIS TITLE
28 IS SUBSTITUTING FOR COVERAGE UNDER GROUP HEALTH PLANS IN EXCESS OF A
29 PERCENTAGE SPECIFIED PURSUANT TO SUBPARAGRAPH (II) OF PARAGRAPH (D) OF
30 SUBDIVISION TWO OF SECTION TWENTY-FIVE HUNDRED ELEVEN OF THE PUBLIC
31 HEALTH LAW.

32 (V) (A) IN THE CASE OF A PARENT OR STEPPARENT OF A CHILD UNDER THE AGE
33 OF TWENTY-ONE WHO LIVES WITH SUCH CHILD, HAS NET FAMILY INCOME EQUAL TO
34 OR LESS THAN THE APPLICABLE PERCENT OF THE FEDERAL INCOME OFFICIAL
35 POVERTY LINE (AS DEFINED AND UPDATED BY THE UNITED STATES DEPARTMENT OF
36 HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME SIZE; FOR PURPOSES
37 OF THIS CLAUSE, THE APPLICABLE PERCENT EFFECTIVE AS OF:

38 (I) JANUARY FIRST, TWO THOUSAND ONE, IS ONE HUNDRED PERCENT OR THE
39 GROSS EQUIVALENT THEREOF;

40 (II) OCTOBER FIRST, TWO THOUSAND ONE, IS ONE HUNDRED ELEVEN PERCENT OR
41 THE GROSS EQUIVALENT THEREOF; AND

42 (III) OCTOBER FIRST, TWO THOUSAND TWO, IS ONE HUNDRED TWENTY-FIVE
43 PERCENT OR THE GROSS EQUIVALENT THEREOF; OR

44 (B) IN THE CASE OF AN INDIVIDUAL WHO IS NOT A PARENT OR STEPPARENT
45 LIVING WITH HIS OR HER CHILD UNDER THE AGE OF TWENTY-ONE, HAS NET FAMILY
46 INCOME EQUAL TO OR LESS THAN EIGHTY-FOUR PERCENT OF THE FEDERAL INCOME
47 OFFICIAL POVERTY LINE (AS DEFINED AND UPDATED BY THE UNITED STATES
48 DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME SIZE,
49 OR THE GROSS EQUIVALENT THEREOF.

50 (VI) FOR PURPOSES OF SUBPARAGRAPH (V) OF THIS PARAGRAPH, NET FAMILY
51 INCOME SHALL BE DETERMINED BY USE OF THE SAME METHODOLOGY USED TO DETER-
52 MINE ELIGIBILITY FOR THE AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM
53 AS IT EXISTED ON THE SIXTEENTH DAY OF JULY, NINETEEN HUNDRED NINETY-SIX,

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54 WITHOUT REGARD TO THE REQUIREMENT THAT TOTAL GROSS INCOME OF THE FAMILY
55 MUST NOT EXCEED ONE HUNDRED EIGHTY-FIVE PERCENT OF THE STANDARD OF NEED.

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1 (B) IN ORDER TO ESTABLISH ELIGIBILITY UNDER THIS SUBDIVISION, WHICH
2 SHALL BE DETERMINED WITHOUT REGARD TO RESOURCES, AN INDIVIDUAL SHALL
3 PROVIDE SUCH DOCUMENTATION AS IS NECESSARY AND SUFFICIENT TO INITIALLY,
4 AND ANNUALLY THEREAFTER, DETERMINE AN APPLICANT'S ELIGIBILITY FOR COVER-
5 AGE UNDER THIS TITLE. SUCH DOCUMENTATION SHALL INCLUDE, BUT NOT BE
6 LIMITED TO THE FOLLOWING, IF NEEDED TO VERIFY ELIGIBILITY:

7 (I) PAYCHECK STUBS; OR

8 (II) WRITTEN DOCUMENTATION OF INCOME FROM ALL EMPLOYERS; OR

9 (III) OTHER DOCUMENTATION OF INCOME (EARNED OR UNEARNED) AS DETERMINED
10 BY THE COMMISSIONER, PROVIDED HOWEVER, SUCH DOCUMENTATION SHALL SET
11 FORTH THE SOURCE OF SUCH INCOME; AND

12 (IV) PROOF OF IDENTITY AND RESIDENCE AS DETERMINED BY THE COMMISSION-
13 ER.

14 3. (A) EVERY PERSON DETERMINED ELIGIBLE FOR OR RECEIVING FAMILY HEALTH
15 PLUS COVERAGE UNDER THIS SECTION SHALL ENROLL IN A FAMILY HEALTH INSUR-
16 ANCE PLAN.

17 (B) PARTICIPANTS SHALL SELECT A FAMILY HEALTH INSURANCE PLAN FROM
18 AMONG THOSE DESIGNATED UNDER THE FAMILY HEALTH PLUS PROGRAM.

19 (C) PARTICIPANTS UNDER THIS SECTION WHO HAVE LOST THEIR ELIGIBILITY
20 FOR HEALTH CARE SERVICES BEFORE THE END OF A SIX MONTH PERIOD BEGINNING
21 ON THE DATE OF THE PARTICIPANT'S INITIAL ENROLLMENT IN A FAMILY HEALTH
22 INSURANCE PLAN SHALL HAVE THEIR ELIGIBILITY FOR FAMILY HEALTH PLUS
23 CONTINUED UNTIL THE END OF THE SIX MONTH ENROLLMENT PERIOD, PROVIDED
24 THAT FEDERAL FINANCIAL PARTICIPATION IN THE COST OF SUCH COVERAGE IS
25 AVAILABLE.

26 (D) FAMILY HEALTH INSURANCE PLANS SHALL ASSURE ACCESS TO AND DELIVERY
27 OF HIGH QUALITY, COST EFFECTIVE, APPROPRIATE HEALTH CARE SERVICES. SUCH

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28 PLANS SHALL INCLUDE A NETWORK OF HEALTH CARE PROVIDERS IN SUFFICIENT
29 NUMBERS WHICH ARE GEOGRAPHICALLY ACCESSIBLE TO PROGRAM PARTICIPANTS
30 CONSISTENT WITH THE FOLLOWING PROVISIONS:

31 (I) APPROVED ORGANIZATIONS SHALL ADHERE TO MARKETING AND ENROLLMENT
32 GUIDELINES ESTABLISHED BY THE COMMISSIONER, WHICH SHALL INCLUDE BUT NOT
33 BE LIMITED TO MARKETING AND ENROLLMENT ENCOUNTERS BETWEEN APPROVED
34 ORGANIZATIONS AND PROSPECTIVE ENROLLEES, LOCATIONS FOR SUCH ENCOUNTERS,
35 AND PROHIBITIONS AGAINST TELEPHONE COLD-CALLING AND DOOR-TO-DOOR SOLIC-
36 ITATION AT THE HOMES OF PROSPECTIVE ENROLLEES. APPROVED ORGANIZATIONS
37 SHALL BE PERMITTED TO ASSIST PROSPECTIVE ENROLLEES IN COMPLETION OF
38 ENROLLMENT FORMS AT APPROVED HEALTH CARE PROVIDER SITES AND OTHER
39 APPROVED LOCATIONS. IN NO CASE MAY AN EMERGENCY ROOM BE DEEMED AN
40 APPROVED LOCATION. APPROVED ORGANIZATIONS SHALL SUBMIT ENROLLMENT FORMS
41 TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES.

42 (II) ANY MARKETING MATERIALS DEVELOPED BY AN APPROVED ORGANIZATION
43 SHALL BE APPROVED BY THE DEPARTMENT OF HEALTH WITHIN SIXTY DAYS PRIOR TO
44 DISTRIBUTION TO PROSPECTIVE ENROLLEES OF FAMILY HEALTH INSURANCE.

45 (III) A FAMILY HEALTH INSURANCE PLAN REQUESTING DISENROLLMENT OF A
46 PARTICIPANT SHALL NOT DISENROLL A PARTICIPANT WITHOUT THE PRIOR APPROVAL
47 OF THE LOCAL DISTRICT IN WHICH THE PARTICIPANT RESIDES. A FAMILY HEALTH
48 INSURANCE PLAN SHALL NOT REQUEST DISENROLLMENT OF A PARTICIPANT BASED ON
49 ANY DIAGNOSIS, CONDITION, OR PERCEIVED DIAGNOSIS OR CONDITION, OR A
50 PARTICIPANT'S EFFORTS TO EXERCISE HIS OR HER RIGHTS UNDER A GRIEVANCE
51 PROCESS.

52 (IV) A FAMILY HEALTH INSURANCE PLAN SHALL IMPLEMENT PROCEDURES TO
53 COMMUNICATE APPROPRIATELY WITH PARTICIPANTS WHO HAVE DIFFICULTY COMMUNI-
54 CATING IN ENGLISH AND TO COMMUNICATE APPROPRIATELY WITH VISUALLY-IM-
55 PAIRED AND HEARING-IMPAIRED PARTICIPANTS.

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1 (V) A FAMILY HEALTH INSURANCE PLAN SHALL COMPLY WITH APPLICABLE STATE

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2 AND FEDERAL LAW PROVISIONS PROHIBITING DISCRIMINATION ON THE BASIS OF
3 DISABILITY.

4 (VI) A FAMILY HEALTH INSURANCE PLAN SHALL ESTABLISH PROCEDURES TO
5 COMPLY WITH SUBPARAGRAPH (III) OF PARAGRAPH (A) OF SUBDIVISION FOUR OF
6 SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS ARTICLE.

7 (E) THE FAMILY HEALTH PLUS PROGRAM SHALL BE OPERATED BY APPROVED
8 ORGANIZATIONS WHICH ARE AUTHORIZED TO ARRANGE FOR CARE AND SERVICES
9 PURSUANT TO THIS SECTION PROVIDED HOWEVER THAT, UNLESS OTHERWISE SPECI-
10 FIED IN THIS TITLE, PARAGRAPHS (C), (S), (T) AND (U) OF SUBDIVISION ONE,
11 PARAGRAPH (B) OF SUBDIVISION TWO, SUBDIVISION THREE, PARAGRAPHS (B),

12 (C), (D), SUBPARAGRAPHS (I), (IV), (V), (VI), (VII), AND (VIII) OF PARA-
13 GRAPH (E), PARAGRAPHS (F), (G), (I) AND (L) OF SUBDIVISION FOUR, SUBDI-
14 VISIONS FIVE, SEVEN, ELEVEN AND TWELVE, PARAGRAPH (A) OF SUBDIVISION
15 THIRTEEN, SUBDIVISIONS FOURTEEN, FIFTEEN AND SEVENTEEN, PARAGRAPH (B) OF
16 SUBDIVISION EIGHTEEN AND SUBDIVISIONS TWENTY AND TWENTY-ONE OF SECTION
17 THREE HUNDRED SIXTY-FOUR-J OF THIS ARTICLE SHALL NOT APPLY AND PROVIDED
18 FURTHER THAT PROVISIONS ADDRESSING PROVISION OF BENEFITS BY SPECIAL
19 NEEDS PLANS SHALL NOT APPLY.

20 (F) NOTWITHSTANDING ANY INCONSISTENT PROVISIONS OF THIS TITLE AND
21 SECTION ONE HUNDRED SIXTY-THREE OF THE STATE FINANCE LAW: (I) THE
21 COMMISSIONER MAY CONTRACT WITH MANAGED CARE PROVIDERS APPROVED UNDER
22 SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS ARTICLE OR TITLE ONE-A OF
24 ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW WITHOUT A COMPETITIVE BID
25 OR REQUEST FOR PROPOSAL PROCESS TO PROVIDE FAMILY HEALTH INSURANCE
26 COVERAGE FOR ELIGIBLE INDIVIDUALS PURSUANT TO THIS TITLE; (II) IN AREAS
27 OF THE STATE WHICH DO NOT HAVE SUFFICIENT MANAGED CARE ACCESS TO MEET
28 THE OBJECTIVES OF THIS SECTION, THE COMMISSIONER MAY CONTRACT WITH ENTI-
29 TIES APPROVED PURSUANT TO TITLE ONE-A OF ARTICLE TWENTY-FIVE OF THE
30 PUBLIC HEALTH LAW.

31 (G) THE CARE AND SERVICES DESCRIBED UNDER SUBDIVISION ONE OF THIS
32 SECTION WILL BE FURNISHED BY A FAMILY HEALTH INSURANCE PLAN PURSUANT TO
33 THE PROVISIONS OF THIS SECTION WHEN SUCH SERVICES ARE FURNISHED IN

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34 ACCORDANCE WITH AN AGREEMENT WITH THE DEPARTMENT OF HEALTH AND MEET
35 APPLICABLE FEDERAL LAWS AND REGULATIONS.

36 (H) THE COMMISSIONER MAY DELEGATE SOME OR ALL OF THE TASKS IDENTIFIED
37 IN THIS SECTION TO LOCAL DISTRICTS PROVIDED THAT THE AGREEMENT BETWEEN
38 THE DEPARTMENT OF HEALTH AND SUCH PLAN PURSUANT TO THIS SUBDIVISION
39 CLEARLY REFLECTS SUCH DELEGATION.

40 4. (A) THE COMMISSIONER SHALL DEVELOP AND IMPLEMENT LOCALLY-TAILORED
41 EDUCATION, OUTREACH AND FACILITATED ENROLLMENT STRATEGIES TARGETED TO
42 INDIVIDUALS WHO MAY BE ELIGIBLE FOR BENEFITS UNDER THIS TITLE OR TITLE
43 ELEVEN OF THIS ARTICLE. SUCH STRATEGIES SHALL INCLUDE, BUT NOT BE LIMIT-
44 ED TO, CONTRACTING WITH COMMUNITY-BASED ORGANIZATIONS TO PERFORM EDUCA-
45 TION, OUTREACH AND FACILITATED ENROLLMENT. IN AWARDING THE CONTRACTS,
46 THE COMMISSIONER SHALL CONSIDER THE EXTENT TO WHICH THE ORGANIZATIONS,
47 OR COALITIONS OF ORGANIZATIONS, ARE ABLE TO TARGET EFFORTS EFFECTIVELY
48 IN GEOGRAPHIC AREAS IN WHICH THERE IS A HIGH PROPORTION OF UNINSURED
49 INDIVIDUALS AND A LOW PROPORTION OF ELIGIBLE INDIVIDUALS RECEIVING BENE-
50 FITS UNDER TITLE ELEVEN OF THIS ARTICLE. IN APPROVING ORGANIZATIONS TO
51 UNDERTAKE ACTIVITIES PURSUANT TO THIS SUBDIVISION, WITHIN A DEFINED
52 GEOGRAPHIC REGION, THE COMMISSIONER SHALL MAKE A GOOD FAITH EFFORT TO
53 ENSURE THAT THE ORGANIZATIONS ARE BROADLY INCLUSIVE OF ORGANIZATIONS IN
54 THE REGION ABLE TO TARGET EFFECTIVELY INDIVIDUALS WHO MAY BE ELIGIBLE
55 FOR COVERAGE UNDER THIS TITLE OR TITLE ELEVEN OF THIS ARTICLE.

56 (B) OUTREACH STRATEGIES SHALL INCLUDE BUT SHALL NOT BE LIMITED TO:

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1 (I) PUBLIC EDUCATION;

2 (II) DISSEMINATION OF MATERIALS REGARDING THE AVAILABILITY OF BENEFITS
3 AVAILABLE UNDER THIS TITLE, TITLE ELEVEN OF THIS ARTICLE, AND TITLE
4 ONE-A OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW, PROVIDED THAT
5 SUCH MATERIALS HAVE BEEN APPROVED BY THE COMMISSIONER PRIOR TO DISTRIB-
6 UTION;

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7 (III) DEVELOPMENT OF AN APPLICATION FORM FOR SERVICES UNDER THIS
8 PROGRAM AND FOR SERVICES UNDER TITLE ELEVEN OF THIS ARTICLE THAT IS EASY
9 TO UNDERSTAND AND COMPLETE;

10 (IV) OUTSTATIONING OF PERSONS WHO ARE AUTHORIZED TO PROVIDE ASSISTANCE
11 TO INDIVIDUALS IN COMPLETING THE APPLICATION PROCESS UNDER THIS TITLE,
12 TITLE ELEVEN OF THIS ARTICLE, AND TITLE ONE-A OF ARTICLE TWENTY-FIVE OF
13 THE PUBLIC HEALTH LAW INCLUDING THE CONDUCT OF PERSONAL INTERVIEWS
14 PURSUANT TO SECTION THREE HUNDRED SIXTY-SIX-A OF THIS CHAPTER UPON
15 INITIAL APPLICATION. SUCH LOCATIONS SHALL INCLUDE BUT NOT BE LIMITED TO
16 OFFICES OF APPROVED ORGANIZATIONS, WHICH SHALL BE AUTHORIZED TO CONDUCT
17 PERSONAL INTERVIEWS. OUTSTATIONING SHALL TAKE PLACE IN LOCATIONS WHICH
18 ARE GEOGRAPHICALLY ACCESSIBLE TO LARGE NUMBERS OF INDIVIDUALS WHO MAY BE
19 ELIGIBLE FOR BENEFITS UNDER SUCH TITLES, AND AT TIMES, INCLUDING EVEN-
20 INGS AND WEEKENDS, WHEN LARGE NUMBERS OF INDIVIDUALS WHO MAY BE ELIGIBLE
21 FOR BENEFITS UNDER SUCH TITLES ARE LIKELY TO BE ENCOUNTERED. IN THE
22 EVENT THAT A PHOTOGRAPH OF THE PARTICIPANT IS REQUIRED FOR AN IDENTIFI-
23 CATION CARD, OTHER THAN A PHOTOGRAPH SUPPLIED BY THE PARTICIPANT, THE
24 COMMISSIONER SHALL EXERCISE BEST EFFORTS TO ASSURE THAT SUCH PHOTOGRAPH
25 CAN BE TAKEN IN GEOGRAPHICALLY ACCESSIBLE LOCATIONS, INCLUDING THE
26 OFFICES OF APPROVED ORGANIZATIONS.

27 (C) THE COMMISSIONER SHALL:

28 (I) ENSURE THAT TRAINING IS FURNISHED FOR OUTSTATIONED PERSONS AND
29 EMPLOYEES OF APPROVED ORGANIZATIONS TO ENABLE THEM TO DISSEMINATE INFOR-
30 MATION AND FACILITATE THE COMPLETION OF THE APPLICATION PROCESS UNDER
31 THIS TITLE, TITLE ELEVEN OF THIS ARTICLE, AND TITLE ONE-A OF ARTICLE
32 TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

33 (II) ENSURE THAT OUTREACH STRATEGIES AND ACTIVITIES UNDER THIS TITLE
34 ARE COORDINATED WITH SUCH STRATEGIES AND ACTIVITIES UNDER TITLE ONE-A OF
35 ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW, AND WITH ALL APPROVED
36 ORGANIZATIONS, ENROLLMENT BROKERS, AND OTHER RELEVANT ENTITIES UNDER
37 THIS TITLE, TITLE ELEVEN OF THIS ARTICLE AND TITLE ONE-A OF ARTICLE
38 TWENTY-FIVE OF THE PUBLIC HEALTH LAW;

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39 (III) PERIODICALLY MONITOR THE PERFORMANCE OF ENTITIES INVOLVED IN
40 OUTREACH ACTIVITIES, TO ASSURE THAT POTENTIALLY ELIGIBLE INDIVIDUALS
41 RECEIVE ACCURATE INFORMATION IN A UNDERSTANDABLE MANNER, THAT SUCH INDI-
42 VIDUALS ARE TOLD OF THE AVAILABILITY OF BENEFITS UNDER THIS TITLE, TITLE
43 ELEVEN OF THIS ARTICLE AND TITLE ONE-A OF ARTICLE TWENTY-FIVE OF THE
44 PUBLIC HEALTH LAW, THAT SUCH INDIVIDUALS ARE INFORMED OF THE APPROVED
45 ORGANIZATIONS UNDER THIS TITLE, TITLE ELEVEN OF THIS ARTICLE, AND TITLE
46 ONE-A OF ARTICLE TWENTY-FIVE OF THE PUBLIC HEALTH LAW, AND THAT APPRO-
47 PRIATE FOLLOW-UP IS CONDUCTED. SUCH MONITORING SHALL INCLUDE, BUT SHALL
48 NOT BE LIMITED TO, UNANNOUNCED SITE VISITS. AS PART OF THE COMMISSION-
49 ER`S ASSURANCE OF COORDINATED OUTREACH ACTIVITIES, CONTRACTS WITH
50 OUTREACH ORGANIZATIONS UNDER THIS SUBDIVISION SHALL INCLUDE ENROLLMENT
51 PROCEDURES FOR INQUIRING INTO EXISTING RELATIONSHIPS WITH HEALTH
52 PROVIDERS AND PROCEDURES FOR PROVIDING INFORMATION ABOUT HOW SUCH
53 RELATIONSHIPS MAY BE MAINTAINED WITH RESPECT TO HEALTH CARE COVERAGE
54 UNDER THIS TITLE AND TITLE ELEVEN OF THIS ARTICLE.

55 5. (A) PERSONAL INTERVIEWS, PURSUANT TO SECTION THREE HUNDRED
56 SIXTY-SIX-A OF THIS CHAPTER, MAY BE REQUIRED UPON INITIAL APPLICATION

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1 ONLY AND MAY BE CONDUCTED IN COMMUNITY SETTINGS. RECERTIFICATION OF
2 ELIGIBILITY SHALL TAKE PLACE ON NO MORE THAN AN ANNUAL BASIS AND SHALL
3 NOT REQUIRE A PERSONAL INTERVIEW. NOTHING HEREIN SHALL ABRIDGE THE
4 PARTICIPANT`S OBLIGATION TO REPORT CHANGES IN RESIDENCY, FINANCIAL
5 CIRCUMSTANCES OR HOUSEHOLD COMPOSITION.

6 (B) SECTIONS TWENTY-THREE AND TWENTY-THREE-A OF CHAPTER FOUR HUNDRED
7 THIRTY-SIX OF THE LAWS OF NINETEEN HUNDRED NINETY-SEVEN SHALL NOT APPLY
8 TO APPLICANTS FOR OR RECIPIENTS OF HEALTH CARE SERVICES UNDER THIS
9 TITLE.

10 (C) EXCEPT WHERE INCONSISTENT WITH THE PROVISIONS OF THIS TITLE, THE
11 PROVISIONS OF TITLE ELEVEN OF THIS ARTICLE SHALL APPLY TO APPLICANTS FOR

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12 AND RECIPIENTS UNDER THIS TITLE.

13 6. WAIVERS AND FEDERAL APPROVALS. (A) THE PROVISIONS OF THIS SECTION
14 SHALL NOT TAKE EFFECT UNLESS ALL NECESSARY APPROVALS UNDER FEDERAL LAW
15 AND REGULATION HAVE BEEN OBTAINED TO RECEIVE FEDERAL FINANCIAL PARTIC-
16 IPATION, UNDER THE PROGRAM DESCRIBED IN TITLE ELEVEN OF THIS ARTICLE, IN
17 THE COSTS OF HEALTH CARE SERVICES PROVIDED PURSUANT TO THIS SECTION.

18 (B) THE COMMISSIONER IS AUTHORIZED TO SUBMIT AMENDMENTS TO THE STATE
19 PLAN FOR MEDICAL ASSISTANCE AND/OR SUBMIT ONE OR MORE APPLICATIONS FOR
20 WAIVERS OF THE FEDERAL SOCIAL SECURITY ACT, TO OBTAIN THE FEDERAL
21 APPROVALS NECESSARY TO IMPLEMENT THIS SECTION. THE COMMISSIONER SHALL
22 SUBMIT SUCH AMENDMENTS AND/OR APPLICATIONS FOR WAIVERS BY JUNE THIRTI-
23 ETH, TWO THOUSAND, AND SHALL USE BEST EFFORTS TO OBTAIN THE APPROVALS
24 REQUIRED BY THIS SUBDIVISION IN A TIMELY MANNER SO AS TO ALLOW EARLY
25 IMPLEMENTATION OF THIS SECTION.

26 (C) (I) THE COMMISSIONER SHALL REQUEST FROM THE SECRETARY OF THE
27 FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES A CHANGE IN THE TERMS
28 AND CONDITIONS OF NEW YORK STATE'S MANAGED CARE WAIVER (THE PARTNERSHIP
29 PLAN) APPROVED JULY FIFTEENTH, NINETEEN HUNDRED NINETY-SEVEN, PROVIDING
30 THAT THE COSTS OF HEALTH CARE SERVICES FURNISHED PURSUANT TO CLAUSE (B)
31 OF SUBPARAGRAPH (V) OF PARAGRAPH (A) OF SUBDIVISION TWO OF THIS SECTION
32 SHALL BE EXCLUDED FROM THE BUDGET NEUTRALITY CALCULATIONS REQUIRED UNDER 33
33 SUCH WAIVER. THE PROVISIONS OF CLAUSE (B) OF SUBPARAGRAPH (V) OF PARA-
34 GRAPH (A) OF SUBDIVISION TWO OF THIS SECTION SHALL EXPIRE THIRTEEN
35 MONTHS FROM THE SUBMISSION OF SUCH REQUEST, UNLESS SUCH REQUEST IS
36 APPROVED WITHIN TWELVE MONTHS OF SUBMISSION, OR ONE MONTH AFTER THE
37 DENIAL OF SUCH REQUEST, WHICHEVER IS EARLIER.

38 (II) IN THE EVENT THAT THE REQUEST FOR A CHANGE IN THE TERMS AND
39 CONDITIONS OF THE PARTNERSHIP PLAN PURSUANT TO SUBPARAGRAPH (I) OF THIS
40 PARAGRAPH IS DENIED BY THE SECRETARY OF THE FEDERAL DEPARTMENT OF HEALTH
41 AND HUMAN SERVICES, OR NOT APPROVED WITHIN TWELVE MONTHS OF SUBMISSION
42 OF SUCH REQUEST, THE LOCAL SOCIAL SERVICES DISTRICT MUST PROVIDE NOTICE
43 TO PARTICIPANTS OF THE EXPIRATION OF CLAUSE (B) OF SUBPARAGRAPH (V) OF

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44 PARAGRAPH (A) OF SUBDIVISION TWO OF THIS SECTION.

45 (III) NOTWITHSTANDING THE PROVISIONS OF THIS PARAGRAPH, THE COMMIS-
46 SIONER SHALL COMMENCE ENROLLMENT IN FAMILY HEALTH INSURANCE PLANS PURSU-
47 ANT TO CLAUSE (B) OF SUBPARAGRAPH (V) OF PARAGRAPH (A) OF SUBDIVISION
48 TWO OF THIS SECTION UPON RECEIPT OF APPROVALS PURSUANT TO PARAGRAPH (A)
49 OF THIS SUBDIVISION.

50 7. THE COMMISSIONER SHALL PROMULGATE ANY REGULATIONS NECESSARY TO
51 IMPLEMENT THIS TITLE.

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Amendments to FHPlus Legislation

§ 38. Subparagraphs (v) and (xv) of paragraph (e) of subdivision 1 of section 369-ee of the social services law, as added by chapter 1 of the laws of 1999, are amended to read as follows:

(v) prescription drugs and non-prescription smoking cessation products or devices;

(xv) services provided to meet the requirements of [~~32 U.S.C. 1396d(r)(5)~~] 42 U.S.C. 1396d(r).

§ 39. Subparagraph (v) of paragraph (a) of subdivision 2 of section 369-ee of the social services law, as added by chapter 1 of the laws of 1999, is amended to read as follows:

(v)(A) in the case of a parent or stepparent of a child under the age of twenty-one who lives with such child, has [~~net~~] gross family include equal to or less than the applicable percent of the federal include official poverty line (as defined and updated by the United States Department of Health and Human Services) for a family of the same size; for purposes of this clause, the applicable percent effective as of:

(I) January first, two thousand one, is one hundred twenty percent [~~or the gross equivalent thereof~~]; and

(II) October first, two thousand one, is one hundred [~~eleven~~] thirty-three percent [~~or the gross equivalent thereof~~]; and

(III) October first, two thousand two, is one hundred [~~twenty-five~~] fifty percent [~~or the gross equivalent thereof~~]; or

(B) in the case of an individual who is not a parent or stepparent living with his or her child under the age of twenty-one, has [~~net~~] gross family income equal to or less than [~~eighty-four~~] one hundred percent of the federal include official poverty line (as defined and updated by the United States Department of Health and Human Services) for a family of the same size [~~, or the gross equivalent thereof~~].

§ 40. Subparagraph (vi) of paragraph (a) of subdivision 2 of section 369-ee of the social services law is REPEALED.